

Attachment E207: Metal Cleaning Degreasers Supplemental Application Form

Applicant Name: _____
Unit No.: _____

DEEP USE ONLY
App. No.: _____

Complete this form in accordance with the [instructions](#) (DEEP-NSR-INST-207) to ensure the proper handling of your application. Print or type unless otherwise noted.

Complete a separate form for *each* degreaser unit.

Questions? Visit the [Air Permitting](#) web page or contact the Air Permitting Engineer of the Day at 860-424-4152.

Part I: General

Degreaser Type (check one)	<input type="checkbox"/> Cold Cleaner <input type="checkbox"/> Open Top Vapor <input type="checkbox"/> Conveyorized <input type="checkbox"/> Other (specify):
Manufacturer and Model Number	
Construction Date	
Is this unit subject to Title 40 CFR Part 60, NSPS?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Subpart(s)
Is this unit subject to Title 40 CFR Part 63, MACT?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Subpart(s)
Inside Dimensions of Tank (feet)	Width Length Depth
Tank Volume	gallons
Freeboard Height and Ratio	Height: feet Ratio:
Solvent/Air Interface Area	ft ²
Safety Switches (check all that apply)	<input type="checkbox"/> Condenser flow switch and thermostat (to shut off sump heat if condenser coolant is either not circulating or too warm) <input type="checkbox"/> Spray safety switch (to shut off spray pump if the vapor level drops more than four inches below the bottom condenser coil in order to prevent spraying above the vapor level) <input type="checkbox"/> Vapor level control thermostat (to shut off sump heat if the vapor zone rises above the primary condenser) <input type="checkbox"/> Safety switch (to shut off sump heat if the sump liquid solvent level drops to the sump heater coils) <input type="checkbox"/> Other (specify):
Maximum Operating Schedule	hours/day hours/year
Solvent Type (Chemical Name)	
Maximum Temperature of Solvent Bath/Sump	°F or °C
Solvent Recovery Still	<input type="checkbox"/> No <input type="checkbox"/> Yes
Solvent Density	lb/gallon

Part I: General (continued)

Maximum Solvent Use	lb/hr	lb/month	lb/yr
Make-Up Rate (Amount Used)			
Amount Manifested			
Amount Recycled			
Amount Emitted			

Part II: Cold Cleaning Degreasers Only

Degreaser Type (check one)	<input type="checkbox"/> Dip Tank <input type="checkbox"/> Spray Tank If Spray Tank: Fluid Stream Type <input type="checkbox"/> Solid <input type="checkbox"/> Atomized <input type="checkbox"/> Shower Spray Pressure: psi Is spraying performed within the confines of the cold cleaner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Degreaser equipped with a cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Degreaser equipped with a Drainage Facility (Board)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check type: <input type="checkbox"/> Internal <input type="checkbox"/> External If External, is the cold cleaning degreaser equipped with a Drainage Return? <input type="checkbox"/> Yes <input type="checkbox"/> No
Control Devices (check all that apply)	<input type="checkbox"/> Freeboard ratio greater than or equal to 0.70 <input type="checkbox"/> Water Cover (solvent must be insoluble in and heavier than water) <input type="checkbox"/> Other (specify):

Part III: Open Top Vapor Degreasers Only

Type of Tank Cover (check one)	<input type="checkbox"/> Powered <input type="checkbox"/> Manual <input type="checkbox"/> None
Control Devices (check all that apply)	<input type="checkbox"/> Refrigerated Chiller <input type="checkbox"/> Enclosed Design <input type="checkbox"/> Carbon Adsorption System Ventilation Rate: ft ³ /minute/ft ² Exhaust Concentration: ppmv <input type="checkbox"/> Other (specify):
Is Degreaser Equipped with a Lip Exhaust?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the cover situated below the lip exhaust? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV: ConveyORIZED Degreasers Only

Degreaser Type	<input type="checkbox"/> Cold Solvent <input type="checkbox"/> Vapor
Conveyor Speed	feet/minute
Control Devices (check all that apply)	<input type="checkbox"/> Refrigerated Chiller <input type="checkbox"/> Carbon Adsorption System Ventilation Rate: ft ³ /minute/ft ² Exhaust Concentration: ppmv <input type="checkbox"/> Other (specify):

Part V: Attachments

Please check the attachments being submitted as verification that all applicable attachments have been submitted with this application form. When submitting such documents, please label the documents as indicated in this Part (e.g., Attachment E207-A, etc.) and be sure to include the applicant's name.

<input type="checkbox"/> Attachment E207-A:	<i>Process Information and Flow Diagram</i> – Submit a process flow diagram indicating all related equipment, air pollution control equipment and stacks, as applicable. Identify all materials entering and leaving each such device indicating quantities and parameters relevant to the proper operation of the device. Indicate all monitoring devices and controls. REQUIRED
<input type="checkbox"/> Attachment E207-B:	<i>Material Safety Data Sheets</i> – Submit a Material Safety Data Sheet for each product used in a tank by this unit. REQUIRED
<input type="checkbox"/> Attachment E207-C:	<i>Manufacturer Specification Sheets</i> – Submit copies of the manufacturer specification sheets for the degreaser and any air pollution control equipment and monitoring systems. REQUIRED