CAPT ALSTON DID NOT CONCUR WITH ANY CHANGES! SEE MARKED 35% PRINTS

UNITED STATES MARINE CORPS
Electronics Maintenance Company
2d Maintenance Battalion
2d Force Service Support Group (Rein)
Fleet Marine Force, Atlantic
Camp Lejeune, North Carolina 28542-5704

1100
EAS:bja
7 Apr 87

From: Commanding Officer, Electronics Maintenance Company
To: Public Works Officer
Via: Commanding Officer, 2d Maintenance Battillion (ATTN: S-4)

Subj: FIELD MAINTENANCE COMPLEX P-803

ENCL: (1) Copy of Drawing with changes Highlighted

1. Upon completion of reviewing the 35% Milestone Blueprints of the subject complex, it has been determined that several changes are required due to safety and accountability of equipment.

2. All changes required are listed as minor construction. The changes with justification are listed below.

OK A. RM 117- The class III security room must be built in conformance with OPNAVINST 5530.13. This is a required change.

B. RM 119- The vent path for Trichloroethene is a required safety change. The Trichloroethene is utilized for cleaning of all compound and reflex bourdon tube gauges.

C. RM 119/116- Construction of bottle storage rooms is a required safety change. These nitrogen bottles must be rack mounted and the racks bolted to the walls in accordance with applicable safety regulations.

D. RM 119/121- Construction of half solid walls and half glass walls are for proper supervision and safety of technicians as they work. Without this change the ability of the Shop Officer/Chief to effectively monitor his subordinates will be significantly impaired.

E. RM 122B- Deletion of the vestibule is requested due to traffic flow and workspace restriction requirements. Limited access to the facility is a prime consideration.

F. RM 116- Delete windows and doors for security and controlled access to workspace. This is in conformance with OPNAVINST 5530.13.

G. RM 125/127- It is requested that shelving be included for proper storage and accountability of equipment. This is in accordance with safety requirements on equipment storage.

H. RM 122- Flushmount central alternating current outlets are needed to power up benches. These benches are required IAW NAVAIR 17-20 metal.

I. Coiled shutters are requested for equipment movement between shhipping and receiving and the work spaces. These shutters would allow better control of equipment workflow.

J. Fire extinguisher system must be of the dry chemical type due to the equipment being repaired. IAW safety regulations.

K. Air hoses must terminate in "T" outlets for maximum utilization. This would allow saving in manhours for PM of equipment.

