



## Application to Construct and Operate Spray Painting Equipment

### General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner): _____
Site Name (For example, plant name or number): _____
Facility Location: _____ Street Address: _____ City: _____ Ward: _____ Zip Code: _____
Facility Start-Up Date: _____

### Application Type

<b>Check one:</b> <input type="checkbox"/> New equipment (Process installation or construction) <input type="checkbox"/> Initial application for existing unit <input type="checkbox"/> Change to existing unit (Process modification or relocation) <input type="checkbox"/> Change owner of permitted unit <input type="checkbox"/> Renewal of permit for existing unit
--

### Facility Contact (If different from Owner/Authorized Representative)

Name and Title: _____
Facility Contact Mailing Address: _____ Organization/Firm: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____
Facility Contact Telephone Number: Telephone: _____ Fax: _____

**Process Information:**

Activities at This Location (check all that apply): Auto Painting Full Body <input type="checkbox"/> Touch-up <input type="checkbox"/> Other Coating <input type="checkbox"/> Describe: _____	Sanding <input type="checkbox"/> Priming <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> If chemical stripping is performed, is methylene chloride a constituent of any of your stripping solvents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an existing operating permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the operating permit number? _____	

**Emission Units:**

Paint Spray Booth <input type="checkbox"/> Type: _____ Make/Model: _____
Paint Mixing Station <input type="checkbox"/>
Gun Cleaning Station <input type="checkbox"/>
Type of Applicator (gun): <input type="checkbox"/> HVLP Spray <input type="checkbox"/> Electrostatic Spray <input type="checkbox"/> Dip <input type="checkbox"/> Other
If Other, describe: _____

**STACK INFORMATION**

Is the exhaust discharged vertically upward? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is each stack height at least 15 feet, and 5 feet above the roof? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the height of the stack from ground level (in feet)? _____

**CONTROL INFORMATION**

What Particulate Control do you have? <input type="checkbox"/> Dry Filter <input type="checkbox"/> Water Curtain Filter Efficiency _____%
Please attach to this application the manufacturer's specification for the filter documenting the above filter efficiency.
Do you have Add-on Control? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____

**Owner/Authorized Representative:**

Name and Title: _____
Owner/Authorized Representative Mailing Address:
Organization/Firm: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Owner/Authorized Representative Telephone Number:
Telephone: _____ Fax: _____

**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 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 Facility Contact Above

<b>AQD USE ONLY - DO NOT WRITE BELOW</b>	
DATE APPLICATION COMPLETE	DATE OF DETERMINATION OF NON-APPLICABILITY
DATE GENERAL PERMIT GRANTED	SIGNATURE
DATE GENERAL PERMIT REVOKED	SIGNATURE

**Return completed application and attachments to:**

Stephen S. Ours, P.E.  
Chief, Permitting Branch  
Department of Energy and Environment  
Air Quality Division  
1200 First St NE, 5<sup>th</sup> Floor  
Washington DC 20002

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

## Example Monthly Log for VOC Emission Calculations for Painting Operation

COMPANY \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

MONTH / YEAR \_\_\_\_\_

	A	B	C = A x B
MATERIAL IDENTIFICATION (Paints, Coatings, Primer, Reducer or Clean-up solvent)	MATERIAL USED (Gallons)*	VOC CONTENT (Pounds VOC/Gallon)	VOC EMISSIONS (Pounds)

Total pounds VOCs uncontrolled, **D** = Sum of C **D**

Total tons VOCs uncontrolled, **E** = D/2000 **E**

Control Factor **F**: For a coating line using a properly operated thermal oxidizer to meet Requirements of the general permit, **F** = 1 – (85/100) = 0.15. If uncontrolled, **F** = 1 **F**

Total tons VOCs emitted this month, **G** = E x F **G**

Total tons VOCs emitted 11 previous months, **H** = Sum of G for 11 previous months **H**

Total tons VOCs emitted over 12- month period, **J** = G + H **J**

**J cannot exceed 3 tons per year from each coating line, nor 25 tons per year from all coating lines at a stationary source.**

These limits include emissions from associated purge and clean-up operations. VOCs daily and hourly emissions cannot exceed 15 pounds and 3 pounds respectively.

\*For purge/clean-up solvents, subtract amount reclaimed