Louisville Metro Air Pollution Control District

Form: AP-0508

Coating Operation

Application For Permit To Construct, Reconstruct, Install, Modify, or Operate Process or Process Equipment

Mail Application To:
Louisville Metro APCD
850 Barret Avenue
Louisville, KY 40204

(502) 574-6000
FAX: (502) 574-5137
www.louisvilleky.gov/apcd

Section A: Owner/Operator Information

Business Name of Owner /Operator To Appear On The Permit:

Owner's Business Name (only if different from Business Name of Owner/Operator):

Section B: Equipment Location

Equipment Location Address:

_____
Street Address

_____ KY _____ - _____
City State Zip Code

Responsible Official Name: _____

Responsible Official Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Section C: Permit Mailing Address

Permit and Correspondence Information:

☐ Check here if same as equipment location address.

_____
Street Address

_____ _____ _____ - _____
City State Zip Code

Contact Name: _____

Contact Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Section D: Application Type

Reason for Submitting Application (Select all that apply):

☐ New Construction /Installation
☐ Modification
☐ Reconstruction
☐ Operation
☐ Change of Ownership
☐ Change of Location
☐ Administrative Change

Date of Construction, Modification, Installation or Operation:

(MM/DD/YYYY)

Estimated Start Date: _____

Actual Start Date: _____

In accordance with District regulations 2.03, Section 1, you may not construct, install, modify, or operate an affected facility unless a permit has been issued by the District (LMAPCD). Please complete all requested information in this application. Incomplete applications may result in denial of issuing a permit to construct and operate process or process equipment.

Section E: Facility Business Information

What type of business is being conducted at this equipment location?	SIC Code

Section F: Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Signature of Responsible Official:	Title:
Print Name:	Date:

LMAPCD Use Only	Application Tracking #:	Assigned Engineer:	Permit No(s):	Plant ID #:	NAICS Code:

Section G: General Information

Type of Coating Operation:

- ☐ Aerospace Coating
- ☐ Plastic Parts Coating
- ☐ Automobile & Light-Duty Truck Coating
- ☐ Can Coating
- ☐ Coil Coating
- ☐ Paper Coating
- ☐ Fabric Coating
- ☐ Metal Furniture Coating
- ☐ Large Appliance Coating
- ☐ Magnet Wire Coating
- ☐ Miscellaneous Metal Parts Coating
- ☐ Flat Wood Paneling Coating
- ☐ Vinyl Coating
- ☐ Other (Specify):

Types of Coatings Used:

Types of Parts Coated:

Purpose of Coating: *(check all that apply)*

- ☐ Protective
- ☐ Decorative
- ☐ Functional
- ☐ Other (Specify):

Section H: Coating Information

Coatings Used: (Material Safety Data Sheets must be included for all coatings)

If More than ten coatings are used, attach additional copies of this page as needed. Specify lbs or gals for usage rate listed below.

Manufacturer	Product Code/Number	Expected Amount Used Per Hour

Section I: Thinner Information

Are any of the coatings **thinned** before application? ☐ YES ☐ NO

If YES, complete the following information. Specify lbs or gals for usage rate listed below.

Manufacturer	Product Code/Number	Density (lb/gal)	VOC Content (lb/gal)	Coating Mixed With What Type Thinner?	Mixing Ratio	Resulting VOC Content (lb/gal)	Expected Amount of Thinned Coating Used Per Hour

Section J: Surface Preparation Information

Are any surface preparation materials used? ☐ YES ☐ NO

If YES, complete the following information. Specify lbs or gals for usage rate listed below.

If more than five surface preparation materials are used, attach additional copies of this page as needed.

Manufacturer	Product Code/Number	Expected Amount Used Per Hour

Attach Material Safety Data Sheets (MSDS) for each surface preparation material listed above.

Section K: Coating Application Information

Coating Application Method:

☐ Spray Gun
☐ Brush
☐ Roller
☐ Dip Tank
☐ Flow Coating
☐ Aerosol Can
☐ Electrostatic
☐ Bell
☐ Other (Specify): _____

*If a **spray gun** is used, complete the following information.*

Spray Gun Information

If more than five spray guns are used, attach additional copies of this page as needed.

Spray Gun Type	Manufacturer	Model	Tip Sizes Used
☐ Airless ☐ Electrostatic ☐ High Volume Low Pressure ☐ Other (Specify):			
☐ Airless ☐ Electrostatic ☐ High Volume Low Pressure ☐ Other (Specify):			
☐ Airless ☐ Electrostatic ☐ High Volume Low Pressure ☐ Other (Specify):			
☐ Airless ☐ Electrostatic ☐ High Volume Low Pressure ☐ Other (Specify):			
☐ Airless ☐ Electrostatic ☐ High Volume Low Pressure ☐ Other (Specify):			

Attach manufacturer's specification sheets and coating flow rate information for each spray gun used.