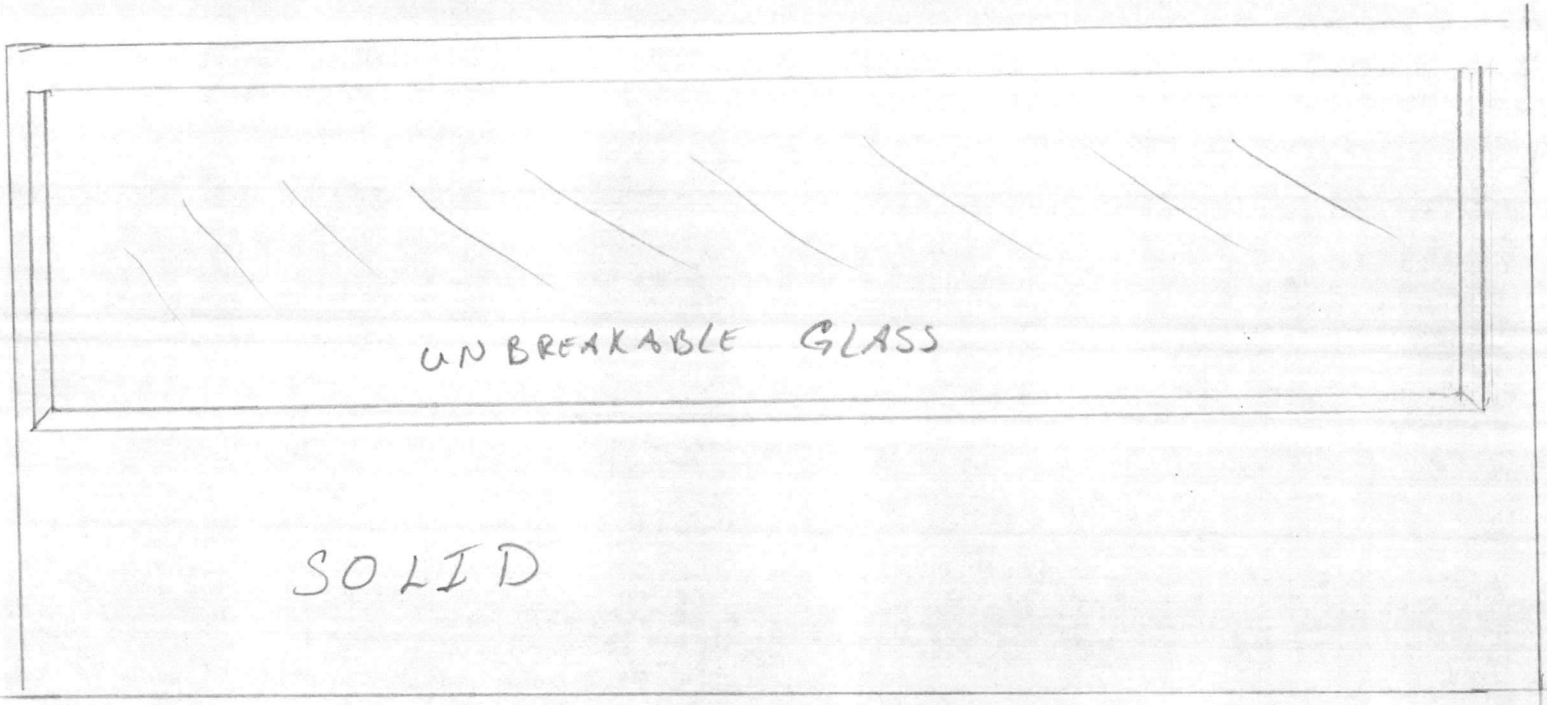
L. Telephone outlets - subject outlets are needed for inter/ intra company communications.

M. Safety tile should be electrical shop type safety tile due to the equipment being repaired.

3. Point of contact is CWO2 E.A. Stelljes at extension 1985/5123

R.E. FOWLER

CEILING



FLOOR

1/2 GLASS 1/2 SOLID WALL

VSMF

VSMFX

CONTRACTOR'S CATALOG AND PRICE LIST

CORRECTION NOTICE

J C M INDUSTRIES INC/ ADVANCE ENGINEERING CO

CONTRACTOR

PLEASE NOTE THE FOLLOWING CHANGES/ADDITIONS TO THE CONTRACTOR'S CATALOG AND PRICE LIST. THIS INFORMATION HAS BEEN OBTAINED FROM THE CONTRACTOR AND/OR GSA PROCUREMENT OFFICE.

FEDERAL SUPPLY SCHEDULE _____

CONTRACT NUMBER _____

EXPIRATION DATES 1-31-86

GSA 60320 C (Rev. 7/82)

2706

ENCLOSURE (3)

Price List

General Services Administration
Federal Supply Service

Authorized Federal Supply Schedule
Catalog Price list

FSC Group 66, Part II, Section P
Contract Number: GS-00F-70592

Contractor: Advance Engineering Company
Div. of J.C.M. Industries, Inc.
18255 S. Hoover Street
Gardena, California 90248
Telephone: (213) 321-3100

Business Size: Small

Contract Period: September 6, 1984 through May 31, 1985

Information for Ordering Activities:

Special Item	Catalog Page	Description
66-127	1-4, 8, 12, 15, 16	Laboratory Furniture, Benches & Tables
66-128	5	Cabinets
66-130	5-14	Accessories to Laboratory Furniture
66-294	16	Tops
66-295	5-14	Accessories to Pharmacy Furniture

Maximum Order Limitation: $100,000 for each special item.

Minimum Order Limitaiton: $50.

Delivery Area: The 48 Contiguous States & District of Columbia or Point of Export for shipments outside these areas.

Discount from List Prices: 17%

Prompt Payment Discount: ½% 20 days, Net 30 days.

Delivery Time: Within 90 day period after receipt of order.

F.O.B. Point: F.O.B. Destination within the 48 contiguous States and the District of Columbia. Outside these areas, shipment is F.O.B. Point of Export. (Benches are shipped "knocked down", packaged to ensure safe arrival. Components, including electrical connections, are easily assembled by customer personnel; pictorial instructions are included).

Ordering & Payment Address: See List of Authorized Dealers.

Warranty Provisions: As they appear on inside back cover of Catalog.

Assistance in layouts, planning & proper function to be furnished by contractor.

ENCLOSURE (3)

CAL / MSLS

ADVANCE 2000 SERIES BENCHES - ~~C.E. SHOP~~
Proposal No. 90-2022-85

24 #860 Benches
60"L x 36"D x 36"H

1. IS20 Instrument Shelf sloped 20 degrees
2. EC11 Instrument Shelf Electrical Circuit with interconnect
3. NEC AC Electrical Circuit w/cord at position 6
4. 28 VDC Electricals with twist lock connections at position 1
5. B Back Panel Upper
6. LIS Undershelf Light
7. GFI Protection for AC Circuit
8. Micastat Static Dissipative Laminate on Worksurface and Instrument Shelf
9. 2 Cabinets with locks for 8" x 16" x 20" tool boxes
10. GBBP Grounding System

PRICE EACH.....$1,853.00

35 BENCHES NEEDED

679 Arnold Mill Road Woodstock, GA 30188 404-926-0342 (Atlanta)

ENCLOSURE (3)

OLSEN ASSOCIATES, INC.

ENGINEERS • ARCHITECTS • SURVEYORS

WM. H. SIGMON, A.I.A.
L. C. CHEEK, JR., P.E.
J. C. BROWN, P.E.

P. O. BOX 10666
TELEPHONE 919/834-0781
1330 ST. MARY'S STREET
RALEIGH, N. C. 27605

ASSOCIATES:

J. H. MAYNARD, JR., P.E.
K. L. HARROD
R. E. HILDEBRAN, P.E.
D. N. LEE, P.E.
W. M. PEERY, A.I.A.
J. W. JOHNSON, P.E.
J. S. PORTER, P.E.
T. B. DAMERON, P.E.

March 25, 1987

Mr. Larry Brant
Planning Division
Public Works Office
Building 1005
Marine Corps Base
Camp Lejeune, NC 28542

Subject: Field Maintenance Complex - Increment I
FY87 Project P-257

Dear Mr. Brant:

We were telephoned by Mr. S. Mitro of LANTDIV concerning the Air Permit Application for the water wash paint spray booth in the subject project. He stated that several items such as pollutants and emission rates before and after control are needed in order to complete this application. I have included a copy of this permit application form with yellow highlighting to indicate the items for which we need input from the user or from the Base Environmental Officer. Please have the user or the environmental officer complete these areas of the application and return it to us as soon as possible.

Please do not hesitate to contact me if you have questions concerning this application. Thank you for your help.

Yours very truly,

OLSEN ASSOCIATES, INC.

Dale N. Lee, P.E.

DNL:agm
Enclosure
cc: Mr. S. Mitro (Code 1141)
Ms. S. M. Gale, P.E. (Code 09A21B3)

North Carolina Department of Natural Resources and Community Development

Environmental Management Commission

AIR PERMIT APPLICATION*

GENERAL INFORMATION

INSTRUCTIONS ON BACK

A

*To construct and operate Air Emission Sources and Control Devices in accordance with N. C. General Statutes Chapter 143, Article 21.

PLEASE TYPE OR PRINT. ATTACH APPROPRIATE EMISSION SOURCE AND CONTROL DEVICE FORMS FOR EACH SOURCE LISTED IN ITEM 6 BELOW.

1. Facility Name (Company, Establishment, Town, Etc.): Field Maintenance Complex P-257 — Date: 3-6-87

2. Site Location (St./Rd./Hwy.): Marine Corps Base, — City: Camp Lejeune, — Zip Code: 28542 — County: Onslow

Latitude — Longitude — SIC Code

3. Mailing Address (P. O. Box/St./Rd./Hwy.): Commanding General, Marine Corps Base

City: Camp Lejeune, — State: N.C. — Zip Code: 28542 — Phone with Area Code

4. Applicant Technical Contact: T. Barker Dameron, — Title: Mechanical Engineer, — Phone with Area Code: 919-834-0781

FOR DEM USE ONLY
DATE RECEIVED:
PERMIT NUMBER:
DATE ISSUED:

5. Description of operation conducted at above facility:

6. List each EMISSION SOURCE and CONTROL DEVICE for which application is made. Assign an ID NUMBER to each emission source and control device which uniquely identifies that source. Attach appropriate emission source and control device forms for each.

EMISSION SOURCE	ID NO.	CONTROL DEVICE	ID NO.
Painting of engine components	1	Waterwash paint spray booth	1

USE SEPARATE SHEET(S) IF NEEDED

7. Maximum facility operation: 8 Hours/Day — 5 Days/Week — 52 Weeks/Year

8. Name and address of engineering firm that prepared application or plans: Olsen Associates, Inc., P. O. Box 10666, Raleigh, N. C. 27605

9. Signature of responsible person or company official: _____ Date _____

Signer's Name (TYPE OR PRINT) — Title — Phone with Area Code

FORM AQ-22

AIR POLLUTION CONTROL DEVICE

C

PLEASE TYPE OR PRINT. ATTACH TO GENERAL INFORMATION FORM "A". SUPPLY DESIGN DATA, SPECIFICATIONS, AND AVAILABLE ENGINEERING DRAWINGS.

1. Air Control Device and ID No. (FROM GENERAL INFORMATION FORM "A", ITEM 6)

   Waterwash paint spray booth - #1

2. If there are several devices in series, list each unit in series starting at the emission source.

   (1) _____ (2) _____ (3) _____ TOTAL UNITS _____

3. Indicate Emission Source and ID No. that Control Device(s) is installed on:

   Painting of engine components

4. Narrative Description of Control Device(s):

   Paint solids are trapped in the water curtain. The surface particles are recirculated through a baffle system to break down the paint solids.

Manufacturer	Model Name	Model Number
DeVilbiss	Turboclean-Low Changer	TL-L

5. Estimated Cost of Control Device

   $ 6595

   Period of Time Control Device is Estimated to be Adequate:

   _____ Years

6. Permit Application is made for (CHECK ONE ONLY):

   (X) New Source ( ) Existing Source ( ) Modification – Last Permit No. _____

   Commence Construction Date _____, 19____ Operation Date _____, 19____

7. Emission Parameters:

Pollutant(s) Controlled	PART. ( )	SO_2 ( )	NO_x ( )	CO ( )	VOC ( )	LEAD ( )	OTHER _____	OTHER _____
Emission Rate Before Control (lb/hr) =								
Emission Rate After Control (lb/hr) =								
Removal Efficiency Percent (%) =								

   Particle Size Distribution of Particulates Entering Control Device (% Micron):

   _____0-1 _____1-10 _____10-25 _____25-50 _____50-100 _____Over 100

8. Gas Conditions at Control Device:

	INLET	INTERMEDIATE LOCATIONS	OUTLET
Flow Rate (ACFM) =			
Temperature (Deg. F) =			
Velocity (ft./sec.) =			
Pressure Drop (in. H_2O) =			
Moisture (%) =			

9. Describe Ultimate Disposal of Collected Materials:

10. Stack or Emission Point Data:

Height Above Ground (ft.)	Inside Area (sq. ft.)	Direction of Exit (up, down, or horizontal)	Are there obstructions over the stack?
	3.14 ft^2	Up	(x) No ( ) Yes, (specify)

   Is scaffolding available for sources testing?
   (x) No ( ) Yes

   Are sampling ports available?
   (x) No ( ) Yes

11. Comments:

SUPPLEMENTAL DATA FOR AIR CONTROL DEVICES

12. *** "CYCLONE" (MECHANICAL SEPARATORS) ***

Efficiency (%)	Volumetric Flow Rate (ACFM)	Pressure Drop (in. H_2O)	Baffles or Louvers (specify)	Position in Series #_____ of _____ Units
Cyclone Dimensions (inches) Inlet Outlet		Cyclone Body Diameter (inches)	Cyclone Body Height (ft.)	Cyclone Cone Height (ft.)
Wet Spray ( ) No ( ) Yes	No. of Nozzles	Liquid Used (specify)	Flow Rate (GPM)	Makeup Rate (GPM) / % Recirculated

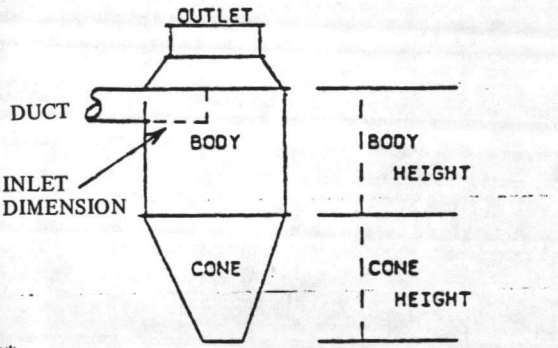
A process flow diagram must be attached If cyclone is routed to another cyclone or other equipment, show sketch of entire system.

CYCLONE DIAGRAM

CHECK APPROPRIATE OUTLET CONFIGURATION BELOW

( ) ( )

SKETCH OTHER CONFIGURATION ON DIAGRAM Below



13. *** "MULTICYCLONE" ***

Efficiency (%)	Volumetric Flow Rate (ACFM)	No. of Cones	Pressure Drop (In. H_2O)	Position in Series # _____ of _____ Units
Louvers ( ) No ( ) Yes	Inlet Dimension of Individual Cyclone (inches)	Outlet Dimension of Individual Cyclone (inches)	Individual Cyclone Diameter (inches)	Inlet Temperature (Deg. F)

14. *** "FILTRATION" (BAGHOUSE) ***

Efficiency (%)	Volumetric Flow Rate (ACFM)	Filter Surface Area (sq. ft.)	Air-to-Filter Area Ratio (ft./min.)	Pressure Drop (in. H_2O)

TYPE OF FILTER
( ) Fabric Filter (BAGHOUSE)
( ) Packed Bed ( ) Mat Filter
( ) Panel Filter
( ) Other _____

FILTER MATERIAL
( ) Fiberglass ( ) Nylon
( ) Nomex ( ) Teflon
( ) Wool ( ) Dacron
( ) Cotton ( ) Orlon
( ) Other _____

BAG CLEANING
( ) Mechanical ( ) Sonic
( ) Reverse Flow ( ) Air Pulse
( ) Simple Bag Collapse ( ) Ringed Bag Collapse
( ) Other _____

No. of Compartments	Time Between Cleaning (mins./hr.)	Inlet Temperature (Deg. F)	Position in Series #_____ of _____ Units

15. *** "AFTERBURNER" (FUME INCINERATOR) ***

Type of Afterburner: ( ) Direct Flame ( ) Catalytic ( ) Other _____	Efficiency (%)	Volumetric Flow Rate (CFM)	Position in Series #_____ of _____ Units
Maximum Burner Rating (Million BTU/hr)	Combustion Chamber Temp. (Deg. F)	Retention Time (sec.)	Fuel Type _____ Usage _____

Combustion Chamber Dimensions (ft.): _____ Length _____ Diameter

SUPPLEMENTAL DATA FOR AIR CONTROL DEVICES — *continued*

16. *** "SCRUBBER" ***

Type of Scrubber:		Efficiency (%)	Volumetric Flow Rate (ACFM)	Position in Series
( ) Venturi	( ) Orifice Type			# _____ of _____ Units
( ) Impingement Plate	( ) Cyclonic			
( ) Packed Tower	( ) Condenser			
( ) Gravity Tower	( ) Other _____	Pressure Drop (in. H_2O)	Inlet Temperature (Deg. F)	Mist Eliminator Filter Area (sq. ft.)
( ) Mist Eliminator				

Gas Flow	Liquid Scrubbing Medium and Additives (specify)	Total Liquid Injection (GPM)	Make Up Rate (GPM)
( ) Countercurrent ( ) Concurrent			

Venturi Scrubber Data:	Inlet Area (sq. in.)	Throat Area (sq. in.)	Throat Velocity (ft./sec.)	( ) Fixed Throat ( ) Variable Throat

Packed or Plate Tower Data:	Surface Area (sq. ft.)	Packing Depth (ft.)	Type of Packing: ( ) Rings ( ) Saddles ( ) Other _____	No. of Plates	Type of Plates

17. *** "ELECTROSTATIC PRECIPITATOR" ***

Efficiency (%)	Volumetric Flow Rate (CFM)	Total Collection Plate Area (sq. ft.)	Pressure Drop (in H_2O)	Inlet Temperature (Deg. F)

