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JUN 28 2016

DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE AIR PROGRAM



DEQ AIR QUALITY PROGRAM

1410 N. Hilton, Boise, ID 83706

For assistance, call the

Air Permit Hotline – 1-877-5PERMIT

Cover Sheet for Air Permit Application – Permit to Construct **Form CSPTC**

Please see instructions on page 2 before filling out the form.

COMPANY NAME, FACILITY NAME, AND FACILITY ID NUMBER			
1. Company Name	Blackpine Custom Cabinets		
2. Facility Name	3. Facility ID No.	083-00171	
4. Brief Project Description - One sentence or less	We make custom cabinets.		

PERMIT APPLICATION TYPE			
5. <input type="checkbox"/> New Source	<input type="checkbox"/> New Source at Existing Facility	<input type="checkbox"/> PTC for a Tier I Source Processed Pursuant to IDAPA 58.01.01.209.05.c	
xx <input type="checkbox"/> Unpermitted Existing Source	<input type="checkbox"/> Facility Emissions Cap	<input type="checkbox"/> Modify Existing Source: Permit No.: _____ Date Issued: _____	
xx <input type="checkbox"/> Required by Enforcement Action:	Case No.:	083-00171	
6. <input type="checkbox"/> Minor PTC	<input type="checkbox"/> Major PTC		

FORMS INCLUDED			
Included	N/A	Forms	DEQ Verify
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form CSPTC – Cover Sheet	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form GI – Facility Information	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form EU0 – Emissions Units General	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form EU1– Industrial Engine Information	Please specify number of EU1s attached: _____ <input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form EU2– Nonmetallic Mineral Processing Plants	Please specify number of EU2s attached: _____ <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form EU3– Spray Paint Booth Information	Please specify number of EU3s attached: <u>2</u> <input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form EU4– Cooling Tower Information	Please specify number of EU3s attached: _____ <input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form EU5 – Boiler Information	Please specify number of EU4s attached: _____ <input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form CBP– Concrete Batch Plant	Please specify number of CBPs attached: _____ <input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form HMAP – Hot Mix Asphalt Plant	Please specify number of HMAPs attached: _____ <input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PERF – Portable Equipment Relocation Form	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form AO – Afterburner/Oxidizer	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form CA – Carbon Adsorber	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form CYS – Cyclone Separator	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form ESP – Electrostatic Precipitator	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form BCE– Baghouses Control Equipment	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form SCE– Scrubbers Control Equipment	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form VSCE – Venturi Scrubber Control Equipment	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form CAM – Compliance Assurance Monitoring	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Forms EI-- Emissions Inventory	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PP – Plot Plan	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Forms MI1 – MI4 – Modeling	(Excel workbook, all 4 worksheets) <input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Form FRA – Federal Regulation Applicability	<input type="checkbox"/>

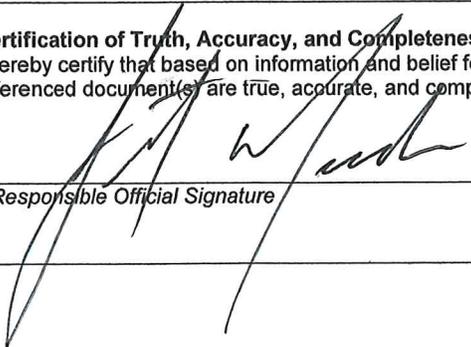


Please see instructions on second page before filling out the form.

FACILITY AND PERMIT INFORMATION		
1. Facility Name:		2. Facility ID Number:
Black Pine Custom Cabinets		083-00171
3. Brief Project Description:	Company makes custom cabinets	
4. Facility Contact Name:		5. Facility Contact Title:
Scott Meade		Owner
6. Facility Contact Telephone Number:		7. Facility Contact Email:
208-420-8197 / 208-733-0318		scott@blackpinecabinets.com
8. Mailing address where permit will be sent (street/city/state/zip code):		9. Physical address of facility (if different than mailing address) (street/city/state/zip code):
397 Railway Street Jerome, ID 83338		
10. County Facility is located	Jerome	
11. Is the equipment portable?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
12. NAICS codes	Primary NAICS: 337110	Secondary NAICS (if applicable):
13. Brief business description and principal product produced:	Company makes custom cabinets	
14. Describe any contiguous or adjacent facility this company owns or operates:	N/A	
15. Permit Application Type. Provide Permit Number for existing permit. For a PTC, an application fee is required.	<input checked="" type="checkbox"/> Initial Permit to Construct (PTC) <input type="checkbox"/> PTC Modification	PTC No. _____ Issued Date _____
	<input type="checkbox"/> Initial Tier II <input type="checkbox"/> Tier II Modification <input type="checkbox"/> Tier II Renewal	Tier II No. _____ Issued Date _____
	<input type="checkbox"/> Initial Tier I <input type="checkbox"/> Tier I Administrative Amendment <input type="checkbox"/> Tier I Minor Modification <input type="checkbox"/> Tier I Significant Modification <input type="checkbox"/> Tier I Renewal	Tier I No. _____ Issued Date _____
16. For Tier I permitted facilities only: If you are applying for a PTC then you must specify how the PTC will be incorporated into the Tier I permit.	<input type="checkbox"/> Incorporate PTC at the time of Tier I renewal (IDAPA 58.01.01.209.05.a) <input type="checkbox"/> Co-process PTC with Tier I Modification (IDAPA 58.01.01.209.05.b) <input type="checkbox"/> Administrative amend the Tier I to incorporate PTC upon applicant's request (IDAPA 58.01.01.209.05.c)	
17. <input type="checkbox"/> Check here to request facility draft permit before final issuance.		

