

**San Joaquin Valley Air Pollution Control District  
Supplemental Application Form**

**Painting and Coating Operations**

*This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form*

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

**PROCESS DESCRIPTION**

<b>Painting Data</b>	Items painted: <input type="checkbox"/> Motor vehicles <input type="checkbox"/> Wood products <input type="checkbox"/> Metal parts and products <input type="checkbox"/> Aerospace parts <input type="checkbox"/> Can and coil <input type="checkbox"/> Other: _____
	Drying Method: <input type="checkbox"/> Air Dried <input type="checkbox"/> Heat Dried <input type="checkbox"/> Ultra violet (UV) cured <input type="checkbox"/> Other: _____

**EQUIPMENT DESCRIPTION**

<b>Application Method</b>	<input type="checkbox"/> HVLP <input type="checkbox"/> Electrostatic <input type="checkbox"/> Electrodeposition <input type="checkbox"/> Air-Assisted Airless <input type="checkbox"/> Rollcoat <input type="checkbox"/> Airless <input type="checkbox"/> Conventional <input type="checkbox"/> Brush <input type="checkbox"/> Other : _____	
<b>Application Equipment (as needed)</b>	Manufacturer: _____	Model: _____
	Manufacturer: _____	Model: _____
	Manufacturer: _____	Model: _____
<b>Compressor Data</b>	<input type="checkbox"/> Electric <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas	Rating: _____ hp <i>Note: If engine is rated at greater than 50 hp an IC Engine Supplemental Application form is required.</i>
<b>Paint Booth Data</b>	Booth type: <input type="checkbox"/> Enclosed <input type="checkbox"/> Open-faced      total motor(s) rating _____ hp <input type="checkbox"/> None	
	Manufacturer: _____	Model: _____
	Will priming be done outside of the booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Booth dimensions: _____ ft. long x _____ ft. wide x _____ ft. high	
	Filtration method: <input type="checkbox"/> Dry filters <input type="checkbox"/> Water-wash <input type="checkbox"/> Oil-wash; Capture Efficiency: _____ %	
	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? <input type="checkbox"/> Natural gas <input type="checkbox"/> LPG <input type="checkbox"/> Other: _____		

### COATING INFORMATION

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

<b>Coating</b> <small>Indicate type of coating next to number, such as: Topcoat, primer, basecoat, clear coat, pre-treatment wash primer, specialty, etc.</small>	<b>Manufacturer</b>	<b>Product ID or Code Number</b>	<b>Mix Ratio</b>	<b>VOC Content of each component (lb/gal)</b>	<b>VOC Content, as applied (lb/gal)</b>	<b>Maximum Usage (gal/day)</b>	<b>Maximum Usage (gal/yr)</b>
<b>1.</b>							
Thinner/Reducer							
Catalyst/Hardener							
<b>2.</b>							
Thinner/Reducer							
Catalyst/Hardener							
<b>3.</b>							
Thinner/Reducer							
Catalyst/Hardener							
<b>4.</b>							
Thinner/Reducer							
Catalyst/Hardener							
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

<b>Operating Hours</b>	Maximum Operating Schedule: _____ hours per day, and _____ hours per year		
<b>Receptor Data</b>	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.
<b>Stack Parameters</b>	Release Height	_____ feet above the ground	
	Stack Diameter	_____ inches, at point of release	
	Rain Cap	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None	
	Direction of Flow	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal	
<b>Exhaust Data</b>	Flowrate: _____ acfm	Temperature: _____ °F	
<b>Facility Location</b>	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		

### FOR DISTRICT USE ONLY

<b>Date:</b>	<b>FID:</b>	<b>Project:</b>	<b>Public Notice: Y N</b>
<b>Comments:</b>			