Resistivity of Pollutant (OHM-CM)	Gas Viscosity (poise)	Charging Field Strength (volts)	Collecting Field Strength (volts)

PRECIPITATOR TYPE

( ) Single Stage ( ) Low Voltage ( ) Hot Side
( ) Two Stage ( ) High Voltage ( ) Cold Side
( ) Other _____

CLEANING METHOD

( ) Plate Rapping ( ) Washing
( ) Plate Vibrating ( ) None
( ) Other _____

Corona Power (Watts/1000 cfm)	Electrical Usage (kw./hr.)	No. of Compartments	No. of Cells/Comp.	Position in Series
				# _____ of _____ Units

18. *** "ADSORPTION" ***

Type of Adsorption:		Efficiency (%)	Volumetric Flow Rate (ACFM)
( ) One-Pass Regenerative	( ) Recirculating		
( ) One-Pass Nonregenerative	( ) Other _____		

Regenerative Method:		Adsorption Material:	Position in Series
( ) Discarded	( ) Thermal (dry heat)	( ) Activated Carbon	# _____ of _____ Units
( ) Chemical	( ) Thermal (steam)	( ) Hydrous Silicated	
( ) Other _____		( ) Other _____	

Pressure Drop (in H_2O)	Inlet Temperature (Deg. F)	No. of Compartments	How are emissions controlled during regeneration? _____

Size of Adsorbent Bed (ft.)

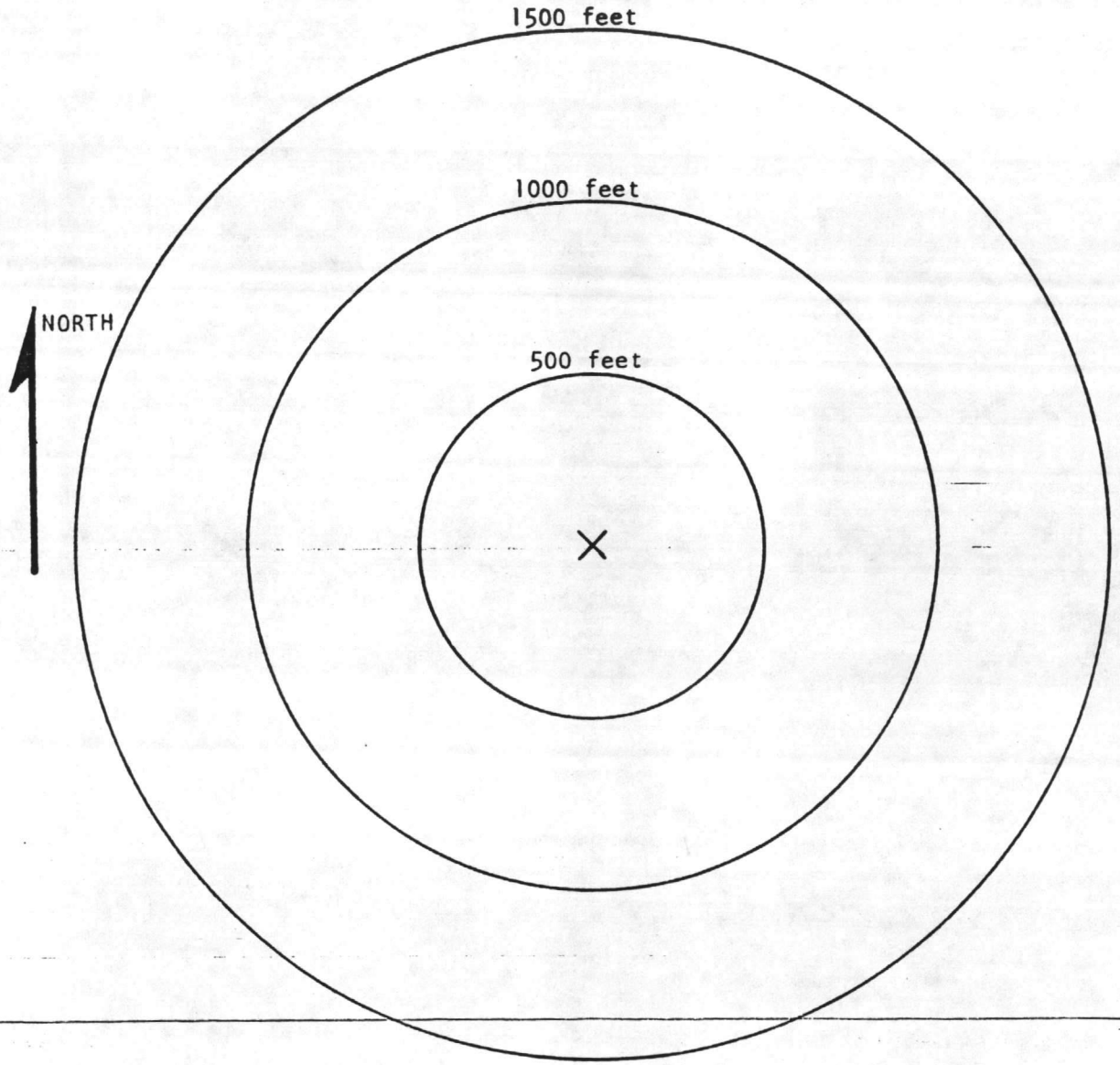
Length _____, Width _____, Height _____, Diameter _____

