



**Form 400-E-17b
Spray Booth/Open Spray**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

Tel: (909) 396-3385
www.aqmd.gov

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): _____ Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): _____

Address where the equipment will be operated (for equipment which will be moved to various locations in AQMD's jurisdiction, please list the initial location site): _____

Fixed Location Various Locations

Section B - Equipment Description

Equipment Type	<input type="radio"/> Open Spray <input type="radio"/> Spray Booth <input type="radio"/> Prep Station <input type="radio"/> Spray Room						
Spray Booth / Prep Station / Spray Room	Manufacturer: _____			Model: _____			
	Type: <input type="radio"/> Automotive: <input type="radio"/> Downdraft <input type="radio"/> Semi-Downdraft <input type="radio"/> Cross Draft <input type="radio"/> Bench Type <input type="radio"/> Floor Type						
	Outside Dimensions: Width: _____ ft. _____ in. Length: _____ ft. _____ in. Height: _____ ft. _____ in.						
Exhaust Fan(s)	Fan Diameter (Inches)		Fan Motor		Exhaust Flow Rate of Each Fan (CFM)		
	Fan 1	@		hp			
	Fan 2	@		hp			
	Fan 3	@		hp			
Dry Exhaust Filters (Do not list intake filters)	Type of Filters	No. of Filters	Width (in.)	Length (in.)	Thickness (in.)	Manometer Installed?	Pressure Drop ΔP (in.H2O) When Clean
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
Waterwash System	Pump: _____ hp Water Flow Rate: _____ gallons per min						

Section C - Operation Information

Articles Sprayed / Operation	<input type="checkbox"/> Aerospace <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Gel Coat/Resin Mfg <input type="checkbox"/> Other (specify): _____						
Maximum Article Size (open spray only)	Width: _____ ft. _____ in. Length: _____ ft. _____ in. Height: _____ ft. _____ in.						
Method of Application	<input type="checkbox"/> Air Atomization <input type="checkbox"/> Electrostatic <input type="checkbox"/> Pressure Atomization (Airless) <input type="checkbox"/> HVLP (High Volume Low Pressure) <input type="checkbox"/> Air Assisted Airless <input type="checkbox"/> Other (specify): _____						
Gun Cleaning Method	<input type="radio"/> Enclosed Gun Cleaning System <input type="radio"/> Manual Wipe <input type="radio"/> Open Flush <input type="radio"/> Other (specify): _____						
Drying Method	<input type="radio"/> Air Dried <input type="radio"/> Oven Dried or Baked Oven Heating Method: <input type="radio"/> Built-in to Spray Booth <input type="radio"/> Separate Enclosure ^① Oven Rating (only if built-in) ^① : <input type="radio"/> Electric _____ kW <input type="radio"/> Gas-Fired _____ BTU/hr			Low NOx Burner? <input type="radio"/> No <input type="radio"/> Yes If Yes, provide: Burner Mfg: _____ Model: _____ _____ ppm NOx @ 3% O ₂ (Provide supporting document)			
	If air make-up heater (AMU) is certified per Rule 1147, then provide: AMU Mfg: _____ Model: _____ AMU air flow rate @ inlet: _____ CFM						
^① A separate permit is required if dryer or oven is not built-in. If already permitted, provide: Permit No.: _____ or Application No.: _____							

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Section C - Operation Information (cont.)

Identify All Materials Applied Material Safety Data Sheets (MSDS) for all coatings and solvents must be included. MSDS must include percentages of all components of coating(s) and Volatile Organic Compound (VOC) contents. ② Weight of VOC per volume of material ③ Weight of VOC per volume of material less water and less except compounds	Type of Materials	Material VOC ② (lbs VOC/gal material)	Coating VOC ③ (lbs VOC/gal coating)	Average Amount Used (gal/day)	Maximum Amount Used (gal/day)
	Enamel				
	Topcoat				
	Primer				
	Sealer				
	Stain				
	Resin				
	Gel Coat				
	Adhesive				
	Other Coating				
	Added Thinner				
	Clean-up Solvent				
	Surface Prep. Solution				
Other Solvent/Thinner					

Operating Schedule	Normal: _____ hours/day _____ days/week _____ weeks/yr
	Maximum: _____ hours/day _____ days/week _____ weeks/yr

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: _____ Date: _____	Name: _____
	Title: _____ Company Name: _____	Phone #: _____ Fax #: _____
Contact Info	Name: _____	Phone #: _____ Fax #: _____
	Title: _____ Company Name: _____	Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.