Certification of Truth, Accuracy, and Completeness (by Responsible Official)

I hereby certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this and any attached and/or referenced document(s) are true, accurate, and complete in accordance with IDAPA 58.01.01.123 124.



 Responsible Official Signature

Scott Meade / Owner

 Responsible Official Title

5/2/16

 Date



DEQ AIR QUALITY PROGRAM
 1410 N. Hilton, Boise, ID 83706
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Air Permit Hotline – 1-877-5PERMIT

Emissions Units - Spray Paint Booth Information Form EU3
 Revision 5
 08/28/08

Please see instructions on page 2 before filling out the form.

IDENTIFICATION					
1. Company Name: Black Pine Custom Cabinets		2. Facility Name: Black Pine Custom Cabinets		3. Facility ID No: 083-00171	
4. Brief Project Description:					
BOOTH INFORMATION					
5. Booth Type: <input type="checkbox"/> New Booth <input checked="" type="checkbox"/> Unpermitted Existing Booth <input type="checkbox"/> Modification to a Permitted Booth, Permit #: , Date Issued:					
6. Construction Date:					
SPRAY GUN DESCRIPTION AND SPECIFICATIONS					
Gun No.	7. Manufacturer	8. Model	9. Type	10. Transfer Eff. %	11. Rated Capacity (gal/hr)
1	Graco	Finex	2G	35%	1/3 gallon an hour
2	Graco	Finex	2G	35%	1/3 gallon an hour
3					
4					
Number of guns to be used simultaneously:					
SPRAY MATERIAL DESCRIPTION AND SPECIFICATIONS					
12. Type of Spray Material Used	13. Type of Material Coated	14. Max. Usage (gal/day)	15. Solid TAP/HAP Content (lb/gal)	16. VOC TAP/HAP Content (lb/gal)	17. MSD (Y/N)
NAFTA	wood	3 gallons a day	5/35	0	
LACQUER	wood	6 gallons a day	5/70	100	
REQUEST FOR PERMIT LIMITATIONS					
18. Are you requesting any permit limits? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes, check all that apply below and fill in requested limit(s)					
<input checked="" type="checkbox"/> Operation Hour Limits: 8am - 5pm			<input checked="" type="checkbox"/> Production Limits: 15 minutes spary time 45 minutes prep time		
<input checked="" type="checkbox"/> Material Usage Limits: 8am - 5pm			<input type="checkbox"/> Other:		
19. Rationale for Requesting the Limit(s):					
EMISSION CONTROL DEVICE (FILTER ¹⁾) DESCRIPTION AND SPECIFICATIONS					
Stack Served	20. Filter Manufacturer	21. Model	22. PM Control Efficiency(%) ^a	23. Dimension (Total Area, Thickness and Number of Filters)	
Stack 1	Puralator	HE40-4401	93%	576 1" thickness	
Stack 2					
Stack 3					
Stack 4					
Notes: a. Provide either stack test data or vendor's documentation to support the control efficiency specified above. b. Fill out and submit appropriate control equipment form(s) if this booth has a control device(s) other than a filter system.					
BOOTH OPERATING SCHEDULE (indicate hours/day, hours/year, or other)					
24. Actual Operation: 8am - 5pm			25. Maximum Operation: 40 hours a week 2080 hrs. a year		



Please see instructions on page 2 before filling out the form.

