



Air Quality Permit Application Form 5.0: Facility Information

FACILITY NAME: _____	DATE: _____
NDEQ Facility ID#: _____	

Section 5.9: Polyester Resin Plastic Product Fabrication Facility Information

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING.
Do NOT use pencil to fill out this application. Please type responses or print using black ink.

1) General Information

Brief Description of Polyester Resin Plastic Product Fabrication Operation:

2) Current / Anticipated Operating Schedule

c: / a:	hours/day	c: / a:	days/week	c: / a:	weeks/year
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3) Current / Anticipated Polyester Resin Plastic Product Fabrication Rates

c: / a:	units/day	c: / a:	units/week	c: / a:	units/year
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4) Polyester Resin Plastic Product Fabrication Method

Indicate the number of areas designated for each application method that is/will be conducted at your facility :

_____ (1) Manual w/ Vapor Suppressed Resin VSR ¹	_____ (9) Filament application w/VSR ¹
_____ (2) Mechanical Controlled Spray w/ VSR ¹	_____ (10) Gelcoat Application
_____ (3) Mechanical Atomized	_____ (11) Gelcoat Controlled Spray Application
_____ (4) Mechanical Atomized w/VSR ¹	_____ (12) Gelcoat Non-Atomized Application
_____ (5) Mechanical Atomized w/Controlled Spray	_____ (13) Covered-Cure without Roll-Out
_____ (6) Mechanical Non-Atomized	_____ (14) Covered-Cure after Roll-Out
_____ (7) Mechanical Non-Atomized w/VSR ¹	Other
_____ (8) Filament Application	¹ Vapor Suppressed Resin (VSR)

5) Indicate the number of the following units that have been/will be constructed:

Unit Type	Current Number	Anticipated Total Number
Fiberglass Booths		
Other: _____		

6) For each Fiberglass Booth or Other Control device complete the following:

EU ID#	EU Name	Unit Type	Select Add-On Control Device
		<input type="checkbox"/> Booth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Filter – Control Efficiency: _____% <input type="checkbox"/> None <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Booth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Filter – Control Efficiency: _____% <input type="checkbox"/> None <input type="checkbox"/> Other: _____

If there are more than two different painting devices located at the facility, attach additional information so each unit is described.



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Section 5.9: Polyester Resin Plastic Product Fabrication (cont.)

7) Control Equipment Information			
Is there an air pollution control device(s) associated with controlling VOC/HAP Emissions from Polyester Resin Plastic Fabrication? <input type="checkbox"/> YES <input type="checkbox"/> NO			
08) Control Equipment (CE) ID#:		09) CE Installation Date: <input type="checkbox"/> N/A	
10) CE Name/Description:			
Pollutant(s) Controlled	% Control Efficiency	Pollutant(s) Controlled	% Control Efficiency
If more than one control device is used for VOC/HAP control, attach additional information so that all control equipment is identified. If a control device(s) is utilized, be sure to complete Section 6.5 or 6.6 as appropriate.			
11) Requested Emission Limitations			
Select the appropriate box that represents the limitations on actual VOC and HAP emissions you want to request:			
Volatile Organic Compound Limits		Hazardous Air Pollutant Limits	
<input type="checkbox"/> I do NOT want to limit my VOC emissions		<input type="checkbox"/> I do NOT want to limit my HAP emissions	
<input type="checkbox"/> Facility-wide VOC emissions limited to 250 tpy		<input type="checkbox"/> Facility-wide HAP emissions limited to 10 tpy of a single HAP and 25 tpy of aggregate HAP	
<input type="checkbox"/> Facility-wide VOC emissions limited to 100 tpy		<input type="checkbox"/> Facility-wide HAP emissions limited to 5 tpy of a single HAP and 12.5 tpy of aggregate HAP	
<input type="checkbox"/> Facility-wide VOC emissions limited to 50 tpy		<input type="checkbox"/> Facility-wide HAP emissions limited to 2.5 tpy of a single HAP and 10 tpy of aggregate HAP	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
12) Trimming Areas			
Indicate the number of the following units that have been/will be constructed			
Unit Type	Current Number	Anticipated Total Number	
Trimming Areas			
Other: _____			
13) For each Trimming area or other Post Fabrication Activity complete the following:			
EU ID#	EU Name	Unit Type	Select Add-On Control Device
		<input type="checkbox"/> Booth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Filter – Control Efficiency: _____% <input type="checkbox"/> None <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Booth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Filter – Control Efficiency: _____% <input type="checkbox"/> None <input type="checkbox"/> Other: _____
If there are more than two different devices are located at the facility, attach additional information so that each unit is described.			



