



Louisville Metro Air Pollution Control District

Process Permit Application Form AP-200H Surface Coating Operation

Deliver application to:
701 W. Ormsby Ave. Suite 303
Louisville, KY 40203

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

Plant Name:	Plant ID:
Date of construction, modification, installation, or operation:	Control equipment associated with this process equipment:

Process Description	Emission Process/Point #
Type of Coating Operation	<input type="checkbox"/> Aerospace <input type="checkbox"/> Automobile and Light-Duty Truck <input type="checkbox"/> Cans <input type="checkbox"/> Coils <input type="checkbox"/> Plastic Parts <input type="checkbox"/> Paper <input type="checkbox"/> Fabric
Purpose of Coating <i>(check all that apply)</i>	<input type="checkbox"/> Metal Furniture <input type="checkbox"/> Large Appliance <input type="checkbox"/> Magnet Wire <input type="checkbox"/> Miscellaneous Metal Parts <input type="checkbox"/> Flat Wood Paneling <input type="checkbox"/> Vinyl <input type="checkbox"/> Other:
<input type="checkbox"/> Protective <input type="checkbox"/> Functional	
Types of coatings used:	
Type of parts coated:	
Review the following statements, and check the one that applies to you:	
<input type="checkbox"/> I am subject to Federal regulation 40 CFR 63, subpart HHHHHHH because I paint motor vehicles or mobile equipment. (Certification of Compliance Form AP-4008 must be attached as part of this application.)	
<input type="checkbox"/> I am subject to Federal regulation 40 CFR 63, subpart HHHHHHH because I paint motor vehicles or mobile equipment, but I am petitioning for an exemption because the coatings I use contain less than 0.1% by weight chromium, lead, manganese, or cadmium, or less than 1.0% by weight nickel. (Petition for exemption must be attached as part of this application.)	
<input type="checkbox"/> I am subject to Federal regulation 40 CFR 63, subpart HHHHHHH because I paint parts or products made of metal and/or plastic and the coatings I use contain greater than 0.1% by weight chromium, lead, manganese, or cadmium, or greater than 1.0% by weight nickel. (Certification of Compliance Form AP-4008 must be attached as part of this application.)	
<input type="checkbox"/> I am not subject to Federal regulation 40 CFR 63, subpart HHHHHHH because I paint parts or products made of plastic and/or metal, and the coatings I use contain less than 0.1% by weight chromium, lead, manganese, or cadmium, or less than 1.0% by weight nickel.	
<input type="checkbox"/> I am not subject to Federal regulation 40 CFR 63, subpart HHHHHHH because (a) this facility is owned or operate by the United States Armed Forces, NASA, or the NNSA, (b) this facility paints only military munitions, (c) this coating operation is a research and development activity, as defined in the regulation, (d) this coating operation is a quality control; activity, as defined in the regulation, or (e) this facility paints only space vehicles.	
<input type="checkbox"/> I am not subject to Federal regulation 40 CFR 63, subpart HHHHHHH because I am a source to which this regulation is not applicable (e.g. a major source).	

Thinner Information					
<i>List all thinners used that were not included on the Coating Information list. Material Safety Data Sheets must be included with application.</i>					
Manufacturer	Product Code	Product Description	Density (lb/gal)	VOC Content (lb/gal)	Usage rate (include units)

Surface Preparation Material Information					
<i>List all materials used for surface preparation. Material Safety Data Sheets must be included with this application.</i>					
Manufacturer	Product Code	Product Description	Density (lb/gal)	VOC Content (lb/gal)	Usage rate (include units)

Coating Application Information					
Application method	<input type="checkbox"/> Spray Gun	<input type="checkbox"/> Aerosol Can	<input type="checkbox"/> Roller	<input type="checkbox"/> Brush	<input type="checkbox"/> Rotary Bell
	<input type="checkbox"/> Flow	<input type="checkbox"/> Other:	<input type="checkbox"/> Dip Tank		
<i>If the application method is "spray gun", complete the following for each gun type:</i>					
Spray Gun Type		# Units	Manufacturer	Model #	Tip Sizes
<input type="checkbox"/> Airless	<input type="checkbox"/> HVLP				
<input type="checkbox"/> Electrostatic	<input type="checkbox"/> Other				
<input type="checkbox"/> Airless	<input type="checkbox"/> HVLP				
<input type="checkbox"/> Electrostatic	<input type="checkbox"/> Other				
<input type="checkbox"/> Airless	<input type="checkbox"/> HVLP				
<input type="checkbox"/> Electrostatic	<input type="checkbox"/> Other				
<i>If the application method is "dip tank", complete the following:</i>					
Tank dimensions: Length-	Width-	Depth-	Replenishment Rate:	gal/day	
<i>If the application method is "flow", complete the following:</i>					
Coating flow rate:	gal/min	Replenishment Rate:	gal/day		

Spray Booth Information		<input type="checkbox"/> This facility does not have a spray booth
Manufacturer:		Model :
Spray Booth type	<input type="checkbox"/> Full Down-draft <input type="checkbox"/> Front air flow <input type="checkbox"/> Side down-draft <input type="checkbox"/> Semi down-draft <input type="checkbox"/> Other:	<input type="checkbox"/> Reverse Air Flow <input type="checkbox"/> Open Face
Particulate Control	<input type="checkbox"/> Filter <input type="checkbox"/> Baffles <input type="checkbox"/> Water Curtain <input type="checkbox"/> Other:	<input type="checkbox"/> None
<i>If filters are used, complete the following:</i>		
Filter Manufacturer:		Model :
Recommended pressure drop (range):		Spec control efficiency: %
<i>If a water curtain is used, complete the following:</i>		
Water Flow Rate:	Is booth operation interlocked with water flow?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Oven/Heater Information		<input type="checkbox"/> This facility does not have a paint cure oven/heater
Manufacturer:		Model:
Number of burners/heat elements:		Rated heat input to each burner/element:
Operating temperature: °		Coating cure time:
Oven/Heater power source:	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other:	