If a **dip tank** is used, complete the following information.			
Dip Tank Information			
Dip tank Dimensions:	**ft** long by:	**ft** wide by:	**ft** deep:
Dip Tank Volume:	**gallons**		
Amount of Material Added to Dip Tank:	gallons each day		
Proposed Dip Tank Cleanout Schedule:			
*If **flow coating** is used, complete the following information.*			
Flow Coating Information			
Flow Rate of Coating:	**gallons/minutes**		
Amount of Material Added to Flow Coater:	**gallons each day**		

Section L: Spray Booth Information

Is a **spray booth** used? ☐ YES ☐ NO	*If YES, complete the following information.*	
Manufacturer:	Model:	Serial number:

Spray Booth Type:
- ☐ Full-Down Draft
- ☐ Side-Down Draft
- ☐ Semi-Down Draft
- ☐ Reverse Air Flow
- ☐ Front Air Flow
- ☐ Open Face
- ☐ Other (Specify):

Type of Particulate Control:
- ☐ Filter
- ☐ Water Curtain
- ☐ Baffles
- ☐ Other (Specify):
- ☐ No Particulate Control

If filters are used, complete the following information.
Filter Manufacturer:
Filter Model:
Manufacturer Recommended Pressure Drop Across Filter: i**nches water** to **inches water**
Filter Removal Efficiency:
If a water curtain is used, complete the following information.
Water Flow Rate: **gallons/minute**
Does the water curtain automatically turn on when the booth is in use? ☐ YES ☐ NO
Attach manufacturer's specification sheets for spray booth and particulate control devices.

Section M: Oven/Heater Information

Is an **oven/heater** used to bake the coating? ☐ YES ☐ NO
If YES, complete the following information.
Number of Burners in Oven/Heater:
Rated Heat Input of Each Burner: BTU/hr
Total Rated Heat Input of Oven/Heater BTU/hr
Oven Operating Temperature: ˚ F
Bake Time: **minutes**
Oven/Heater Power Source: ☐ Electric ☐ Fuel

Fuel Used:
- ☐ Natural Gas
- ☐ Diesel
- ☐ No. 2 Fuel Oil
- ☐ Propane
- ☐ Other (Specify):

Section N: Control Device Information	
Is there a **control device** associated with this process? □ YES □ NO If no, go to Section O.	
Is a **thermal oxidizer**, **catalytic oxidizer**, or **afterburner** Used? □ YES □ NO If yes, complete Form AP-0708	
Is **carbon adsorption** used? □ YES □ NO If yes, complete Form AP-1108	
Is any other type of control device used? □ YES □ NO If yes, describe the type of control device below and include the manufacturer's technical specification information.	
Pollutants Controlled: □ VOCs □ HAPs □ PM □ PM_{10} □ TAC □ Other (Specify):	
Control Device Manufacturer:	
Control Device Model:	Control Device Serial Number:
Control Device Design Capacity:	Control Device Removal or Destruction Efficiency:
Section O: Stack Information	
Is there a **vent** or **stack**? □ YES □ NO If yes, complete this section.	
Describe how the emissions are captured:	
Stack Height Above Grade: Feet:	Stack Exit Diameter: Feet: *(Provide Stack Dimensions **If Rectangular Stack)***
Is a **stack cap** present? □ YES □ NO	
Stack Configuration: □ Vertical □ Horizontal □ Downward – Venting *(Check all that apply)* □ Other (Specify):	
Stack Exit Gas Temperature: ˚ F	Stack Exit Gas Flow Rate: ACFM
Distance to Nearest Property Line: Feet	Height of Nearest Obstruction: Feet
Describe Nearest Obstruction:	

Section P: Monitoring Information
Will emissions data be recorded by a continuous emission monitoring system (CEMS)? ☐ YES ☐ NO
If yes, attach a copy of the continuous emission monitoring system manufacturer's specification sheets.
If YES, complete the following information. If NO, proceed to Section Q.
Pollutants Controlled: ☐ VOCs ☐ HAPs ☐ PM ☐ PM_{10} ☐ NO_x ☐ SO_x ☐ Metals ☐ TAC ☐ Other (Specify):
Describe the Continuous Emission Monitoring System:
Manufacturer:
Model:
Serial Number:
Will multiple emission units be monitored at the same point? ☐ YES ☐ NO
If YES, complete the following information. If NO, proceed to Section Q.
Emission Units Monitored:
Will more than one emission unit be emitting from the combined point at any time? ☐ YES ☐ NO
Emission Units Emitting Simultaneously:

Section Q: Monitoring and Alarm Information			
Are there any **alarms** associated with this equipment? ☐ YES ☐ NO			
If YES, complete the following. If NO, proceed to Section R			
Describe the System Alarm(s):			
If there are more than three alarms, attach additional copies of this page as needed.			
Operating Parameter Monitored	**Describe Alarm Trigger**	**Monitoring Device or Alarm Type**	**Does the Alarm Initiate an Automated Response?**
		☐ Visual ☐ Auditory ☐ Automatic (Remote Monitoring) ☐ Other	☐ YES ☐ NO Describe:
		☐ Visual ☐ Auditory ☐ Automatic (Remote Monitoring) ☐ Other	☐ YES ☐ NO Describe:
		☐ Visual ☐ Auditory ☐ Automatic (Remote Monitoring) ☐ Other	☐ YES ☐ NO Describe:

Section R: Additional Information

Attach potential emissions calculations with your application. If there are no emission calculations provided with the application, the LMAPCD will calculate the potential emission rates for this equipment. This will result in a delay in the issuance of the permit. The potential emission rates shall be based on operation at maximum equipment capacity. The annual potential emissions shall be based on 8,760 operating hours per year. All potential emission calculations shall represent pre-control emissions.

Is there any additional information pertinent to this application? □ YES □ NO
If Yes, describe below: