GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Energy and Environment

APPLICATION FOR PERMIT TO CONSTRUCT/OPERATE NON-AUTOMOTIVE SPRAY PAINTING EQUIPMENT

I. Facility and Applicant Information

* DEPARTMENT

"doing business as" (dba) name after legal name, if applicable 2. Type of Organization 3. Name of Owner(s) or Principal Partner(s) of Above Organization 4. Mailing Address of Applicant (No., Street, City, State, Zip) 5. Street Address of Facility (if different from Mailing Address) 6. Owner/Responsible Official Name: Owner/Responsible Official Title: Phone No. E-mail: Contact Person: Contact Person Title: Phone No. E-mail: Phone No. E-mai	1.	
3.		Full Legal Name of Applicant/Organization (typically company name) and include any "doing business as" (dba) name after legal name, if applicable
 3	2.	
Name of Owner(s) or Principal Partner(s) of Above Organization 4.		Type of Organization
 4	3.	
 5		Name of Owner(s) or Principal Partner(s) of Above Organization
 5	4.	
 6. Owner/Responsible Official Name:		Mailing Address of Applicant (No., Street, City, State, Zip)
 6. Owner/Responsible Official Name:	5.	
Owner/Responsible Official Title:		Street Address of Facility (if different from Mailing Address)
Phone No. E-mail: 7. Contact Person:	6.	Owner/Responsible Official Name:
 7. Contact Person:		Owner/Responsible Official Title:
Contact Person Title: E-mail: Phone No E-mail: 8. Type of Project: Dew Construction Demonstration Renewal Dinitial Permitting of Existing Source Change Owner/Transfer of Existing Per- <i>Note that replacement of an existing source is considered "New Construction"</i> .		Phone No E-mail:
Phone No. E-mail:	7.	Contact Person:
 8. Type of Project: □ New Construction □ Renewal □Initial Permitting of Existing Source □Change Owner/Transfer of Existing Pe Note that replacement of an existing source is considered "New Construction". 		Contact Person Title:
□Initial Permitting of Existing Source □Change Owner/Transfer of Existing Pe Note that replacement of an existing source is considered "New Construction".		Phone No E-mail:
Note that replacement of an existing source is considered "New Construction".	8.	Type of Project: New Construction Renewal
9. For renewal or transfer, provide the existing permit number and expiration date:		□Initial Permitting of Existing Source □Change Owner/Transfer of Existing Permit Note that replacement of an existing source is considered "New Construction".
	9.	For renewal or transfer, provide the existing permit number and expiration date:
10. Describe the facility at which this equipment will be located:	10	



11. Primary industrial codes for the major activity at this location :

SIC: ______ NAICS: _____

II.	Ge	neral Equipment Information
	1.	Equipment Name/Identification:
	2.	Equipment Location at the Facility:
	3.	Description of the Paint Booth:
		Туре:
		Make: Model:
		Serial Number (if available):
		Does the equipment have a roof and four solid walls? Yes \Box No \Box
		If no, describe the construction of the booth:
		Please attach manufacturer's specifications for the paint booth.
	4.	Activities (check all that apply):
		Painting/Priming
		Other Coating – Describe:
		Sanding – Describe Method:
		Chemical Stripping
		If chemical stripping is performed, is methylene chloride a constituent of any of your stripping solvents? Yes \Box No \Box
		Coating of Metal Furniture
		If coating of metal furniture, describe process:

Would you ever use more than 1,015 gallons (as applied) of coatings on metal furniture in a year? Yes \square No \square

☐ Check this box if you spray apply coatings containing any compounds of chromium (Cr), lead (Pb), manganese (Mn), nickel (Ni), or cadmium (Cd), or if you plan to do so in the future.

If so, please attach copies of product data sheets for any such materials to this application.

Adhesives/Sealants

Describe any use of adhesives or sealants in the booth:

Attach copies of product data sheets for any adhesives or sealants you currently use, or intend to use, to this application.

5. Paint Booth Exhaust:

Is the exhaust discharged vertically upward, unobstructed by a stack cap? Yes \Box No \Box

Stack height above ground level: _____ ft

Stack height above roof level: _____ ft

Describe any stack cap or rain cap:

Describe the location of the vent. Include details such as the location (roof, through wall, etc. as well as what is near the vent (nearby buildings, any air intakes, etc.).

If the equipment is already in place, attach a photograph of the vent outlet to this application.

If the equipment is not yet in place, attach specifications for any stack cap or rain cap you intend to install.

6. Type of Applicator (gun) (check all that apply)

□ HVLP Spray □ Electrostatic Spray □ Dip □ Powder Coating □ Brush

Other - describe:

7.	Spray Gun Cleaning Method(s) (check all that apply):
	Enclosed spray gun cleaning system that is kept closed when not in use.
	Use of an unatomized discharge of solvent into a paint waste container that is kept closed when not in use.
	Use of an unatomized discharge of solvent into a paint waste container that is kept closed when not in use.
	Use of an atomized spray into a paint waste container that is fitted with a device designed to capture atomized solvent emissions.
8.	Does the unit have a heater/dryer? Yes No
	If yes, check type: Electric Fuel Burning
	If fuel burning, type of fuel:
	□ Natural Gas □ No. 2 Fuel Oil □ Other:
	If fuel burning, list rated heat input: BTU/hr
9.	Particulate Emission Controls:
	What particulate control do you have? Dry Filter Water Curtain Other
	If other, describe:
	List Filter or Control Device Efficiency/Arrestance: %
	Attach a copy of documentation showing the expected efficiency of the particulate matter control to this application.
10	. Other Emission Controls:
	Do you have other emission controls, such as controls for organics or volatile organic compounds (VOCs)? Yes \square No \square

If yes, describe (include expected control efficiency in the description):

Attach any relevant specifications for this control equipment to this application.

III. Notes and Required Attachments

- 1. Please attach the following as applicable and required earlier in the application:
 - ☐ Manufacturer's specifications for the paint booth.
 - □ Product data sheets for any spray coatings containing any compounds of chromium (Cr), lead (Pb), manganese (Mn), nickel (Ni), or cadmium (Cd).
 - Product data sheets for any adhesives or sealants you currently use, or intend to use.
 - ☐ Photograph of any existing stack outlet.
 - Specifications for any planned stack cap or rain cap.
 - Filter specifications or other documentation showing the expected particulate matter efficiency of the particulate matter control device.
 - Specifications for any other emission control device, including documentation of the control efficiency for the controlled pollutant.
- 2. Please attach a copy of a recent "Certificate of Clean Hands", which can be obtained from <u>mytax.dc.gov</u>.
- 3. AQD may require submission of additional information beyond what is requested on this form if needed to evaluate regulatory applicability. If you are aware of complex regulatory issues related to this project, AQD recommends that you proactively attach a regulatory review document to explain your understanding of the applicability of any relevant regulations. This is likely to simplify and thereby hasten review of the application.
- 4. Deviations from submitted plans and specifications are not permissible without securing formal approval from AQD via an application update request and re-approval, if already approved.
- 5. The complete application and applicable supporting documentation must be submitted to the following address:

Branch Chief, Air Quality Permitting Branch Department of Energy and Environment 1200 First Street NE, 5th Floor Washington DC 20002

IV. Applicant Certification:

I hereby certify, under penalty of D.C. Official Code § 8-101.05e, that I am authorized to submit this application on behalf of the applicant and that the statements contained herein are true and correct to the best of my knowledge. I further certify that all attached information and previously submitted information referenced in this application remains true, correct, and current, to the best of my knowledge.

Authorized Signature:

Owner/Responsible Official Signature

Print Name and Title

Date

Mailing Address of Owner/Responsible Official if Different From I.4 above

Report Fraud, Waste, Abuse, and Mismanagement to the District of Columbia Office of the Inspector General. Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477). Email: hotline.oig@dc.gov