

SPRAY PAINTING, COATINGS, AND SOLVENT SUPPLEMENTAL FORM

Section I - Facility/Owner Information

1. **Business Name:** _____ **Facility ID:** _____
2. Contact Name: _____
- Phone No.: _____ Fax No.: _____ E-mail: _____
- Address: _____

Section II - Process/Equipment Information (Complete all items)

1. Please describe the type of products being coated:

If the facility applies coatings to vehicles and/or mobile equipment, attach the appropriate supplemental form.
If the facility applies coatings to wood products, attach the appropriate supplemental form.
If the facility applies coatings to any other products, attach the Generic Coatings supplemental form.

2. Please specify the following:

Maximum Daily: Coating Usage (gal/day): _____ Solvent Usage (gal/day): _____
Maximum Annual: Coating Usage (gal/yr): _____ Solvent Usage (gal/yr): _____

3. Please indicate which methods are used to apply coatings (Circle all that apply) :

a. Spray Coating b. Flow Coating c. Roller Coating d. Dipping e. Other: _____

4. If spraying, please indicate which type of spray guns are being used (Circle all that apply) :

a. HVLP (High Volume – Low Pressure) b. Air Spray c. Air-Assisted Airless
d. Airless e. Electrostatic f. Powder Spray g. Other (specify): _____

5. If spraying, are all spraying operations performed inside a spray booth? + No + Yes

If yes:

Manufacturer: _____ Model: _____
Height: _____ ft Width: _____ ft Length: _____ ft Rain Cap? Y N
Exhaust Temp: _____ °F Exhaust Height Above Grade: _____ ft Exhaust Stack Points: Up/Down/Sideways
Stack Diameter: _____ in Blower Capacity: _____ acfm
Type of Filter: None/Water-Curtain /Paper/Foam /Fiberglass Area of Filter Bank: _____ ft x _____ ft
Filter/Removal Efficiency: _____ % Size of Each Exhaust Filter: _____ in x _____ in Thickness: _____ in

6. After application, is heat used for drying, baking, curing, or polymerizing? + No + Yes

If the facility burns fuel for this process, please specify the following:

Fuel Type: _____
Maximum Annual Usage (Units/yr): _____
Maximum Heating Capacity (Btu/hr): _____

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7. Does the facility use a gun washer or degreaser to clean equipment? + No + Yes

If yes, please specify the following:

Make/Manufacturer: _____

Tank Capacity (gallons): _____

Name of solvents used: _____

Maximum Annual Usage (gallons/yr): _____

Section III – Receptor Information

1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): _____

2. Facility Distance to the Nearest Receptor: _____ feet

Section IV - Applicant Certification Statement

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

SIGNATURE OF RESPONSIBLE

OFFICIAL OF FIRM: _____ DATE: ____/____/____

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: _____ TITLE: _____