FIBERGLASS OPERATION / RESIN USAGE SUMMARY

A copy of this form must be included when an application packet is submitted to the District for a new or modified resin usage or fiberglass operation. If the application is for a modification, please complete the form in a manner reflecting the post-modification equipment description. If there is more than one resin use or fiberglassing operation at the facility, one copy of this form must be completed for each operation. Material Safety Data Sheets are to be obtained from the solvent manufacturer, and must be submitted with the application.

1. GENERAL INFORMATION

a. The "doing business as" name of the facility is:

_____

b. Equipment location (include street address, building no., department, room no., etc.):

_____

_____

_____

_____

c. Describe the articles that are manufactured at the facility:

_____

_____

_____

_____

d. Operational schedule:
(Note: List the hours of operation for the actual application of resin and/or fiberglassing material):

Resin/Fiberglassing Material Application:

_____ hours/day, _____ days/week, _____ weeks/year

2. RESIN, FIBERGLASSING MATERIAL, & SOLVENT INFORMATION

Complete the following for all chemical substances used at your facility that may contain organic compounds. In addition, provide the Material Safety Data Sheet (which show the percent by weight breakdown of each component) or Manufacturer's Specification Sheet for each product listed below. FAILURE TO PROVIDE THESE DOCUMENTS FOR EACH ITEM LISTED BELOW WILL RESULT IN YOUR APPLICATION BEING DEEMED INCOMPLETE.

a. Polyester or Other Resin(s) used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon	Percent styrene	Suppressant Included
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No

b. Finishing Resin(s) used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon	Percent styrene	Suppressant Included
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No

c. Gel Coat used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon	Percent styrene	Suppressant Included
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No

d. Methyl Ethyl Ketone Peroxide (MEKP) used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. RESIN, FIBERGLASSING MATERIAL & SOLVENT INFORMATION *(Cont.)*

e. Other Catalyst used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon

f. Additional Styrene Monomer used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon

g. Mold Surfacer used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon

h. Acetone used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon

i. Additional Solvent(s) or Materials with Solvents used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon

2. RESIN, FIBERGLASSING MATERIAL & SOLVENT INFORMATION *(Cont.)*

j. Additional Filler(s) and/or Additives used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon

k. Coloring Agent(s) used: *(check here if not used)* [ ]
(If additional space is required, use a separate sheet)

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon

If materials are listed in (k) above, please describe the method(s) of application below:

[ ] Air-atomization [ ] Airless [ ] Dip Tank

[ ] Dip Tank [ ] Air-assisted Airless [ ] Roller

[ ] Hot application [ ] Air Brush

[ ] Other *(describe)* _____

_____

If any of the above method(s) of color application requires the usage of electric air compressor(s), indicate the power rating of the motor(s) below:

_____ horsepower (total) for all air compressor motor(s)

(If any coloring agents are listed in (k), complete Form APCD-22)

l. Adhesive(s) used: *(check here if not used)* [ ]

Brand Name	I.D. #	Usage gals./month	Weight lbs./gallon

2. RESIN, FIBERGLASSING MATERIAL, & SOLVENT INFORMATION *(Cont.)*

m. Indicate the fabrication process(es) that are utilized:

[ ] hand lay-up [ ] filament winding [ ] spray lay-up

[ ] pultrusion [ ] bag molding [ ] closed injection molding

[ ] continuous lamination [ ] chopper gun [ ] other *(describe below)*

_____

_____

n. After lamination, the articles are:

[ ] Air dried.

[ ] Heat cured, baked, or dried at_____ °F.
(Complete and attach a Form APCD-13 (Thermoset Process Summary)

o. Has the Fire Department, whose jurisdiction this facility falls under, approved this facility for the storage of and working with lamination products?

[ ] Yes [ ] No

3. EXHAUST/CONTROL EQUIPMENT INFORMATION

a. Stack(s) & Fan(s):

Location	Max. Diameter (inches)	Height (feet)	Fan Horsepower	Air Movement (scfm)

b. Emission control(s):
(Note: If using a water scrubber or carbon filter, specify the make and model of the unit(s))

[ ] Carbon Filter [ ] Overspray Filters [ ] Baffle Plate

[ ] Watercurtain [ ] Water Scrubber [ ] Dust Filters

[ ] Other *(describe below)*

_____

_____

_____

_____

3. EXHAUST/CONTROL EQUIPMENT INFORMATION *(Cont.)*

Indicate where the above checked emission control devices(s) are located within the facility:

_____

_____

_____

_____

_____

_____

d. Does ALL exhaust air pass through filtering media at least two (2) inches thick?

[ ] Yes [ ] No

e. Are pressure gauge(s) installed, capable of measuring in inches of water column, indicating the static pressure differential across the exhaust filter(s)?

[ ] Yes [ ] No

4. RESPONSIBILITY

COMPLETED BY: _____ TITLE: _____
(Please Print)

DATE: _____ PHONE: _____

SIGNATURE: _____

THE PERSON RESPONSIBLE FOR THE OPERATION OF THIS FACILITY IS:

NAME: _____ TITLE: _____
(Please Print)

DATE: _____ PHONE: _____

SIGNATURE: _____

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SUPPLEMENT to SECTION 2

For the materials listed in Section 2 [pages 2, 3, and 4 (items 2.d through 2.l)] complete the following:

Operational Schedule:
(Note: Use submitted resin/fiberglassing material application schedule from Item 1.d on page 1)

a) _____ hr / day
b) _____ day / wk
c) _____ wk / yr

Instructions: The following chart is designed to assist you in determining the average emissions from your fiberglassing material use. This is the exact method that the District uses thus, consistency is assured. The following chart is to be used for determining the emissions from items 2.d through 2.k only. Items 2.a, 2.b, and 2.c will be dealt with separately. Please follow the step-by-step instructions below.

1. For each item listed in 2.d through 2.k, fill in columns 1, 2, 3, and 7. Column 7 should contain the amount, in gallons per month, for each material that you use.

2. Insert in column 4 the weight per gallon of the material. This information may be located within the Material Safety Data Sheet (under "weight per gallon" or "density") on directly from the material container.

3. MATERIAL USAGE CHART:

	col (1) **Material**	*col (2)* **Brand**	*col (3)* **I.D. #**	*col (4)* **wt/gal**	*col (5)* **Solvent %**	*col (6)* **VOC lb/gal**	*col (7)* **Use gal/mon**	*col (8) ** **Emissns lb/hr**
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
						TOTALS		

NOTES ON CALCULATIONS:

* $\frac{\text{wt}}{\text{gal}} \cdot \text{solvent \%} = \text{VOC } \frac{\text{lb}}{\text{gal}}$

Column 4 Column 5 Column 6

$\text{VOC } \frac{\text{lb}}{\text{gal}} \cdot \frac{\text{gallon}}{\text{month}} \cdot \frac{\text{1 mo}}{\text{4.3452 wk}} \cdot \frac{\text{wk}}{\text{day}} \cdot \frac{\text{day}}{\text{hour}} = \frac{\text{lb VOC}}{\text{hr}}$ *(enter this figure in Column 8)*

Column 6 Column 7 a) above b) above