Internal Use Only
APCD20 -APP-

Composite & Plastics Manufacturing

AIR POLLUTION CONTROL DISTRICT
COUNTY OF SAN DIEGO

1 Product manufactured:_____

2 **MATERIALS**

3 Attach a current safety data sheet (SDS) & manufacturer's specification data sheet for each material proposed.

Material Type (Rule 67.12)	Product Manufacturer	Product I.D. No.	Maximum Applied* (gal/day) (ft^2/day)	Density (lb/gal) (lb/ft^2)	Monomer Weight %	VOC Content As Applied (g/L) (lb/ft^2)	Application Method

Use additional sheets, as required

4 Max daily usage of all materials: _____(gal/day)

5 Max hourly usage of all materials: _____(gal/hour)

6 **MACHINING**

7 Indicate the control method for all sanding, grinding and cutting operations of resin materials:

8 ☐ none ☐ controlled enclosure ☐ controlled process ☐ other (specify):_____

9 Attach a detailed drawing or/and process description of the above control method.

10

GEL COAT

Gel Coat Application

A robotic spray system is used ☐ Yes ☐ No

For HVLP spray guns indicate how you will demonstrate compliance with the air cap pressure limit:

☐ air cap test gauge, model: _____

☐ handle inlet pressure gauge with documentation that correlates air cap pressure to handle inlet pressure

☐ this operation doesn't use gel coat (skip to resins section)

Hours of gel coat spraying max: _____hrs/day _____days/wk _____wks/yr

Gel coat applied:

☐ outdoors ☐ in a spray booth ☐ in a room ☐ other _____

booth/room internal dimensions: _____' length _____' width _____' height

exhaust flow rate (fan):_____ft^3/min

booth manufacturer:_____ model:_____

the booth/room is completely enclosed ☐ Yes ☐ No

the booth/room has an open face or a bay door that is usually open ☐ Yes ☐ No

cleaning of application equipment conducted in the spray booth ☐ Yes ☐ No

Note that fan exhausts, bay doors, windows, etc. are emission points and must be accounted for in the toxics form.

Gel coat drying method

☐ air dried ☐ heated spray booth ☐ oven dried ☐ other _____

If other than air dried, complete the following information:

oven manufacturer:_____ model:_____

drying temperature:_____°F

dimensions: _____' length _____' width _____' height

oven power supply: ☐ electricity ☐ fuel

fuel type:_____ heat input rating :_____(btu/hr)

RESINS

Resins Application

For HVLP spray guns indicate how you will demonstrate compliance with the air cap pressure limit:

☐ air cap test gauge model:_____

☐ handle inlet pressure gauge with documentation that correlates air cap pressure to handle inlet pressure

☐ this operation doesn't use spray application methods for resin

Resins lay-up is conducted:

☐ outdoors☐ in a room☐ in a spray booth☐ other_____

booth/room internal dimensions:_____' length_____' width _____' height

exhaust flow rate (fan):_____ft^3/min

booth manufacturer:_____ model:_____

The booth/room is completely enclosed ☐ Yes ☐ No

The booth/room has an open face or a bay door that is usually open ☐ Yes ☐ No

Cleaning of application equipment is conducted in the spray booth ☐ Yes ☐ No

Note that fan exhausts, bay doors, windows, etc. are emission points and must be accounted for in the toxics form.

Curing method for resin:

☐ air dried ☐ heated spray booth ☐ oven dried ☐ other _____

If other than air dried, complete the following information:

oven manufacturer:_____ model:_____

drying temperature:_____°F

dimensions:_____' length_____' width _____' height

oven power supply: ☐ electricity ☐ fuel

fuel type:_____ heat input rating :_____(btu/hr)

Oven or autoclave has a vacuum system that pulls a vacuum over the part being cured ☐ Yes ☐ No

Hours of resin lay-up max:_____hrs/day_____days/wk_____wks/yr

Note that oven stacks & vacuum pump exhausts emissions points must be accounted for in the toxics form.

CLEANING

Method of Equipment Cleanup:

☐ cleaning material is flushed or rinsed through the application equipment

☐ cleaned in a container which is open only as needed for operation

☐ totally enclosed container or system

☐ other (specify): _____

☐ solvent used:_____VOC:_____g/l

Self-closing containers used for storing solvent-laden rags, waste materials ☐ Yes ☐ No

Is a solvent reclamation system used? ☐ Yes ☐ No

manufacturer:_____ model:_____

capacity:_____(gals)

Materials used in this operation are incompatible with acetone ☐ Yes ☐ No

If yes, provide documentation in application packet.

Hours of cleaning max:_____hrs/day_____days/wk_____wks/yr

Additional Information

Is the "Rule 1200 Toxics Evaluation" supplemental application form attached	☐ Yes ☐ No
Documentation of the location of each emission point is included in this submittal	☐ Yes ☐ No
Documentation of the property boundaries is included (satellite map, etc.)	☐ Yes ☐ No
This operation will accept a ten pound per day volatile organic compound limit	☐ Yes ☐ No
If no, a BACT analysis is attached	☐ Yes ☐ No
This operation repairs marine vessels	☐ Yes ☐ No
This operation uses adhesives	☐ Yes ☐ No
This operation paints or primes parts	☐ Yes ☐ No
This operation uses form release	☐ Yes ☐ No
This operation manufactures aerospace components	☐ Yes ☐ No
Alternate controls are proposed	☐ Yes ☐ No

Name of Preparer: _____ **Title:** _____

Phone No.: (____) _____ **Date:**_____

E-mail:_____

NOTE TO APPLICANT

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form