# 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_____
Email _____

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.**