

**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  
 6125 Preservation Drive, STE 140  
 Chattanooga, TN 37416 - 3740

Company Official: \_\_\_\_\_  
 Signature

Title: \_\_\_\_\_

Date: \_\_\_\_\_

***DO NOT WRITE BELOW THIS LINE***

\_\_\_\_\_ Engineer Approval

This form corresponds to permit number: \_\_\_\_\_

Special Notations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_