

# Air Quality Permit Application

## Form 5.0: Facility Information

**FACILITY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DWEE Facility ID:** \_\_\_\_\_

### Section 5.9: Polyester Resin Plastic Product Fabrication 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 Polyester Resin Plastic Product Fabrication Operation:

#### 2) Current / Anticipated Operating Schedule

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

#### 3) Current / Anticipated Polyester Resin Plastic Product Fabrication Rates

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

4) Note: Manufacturer's specifications are required for each control device listed in #8 control equipment information.

#### 5) Polyester Resin Plastic Product Fabrication Method

Indicate the number of areas designated for each application method that is/will be conducted at your facility:

|                                                             |                                                   |
|-------------------------------------------------------------|---------------------------------------------------|
| _____ (1) Manual w/ Vapor Suppressed Resin VSR <sup>1</sup> | _____ (9) Filament application w/VSR <sup>1</sup> |
| _____ (2) Mechanical Controlled Spray w/ VSR <sup>1</sup>   | _____ (10) Gelcoat Application                    |
| _____ (3) Mechanical Atomized                               | _____ (11) Gelcoat Controlled Spray Application   |
| _____ (4) Mechanical Atomized w/VSR <sup>1</sup>            | _____ (12) Gelcoat Non-Atomized Application       |
| _____ (5) Mechanical Atomized w/Controlled Spray            | _____ (13) Covered-Cure without Roll-Out          |
| _____ (6) Mechanical Non-Atomized                           | _____ (14) Covered-Cure after Roll-Out            |
| _____ (7) Mechanical Non-Atomized w/VSR <sup>1</sup>        | Other _____                                       |
| _____ (8) Filament Application                              | <sup>1</sup> Vapor Suppressed Resin (VSR)         |

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

| Unit Type         | Current Number | Anticipated Total Number |
|-------------------|----------------|--------------------------|
| Fiberglass Booths |                |                          |
| Other: _____      |                |                          |

7) For each Fiberglass Booth or Other Control device complete the following:

| EU ID# | EU Name | Unit Type                                                            | Select Add-On Control Device                                                                                                        |
|--------|---------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
|        |         | <input type="checkbox"/> Booth <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Filter – Control Efficiency: _____%<br><input type="checkbox"/> None <input type="checkbox"/> Other: _____ |
|        |         | <input type="checkbox"/> Booth <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Filter – Control Efficiency: _____%<br><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 each unit is described.

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### Section 5.9: Polyester Resin Plastic Product Fabrication (cont.)

| <b>8) Control Equipment Information</b>                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Attach the manufacturer's specifications for each unit as part of Step 16.                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
| Is there an air pollution control device(s) associated with controlling VOC/HAP Emissions from Polyester Resin Plastic Fabrication?<br><div style="text-align: center;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</div>                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
| 09) Control Equipment (CE) ID#:                                                                                                                                                                                                                                                                                                                           |                      | 10) CE Installation Date: <span style="float: right;"><input type="checkbox"/> N/A</span>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |
| 11) 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.                                                                                                                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
| <b>12) Requested Emission Limitations</b>                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
| 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<br><br><input type="checkbox"/> Facility-wide VOC emissions limited to 250 tpy<br><br><input type="checkbox"/> Facility-wide VOC emissions limited to 100 tpy<br><br><input type="checkbox"/> Facility-wide VOC emissions limited to 50 tpy<br><br><input type="checkbox"/> Other: _____ |                      | <input type="checkbox"/> I do NOT want to limit my HAP emissions<br><br><input type="checkbox"/> Facility-wide HAP emissions limited to 10 tpy of a single HAP and 25 tpy of aggregate HAP<br><br><input type="checkbox"/> Facility-wide HAP emissions limited to 5 tpy of a single HAP and 12.5 tpy of aggregate HAP<br><br><input type="checkbox"/> Facility-wide HAP emissions limited to 2.5 tpy of a single HAP and 10 tpy of aggregate HAP<br><br><input type="checkbox"/> Other: _____ |                                                                     |
| <b>13) Trimming Areas</b>                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
| <b>Indicate the number of the following units that have been/will be constructed</b>                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
| Unit Type                                                                                                                                                                                                                                                                                                                                                 | Current Number       | Anticipated Total Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| Trimming Areas                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
| Other: _____                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
| 14) For each Trimming area or other Post Fabrication Activity, complete the following:                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
| EU ID                                                                                                                                                                                                                                                                                                                                                     | EU Name              | Unit Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Select Add-On Control Device                                        |
|                                                                                                                                                                                                                                                                                                                                                           |                      | <input type="checkbox"/> Booth <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"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Filter – Control Efficiency: _____%        |
|                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> None <input type="checkbox"/> Other: _____ |
| If there are more than two different devices are located at the facility, attach additional information so that each unit is described.                                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |

