

PROCESS EQUIPMENT APPLICATION
(Surface Coating Operation)

Form E010A
07/2001

1. Name of Company (as shown on Line 1, Form E001): _____
2. Equipment Name (as shown on Line 10, Form E001): _____
3. Type of Process: _____
4. Type of Coating(s) Used (if paint, specify lacquer, enamel or primer): _____

5. Date of installation, initial start-up, or alternation (such that potential emissions were increased) or equipment or device for which permit is applied for:

6. Amount of coating used per day:
_____ gallons (This includes all thinners and solvents used.)

7. Control Equipment Data:

A Emissions Uncontrolled B Dry Filter Size of Each Filter: _____ No. of Filters: _____

C Water Wash Booth -Pump Capacity: _____ Gallons per minute

D Other -Specify: _____ (File Form E107)

8. Control Equipment Efficiency for each pollutant emitted by this equipment. (Enter zero(s) if A is checked in Item 7).

| | Efficiency (%) |
|--------------|----------------|
| Hydrocarbons | _____ |
| Other: _____ | _____ |
| _____ | _____ |
| _____ | _____ |

9. A. Method of Application

1. Pressure Atomization 2. Electrostatic: Air 3. Hot Airless Spray

4. Air Atomization 5. Dipping Disc

6. Other (specify): _____

B. Method of Drying: Air Dried Oven-dried or Baked C. ConveyORIZED: Yes No

10. The emissions from this equipment may at times under normal operating conditions cause (check all that apply):

Odors Property Damage Health Effects

Eye Irritations Other nuisances outside plant property No environmental damage

11. Emission Point Data:

| | | | | |
|-------------------------------------------------|-------|----|--------------------------|-----------|
| Stack Height (emission point) above ground: | _____ | Ft | Volume of gas discharged | |
| Ground Elevation above sea level at stack base: | _____ | Ft | to atmosphere: | _____ Cfm |
| Stack Diameter | _____ | Ft | Gas exit Temperature | _____ °F |

12. Average Equipment Operating Time:

| | | | |
|----|--------|-------|-------|
| A. | Daily | _____ | Hours |
| B. | Weekly | _____ | Days |
| C. | Yearly | _____ | Weeks |

This is to certify that I am familiar with the operations concerning this equipment and that the information provided on this application is true and correct to the best of my knowledge. **This form must be completely filled out before it is acceptable.**

Mail To:
 CHATTANOOGA-HAMILTON COUNTY
 AIR POLLUTION CONTROL BUREAU
 2034 Hamilton Place Blvd., Suite 300,
 Chattanooga, TN 37421-6127

Company Official: _____
 Signature

Title: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

_____ Engineer Approval

This form corresponds to permit number: _____

Special Notations: _____

