

**ENCLOSURE 1**

Revised: 5/20/98

**FORMS  
SURFACE COATING OF METAL FURNITURE  
INFORMATION COLLECTION REQUEST**





**FORM A**  
**GENERAL FACILITY INFORMATION**

Revised 5/20/98  
Page 3 of 3

Facility Tracking Number: \_\_\_\_\_

<b>15. Facility-Wide Product Usage</b>			
Product Type	Total Used Facility-Wide in Reporting Year		Percentage of Total Reported in Detail on Form B.
	Quantity	Units	
Coatings/Coating Components			%
Thinning Solvents			%
Cleaning Solvents (used in Coating Operations only)			%
Other: _____ _____			%
Other: _____ _____			%
Other: _____ _____			%
<b>16. Response Summary:</b> <input type="checkbox"/> Plant Layout Schematic _____ pages <input type="checkbox"/> Flow Diagram _____ pages			
Form Name		Quantity	
Form A - General Facility Information		1	
Form B - Material Data			
Form C - Add-on Control Device			
Form D - Coating Application			
Form E - Surface Preparation			
Form F - Storage			
Form G - Mixing Operations			
Form H - Cleaning Operations			
Form I - Waste and Wastewater		1	

**FORM B**  
**MATERIAL DATA**

Revised: 5/20/98

Page 1 of 2

Facility Tracking Number: \_\_\_\_\_

Sheet \_\_\_\_\_ of \_\_\_\_\_

Material Number: MN-\_\_\_\_\_

**(Copy and fill out one for each material/material group being reported. See the instructions for guidance on grouping materials.)**

**1. Material Identification**

- a) Product Name: \_\_\_\_\_  
b) Manufacturer's/Supplier's Name: \_\_\_\_\_  
c) Manufacturer's/Supplier's Stock No.: \_\_\_\_\_  
d) Product Type:  
 Coating/Coating Component (indicate Sub-type below)  
 Primer  Color Coat  Clear Coat  
 Base Coat  Top Coat  Other: \_\_\_\_\_  
 Cleaning Solvent  Thinning Solvent  
 Other: \_\_\_\_\_

**2. Material Usage**

- a) Amount Used in Reporting Year: \_\_\_\_\_  
b) Percentage of usage for all materials of this type: \_\_\_\_\_% (Total to be reported on Form A, Item 13).  
c) Is material thinned, mixed, or formulated before use?  Yes  No (If yes, describe in Form G, Item 4.)

**3. Coating-Specific Details (Complete for Coatings/Coating Components Only.)**

**a) General Coating Type**

- Adhesive  Catalyst  Caulk  
 Fabric-Specific Coatings  Wood-Specific Coatings  Protection/Cosmetic Appearance  
 Single Component  
 Multi-Component  
 Other: \_\_\_\_\_

**b) Coating Technology**

- Autophoretic  Powder  Fabric-Specific  Wood-Specific  
 Electrocoat  Radiation-Curable  Backing  Lacquer  
 High Solids  Solvent-borne  Dye  Shellac  
 Multi-Component  Water-Reducible  Fabric Finish  Stain  
 Plastisol  Ink/Print Paste  PVA/Starch  Varnish  
 Other: \_\_\_\_\_

**c) Resin Type**

- Not Applicable  Epoxy-Polyester Hybrid  
 Acrylic  Fluorocarbon  
 Acrylic Latex  Polyester  
 Acrylic, Modified Alkyd  Polyurethane  
 Alkyd  Urethane  
 Asphaltic  Urethane Dispersions  
 Epoxy  Urethane Dispersions  
 Epoxy Ester  Other: \_\_\_\_\_



**FORM C**  
**ADD-ON CONTROL DEVICE**

Revised 5/20/98

Facility Tracking Number: \_\_\_\_\_  
Control Device ID: CD- \_\_\_\_\_

Page 1 of 3  
Sheet \_\_\_ of \_\_\_

**1. General Information**

a) Position in Series of Controls No. \_\_\_\_ of \_\_\_\_ Units

b) Controls Emissions from Which Emission Source ID No(s): \_\_\_\_\_

c) Describe Control System: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Pollutant(s) Collected: \_\_\_\_\_

e) Capture Method: \_\_\_\_\_

f) Capture Efficiency \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

g) Control Device Efficiency: \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

