San Joaquin Valley Air Pollution Control District
Supplemental Application Form

Painting and Coating Operations

This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form

PERMIT TO BE ISSUED TO:
LOCATION WHERE THE EQUIPMENT WILL BE OPERATED:

PROCESS DESCRIPTION

Painting Data	Items painted: ☐ Motor vehicles ☐ Wood products ☐ Metal parts and products ☐ Aerospace parts ☐ Can and coil ☐ Other: _____
	Drying Method: ☐ Air Dried ☐ Heat Dried ☐ Ultra violet (UV) cured ☐ Other: _____

EQUIPMENT DESCRIPTION

Application Method	☐ HVLP ☐ Electrostatic ☐ Electrodeposition ☐ Air-Assisted Airless ☐ Rollcoat ☐ Airless ☐ Conventional ☐ Brush ☐ Other : _____	
Application Equipment (as needed)	Manufacturer:	Model:
	Manufacturer:	Model:
	Manufacturer:	Model:
Compressor Data	☐ Electric ☐ Gasoline ☐ Diesel ☐ Natural Gas	Rating: _____ hp Note: If engine is rated at greater than 50 hp an *IC Engine Supplemental Application* form is required.
Paint Booth Data	Booth type: ☐ Closed ☐ Open-faced ☐ Conveyorized, total motor(s) rating _____ hp ☐ None	
	Manufacturer:	Model:
	Will priming be done outside of the booth? ☐ Yes ☐ No	
	Booth dimensions: _____ ft. long x _____ ft. wide x _____ ft. high	
	Filtration method: ☐ Dry filters ☐ Water-wash ☐ Oil-wash	
	Filter size (each): _____ in. wide x _____ in. high x _____ in. thick	Quantity: _____
	Exhaust fan: _____ in diameter, _____ hp, _____ cfm	
	If paint is heat dried, what is the burner(s) total heat input rating? _____ MMBtu/hr What is the fuel type? ☐ Natural gas ☐ LPG ☐ Other: _____	

COATING INFORMATION

Important Note: Material safety data sheets (MSDSs) for all coatings used must be supplied along with this form.

Coating Indicate type of coating next to number, such as: Topcoat, primer, basecoat, clear coat, pre-treatment wash primer, specialty, truck bed liners, etc.	**Manufacturer**	**Product ID or Code Number**	**Mix Ratio**	**VOC Content of each component (lb/gal)**	**VOC Content, as applied (lb/gal)**	**Maximum Usage (gal/day)**	**Maximum Usage (gal/yr)**
1.							
Thinner/Reducer							
Catalyst/Hardener							
2.							
Thinner/Reducer							
Catalyst/Hardener							
3.							
Thinner/Reducer							
Catalyst/Hardener							
4.							
Thinner/Reducer							
Catalyst/Hardener							
Protective Coatings/Liners							
Cleanup Solvent							
Surface Preparation Solvent							

Do any of the proposed coatings listed above contain: ☐ chromium, ☐ nickel, ☐ lead, and/or ☐ methylene chloride (check all that apply)

HEALTH RISK ASSESSMENT DATA

Operating Hours	Maximum Operating Schedule: _____ hours per day, and _____ hours per year		
Receptor Data	Distance to nearest Residence	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.
	Direction to nearest Residence	_____	Direction from the stack to the receptor, i.e. Northeast or South.
	Distance to nearest Business	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.
	Direction to nearest Business	_____	Direction from the stack to the receptor, i.e. North or Southwest.
Stack Parameters	Release Height	_____ feet above the ground	
	Stack Diameter	_____ inches, at point of release	
	Rain Cap	☐ Flapper-type ☐ Fixed-type ☐ None	
	Direction of Flow	☐ Vertically Upward ☐ Horizontal	
Exhaust Data	Flowrate: _____ acfm	Temperature: _____ °F	
Facility Location	☐ Urban (area of dense population) ☐ Rural (area of sparse population)		

Clear Form