Supplemental Information Form:  
Thermal Spraying Operations

Please type or print to complete the following information. For “Auto-fill” format, use the “Tab” key to move between fields.

| Company Name: | ______ |
| Equipment Address: | ______ |

**Equipment Description**

- **Material is applied in:**  
  - [ ] Spray Booth  
  - [ ] Room  
  - [ ] Other  

- **Dimensions of Enclosure:** ______ ft. Long x ______ ft. Wide x ______ ft. High

- **Material Applied by:**  
  - [ ] Plasma  
  - [ ] Wire/gas  
  - [ ] HVOF  
  - [ ] Arc w/2 wire

- **Spray Gun Mfr:** ______  
  - Model ______  
  - S/N ______

- **Air Pollution Control Equipment:**

  - **Spray Booth Mfr:** ______  
    - Model ______  
    - S/N ______

  - **Controls:**  
    - [ ] w/ Water Curtain  
    - [ ] Filter System  
    - [ ] None  
    - [ ] Other: ______

  - **Dust Filter System Mfr:** ______  
    - Model ______  
    - S/N ______

  - **Filter Bag or Cartridge System Mfr:** ______  
    - Model ______  
    - S/N ______

  - **Booth Air Flow:** ______ cubic ft./ min.  
    - Filter efficiency ______

  - **Filter Media Cleaning:**  
    - [ ] Automatic Reverse Pulse  
    - [ ] Manual  
    - [ ] Replace

(Submit manufacturer’s brochure or technical spec sheet on spray guns and filter media)  
(Attach a drawing of the booth/room showing ventilation ducts, fans, spray guns, and control equipment.)

**Process Description:**

- **Material application is:**  
  - [ ] Manual  
  - [ ] Automatic/Robotic

- **Description of parts coated:** ______

- **Production Rate:** ______ parts per day

**Operating Schedule:**

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<thead>
<tr>
<th></th>
<th>Hours/Day</th>
<th>Days/Week</th>
<th>Weeks/Year</th>
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<tbody>
<tr>
<td>Average</td>
<td>______</td>
<td>______</td>
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<td>Maximum</td>
<td>______</td>
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Material Consumption:

Material application rate: | avg. lb/hr | maximum lb/hr
--- | --- | ---
Type of material being sprayed: | Wire | Powder | Other: ____

Quantity of Materials Sprayed:

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Lb/hr</th>
<th>Lb/day</th>
<th>Lb/Yr</th>
<th>%Cr</th>
<th>%Ni</th>
<th>%Cr</th>
<th>%Co</th>
<th>%Pb</th>
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<th>% Other</th>
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(Attach material safety data sheets for all deposition materials)

Enter the weight of dust collected as indicated (if applicable):

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<thead>
<tr>
<th></th>
<th>Lbs/hour</th>
<th>Lbs/day</th>
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<tr>
<td>Maximum</td>
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Receptor Information

From the booth stack, identify the distance and direction to the nearest off-property receptor:

Distance: ____ feet  Direction (i.e. North, Southeast): ____
Receptor type: | Residential | School | Business | Other: ____

Name of Preparer: ____  Title: ____
Phone No. (____) ____ Date: ____

Note to Applicant:

Thank you for providing the above information. The District may require further information, plans, or specifications prior to issuing a permit. Incomplete submittals may delay permit issuance.