h) Inlet Flow Rate (acmm): \_\_\_\_\_ i) Pressure Drop (kPa): Min. \_\_\_\_\_ Max. \_\_\_\_\_

j) Inlet Temperature (°C): Min. \_\_\_\_\_ Max. \_\_\_\_\_

**2. Basis of Capture and Control Device Efficiency**

a) Capture Efficiency: \_\_\_\_\_  
\_\_\_\_\_

b) Control Device Efficiency: \_\_\_\_\_  
\_\_\_\_\_

**3. Fabric Filter**

a) Filter Surface Area (m<sup>2</sup>): \_\_\_\_\_

**4. Electrostatic Precipitator**

a) Ash Analysis: Mass Mean Diameter (µm): \_\_\_\_\_ Resistivity (ohm-cm): \_\_\_\_\_

b) Type:  Plate-Wire     Flat Plate     Tubular     Other (specify on Comments Sheet)

**5. Thermal or Catalytic Incinerator**

a) If Catalyst Used: Type \_\_\_\_\_ Catalyst Space Velocity (1/hr): \_\_\_\_\_

b) Inlet Oxygen Content (%): \_\_\_\_\_ c) Inlet Moisture Content (%): \_\_\_\_\_



**FORM C**  
**ADD-ON CONTROL DEVICE**

Revised 5/20/98

**Facility Tracking Number:** \_\_\_\_\_  
**Control Device ID: CD-**\_\_\_\_\_

**Page 3 of 3**  
**Sheet \_\_\_ of \_\_\_**

**11. Other Control Device**

- a) Filter Media: \_\_\_\_\_ b) Collection Surface Area (m<sup>2</sup>): \_\_\_\_\_  
c) Fuel Used: \_\_\_\_\_ d) Fuel Usage Rate: \_\_\_\_\_  
e) Describe any auxiliary materials introduced into the control system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Monitoring**

Describe and monitoring performed on this control device (parametric or outlet). Specify whether monitoring is the result of a permit condition, as well as the averaging time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORM D  
COATING APPLICATION**

Facility Tracking Number: \_\_\_\_\_  
Coating Application ID: CA-\_\_\_\_\_ Of \_\_\_\_\_

Revised 5/20/98  
Page 1 of 4  
Sheet \_\_\_\_ of \_\_\_\_

<b>1. Description and Location</b> a) Description of Coating Application Unit Operations: _____ _____ b) Location ID: _____ In the Plant Layout Diagram c) ID No.: _____ In the Flow Diagram				
<b>2. Method of Application:</b> (Check all that apply to this specific coating application operation.) <input type="checkbox"/> Brush <input type="checkbox"/> Caulking gun <input type="checkbox"/> Dip Coating <input type="checkbox"/> Dip-Spin Coating <input type="checkbox"/> Flow Coating <input type="checkbox"/> Roll Coating <input type="checkbox"/> Trowel <input type="checkbox"/> High-Volume Low-Pressure Air Atomization <input type="checkbox"/> Conventional Air Atomization <input type="checkbox"/> Airless Atomization Spray <input type="checkbox"/> Air-assisted Airless Atomization <input type="checkbox"/> Rotary Atomization <input type="checkbox"/> Electrostatic Spray <input type="checkbox"/> Other (Describe): _____				
<b>3. Coatings Applied in this Unit (Include Adhesives and Caulks as coatings)</b>				
Coating ID	General Type of Coating	Average Thickness Applied	Resin Type	1997 Usage (liters)
	<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Other (describe): _____			
	<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Other (describe): _____			
	<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Other (describe): _____			
	<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Other (describe): _____			
	<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Other (describe): _____			
	<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Other (describe): _____			
	<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Other (describe): _____			
<b>4. Regulation of Adhesive Usage</b> Are any of the adhesives currently used by your facility regulated by any other regulation; if so, list the regulatory standard? _____				



**FORM D  
COATING APPLICATION**

Revised 5/20/98

Page 3 of 4

Facility Tracking Number: \_\_\_\_\_

Coating Application ID: CA- \_\_\_\_\_ Of \_\_\_\_\_

Sheet \_\_\_\_\_ of \_\_\_\_\_

6. Coating Application Unit Operation Component Equipment								
Component Type/IDs (Cross Reference Flow Diagram where applicable)	Equipment		Number in Application Unit Operation	Add-on Control Device ID No.	Emissions (Mg/yr)			
	Manufacturer	Model No.			Pollutant	1997 Actual	Permit Limitation	Max. Design Capacity
Capture Devices					Total HAP			
					Total VOC			
Application Devices					Total HAP			
					Total VOC			
Flash-off Tunnels/Areas					Total HAP			
					Total VOC			
Curing/Drying Ovens					Total HAP			
					Total VOC			
Other: _____					Total HAP			
					Total VOC			

