

Air Quality Permit Application

Form 5.0: Facility Information

FACILITY NAME: _____ **DATE:** _____

DWEE Facility ID: _____

Section 5.6: Surface Coating Facility Information

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING.

Do **NOT** use pencil to fill out this application. Please type responses or print using black ink.

1) General Information

Brief Description of Surface Coating Operation:

2) Current / Anticipated Operating Schedule

c: / a: hours/day c: / a: days/week c: / a: weeks/year

3) Current / Anticipated Coating Rates

c: / a: units/day c: / a: units/week c: / a: units/year

4) Note: Manufacturer's specifications are required for each emission unit and/or control device listed in #9 burn-off oven; and #10 control equipment information as part of step 17.

5) Part Cleaning/Preparation Operations

Indicate the type(s) of part cleaning/preparation that is/will be conducted at your facility:

☐ Non-HAP Solvent Cleaning ☐ HAP Solvent Cleaning ☐ Wash Booth ☐ Phosphate Wash
☐ Chromate Etching ☐ Abrasive Blasting ☐ Other _____

6) Surface Coating Methods

Indicate the type(s) of surface coating that is/will be conducted at your facility:

☐ Spray Paint Coating ☐ Hand Application ☐ Dip Tank ☐ Powder Coating
☐ Electrostatic Coating ☐ Electromagnetic Coating ☐ HVLP ☐ Other _____

7) Indicate the number of the following units that have been/will be constructed:

Unit Type	Current Number	Anticipated Total Number
Paint Booths		
Dip Tanks		
Other: _____		

8) For each Paint Booth, Dip Tank, or Other painting device complete the following:

Attach the manufacturer's specifications for each unit as part of Step 17.

EU ID	EU Name	Unit Type	Select Add-On Control Device
		<input type="checkbox"/> Booth <input type="checkbox"/> Dip Tank <input type="checkbox"/> Other: _____	<input type="checkbox"/> Filter – Control Efficiency: _____% <input type="checkbox"/> None <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Booth <input type="checkbox"/> Dip Tank <input type="checkbox"/> Other: _____	<input type="checkbox"/> Filter – Control Efficiency: _____% <input type="checkbox"/> None <input type="checkbox"/> Other: _____

If there are more than two different painting devices located at the facility, attach additional information so that each unit is described.

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Section 5.6: Surface Coating Facility Information (cont.)

9) Surface Coating Curing and Burn-Off Oven Operations ☐ N/A

Attach the manufacturer's specifications for each unit as part of Step 17.

Indicate the number of curing ovens and burn-off ovens that have been / will be constructed at the source:

Unit Type	Current Number	Anticipated Total Number
Curing Ovens		
Burn-Off Ovens		
Other: _____		

Be sure to complete Section 6.1 for each curing oven or heater and Section 6.3 for each burn off oven (considered to be an incinerator) located on site.

10) Control Equipment Information

Attach the manufacturer's specifications for each unit as part of Step 17.

Is there an air pollution control device(s) associated with controlling VOC/HAP Emissions from Surface Coating? ☐ YES ☐ NO

11) Control Equipment (CE) ID: _____ 12) CE Installation Date: _____ ☐ N/A

13) CE Name/Description:

Pollutant(s) Controlled	% Control Efficiency	Pollutant(s) Controlled	% Control Efficiency

If more than one control device is used for VOC/HAP control, attach additional information so that all control equipment is identified. If a control device(s) is utilized, be sure to complete Section 6.5 or 6.6 as appropriate.

14) Requested Emission Limitations

Select the appropriate box that represents the limitations on actual VOC and HAP emissions you want to request:

Volatile Organic Compound Limits	Hazardous Air Pollutant Limits
<input type="checkbox"/> I do NOT want to limit my VOC emissions	<input type="checkbox"/> I do NOT want to limit my HAP emissions
<input type="checkbox"/> Facility-wide VOC emissions limited to 250 tpy	<input type="checkbox"/> Facility-wide HAP emissions limited to 10 tpy of a single HAP and 25 tpy of aggregate HAP
<input type="checkbox"/> Facility-wide VOC emissions limited to 100 tpy	<input type="checkbox"/> Facility-wide HAP emissions limited to 5 tpy of a single HAP and 12.5 tpy of aggregate HAP
<input type="checkbox"/> Facility-wide VOC emissions limited to 50 tpy	<input type="checkbox"/> Facility-wide HAP emissions limited to 2.5 tpy of a single HAP and 10 tpy of aggregate HAP
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

15) NSPS/NESHAP Applicability

This surface coating facility is subject to: ☐ NESHAP Subpart HHHHHH ☐ NESHAP Subpart XXXXXX
☐ Other _____ ☐ None

If Unknown contact the Department for additional information

16) Attach Potential to Emit Calculations ☐

17) Attach Manufacturers Specifications for Each Emission Unit Listed under #8, and in #9 Burn-Off Oven and #10 Control Equipment Information. ☐

18) Additional Information Attached? ☐ YES ☐ NO

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Section 5.6: Surface Coating Facility Information - Coating and Solvent Information

Do NOT use pencil to fill out this application. Please type responses or print using black ink.

Instructions: On the pages that follow, the Department requires you to provide material information for ALL paints, coatings, solvents, and similar substances used at your coating facility. You must provide the name of the paint or coating, amount of paint used or estimated use, density of material, solid content, volatile organic compound content, and hazardous air pollutant content. Use as many pages as necessary so that ALL paints, coatings, and solvents are included.

EXAMPLE:

1) Name and/or Description of Paint/Coating	2) Amount Used (gal/yr)	3) Density (lb/gal)	4) Solid Content (weight %)	5) VOC Content (lb/gal)	7) Name and Chemical Abstract Service (CAS) number of HAP	8) HAP Content (weight %)
Green Paint #1	2867	10.24	67%	4.62	Ethyl Benzene (CAS #100414)	15%
				6) Total HAP Content (weight %)	Toluene (CAS #108883)	3%
					Xylene (CAS #1330207)	11%
				29%		

For column 2) Amount Used (gal/yr), actual data that may be available can be used. For example, if there are actual paint usage records from the past (on an annual basis) you may use those values. If this is a new facility obtaining a construction permit, please estimate your paint usage. The Department will assume the amount used (in column 2) is based on the information provided below. Please have paint amounts be based on a year when normal source operation occurred.

Year Amount Used information is from: _____

Operating Schedule of Year Used: _____ hours/day _____ days/week _____ weeks/year

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Section 5.6: Surface Coating Facility Information - Coating and Solvent Information (cont.)

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING
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Table: Paint/Coating Information

1) Name and/or Description of Paint/Coating	2) Amount Used (gal/yr)	3) Density (lb/gal)	4) Solid Content (weight %)	5) VOC Content (lb/gal)	7) Name and Chemical Abstract Service (CAS) number of HAP	8) HAP Content (weight %)
				6) Total HAP Content (weight %)		
				6) Total HAP Content (weight %)		
				6) Total HAP Content (weight %)		

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Table: Solvent Information

1) Name and/or Description of Solvent	2) Amount Used (gal/yr)	3) Density (lb/gal)	4) Solid Content (weight %)	5) VOC Content (lb/gal)	7) Name and Chemical Abstract Service (CAS) number of HAP	8) HAP Content (weight %)
				6) Total HAP Content (weight %)		
				6) Total HAP Content (weight %)		
				6) Total HAP Content (weight %)		