MATERIALS CONTAINING ORGANIC SOLVENTS

Company Name: ____________________________________________________________

Equipment Address: _______________________________________________________

Complete appropriate supplemental application information sheet for type of substrate coated.

CONTROL EQUIPMENT

Operating Hours: _______ hr/day _______ day/week _______ wks/year

Type of Control:

Manufacturer: ____________________________________________________________

Model: __________________________ S/N: __________________________

For Carbon Adsorber:

Carbon Bed: Depth: _______________ Volume: _______________

Isotherm: _______________

Regeneration Schedule: _____________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Name of Preparer: __________________________ Title: _______________________

Phone No.: (_____) __________________________ Date: _______________________

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.