7. Waste and Wastewater Generation			
Waste Type	Quantity Generated	Total HAP Concentration	Total VOC Concentration
<input type="checkbox"/> Wastewater	liters/year	mg/L	mg/L
<input type="checkbox"/> Sludge	Mg/year	mg/kg	mg/kg
<input type="checkbox"/> Waste Solvent	liters/year	mg/L	mg/L
<input type="checkbox"/> Other: _____			

**FORM D  
COATING APPLICATION**

Facility Tracking Number: \_\_\_\_\_  
Coating Application ID: CA-\_\_\_\_\_ Of \_\_\_\_\_

Revised 5/20/98  
Page 4 of 4  
Sheet \_\_\_\_ of \_\_\_\_

**Collocation Insert for Miscellaneous Plastic Parts (MMP) and Miscellaneous Metal Parts (MMP)**

8. Provide additional information for each plastic part coated in this unit:				
Part/Product Name	Part Shape	Longest Dimension (units)	Flexible or Rigid?	Interior or Exterior?
9. Identify your coatings (including adhesives, caulks, etc.) applied in this unit operation:				
Coating ID	Number of Coats	Performance Specifications	Regulatory Specifications	
10. Describe how the coatings are applied in this unit operation:				
Spray Booth Description	Conveyance	Enclosure	Vent	PM/Overspray Control

**FORM E  
SURFACE PREPARATION**

Revised: 5/20/98  
Page 1 of 2

Facility Tracking Number: \_\_\_\_\_

Surface Preparation Unit Operation ID: SP-\_\_\_\_\_

Sheet \_\_\_ of \_\_\_

**1. Description and Location**

a) Description of Surface Preparation (unit) Operation: \_\_\_\_\_

b) Location ID: \_\_\_\_\_ In the Plant Layout Diagram

c) ID No.: \_\_\_\_\_ In the Flow Diagram

**2. Surface Preparation Description**

**a) Identify Activities**

- Blasting    Bleaching    De-Painting    Sanding    Stripping    Wiping  
 Solvent Dipping (Detergent-Based Cleaning)    Solvent Dipping (Parts Cleaning)  
 Other: \_\_\_\_\_

**b) Describe in detail the Surface Preparation Operation:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Equipment, Tools, and Throughput:**

Tools/ Equipment Used for Surface Preparation	Description of what is being Prepared	Throughput (Indicate Units)		
		Hourly Max. Design Capacity	Actual Annual (units)	Description of Units

**4. Materials Used:** (Cross-reference the Product Number from Form B - Material Data.)

Tools/Equipment Used	Material ID	Material Used	HAP Content g/l	VOC Content g/l	Annual Amount Used

**FORM E  
SURFACE PREPARATION**

Revised: 5/20/98  
Page 2 of 2

Facility Tracking Number: \_\_\_\_\_

Surface Preparation Unit Operation ID: SP-\_\_\_\_\_

Sheet    of   

5. **Solvent-based Surface Preparation Materials Containing HAP Material:**  
a) Have alternative surface preparation methods been investigated?  Yes  No  
b) Have alternative to solvent-based and or HAP-containing materials been investigated?  Yes  No  
c) What was your assessment of these alternatives? \_\_\_\_\_  
\_\_\_\_\_

6. **Estimated Emissions and Emission Limitations:**

Pollutant	CAS No.	Estimated Emissions (kg/yr)		
		Reporting Year Actuals	Permit Limitations	Max. Design Capacity
Total HAP	-----			
Total VOC	-----			

7. **Emissions Capture and Add-on Control:**

Unit Operation ID	Add-on Capture Device(s)	Capture Efficiency	Add-on Control Device ID(s)	Tools/Equipment
			CD-	

8. **Effect of Surface Preparation on Subsequent Surface Coating Operations:** Do the techniques or materials used in this surface preparation operation limit or enhance the type of surface coating technique or material that can be used? Please explain and indicate any increase or decrease in surface preparation or surface coating emissions. Use the Comments Sheet if necessary. For example, a facility may switch from using metal sheets that required cleaning before coating to metal sheets covered with a protective oil which does not need to be removed before painting. However, the coating that is required for use with the oil covered metal has a higher HAP content than the coating used previously. The change resulted in a cost reduction in the surface preparation operation and a reduction in overall emissions from the combined operations - surface preparation and coating application.

