

SURFACE COATING WORKSHEET INSTRUCTIONS

How to Complete this Worksheet

- Submit this worksheet as a supplemental document to an *Application for a Minor Source Authority to Construct/Permit to Operate*. If submitting this worksheet without a permit application, or in response to an AQMD request for supplemental information, locate and check the “Supplemental Information” box at the top left of Page 2.
- The worksheet must be filled out completely for all items that are applicable, except where noted as optional.
- The *Application for a Minor Source Authority to Construct/Permit to Operate*, all applicable emission unit and/or control device worksheet(s), the MACT Notification/Certification of Compliance Status, and payment should be hand delivered to the AQMD drop box located ([here](#)), or mailed to:
NNPH, AQMD, 1001 E. Ninth Street, Suite B171, Reno, NV 89512
- **More detailed instructions can be found on page 5.**

Potential Applicable Requirements: 40 CFR Part 63, “Standards of Performance for NESHAP”

[40 CFR Part 63, Subpart HHHHHH](#)

- If using paint stripper, does it contain methylene chloride? Yes No N/A
- Does spray application of coatings to metal or plastic substrates contain compounds of chromium, lead, manganese, nickel, or cadmium? Yes No

If YES, the facility may be subject to 40 CFR 63, Subpart HHHHHH

[40 CFR Part 63, Subpart XXXXXX](#)

- Does the process have any operations common to metal fabrication and finishing facilities? Yes No

If YES, the facility may be subject to 40 CFR 63, Subpart XXXXXX

Facilities that perform metal fabrication and finishing processes are not subject to 40 CFR Part 63, Subpart XXXXXX unless they are “primarily engaged” in operations that fall into one of the rule’s source categories. Therefore, the rule will apply only if this facility falls into one of the categories listed below.

Check off ALL categories in the following list that apply to your facility’s operations.

- Electrical and electronic equipment finishing
- Fabrication of metal products
- Fabricating plate works (boiler shops)
- Fabrication involving structural metal manufacturing
- Heating equipment (except electric)
- Industrial machinery and equipment finishing operations
- Iron and steel forging
- Primary metal products manufacturing
- Valves and pipe fittings industries

Assistance and Resources

The Business Environmental Program, operated through the University of Nevada, is a free and confidential program designed to help small businesses in Washoe County comply with local and federal environmental regulations. This service may be contacted at 800.882.3233 or help@unrbep.org. The Business Environmental Program may provide information on completing this air quality application. They can also provide assistance in reviewing options for emission control equipment and submitting annual emissions.



Visit this link to learn more about working with BEP: <https://unrbep.org/about-bep/working-with-bep/>

- District Board of Health Regulations Governing Air Quality Management: <https://www.washoecounty.gov/health/programs-and-services/air-quality/regulations/index.php>
- The Air Quality Management Division Permitting Department can be contacted at 775.784.7200 Option 6 or AQMDPermitting@NNPH.org.

SURFACE COATING WORKSHEET

FOR AQMD USE ONLY

Permit No.:

Supplemental Information

Facility Information						
1. New Permit	Permit Modification	2. Existing facilities only. Permit Number:				
3. Facility Name:						
4. Facility Address:						
City:	State:	ZIP Code:				
Process Description						
5. Description of typical products coated:	Auto	Furniture	Other (specify):			
6. Type of materials coated:	Metal	Plastic	Wood	Other (specify):		
7. Type of spraying/application method:	HVLP	Airless	Electrostatic	Dipping	Roller/Brush	Other (specify):
Spray Booth Information						
8. List specifications for the spray booth(s) to be used. Attach a copy of the manufacturer's specification sheet(s) for each spray booth. Duplicate sheet as needed.						

Manufacturer:			
Model No.:	Serial No.:		
Booth outside dimensions (in feet, L x W x H):			
Ceiling:	Yes	No	No. of walls:
Overspray capture efficiency of the filters used in the spray booth (%):			
Manufacturer's recommended pressure drop across the filters:	inches of water (max)	inches of water (min)	
Max. heat input rating for booth heater, if applicable (in mmBtu/hr):			

Manufacturer :			
Model No.:	Serial No.:		
Booth outside dimensions (in feet, L x W x H):			
Ceiling:	Yes	No	No. of walls:
Overspray capture efficiency of the filters used in the spray booth (%):			
Manufacturer's recommended pressure drop across the filters:	inches of water (max)	inches of water (min)	
Max. heat input rating for booth heater, if applicable (in mmBtu/hr):			

