

- Attach a current Material Safety Data Sheet (MSDS) for all graphic arts materials and solvents to be used in this operation. If VOC content is not indicated on MSDS, please contact the manufacturer to obtain another supporting document.
- Attach any sketches or diagrams of the process equipment and associated ventilation equipment (including duct sizes and fans).

A. EQUIPMENT DESCRIPTION

Manufacturer: _____ Model: _____ S/N: _____

Number of colors: _____ Speed: _____ Web/Sheet Width: _____

Drying method: Air Dried Oven Dried Other _____

If other than Air Dried, complete the following information:

Oven Manufacturer: _____ Model: _____

Dimensions: _____ (feet) Length _____ (feet) Width _____ (feet) Height Drying Temperature: _____ °F

B. PROCESS DESCRIPTION

Type of Press: Lithographic Flexographic Letterpress Gravure

Screen Other (Specify): _____

Product Description: _____

C. OPERATING SCHEDULE

Maximum: _____ Hours/Day _____ Days/Wk _____ Weeks/Yr

D. MATERIALS AND SOLVENTS CONTAINING VOC

Complete the table below for each ink, fountain solution, thinner, and cleanup solvent used. Use additional sheets, if necessary. Refer to District Rule 67.21(Adhesive Material Application Operations) for definitions, adhesive categories, and Rule standard limits.

Type of Material	Product Manufacturer	Product I.D. Number	Maximum Applied (gal/day)	VOC Content (g/L)
Ink				
Blanket Wash				
Roller Wash				

* Maximum Applied means the amount of each material prepared for use, minus the amount of material disposed of or reclaimed.

Type of Material	Product Manufacturer	Product I.D. Number	Maximum Applied (gal/day)	VOC Content (g/L)
Etching Solution				
Fountain Solution				
Cleanup Solvent				
Other:				

* Maximum Applied means the amount of each material prepared for use, minus the amount of material disposed of or reclaimed.

16 Enter the maximum daily usage of graphic arts materials that can be applied in this operation: _____ (gals/day)

17 Enter the maximum daily usage of solvents that can be used in this operation: _____ (gals/day)

18 For fountain solutions, please indicate the mix ratio of solution to water: _____

19 Storage method for Solvents and Wastes: _____

20 Waste Hauler: _____

21 **E. EMISSIONS CONTROL EQUIPMENT**

22 In lieu of complying with the VOC content provisions found in Rule 67.16 'Graphic Arts Operation', a person may use an air pollution
23 control system

24 Does this operation propose to use emissions control equipment? Yes No

25 If yes, please describe the emission control equipment below:

26 _____

27 _____

28 _____

29 Provide all necessary technical documents, manufacturer's specifications, drawings and sketches pertaining to the emission control
30 equipment.

F. RULE 1200 TOXICS EVALUATION:

EMISSION POINT DATA Determine if your emission source(s) are ducted sources or if they are unducted/fugitive sources and provide the necessary data below.

1. Ducted or Stack Emissions (e.g. an exhaust pipe or stack, a roof ventilation duct, etc.)

Parameter	Point #1	Point #2	Point #3	Point #4	Point #5	Point #6
Height of exhaust above ground (ft)						
Stack diameter (or length/width) (ft)						
Exhaust gas flow (actual cfm or fps)						
Is exhaust vertical? (Yes or No)						
Raincap? (None, Flapper Valve, Raincap)						
Distance to Property Line (+/- 10 ft)						

2. Unducted Emissions (e.g. anything not emitted through a duct, pipe, or stack – for instance, an open window or outdoor area)

Describe how unducted gases, vapors, and/or particles get into the outside air. Provide a brief description of the process or operation for each unducted emission point. If unducted emissions come out of building openings such as doors or windows, estimate the **size of the opening** (example – 3 ft x 4 ft window). If unducted emissions originate outside your buildings, estimate the **size of the emission zone** (example - paint spraying 2' x 2' x 2' bread boxes).

RECEPTOR DATA A receptor is a residence or business whose occupants could be exposed to toxic emissions from your facility. In order to estimate the risk to nearby receptors, please provide the distance from the emission point to the nearest residence and to the nearest business.

Distance to nearest residence _____ ft Distance to nearest business _____ ft

PLOT PLAN Please also provide a **facility plot plan or diagram** (need not be to scale as long as distances of key features from reference points are shown) showing the **location of emission point(s)** at the facility, property lines, and the **location** and **dimensions of buildings** (estimated height, width, and length) that are closer than 100 ft. from the emission point. This diagram helps by making it possible for the District to efficiently set-up the inputs for a health risk evaluation. Inaccurate information may adversely affect the outcome of the evaluation.

Prepared by: _____ **Title:** _____

Signature: _____ **Date:** _____

IMPORTANT NOTE TO APPLICANT:

This form must be signed. 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