

4. OPERATION INFORMATION FOR PRESS

	From	To	Days (circle)	Weeks/year
Business Hours	am/pm	am/pm	S M T W Th F S	
Operating Hours	am/pm	am/pm	S M T W Th F S	

DRYER / OVEN

Is there a dryer or oven associated with the press? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, go to 6)	
Is dryer electric or natural gas fired?	Rated size of the dryer (BTU/hr):
Temperature of the dryer (°F):	Does the dryer vent directly to the outside? (circle) Yes No

6. EXHAUST FANS

Are there exhaust fans in the printing area? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, go to 7)	
Flow rate of exhaust fan(s) (cfm):	Fan exhaust configuration: (circle) Vertical Horizontal

7. PROCESS MATERIAL USAGE - For each type of ink, varnish, coating, fountain solution, alcohol, blanket wash, roller wash, and other solvent, list the gallons or pounds per year used. **Attach MSDS for each material listed.**

Ink, Varnish, Coating, Fountain Solution, Alcohol, Blanket Wash, Roller Wash, or Solvent Name	Maximum Annual Usage (gal/year or lbs/year)	Expected Annual Usage (gal/year or lbs/year)

**** If more space is needed, please attach a list of additional materials**

8. OTHER INFORMATION

List any blanket washes or other solvents that will be used with shop towels for press cleaning:
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9. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

- Material Safety Data Sheets (MSDS) for all materials used in the printing operation - **(required)**
- Environmental Checklist (SEPA) / DNS **(required)** SEPA date _____ DNS date _____
- Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the proposed press - **(required)**
- Flow diagram of the printing process, including emission control equipment - **(required)**
- Manufacturer and/or vendor information on press and air pollution control equipment being installed or modified - **(if available)**

OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:

I, the undersigned, do hereby certify that the information contained in this application is, to the best of my knowledge, accurate and complete.

Type or Print Name	Title
Signature	Date

FOR AGENCY USE ONLY Approved by the Spokane Regional Clean Air Agency pursuant to conditions specified in the Approval Order

CONTROL OFFICER
Date _____
Comments _____