Manufacturer:		
Model No.:	Serial No.:	
Booth outside dimensions (in feet, L x W x H):		
Ceiling:	Yes No	No. of walls:
Overspray capture efficiency of the filters used in the spray booth (%):		
Manufacturer’s recommended pressure drop across the filters:	inches of water (max)	inches of water (min)
Max. heat input rating for booth heater, if applicable (in mmBtu/hr):		

Materials Information

9. List information for each paint stripper, paint, primer, thinner, reducer, solvent, adhesive, etc. Attach SDS for each material and duplicate sheet as needed.

Material	Annual Usage (gal/yr)	VOC Content (lb/gal)	HAP Content (lb/gal)

All information above this line is required for this form to be considered complete. Duplicate sheet as needed.

DETAILED WORKSHEET INSTRUCTIONS**Facility Information**

1. Specify if the worksheet is for a new permit or for modification of an existing permit by checking the appropriate box.
2. **For existing facilities only.** Provide the Permit Number, which can be found at the top of page 1 of the existing Permit to Operate (ex. AAIRXX-XXXX).
3. Provide the facility name as it appears on the *Application for a Minor Source Authority to Construct/Permit to Operate*. If a permit already exists for this operation, enter the name as it appears on the existing permit, which can be found at the top of page 1 of the existing Permit to Operate where it says, "Permit Issued To".
4. Provide the facility address.

Process Description

5. Specify the typical product that will be coated at your facility.
6. Specify the types of materials the products are made of. Check all that apply.
7. Specify the method used to coat the products. Check all that apply.

Spray Booth Information

8. List the following specifications for each of the proposed spray booth(s) to be used. Attach a copy of the manufacturer's specification sheet(s). Duplicate sheet as needed.
 - Specify the make, model, serial number of the spray booth. If the spray booth was not manufactured, enter "N/A" in these spaces.
 - Specify, in feet, the outside dimensions of the booth.
 - Specify the number of walls the booth has and whether it has a ceiling.
 - Specify the rated capture efficiency percentage of the exhaust filters and the normal pressure drop across the filters. Specify the high and low range of the pressure drop in inches of water.
 - If applicable, specify the maximum heat input rating of the booth heater (in millions of British thermal units per hour).

Materials Information

9. In the table provided, specify the required elements of each paint stripper, paint, primer, thinner, reducer, solvent, adhesive, etc. used in the spray booth(s). Enter the anticipated annual usage in gallons per year, the content of volatile organic compounds (VOCs) in pounds per gallon, and the content of hazardous air pollutants (HAPs) in pounds per gallon. *Attach an SDS sheet for each material listed. Duplicate sheet as necessary.*

Supplemental Documents

All new facilities or facilities changing ownership must include the MACT 6H Notification/Certification of Compliance Status (attached below) as a supplemental document.

MACT 6H NOTIFICATION / CERTIFICATION OF COMPLIANCE STATUS

PAINT STRIPPING AND MISCELLANEOUS SURFACE COATING AREA SOURCES NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) SUBPART HHHHHH

[40 CFR Part 63 Subpart HHHHHH](#)

Facility Information (Physical Location)		
1. Facility Name:		
2. Facility Address:		
City:	State:	ZIP Code:
3. On-Site Contact Name:		Title:
Phone Number:		Email:
4. Are the required compliance records located at a location other than the facility? Yes No <i>If "Yes", complete #5-#6.</i>		
5. Facility Address:		
City:	State:	ZIP Code:
6. Contact Name:		Title:
Phone Number:		Email:
Company Information (Owner/Operator)		
7. Owner Name:		Title:
Phone Number:		Email:
8. Owner Mailing Address:		
City:	State:	ZIP Code:
9. Is the operator the same person as the owner? Yes No <i>If "No", complete #10-#11.</i>		
10. Operator Name:		Title:
Phone Number:		Email:
11. Operator Mailing Address:		
City:	State:	ZIP Code:
12. Is the Certifying Official the same as the owner? Yes No <i>If "No", complete #13-#14.</i>		
13. Certifying Official's Name:		Title:
Phone Number:		Email:
14. Certifying Official's Mailing Address:		
City:	State:	ZIP Code:

