

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR RESOURCES**

**APPLICATION FOR APPROVAL OF PLANS TO  
CONSTRUCT, INSTALL, OR MODIFY PROCESS EQUIPMENT**

Return to: RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
PERMIT APPLICATION CENTER  
235 PROMENADE STREET  
PROVIDENCE, RI 02908

Section A	1. FULL BUSINESS NAME _____ PHONE _____ 2. ADDRESS OF EQUIPMENT LOCATION _____ _____ SIC CODE _____ # EMPLOYEES _____ 3. LOCATION ON PREMISES (BLDG., DEPT., AREA, ETC.) _____ 4. NATURE OF BUSINESS _____												
Section B	APPROVAL REQUESTED FOR: 1. CONSTRUCTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> 2. ESTIMATED STARTING DATE _____ ESTIMATED COMPLETION DATE _____												
Section C	EQUIPMENT INFORMATION (IF PROCESS IS A SURFACE COATING OPERATION, I.E. SPRAY PAINTING, PRINTING, COATING, ETC., COMPLETE SURFACE COATING SUPPLEMENT IN LIEU OF SECTIONS C AND D). 1. GENERAL DESCRIPTION OF PROCESS OR OPERATION _____ _____ 2. TYPE OF EQUIPMENT USED IN PROCESS _____ _____ 3. EXHAUST GAS FLOW RATE: NORMAL _____ ACFM @ _____ °F MAXIMUM _____ ACFM @ _____ °F 4. AIR POLLUTION CONTROL EQUIPMENT: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, FILE FORM AP-ICE 5. OPERATING PROCEDURE: <input type="checkbox"/> CONTINUOUS ___ HRS/DAY ___ DAYS/WEEK ___ WEEKS/YEAR <input type="checkbox"/> BATCH ___ HRS/BATCH ___ BATCHES/WEEK ___ WEEKS/YEAR												
Section D	RAW MATERIALS AND FUELS: 1. LIST RAW MATERIALS (STARTING MATERIAL USED IN PROCESS) AND FUELS (TYPE AND AMOUNT): <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">MATERIAL</th> <th style="text-align: center;">BATCH/CONT.</th> <th style="text-align: center;">ANN. AMT</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table> <p style="margin-top: 20px;">END PRODUCTS:</p>	MATERIAL	BATCH/CONT.	ANN. AMT									
MATERIAL	BATCH/CONT.	ANN. AMT											

Section  
E

EMISSIONS INFORMATION:

POLLUTANT	RATE OF EMISSIONS (LB/HR)	METHOD USED TO DETERMINE EMISSIONS

Section  
F

STACK INFORMATION:

1. STACK EXIT DIMENSIONS I.D. \_\_\_\_\_ INCHES OR \_\_\_\_\_ INCHES X \_\_\_\_\_ INCHES
2. STACK HEIGHT ABOVE GROUND \_\_\_\_\_ FEET
3. VOLUME OF GAS DISCHARGED INTO OPEN AIR \_\_\_\_\_ ACFM @ \_\_\_\_\_ °F
4. IS STACK EQUIPPED WITH A RAIN HAT? YES  NO
5. DISTANCE FROM DISCHARGE TO NEAREST PROPERTY LINE \_\_\_\_\_ FEET

ADDITIONAL INFORMATION:

INCLUDE WITH THE SUBMITTAL ANY ADDITIONAL INFORMATION, PLANS, SPECIFICATIONS, EVIDENCE OR DOCUMENTATION TO ASSIST THE REVIEWER IN HIS ASSESSMENT.

This application is submitted in accordance with the provisions of Chapter 23-23 of the General Laws, as amended, Regulation 9, and to the best of my knowledge and belief is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR RESOURCES**

**SUPPLEMENT TO FORM AP-1PE  
TO BE FILED FOR SURFACE COATING OPERATIONS**

Section

C

PROCESS/OPERATION

1. INDICATE TYPE OF PROCESS APPROVAL IS REQUESTED FOR:

<u>PRINTING</u>	<u>SURFACE COATING</u>
LETTERPRESS _____	SPRAY PAINTING _____
LITHOGRAPH _____	DIRECT ROLL _____
GRAVURE _____	REVERSE ROLL _____
FLEXOGRAPHIC _____	KNIFE COATING _____
SCREEN _____	FLOW COATING _____
OFFSET _____	ADHESIVE _____
OTHER (SPECIFY) _____	OTHER (SPECIFY) _____

2. INDICATE MATERIAL BEING COATED \_\_\_\_\_

3. ARE OVENS USED IN PROCESS? YES  NO

IF YES, COMPLETE THE FOLLOWING:

A. DIRECTED FIRED \_\_\_\_\_ INDIRECT FIRED \_\_\_\_\_ FUEL TYPE \_\_\_\_\_

B. NUMBER OF ZONES \_\_\_\_\_

C. TEMPERATURE IN EACH ZONE \_\_\_\_\_

D. NUMBER OF PASSES \_\_\_\_\_

4. EXHAUST GAS FLOW RATE/STACK \_\_\_\_\_ NORMAL ACFM @ \_\_\_\_\_°F  
 \_\_\_\_\_ MAXIMUM ACFM @ \_\_\_\_\_°F

5. AIR POLLUTION CONTROL EQUIPMENT: YES  NO  IF YES, FILE FORM AP-1CE

6. OPERATING PROCEDURE:  CONTINUOUS \_\_\_\_\_ HRS/DAY \_\_\_\_\_ DAYS/WEEK \_\_\_\_\_ WEEKS/YEAR  
 BATCH \_\_\_\_\_ HRS/BATCH \_\_\_\_\_ BATCHES/WEEK \_\_\_\_\_ WEEKS/YEAR

Section

D

COATINGS/INKS

1. PROVIDE THE FOLLOWING INFORMATION FOR EACH COATING OR INK USED IN PROCESS:

A. BRAND NAME OR COMPANY DESIGNATION

B. GENERIC NAME AND VOLUME % OF SOLVENTS IN COATING OR INK

C. GENERIC NAME AND VOLUME % OF THINNERS ADDED TO COATING OR INK

D. VOLUME % OF SOLIDS IN COATING OR INK

E. APPROXIMATE ANNUAL CONSUMPTION

F. APPLICATION RATE OF COATING

G. SUPPLIER'S NAME AND ADDRESS

H. DRAWINGS AND CALCULATIONS SHOWING COMPLIANCE WITH THE "GUIDELINES FOR DETERMINING CAPTURE EFFICIENCY FOR ADD-ON CONTROL DEVICES FOR WEB COATING OPERATIONS."

2. LIST THE END PRODUCTS

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR RESOURCES**

**AIR POLLUTION CONTROL PERMIT FEES**

The Department's rules and regulations require the payment of fees for air pollution permits. All application fees must be submitted with permit application to:

RI Department of Environmental Management  
Permit Application Center  
235 Promenade Street  
Providence, RI 02908

---

**THE APPLICATION FORM AND ANY ACCOMPANYING DOCUMENTS SHOULD BE SUBMITTED TO THE OFFICE OF AIR RESOURCES AT THE ADDRESS SHOWN ON THE APPLICATION FORM.**

---

Please complete this form, attach it to the check or money order and submit it to the Office of Air Resources. Payment should be made payable to General Treasurer, State of Rhode Island. The information requested below must be provided to coordinate the filing of your fee with your application(s). This fee is a filing fee and therefore it must be paid before we can begin review of your application(s).

APPLICANT'S NAME: \_\_\_\_\_

GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE:

\_\_\_\_\_

\_\_\_\_\_

FEE SUBMITTED:

Major Source or Major Modification @ \$25,410 each	_____
Complex Minor source or Modification @ \$4,620.00 each	_____
Minor source or Modification @ \$ 1,271.00 each	_____
TOTAL	_____

<p>FOR OFFICE USE ONLY: Fee Amount Received: \$ _____ Date Received: _____ Received By: _____ For Deposit into Account 1752-80600</p>
---