Quality

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 <u>ALL</u> 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





SURFACE COATING WORKSHEET

Supplemental Information

Fa	acility Information	n						
1.	New Permit	Permit Modificati	ion	2.	Existing fa	cilities only. Pern	nit Number:	
3.	Facility Name:							
4.	Facility Address:							
Cit	ty:		State:				ZIP Code:	
Pr	rocess Description	n						
5.	Description of typical	products coated	: Aut	:0	Furniture	Other (specif	īy):	
6.	Type of materials coa	ated: Metal	Plastic		Wood	Other (specify):		
7.	Type of spraying/appl	lication method:	HVLP Other		Airless ecify):	Electrostatic	Dipping	Roller/Brush
C .	eray Pooth Inform	ation	Une	(Sh				
	pray Booth Inform				Attach a c	eres of the manuf		ication choot(c)
õ.	List specifications for for each spray booth.				I. Attach a co	opy of the manufa	acturer s specin	Ication sneet(s)
Ma	anufacturer:							
Mo	odel No.:				Ser	rial No.:		
Во	ooth outside dimension	ıs (in feet, L x W >	к H):					
Ce	eiling: Yes No	o No. of v	walls:					
Ov	erspray capture efficie	ncy of the filters ι	used in th	ie sr	pray booth (9	%):		
Manufacturer's recommended pressure drop across the filters: inches of water (max) inches of water (min)								
Ma	ax. heat input rating fo	r booth heater, if	applicabl	e (ir	າ mmBtu/hr)	:		
Ma	anufacturer :							
Mo	odel No.:				Ser	rial No.:		
Во	oth outside dimension	ns (in feet, L x W >	ĸ H) :					

Ceiling: Yes No No. of walls:

Overspray capture efficiency of the filters used in the spray booth (%):

inches of water (max)

inches of water (min)

Max. heat input rating for booth heater, if applicable (in mmBtu/hr):

Manufacturer's recommended pressure drop across the filters:

FOR AQMD USE ONLY

Permit No.:

Public Health

Air Quality

Manufact	urer
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Model No.:

Booth outside dimensions (in feet, $L \times W \times H$):

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.

Serial No.:

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 Lo	ocation)			
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 I If "Yes", complete #5-#6.	ocated at a location o	other than the facility?	Yes No	
5. Facility Address:				
City:	State:		ZIP Code:	
6. Contact Name:		Title:		
Phone Number:		Email:		
Company Information (Owner/C	Operator)			
7. Owner Name:		Title:		
Phone Number:		Email:		
8. Owner Mailing Address:		·		
City: State:			ZIP Code:	
9. Is the operator the same person as th If "No", complete #10-#11.	e owner? Yes N	lo		
10. Operator Name:		Title:		
Phone Number:		Email:		
11. Operator Mailing Address:				
City: State:			ZIP Code:	
12. Is the Certifying Official the same as If "No", complete #13-#14.	the owner? Yes	No		
13. Certifying Official's Name:		Title:		
Phone Number:		Email:		
14. Certifying Official's Mailing Address:				
City:	State:		ZIP Code:	

Public Health

NORTHERN NEVAD

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Air

Certification of Compliance

15. I am subject to 40 CFR Part 63, Subpa Stripping and Miscellaneous Surface Coat	art HHHHHH, National Emission Standards for Hazardous Air Pollutants: Paint ing Operations at Area Source: Yes No
16. Is the facility a motor vehicle or mobi location, rather than at a fixed location?	le equipment surface coating operation that repairs vehicles at the customer's Yes No
Surface Coating Operations:	
	ehicle or Mobile Equipment Surface Coating Operation
17a. No. of Spray Booths:	17b. No. of Preparation Stations: 17c. No. of Painters:
Paint Stripping Operations:	
18. Methods of paint stripping employed	(check all that apply): Chemical Mechanical Other (specify):
19. Substrates stripped: Wood Plas	tic Metal Other (specify):
Methylene Chloride (MeCl) Use:	
20. Does the facility plan to use more that	an (1) ton of MeCl annually? Yes No N/A
Compliance Status:	
	of the relevant requirements.
**Compliance dates are as follows:	
New Source (initial startup after Septembe Existing Source (Initial startup before Sep	, 2008); Compliance date is date of initial startup. er 17, 2007, but before January 9, 2008); Compliance date is January 9, 2008. tember 17, 2007); Compliance date is January 10, 2011. ment is brought online in a paint stripping or surface coating operation, and paint rmed.
22. Certification of Compliance Status (ch	neck one):
subpart. This initial notification also s	y that this source is in compliance with each of the relevant requirements of this serves as the Notification of Compliance Status.
	certify that this source is in compliance with each of the relevant requirements of rves as the Notification of Compliance Status.

This notification serves as the Notification of Compliance Status certifying that this source has complied with all the relevant standards of this subpart.

I certify the truth, accuracy, and completeness of this notification:

Responsible Official Signature

Date

Responsible Official Name

Title