**FORM F  
STORAGE**

Revised: 5/20/98  
Page 1 of 1

Facility Tracking Number: \_\_\_\_\_

Storage Unit Operation ID: ST - \_\_\_\_\_

Sheet \_\_\_ of \_\_\_

<p>1. <b>Description and Location</b>                  a) Description of Storage Unit Operation: _____                  b) Location ID: _____ In the Plant Layout Diagram                  c) ID No.: _____ In the Flow Diagram</p>																																																																			
<p>2. <b>Method of Storage for coatings/coating components</b>  <input type="checkbox"/> 1-gallon cans    <input type="checkbox"/> 5-gallon cans    <input type="checkbox"/> 55-gallon drums    <input type="checkbox"/> 100-gallon totes    <input type="checkbox"/> Storage Tanks (describe below)  <input type="checkbox"/> Other (describe): _____</p>																																																																			
<p>3. <b>Storage Tank Parameters</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Tank ID(s)</th> <th rowspan="2">Material Stored</th> <th rowspan="2">Tank Orientation</th> <th rowspan="2">Tank Diameter</th> <th rowspan="2">Capacity (specify units)</th> <th rowspan="2">Estimated Annual Throughput (specify units)</th> <th rowspan="2">Location</th> <th rowspan="2">Temperature</th> <th rowspan="2">Floating Roof</th> <th colspan="2">Estimated Emissions (for the Reporting Year in mass units)</th> </tr> <tr> <th>Total HAP</th> <th>Total VOC</th> </tr> </thead> <tbody> <tr> <td>TK-</td> <td></td> <td><input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground</td> <td><input type="checkbox"/> Controlled (____ °C) <input type="checkbox"/> Ambient</td> <td><input type="checkbox"/> Internal <input type="checkbox"/> External</td> <td></td> <td></td> </tr> <tr> <td>TK-</td> <td></td> <td><input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground</td> <td><input type="checkbox"/> Controlled (____ °C) <input type="checkbox"/> Ambient</td> <td><input type="checkbox"/> Internal <input type="checkbox"/> External</td> <td></td> <td></td> </tr> <tr> <td>TK-</td> <td></td> <td><input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground</td> <td><input type="checkbox"/> Controlled (____ °C) <input type="checkbox"/> Ambient</td> <td><input type="checkbox"/> Internal <input type="checkbox"/> External</td> <td></td> <td></td> </tr> <tr> <td>TK-</td> <td></td> <td><input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground</td> <td><input type="checkbox"/> Controlled (____ °C) <input type="checkbox"/> Ambient</td> <td><input type="checkbox"/> Internal <input type="checkbox"/> External</td> <td></td> <td></td> </tr> </tbody> </table>											Tank ID(s)	Material Stored	Tank Orientation	Tank Diameter	Capacity (specify units)	Estimated Annual Throughput (specify units)	Location	Temperature	Floating Roof	Estimated Emissions (for the Reporting Year in mass units)		Total HAP	Total VOC	TK-		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical				<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground	<input type="checkbox"/> Controlled (____ °C) <input type="checkbox"/> Ambient	<input type="checkbox"/> Internal <input type="checkbox"/> External			TK-		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical				<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground	<input type="checkbox"/> Controlled (____ °C) <input type="checkbox"/> Ambient	<input type="checkbox"/> Internal <input type="checkbox"/> External			TK-		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical				<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground	<input type="checkbox"/> Controlled (____ °C) <input type="checkbox"/> Ambient	<input type="checkbox"/> Internal <input type="checkbox"/> External			TK-		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical				<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground	<input type="checkbox"/> Controlled (____ °C) <input type="checkbox"/> Ambient	<input type="checkbox"/> Internal <input type="checkbox"/> External		
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<p>4. <b>Capture of Emissions</b>                  a) Are emissions from this storage area captured?    <input type="checkbox"/> Yes    <input type="checkbox"/> No                  b) Are emissions captured FROM:    <input type="checkbox"/> Storage Tank    <input type="checkbox"/> Area/Room                  c) If they are vented to a control device, which one(s): _____</p>																																																																			



