



# Air Quality Permit Application Form 5.0: Facility Information

<b>FACILITY NAME:</b> _____	<b>DATE:</b> _____
<b>NDEQ Facility ID#:</b> _____	

## Section 5.6: Surface Coating 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 Surface Coating 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 Coating Rates

c:      / a:                  units/day	c:      / a:                  units/week	c:      / a:                  units/year
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### 4) Part Cleaning/Preparation Operations

Indicate the type(s) of part cleaning/preparation that is/will be conducted at your facility:

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Non-HAP Solvent Cleaning | <input type="checkbox"/> HAP Solvent Cleaning | <input type="checkbox"/> Wash Booth  | <input type="checkbox"/> Phosphate Wash |
| <input type="checkbox"/> Chromate Etching         | <input type="checkbox"/> Abrasive Blasting    | <input type="checkbox"/> Other _____ |   |

### 5) Surface Coating Methods

Indicate the type(s) of surface coating that is/will be conducted at your facility:

- |  |  |                                   |   |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Spray Paint Coating   | <input type="checkbox"/> Hand Application        | <input type="checkbox"/> Dip Tank | <input type="checkbox"/> Powder Coating |
| <input type="checkbox"/> Electrostatic Coating | <input type="checkbox"/> Electromagnetic Coating | <input type="checkbox"/> HVLP     | <input type="checkbox"/> Other _____    |

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

Unit Type	Current Number	Anticipated Total Number
Paint Booths		
Dip Tanks		
Other: _____		

7) For each Paint Booth, Dip Tank, or Other painting device complete the following:

EU ID#	EU Name	Unit Type	Select Add-On Control Device
		<input type="checkbox"/> Booth <input type="checkbox"/> Dip Tank <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"/> Dip Tank <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 that each unit is described.



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## Section 5.6: Surface Coating Facility Information (cont.)

<b>8) Surface Coating Curing and Burn-Off Oven Operations</b> <input type="checkbox"/> N/A			
Indicate the number of curing ovens and burn-off ovens that have been / will be constructed at the source:			
Unit Type	Current Number	Anticipated Total Number	
Curing Ovens			
Burn-Off Ovens			
Other: _____			
Be sure to complete Section 6.1 for each curing oven or heater and Section 6.3 for each burn off oven (considered to be an incinerator) located on site.			
<b>9) Control Equipment Information</b>			
Is there an air pollution control device(s) associated with controlling VOC/HAP Emissions from Surface Coating? <input type="checkbox"/> YES <input type="checkbox"/> NO			
10) Control Equipment (CE) ID#:		11) CE Installation Date: <input type="checkbox"/> N/A	
12) 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.			
<b>13) Requested Emission Limitations</b>			
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"/> Facility-wide VOC emissions limited to 250 tpy <input type="checkbox"/> Facility-wide VOC emissions limited to 100 tpy <input type="checkbox"/> Facility-wide VOC emissions limited to 50 tpy <input type="checkbox"/> Other: _____		<input type="checkbox"/> I do NOT want to limit my HAP emissions <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 HAP emissions limited to 5 tpy of a single HAP and 12.5 tpy of aggregate HAP <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: _____	
<b>14) NSPS/NESHAP Applicability</b>			
This surface coating facility is subject to: <input type="checkbox"/> NESHAP, Subpart HHHHHH <input type="checkbox"/> NESHAP, Subpart XXXXXX <input type="checkbox"/> Other _____ <input type="checkbox"/> None			
If Unknown contact the Department for additional information			
<b>15) Emission Calculations Attached?</b>		<input type="checkbox"/> YES	
<b>16) Additional Information Attached?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	



Nebraska  
**DEQ** Air Quality Construction Permit Application  
**Form 5.0: Facility Information**

**FACILITY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NDEQ Facility ID#:** \_\_\_\_\_

**Section 5.6: Surface Coating Facility Information - Coating 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 paints, coatings, solvents, and the like, that you use at your coating facility. You must provide the name of the paint or coating, amount of paint used or estimated use, density of material, solid content, volatile organic compound content, and hazardous air pollutant content. Use as many pages as necessary so that ALL paints, coatings, and solvents are included.

EXAMPLE:

1) Name and/or Description of Paint/Coating	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 %)
Green Paint #1	2867	10.24	67%	4.62	Ethyl Benzene (CAS #100414)	15%
				6) Total HAP Content (wt %)	Toluene (CAS #108883)	3%
					Xylene (CAS #1330207)	11%
				29%		

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 paint 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



**FACILITY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NDEQ Facility ID#:** \_\_\_\_\_

**Section 5.6: Surface Coating Facility Information - Coating and Solvent Information (cont.)**

**IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING**  
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**Paint/Coating Information**

1) Name and/or Description of Paint/Coating	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 %)		



**FACILITY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NDEQ Facility ID#:** \_\_\_\_\_

**Section 5.6: Surface Coating Facility Information - Coating and Solvent Information (cont.)**

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**Solvent 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 %)		