IDENTIFICATION					
1. Company Name: Black Pine Custom Cabinets		2. Facility Name: Black Pine Custom Cabinets		3. Facility ID No: 083-00171	
4. Brief Project Description:					
BOOTH INFORMATION					
5. Booth Type: <input type="checkbox"/> New Booth <input checked="" type="checkbox"/> Unpermitted Existing Booth <input type="checkbox"/> Modification to a Permitted Booth, Permit #: _____, Date Issued: _____					
6. Construction Date:					
SPRAY GUN DESCRIPTION AND SPECIFICATIONS					
Gun No.	7. Manufacturer	8. Model	9. Type	10. Transfer Eff. %	11. Rated Capacity (gal/hr)
1	CA Technologies	Bobcat	HVLP	85%	5.8 ozs. based on ater psi 500
2	Graco	Finex	2G	85%	1/3 gallon an hour
3					
4					
Number of guns to be used simultaneously:					
SPRAY MATERIAL DESCRIPTION AND SPECIFICATIONS					
12. Type of Spray Material Used	13. Type of Material Coated	14. Max. Usage (gal/day)	15. Solid TAP/HAP Content (lb/gal)	16. VOC TAP/HAP Content (lb/gal)	17. MSD (Y/N)
NAFTA	wood	3 gallons a day	5.35	0	
LACQUER	wood	6 gallons a day	5.7	100%	
REQUEST FOR PERMIT LIMITATIONS					
18. Are you requesting any permit limits? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes, check all that apply below and fill in requested limit(s)					
<input checked="" type="checkbox"/> Operation Hour Limits: 8am - 5pm			<input checked="" type="checkbox"/> Production Limits: 15 minutes spary time 45 minutes prep time		
<input checked="" type="checkbox"/> Material Usage Limits: 8am - 5pm			<input type="checkbox"/> Other:		
19. Rationale for Requesting the Limit(s):					
EMISSION CONTROL DEVICE (FILTER ¹) DESCRIPTION AND SPECIFICATIONS					
Stack Served	20. Filter Manufacturer	21. Model	22. PM Control Efficiency(%) ^a	23. Dimension (Total Area, Thickness and Number of Filters)	
Stack 1	Puralator	HE40-4401	93%	576 1" thickness	
Stack 2					
Stack 3					
Stack 4					
Notes: a. Provide either stack test data or vendor's documentation to support the control efficiency specified above. b. Fill out and submit appropriate control equipment form(s) if this booth has a control device(s) other than a filter system.					
BOOTH OPERATING SCHEDULE (indicate hours/day, hours/year, or other)					
24. Actual Operation: 8am - 5pm			25. Maximum Operation: 40 hours a week 2080 hrs. a year		



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Baghouse Control Equipment Form BCE
 Revision 6
 2/18/10

Complete this form for each baghouse. Please see instructions on page 2 before filling out the form.

IDENTIFICATION

1. Company Name Black Pine Custom Cabinets		2. Facility Name: Black Pine Custom Cabinets	
3. Brief Project Description: Company makes custom cabinets			

BAGHOUSE INFORMATION

4. Baghouse Manufacturer: Delta		5. Baghouse Model: 50-851		6. Baghouse Equipment ID: SF 9808	
7 (a). Baghouse particulate matter emission concentration. Note: Provide information in 7(a)-(c) or answer question #8 below.		.005 gr/dscf		<i>Manufacturers typically provide guarantees in grains per dry standard cubic foot (gr/dscf). Provide a copy of the guarantee, or other documentation, with the application along with a description of the types of bags that must be used to achieve the emission concentration. Emission concentrations less than 0.01 gr/dscf will receive additional scrutiny by DEQ and a source test of the baghouse may be required. If a guarantee is not provided then you must document how you obtained the emission concentration. Without documentation the application is not complete.</i>	
7 (b). Percentage PM ₁₀ Or Provide PM ₁₀ Emission Concentration		.008 % 13.7 gr/dscf		<i>What percentage of the PM concentration listed in question #7(a) is PM₁₀. You must provide documentation as to how the percentage was determined (i.e per the baghouse manufacturer). Without documentation the application is not complete.</i>	
7 (c). Baghouse flow rate		1500 dscfm		<i>Provide the baghouse flow rate in dry standard cubic feet per minute. Actual cubic feet per minute may be given in lieu of dscfm if it is documented that moisture content is insignificant. You must provide documentation as to how this flow rate was determined (i.e. per the exhaust fan manufacturer, combustion evaluation, etc.). Without documentation the application is not complete.</i>	
8. Baghouse particulate matter control efficiency. Note: Not needed if section #7 is completed.		____ % PM control ____ % PM ₁₀ control		<i>Applicant's providing the control efficiency of the baghouse must provide control efficiency for both PM and PM₁₀. Provide a copy of the control efficiency documentation with the application. Documentation must include a description of the types of bags that must be used to achieve the control efficiency. Without documentation the application is not complete.</i>	
9. Is the baghouse equipped with a bag leak detector?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>If a bag leak detector is installed provide documentation on the leak detector, including; how the leak detector functions and what level of the output signal indicates that a bag is leaking. Without documentation the application is not complete.</i>	