**FORM G  
MIXING OPERATIONS**

Revised: 5/20/98

Page 2 of 2

Facility Tracking Number: \_\_\_\_\_

Mixing Unit Operation ID: MS - \_\_\_\_\_

Sheet \_\_\_\_ of \_\_\_\_

**3. Emission Capture and Add-on Control Devices**

- a) Is capture of emissions by mixer or for the room?  Mixer  Room  
 b) Exhaust is vented to?  Atmosphere  HVAC System  Control Device (ID No. \_\_\_\_\_)  Other \_\_\_\_\_  
 c) Provide the exhaust flowrate (acmh): \_\_\_\_\_  
 d) If emissions are vented to an add-on control device, which one(s): \_\_\_\_\_

**4 Mixing/Formulation/Thinning of Components to Yield "As-Applied" Coatings**

"As-Applied" Coatings		Operation Description	Components (Cross-reference Material Data Form B)								Final Yield (Specify Units)	Pot Life (Hours)	Coating Application ID(s)
			Resin		Catalyst		Solvent		Other				
ID	Description		ID	Qty. and units	ID	Qty. and units	ID	Qty. and units	ID	Qty. and units			
AC-		<input type="checkbox"/> Mixing <input type="checkbox"/> Formulation <input type="checkbox"/> Thinning	MN-		MN-		MN-		MN-				
AC-		<input type="checkbox"/> Mixing <input type="checkbox"/> Formulation <input type="checkbox"/> Thinning	MN-		MN-		MN-		MN-				
AC-		<input type="checkbox"/> Mixing <input type="checkbox"/> Formulation <input type="checkbox"/> Thinning	MN-		MN-		MN-		MN-				
AC-		<input type="checkbox"/> Mixing <input type="checkbox"/> Formulation <input type="checkbox"/> Thinning	MN-		MN-		MN-		MN-				
AC-		<input type="checkbox"/> Mixing <input type="checkbox"/> Formulation <input type="checkbox"/> Thinning	MN-		MN-		MN-		MN-				





**FORM H**  
**CLEANING OPERATIONS**  
 (For Purposes Other than Surface Preparation)

Revised 5/20/98

<b>Facility Tracking Number:</b> _____ <b>Cleaning Unit Operation ID:</b> EC- _____	<b>Page 3 of 3</b> <b>Sheet</b> ____ <b>of</b> ____																
<b>6. Emissions Capture and Control</b>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; padding: 5px;">Capture Device</th> <th style="width: 20%; padding: 5px;">Control Device ID No.</th> <th style="width: 35%; padding: 5px;">Equipment (IDs) Within Capture Device</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table>	Capture Device	Control Device ID No.	Equipment (IDs) Within Capture Device													
Capture Device	Control Device ID No.	Equipment (IDs) Within Capture Device															
<b>7.</b>	<b>If rags or wipes are used in conjunction with this operation, describe the handling, storage, and disposal of used rags and wipes:</b> _____ _____ _____ _____ _____																

**FORM I  
WASTE AND WASTEWATER**

Revised: 5/20/98  
Page 1 of 1

Facility Tracking Number: \_\_\_\_\_

Sheet \_\_\_\_ of \_\_\_\_

1. <b>Waste Generation:</b> Indicate whether any of the following are generated at your facility.						
a) Waste Type	b) Quantity Generated	c) Is this waste treated on-site?	d) Are air emissions controlled?	e) Sources of Waste (Operation IDs)	f) Estimated Total HAP emissions for reporting year	g) Estimated Total VOC emissions for reporting year
<input type="checkbox"/> Wastewater	_____ l/yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Sludge	_____ kg/yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Waste Solvents	_____ l/yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Waste Coatings	_____ l/yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Other (describe) _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Mode of wastewater transport: <input type="checkbox"/> Open Trench <input type="checkbox"/> Open Pipe <input type="checkbox"/> Closed Pipe <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other (describe): _____						

**Comments Sheet**

Revised: 5/20/98

**Facility Tracking Number:** \_\_\_\_\_

**Form** \_\_\_\_\_

**Sheet** \_\_\_\_\_

**Comment Sheet** \_\_\_\_ **of** \_\_\_\_

A large empty rectangular box with a black border, intended for writing comments.