SOLVENT USAGE / WIPE CLEANING
SUMMARY

This form is to be included when an application packet is submitted to the District for a new or modified solvent wipe cleaning 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 solvent usage operation at the facility, one form shall be completed for each operation. A complete application packet shall also include a facility plot plan depicting the location of the overall facility site, the solvent wipe cleaning location(s), storage areas for the solvents, and locations of exhaust vents and/or air pollution control equipment. An elevation blueprint depicting any duct-work, vent lines and roof-top stacks shall also be included in the application packet. Material Safety Data Sheets must be submitted to the District and are to be obtained from the solvent manufacturer. These sheets may assist the applicant in completing this form.

1. GENERAL INFORMATION

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

   _____

   _____

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

   _____

   _____

   _____

   c. Describe the facility/equipment operation by which the wipe cleaning/solvent usage is performed:

   _____

   _____

   _____

   d. Operating schedule, (Note: Please list the hours of operation for the entire facility and the hours of operation of the solvent usage operation)

   Entire Facility: _____ hours/day, _____ days/week, _____ weeks/year

   Solvent/Wipe Cleaning: _____ hours/day, _____ days/week, _____ weeks/year

2. SOLVENT INFORMATION

    a.   Solvent(s) used:

        (1) _____   (2) _____

        (3) _____   (4) _____

    b.   Density of solvent(s) used (lb/gal):

        (1) _____   (2) _____

        (3) _____   (4) _____

    c.   Specific gravity of solvent(s) used (ref. H_2O):

        (1) _____   (2) _____

        (3) _____   (4) _____

    d.   Is the solvent(s) listed as "Photochemically Reactive" on the label?
        (Specify YES or NO for each solvent)

        (1) _____   (2) _____

        (3) _____   (4) _____

    e.   Solvent usage (list in gallons used per week): *(NOTE: These figures should reflect the <u>maximum</u> values as the District may limit your operation to these values.)*

        (1) _____   (2) _____

        (3) _____   (4) _____

    f.   Solvent container type(s) and numbers:

        [ ] Pan __   [ ] Can __   [ ] Bottle __   [ ] Spray pump __

        [ ] Other __ *(Please specify)* _____

        Do the containers have a cover? [ ] Yes   [ ] No

        Is the cover in place when wipe cleaning is not being performed?
            [ ] Yes   [ ] Yes

    g.   Solvent applicator information (Indicate the item(s) used in the operation):

        Rag [ ] Brush [ ] Spray [ ] Other [ ] *(Please specify)*: _____

    h.   Is there a storage container for the applicators?
        [ ] Yes   [ ] Yes

    i.   If there is an exemption in District Rule 202 which may be applicable to the above referenced operation, complete the exemption request form (APCD-38) and return it with this application form.

j.   Is there any type of solvent reclamation process at this facility? On a separate sheet, please specify the reclamation process, the type(s) of solvent involved and the amounts of solvent reclaimed.

3.   <u>EXHAUST/CONTROL EQUIPMENT INFORMATION</u>

a.   Describe all exhaust equipment (e.g.; exhaust fans, blowers, carbon canisters or filters) used in association with the solvent wipe cleaning operation (include make, model, gross electric motor horse power rating, stack height of exhaust vent and fume hood dimensions) and any associated air pollution control equipment used during the wipe cleaning operation. *(Use a separate sheet if necessary):*

_____

_____

_____

_____

4.   <u>EMISSION CALCULATIONS</u>

The following emission calculation must be completed for <u>all</u> solvents used at the facility. These calculations should be performed on a <u>separate</u> sheet of paper, and the results of these calculations must be listed on APCD-29 form under the TOC (Total Organic Compound) heading. Please follow the outline below for the emission calculation. Total Facility emissions summary shall be obtained by summing <u>all</u> of the emissions of the entire facility, including all solvent usage. Solvent densities may be obtained from Material Safety Data Sheets.

<u>USAGE RATE</u>   x   <u>OPERATING SCHEDULE</u>   x   <u>DENSITY OF SOLVENT</u>   = <u>EMISSION RATE</u>
 (Maximum   (Hours/week solvent   (Pounds/gallon)   (Pounds/hour)
 gallons per   is used)
 week of
 solvent)

<u>USAGE RATE</u> x <u>OPERATING SCHEDULE</u> x <u>DENSITY OF SOLVENT</u> x <u>1 TON/2000LBS</u> = <u>EMISSION RATE</u>
 (Maximum   (Weeks/year solvent   (Pounds/gallon)   (Conversion   (Tons per Year)
 gallons per   is used)   factor)
 week of
 solvent)

5.   RESPONSIBITLITY

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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