

FORM D1
COATING APPLICATION EQUIPMENT

Revised 10/19/98

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Facility Tracking Number: MMPP- (Duplicate this sheet as necessary)
Coating Application ID: CA- of Coating Application Lines

Copy of

D1-1. Description of Coating Application Line: _____								
D1-2. Method of Application: (Check all that apply to this specific coating application line.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Brush</div> <div style="width: 33%;"><input type="checkbox"/> Caulking gun</div> <div style="width: 33%;"><input type="checkbox"/> Dip Coating</div> <div style="width: 33%;"><input type="checkbox"/> Dip-Spin Coating</div> <div style="width: 33%;"><input type="checkbox"/> Flow Coating</div> <div style="width: 33%;"><input type="checkbox"/> Roll Coating</div> <div style="width: 33%;"><input type="checkbox"/> Trowel</div> <div style="width: 33%;"><input type="checkbox"/> High-Volume Low-Pressure Air Atomization</div> <div style="width: 33%;"><input type="checkbox"/> Conventional Air Atomization</div> <div style="width: 33%;"><input type="checkbox"/> Airless Atomization Spray</div> <div style="width: 33%;"><input type="checkbox"/> Air-assisted Airless Atomization</div> <div style="width: 33%;"><input type="checkbox"/> Rotary Atomization</div> <div style="width: 33%;"><input type="checkbox"/> Electrostatic Spray</div> <div style="width: 33%;"><input type="checkbox"/> Other (Describe): _____</div> </div>								
D1-3. Coating Application Process Equipment								
Area Description	Residence Time	Temperature (Specify °F or °C)	Enclosures	Vented to:	PM/Overspray Control	Emissions		
						<input type="checkbox"/> Lbs.	<input type="checkbox"/> Tons	<input type="checkbox"/> Kilograms
						Pollutant	Annual Actual	Permit Limit
Coating Area/Booth			<input type="checkbox"/> open, unhooded <input type="checkbox"/> open, hooded <input type="checkbox"/> enclosed and vented	<input type="checkbox"/> Atmosphere <input type="checkbox"/> Building air <input type="checkbox"/> Control Device CD- _____	<input type="checkbox"/> Dry Filter <input type="checkbox"/> Water wash <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	Total VOC		
						Total HAP		
Flash-off Area			<input type="checkbox"/> open, unhooded <input type="checkbox"/> open, hooded <input type="checkbox"/> enclosed and vented	<input type="checkbox"/> Atmosphere <input type="checkbox"/> Building air <input type="checkbox"/> Control Device CD- _____	<input type="checkbox"/> Dry Filter <input type="checkbox"/> Water wash <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	Total VOC		
						Total HAP		
Curing/Drying Oven			<input type="checkbox"/> open, unhooded <input type="checkbox"/> open, hooded <input type="checkbox"/> enclosed and vented	<input type="checkbox"/> Atmosphere <input type="checkbox"/> Building air <input type="checkbox"/> Control Device CD- _____	<input type="checkbox"/> Dry Filter <input type="checkbox"/> Water wash <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	Total VOC		
						Total HAP		
Other: _____ _____			<input type="checkbox"/> open, unhooded <input type="checkbox"/> open, hooded <input type="checkbox"/> enclosed and vented	<input type="checkbox"/> Atmosphere <input type="checkbox"/> Building air <input type="checkbox"/> Control Device CD- _____	<input type="checkbox"/> Dry Filter <input type="checkbox"/> Water wash <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	Total VOC		
						Total HAP		
Overall Emissions/ Limitations						Total VOC		
						Total HAP		

CBI Status: Is any information on this "Form D1" Confidential Business Information (CBI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Which items (place a comma between items): _____	
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