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Section 5.9: Polyester Resin Plastic Product Fabrication (cont.)

14) Emission Calculations Attached?	<input type="checkbox"/> YES
15) Additional Information Attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO



Nebraska
DEQ Air Quality Construction Permit Application
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FACILITY NAME: _____ **DATE:** _____

NDEQ Facility ID#: _____

Section 5.9: Polyester Resin Plastic Product Fabrication Information – Gelcoat, Resin and Solvent Information

Do NOT use pencil to fill out this application. Please type responses or print using black ink.

Instructions: On the pages that follow, the Department requires you to provide material information for ALL gelcoats, Resins, solvents, and the like, that you use at your facility. You must provide the name of the gelcoat, resin or solvent amount of product used or estimated use, density of material, solid content, volatile organic compound content, the application method number found in **4) Polyester Resin Plastic Fabrication Method** and hazardous air pollutant content. Use as many pages as necessary so that ALL gelcoats, resins, and solvents are included.

EXAMPLE:

1) Name and/or Description of Paint/Coating and Application Process from (4)	2) Amount Used (gal/yr)	3) Density (lbs/gal)	4) Solid Content (wt %)	5) VOC Content (lbs/gal)	7) Name and CAS# of HAP	8) HAP Content (wt %)
CCP FV 944-B-025 Black Gelcoat	2867	10.24	67%	4.62	Methyl Methacrylate CAS #136527	4.52 %
				6) Application Process Number Used From (4)	Styrene CAS #100425	35.0 %
				5		

For column 2) Amount Used (gal/yr), actual data that may be available can be used. For example, if there are actual paint usage records from the past (on an annual basis) you may use those values. If this is a new facility obtaining a construction permit, please estimate your Gelcoats, resins and solvent usage. The Department will assume the amount used (in column 2) is based on the information provided below. Please have paint amounts be based on a year when normal source operation occurred.

Year Amount Used information is from: _____

Operating Schedule of Year Used: _____ hours/day _____ days/week _____ weeks/year



Nebraska
DEQ Air Quality Construction Permit Application
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Section 5.9: Polyester Resin Plastic Product Fabrication Facility Information – Resin/Gelcoat (cont.)

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Gelcoat/Resin Information

1) Name and/or Description of Paint/Coating and Application Process from (4)	2) Amount Used (gal/yr)	3) Density (lbs/gal)	4) Solid Content (wt %)	5) VOC Content (lbs/gal)	7) Name and CAS# of HAP	8) HAP Content (wt %)
				6) Application Process Number Used From (4)		
				6) Application Process Number Used From (4)		
				6) Application Process Number Used From (4)		



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Section 5.9: Polyester Resin Plastic Fabrication Facility Information - Solvent Information (cont.)

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Solvent (Barrier Coating and Chemical Release) Information

1) Name and/or Description of Solvent	2) Amount Used (gal/yr)	3) Density (lbs/gal)	4) Solid Content (wt %)	5) VOC Content (lbs/gal)	7) Name and CAS# of HAP	8) HAP Content (wt %)
				6) Total HAP Content (wt %)		
				6) Total HAP Content (wt %)		
				6) Total HAP Content (wt %)		