



San Joaquin Valley Air Pollution Control District Supplemental Application Form



ADHESIVE 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

Items Bonded	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Plastics
	<input type="checkbox"/> Rubber	<input type="checkbox"/> Flooring	<input type="checkbox"/> Multipurpose	<input type="checkbox"/> Other:
Drying Method	<input type="checkbox"/> Air Dried	<input type="checkbox"/> Heat Dried	<input type="checkbox"/> UV Cured	

EQUIPMENT DESCRIPTION

Application Method	<input type="checkbox"/> HVLP				<input type="checkbox"/> Electrostatic				<input type="checkbox"/> Electrodeposition				<input type="checkbox"/> Air-Assisted Airless			
	<input type="checkbox"/> Airless				<input type="checkbox"/> Roll Coat				<input type="checkbox"/> Brush				<input type="checkbox"/> Other:			
Applicator Data	Manufacturer:								Model:							
	Manufacturer:								Model:							
Compressor Data	<input type="checkbox"/> Electric <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel								HP Rating:							
Application Location	<input type="checkbox"/> Booth <input type="checkbox"/> Indoors with no booth <input type="checkbox"/> Outdoors															
Adhesive Booth Data (if Applicable)	Type of Booth				<input type="checkbox"/> Closed				<input type="checkbox"/> Open-Faced				<input type="checkbox"/> Conveyorized			
	Manufacturer:								Model:							
	Booth Dimensions				Length: _____ ft				Width: _____ ft				Height: _____ ft			
	Filtration Method				<input type="checkbox"/> Dry Filters				<input type="checkbox"/> Water-Wash				<input type="checkbox"/> Oil-Wash			
	Exhaust Filters		Quantity _____ filters				Size (each, W x H x Th) _____" x _____" x _____"									
	Fan Diameter: _____"				Motor Rating _____ hp				Exhaust Flow Rate: _____ cfm							
	Stack Diameter: _____ ft				Stack Height: _____ ft											
If Booth has a Burner	Burner Specifications				Heat Input Rating _____ Btu/hr <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Diesel											
If No Booth is Used	Building Specifications*				L _____ ft x W _____ ft x H _____ ft											
*Include a sketch of the building which shows the size and location of the windows, doors and vents.																
Gun Cleaner Data	Manufacturer:								Model:							
	Solvent (Brand/Trade Name):								VOC: _____ lb/gal, g/l							

1. If a separate Dryer is used, include a completed BOILERS, STEAM GENERATORS, DRYERS, & PROCESS HEATERS form with this application.
2. For Conveyorized Adhesive Application Systems, include the HP Rating of all electric motors associated with the system.

ADHESIVE INFORMATION

ADHESIVE	MANUFACTURER	TRADE NAME / I.D. #	MIX RATIO	VOC CONTENT OF EACH COMPONENT (grams/liter) (lb/gal)	VOC CONTENT OF ADHESIVE AS APPLIED (grams/liter) (lb/gal)	MAX USAGE IN ANY ONE DAY (liters) (gal)	MAX USAGE PER YEAR (liters) (gal)
Indicate Type of Adhesive next to number, such as: Contact Adhesive, Floor Covering Adhesive, ABS Welding Adhesive, Rubber Vulcanization Adhesive, etc. Also indicate any Adhesive Primers and Solvents used.							
1.							
Curing Agent/Activator							
2.							
Curing Agent/Activator							
3.							
Curing Agent/Activator							
4.							
Curing Agent/Activator							
5.							
Curing Agent/Activator							
Cleanup Solvent							
Surface Preparation Solvent							

ADDITIONAL INFORMATION

1. Operating Schedule: _____ Hours per day _____ Days per week _____ Weeks per year.
2. Nearest Receptor:
 Distance to nearest Residence¹ _____ feet
 Distance to nearest Business² _____ feet
¹ Examples of Residences includes apartments, houses, dormitories, etc.
² Examples of Businesses includes office buildings, guard posts, factories, etc.
3. Is a rain cap present on exhaust stack? Yes No Direction of exhaust from device or structure: Vertical Horizontal
4. Facility Location: Urban (area of dense population) Rural (area of sparse population)
5. If more than 5 types of adhesives are used, make additional copies of the ADHESIVE INFORMATION table above.
6. Submit all Material Safety Data Sheets (MSDS) along with this form.