Regenerative Schedule: Maximum Time for Desorption _____

Length of Time to Maximum Saturation _____

AREA DIAGRAM

Show all surrounding buildings and roads within 1500 feet of the equipment covered by this application. Attach a site diagram identifying each emission source location(s), property boundaries and building (structure) dimensions (height, width, and length).



INSTRUCTIONS	CODE	DESCRIPTION
1. Indicate location and type of building by the use of small numbered circles with the decription below.	(1)	
	(2)	
	(3)	
2. Show roads as lines representing the road edges. Indicate street names and highway numbers.	(4)	
	(5)	
3. Show wooded or cleared area by approximate boundary lines and the words "woods", "cleared", "cornfield", etc.	(6)	
	(7)	
	(8)	
	(9)	
	(10)	

Example:

(1) Church
(2) Residence

HYDROCARBON EMISSION SOURCES

E

NOTE: For emission sources of volatile organic compounds including spray booths, painting, finishing, printing and solvent usage.

PLEASE TYPE OR PRINT. ATTACH TO THE GENERAL INFORMATION FORM "A". IF APPLICABLE, ATTACH AIR POLLUTION CONTROL DEVICE FORM "C".

1. Emission Source and ID NO. (FROM GENERAL INFORMATION FORM "A", ITEM 6)
   Painting of engine components - #1

2. Process Description (INDICATE NO. OF IDENTICAL PROCESSES – BOOTHS, FINISHING LINES, ETC.): _____

3. Permit Application is made for (CHECK ONE ONLY):
   (X) New Source ( ) Existing Source ( ) Modification – Last Permit No. _____
   Commence Construction Date _____, 19____ Operation Date _____, 19____

4. Maximum Source Operation: 8 Hours/Day 5 Days/Week 52 Weeks/Year

5. List all VOLATILE ORGANIC COMPOUNDS as used: USE NEXT PAGE (PRODUCT ANALYSIS WORKSHEET) TO DETERMINE IF PRODUCT IS REACTIVE (R) OR NONREACTIVE (NR) AS DEFINED BY 15 NCAC 2D .0518.

PRODUCT NAME	R	NR	PRODUCT WEIGHT (lb/gal)	PRODUCT USAGE (gal/day)		TOTAL VOLATILE BY WEIGHT (lb/gal)		VOC EMISSION RATES (lb/day)	(ton/yr)
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
USE SEPARATE SHEET(S) IF NEEDED						TOTAL	=		

6. Describe the storage and handling methods used in employing the organic products listed above. Include the ultimate disposal methods of the collected waste and wastewater. _____

7. Surface Coating Operations:
   Describe Articles Being Coated: _____

   Method of Spray:
   ( ) Airless ( ) Air Atomize ( ) Electrostatic ( ) Other _____
   Overspray (%) | Stack Flow Rate (CFM)

   Exhaust Control: ( ) None ( ) Dry Filter ( ) Adsorption (x) Waterwash ( ) Baffles ( ) Incineration ( ) Other _____
   Control Efficiency
   Particulate _____ %
   Hydrocarbon _____ %

   No. of Bake Ovens | Method of Heating: ( ) Steam ( ) Direct Fired ( ) Electric ( ) Other _____ | Fuel Type _____ Usage _____

8. Solvent Degreasing Operations:
   Describe Articles Being Degreased: _____

   Degreaser Type:
   ( ) Open Top Vapor ( ) Cold Cleaning ( ) Conveyorized ( ) Other _____

   Tank Capacity (gallons) | Makeup Rate (gallons/day) | Exhaust Control: ( ) None ( ) Surface Condensers ( ) Adsorption ( ) Closed Loop ( ) Other _____

PRODUCT ANALYSIS WORKSHEET

(SOLVENTS, PAINTS, FINISHING MATERIALS, ETC.)