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**Section 5.9: Polyester Resin Plastic Product Fabrication (cont.)**

|                                                                                                                   |                                                          |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>15) Attach Potential to Emit Calculations</b>                                                                  | <input type="checkbox"/>                                 |
| <b>16) Attach Manufacturers Specifications for Each Emission Unit Listed in #8 Control Equipment Information.</b> | <input type="checkbox"/>                                 |
| <b>17) Additional Information Attached?</b>                                                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |

# Air Quality Construction Permit Application

## Form 5.0: Facility Information

FACILITY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DWEE Facility ID: \_\_\_\_\_

### Section 5.9: Polyester Resin Plastic Product Fabrication Information – Gelcoat, Resin 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 gelcoats, Resins, solvents, and the like that you use at your facility. You must provide the name of the gelcoat, resin or solvent amount of product used or estimated use, density of material, solid content, volatile organic compound content, the application method number found in **4) Polyester Resin Plastic Fabrication Method** and hazardous air pollutant content. Use as many pages as necessary so that ALL gelcoats, resins, and solvents are included.

EXAMPLE:

| 1) Name and/or Description of Paint/Coating and Application Process from (4) | 2) Amount Used (gal/yr) | 3) Density (lbs/gal) | 4) Solid Content (weight %) | 5) VOC Content (lbs/gal)                    | 7) Name and Chemical Abstracts Service (CAS) number of HAP | 8) HAP Content (weight %) |
|------------------------------------------------------------------------------|-------------------------|----------------------|-----------------------------|---------------------------------------------|------------------------------------------------------------|---------------------------|
| CCP FV 944-B-025<br>Black Gelcoat                                            | 2867                    | 10.24                | 67%                         | 4.62                                        | Methyl Methacrylate CAS #136527                            | 4.52 %                    |
|                                                                              |                         |                      |                             | 6) Application Process Number Used From (4) | Styrene CAS #100425                                        | 35.0 %                    |
|                                                                              |                         |                      |                             |                                             |                                                            |                           |
|                                                                              |                         |                      |                             | 5                                           |                                                            |                           |

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 Gelcoats, resins and solvent 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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**DWEE Facility ID:** \_\_\_\_\_

### Section 5.9: Polyester Resin Plastic Product Fabrication Facility Information – Resin/Gelcoat (cont.)

**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.

#### Gelcoat/Resin Information

| 1) Name and/or Description of Paint/Coating and Application Process from (4) | 2) Amount Used (gal/yr) | 3) Density (lbs/gal) | 4) Solid Content (weight %) | 5) VOC Content (lbs/gal)                    | 7) Name and Chemical Abstracts Service (CAS) number of HAP | 8) HAP Content (weight %) |
|------------------------------------------------------------------------------|-------------------------|----------------------|-----------------------------|---------------------------------------------|------------------------------------------------------------|---------------------------|
|                                                                              |                         |                      |                             |                                             |                                                            |                           |
|                                                                              |                         |                      |                             | 6) Application Process Number Used From (4) |                                                            |                           |
|                                                                              |                         |                      |                             |                                             |                                                            |                           |
|                                                                              |                         |                      |                             |                                             |                                                            |                           |
|                                                                              |                         |                      |                             | 6) Application Process Number Used From (4) |                                                            |                           |
|                                                                              |                         |                      |                             |                                             |                                                            |                           |
|                                                                              |                         |                      |                             |                                             |                                                            |                           |
|                                                                              |                         |                      |                             | 6) Application Process Number Used From (4) |                                                            |                           |
|                                                                              |                         |                      |                             |                                             |                                                            |                           |

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**FACILITY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DWEE Facility ID:** \_\_\_\_\_

### Section 5.9: Polyester Resin Plastic Fabrication Facility Information - Solvent Information (cont.)

**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.

#### Solvent (Barrier Coating and Chemical Release) Information

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