

KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT

FORM APC-11
(PLEASE TYPE OR PRINT)

SPRAY BOOTH
PERMIT APPLICATION

1. BUSINESS LICENSE NAME OF CORPORATION, COMPANY, INDIVIDUAL OWNER, OR GOVERNMENTAL AGENCY UNDER WHICH APPLICATION IS SUBMITTED:

2. ADDRESS OF OPERATION:

STREET CITY, STATE, ZIP

3. BOOTH NUMBER:

4. BOOTH DIMENSIONS: _____ WIDE X _____ HIGH X _____ DEEP

5. EXHAUST FAN VOLUME: _____ CFM

6. VENT HEIGHT FROM GROUND _____ FT

7. OPERATING SCHEDULE:

A. HOURS PER DAY _____ B. DAYS PER WEEK _____ C. WEEKS PER YEAR

D. INDICATE PERCENT OF YEARLY OPERATION THAT OCCURS DURING THE FOLLOWING QUARTERS (TOTAL MUST BE 100%):

| | | | |
|-------------|-------------|-------------|-------------|
| DEC-JAN-FEB | MAR-APR-MAY | JUN-JUL-AUG | SEP-OCT-NOV |
| | | | |

8. EXHAUST CONTROL:

WATERWASH EXHAUST FILTERS BAFFLES NONE

9. METHOD OF SPRAYING:

AIR ATOMIZATION AIRLESS ELECTROSTATIC

10. NAME ALL TYPES OF COATINGS SPRAYED:

| NAME | DENSITY LBS/GAL | USAGE GAL/DAY | THINNER ADDED GAL/DAY | THINNER TYPE | THINNER DENSITY LBS/GAL |
|------|--------------------|------------------|-----------------------------|-----------------|-------------------------------|
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APC-11

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11. COMPLETE ITEMS 1, 2, & 3 IN THE TABLES BELOW:

| POLLUTANT | 1. | POTENTIAL EMISSIONS | | ALLOWABLE EMISSIONS | |
|-----------------|---------|---------------------|---------|---------------------|---------|
| | PRESENT | LB/HR | TONS/YR | LB/HR | TONS/YR |
| PARTICULATE | | | | | |
| SULFUR DIOXIDE | | | | | |
| NITROGEN OXIDES | | | | | |
| HYDROCARBONS | | | | | |
| CARBON MONOXIDE | | | | | |
| | | | | | |
| | | | | | |

| POLLUTANT | 2. ACTUAL EMISSIONS | | 3. * METHOD OF MEASUREMENT |
|-----------------|---------------------|---------|----------------------------|
| | LB/HR | TONS/YR | |
| PARTICULATE | | | |
| SULFUR DIOXIDE | | | |
| NITROGEN OXIDES | | | |
| HYDROCARBONS | | | |
| CARBON MONOXIDE | | | |
| | | | |
| | | | |

* ATTACH A COPY OR LINK TO ALL MSDS SHEETS.

11. SIGNATURE OF RESPONSIBLE MEMBER OF YOUR FIRM:

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING APPLICATION:

TELEPHONE: _____ FAX: _____ DATE OF APPLICATION: _____