E

INSTRUCTIONS: COMPLETE ONE SHEET FOR EACH TYPE OF PRODUCT. GIVE CHEMICAL NAMES, NOT BRAND NAMES OR ABBREVIATIONS. FOLLOW THESE PROCEDURES IN DETERMINING WHETHER OR NOT A PRODUCT OF VARIOUS SOLVENTS IS REACTIVE (R) OR NONREACTIVE (NR).

A) GROUP THE CONSTITUENTS ACCORDING TO WHETHER OR NOT THEY FIT THE DESCRIPTION IN CLASS (1), (2), (3) OR NONE OF THE ABOVE CLASSES. IF A CONSTITUENT COULD FALL IN TWO GROUPS, IT IS PLACED IN THE MORE LIMITED GROUP.

B) DETERMINE THE VOLUME PERCENT OF ALL LIQUID CONSTITUENTS OF THE PRODUCT AS APPLIED. (THIS SHOULD TOTAL 100%.)

C) TOTAL THE VOLUME PERCENT FOR EACH CLASS (1, 2, AND 3). IF THE VOLUME PERCENT FOR ANY CLASS EXCEEDS THE PERCENT LIMIT FOR THAT CLASS OR IF THE TOTAL FOR CLASSES (1), (2), (3) EXCEEDS 20 PERCENT, THEN THE PRODUCT IS REACTIVE. IF NONE OF THESE LIMITS ARE EXCEEDED, THE PRODUCT IS NONREACTIVE.

Product Name	Product No.	This Product is Classified as: ( ) Reactive (R) ( ) Nonreactive (NR)

PRODUCT COMPOSITION

ORGANIC CLASS	DESCRIPTION OF ORGANIC CLASS	NAME OF CONSTITUENTS	% BY VOLUME OF THE TOTAL VOLATILES ACTUAL	% LIMIT
(1)	A COMBINATION OF HYDROCARBONS, ALCOHOLS, ALDEHYDES, ESTERS, OR KETONES HAVING AN OLEFINIC OR CYCLOOLEFINIC TYPE OF UNSATURATION EXCEPT PERCHLOROETHYLENE – 5 PERCENT	_____	_____	5%
		_____	_____	
		_____	_____	
		_____	_____	
		_____	_____	
		SUB-TOTAL =	_____	
(2)	A COMBINATION OF AROMATIC HYDROCARBONS WITH EIGHT OR MORE CARBON ATOMS TO THE MOLECULE EXCEPT ETHYLBENZENE – 8 PERCENT	_____	_____	8%
		_____	_____	
		_____	_____	
		_____	_____	
		_____	_____	
		SUB-TOTAL =	_____	
(3)	A COMBINATION OF ETHYLBENZENE, KETONES HAVING BRANCHED HYDROCARBON STRUCTURE, TRICHLOROETHYLENE, OR TOLUENE – 20 PERCENT	_____	_____	20%
		_____	_____	
		_____	_____	
		_____	_____	
		_____	_____	
		SUB-TOTAL =	_____	
	ALL SOLVENTS NOT LISTED ABOVE	_____	_____	
		_____	_____	
		_____	_____	
		_____	_____	
		_____	_____	
		TOTAL =	_____	
			100%	

Product Usage (gal/hr) _____

Product Weight (lb/gal) _____

Weight of volatiles in product (lb/gal) _____

Total % volatiles by volume in product _____%

IF THE TOTAL REACTIVE PRODUCT EMISSIONS EXCEED 40 POUNDS/DAY FROM YOUR FACILITY, DESCRIBE THE CONTROL METHODS EMPLOYED FOR MEETING COMPLIANCE WITH DEM REGULATION 15 NCAC 2D .0518:

_____

_____