

**Air Pollution Control District
Annual Survey Form
Source Type -Surface Coating Operations**

Please answer all of the following questions

Company Name _____
 Company Location _____
 Mailing Address _____
 Company Contact _____ Telephone _____
 E-mail _____

- 1) Calendar year of the information reported: 20____
 2) Operating schedule: Hrs/Day _____ Days/Week _____ Weeks/Yr _____
 3) Total hours of operation during the calendar year _____
 4) Type of application method: electrostatic _____ rollercoating _____
 high volume/low pressure _____ dipcoating _____ airless spray coating _____
 5) Types of objects coated _____

Indicate the number and type of equipment that your company owns or operates at this site and which production equipment is vented to controls:

6) Production equipment	7) Controlled	8) Pollution control method
Paint spray booth _____	_____	Filters _____
Conveyors _____	_____	Water curtains _____
Heat lamps _____	_____	Carbon adsorption _____
Baking ovens _____	_____	Incinerators _____
Spray guns _____	_____	Water based coating _____
Mixers _____	_____	High solids coatings _____

9) Coatings/thinners/solvents used:

	*Quantities (gals/year)	Densities (lbs/gal)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*All coatings, thinners, solvents and chemicals shall be reported.

Use the back of this form for additional comments or clarification.