

SPOKANE REGIONAL CLEAN AIR AGENCY

3104 E. Augusta Ave., Spokane, Washington 99207 (509) 477-4727, Fax (509) 477-6828

Website - www.spokanecleanair.org

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL
FOR INSTALLATION / MODIFICATION OF AN
RESIN/GELCOATING BOOTH/ROOM**

This Notice of Construction (NOC) application must be accompanied by the required \$2,290.00 base fee for the project. Additional NOC review fees will be invoiced after the NOC review is complete. See Spokane Clean Air's current fee schedule for applicable NOC fees.

For Agency Use Only NOC # _____

1. GENERAL INFORMATION

Owner / Operator: _____ Name of Business: _____ Business address: _____	Applicant: _____ Applicant 's address: _____
Contact person: _____	Contact person: _____
Business phone #: _____ Business fax #: _____ Business e-mail: _____	Applicant's phone #: _____ Applicant's fax #: _____ Applicant's e-mail: _____

2. INSTALLATION INFORMATION

Installation address: _____ Installation phone #: _____ Contact person: _____	Installer Co. name: _____ Installer's address: _____ Phone #: _____ Fax #: _____ Installer's e-mail _____ Contact person: _____
Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing	Nature of business: _____
Facility registered with SRCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated date of completion: _____

3. RESIN/GELCOATING BOOTH/ROOM BEING INSTALLED / MODIFIED

Description of booth/room: (manufacturer, model number, etc.) _____	Number of booth/rooms installed: _____
Dimensions of booth/room (LxWxH) (ft): _____	Status of booth: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Will a manometer or other pressure drop gauge be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe (manufacturer, model, etc.): _____	

4. RESIN/GELCOATING BOOTH/ROOM FILTRATION SYSTEM

Description of exhaust filters: (manufacturer, model number, etc.) _____	
Dimensions of filter bank (LxWx thickness) (ft): _____	Particulate control efficiency of filters: (%) _____

5. OPERATION INFORMATION FOR RESIN/GELCOATING BOOTH/ROOM

Daily operating hours: from _____ to _____	Days of operation: (circle) S M T W Th F S	Weeks per year: _____
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(OVER)

Created 4/18/11

6. PROCESS MATERIAL USAGE - List the gallons per year used of resin, gel coat, catalyst, and solvents. ** If other types of materials are used, please attach a list of additional materials

Auto Body Process Material	Maximum Annual Usage (gal/year)	Expected Annual Usage (gal/year)
Resin		
Gel-Coat		
Catalysts		
Solvents		

7. APPLICATION TECHNIQUE

Resin		
Styrene Content (% by weight) _____	<input type="checkbox"/> w/ Vapor Suppressed Resin (VSR)	
<input type="checkbox"/> Manual application		
<input type="checkbox"/> Mechanical Atomized application	<input type="checkbox"/> w/ Controlled Spray	
<input type="checkbox"/> Mechanical Non-Atomized		
<input type="checkbox"/> Filament application		
<input type="checkbox"/> Covered-cured	<input type="checkbox"/> after roll-out	<input type="checkbox"/> without roll-out
Gel-coat		
Styrene Content (% by weight) _____	<input type="checkbox"/> w/Controlled Spray	

8. HEAT/CURING BOOTH INFORMATION

Does this operation include heat curing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, go to 9)
Fuel burned: _____ Rated input capacity (BTU/hr; gal/hr): _____

9. RESIN/GELCOATING BOOTH/ROOM EXHAUST STACK DATA

Stack Height from Ground: (ft)	Flow Rate: (SCFM)	Exit Temperature: (° F)	Internal Stack Diameter: (ft)
How does exhaust exit the stack? <input type="checkbox"/> Vertical (required)		Height of stack above roof? (ft)	
Will a stack cap / rain guard be installed ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, submit a drawing of the stack cap design)			

10. MODELING INFORMATION

All building dimensions w/in 200 ft. of proposal: (LxWxH) (ft)	Distance from Stack to Nearest Property Line: (ft)
Include these dimensions on required plot plan	
Describe any dispersion modeling that has been done. Attach computer printout of results.	

11. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

- Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the booth/room - **(required)**
- Material Safety Data Sheets (MSDS) for all materials used in the process - **(required)**
- Environmental Checklist (SEPA) / DNS **(required)** SEPA date _____ DNS date _____
- Manufacturer and/or vendor information on filters and spray guns used in booth/room - **(if available)**
- Any emission data (including particulate, NO_x, SO₂, CO, VOC, lead, and toxics) - **(if available)**

OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPLEMENTAL FORMS AND DATA, IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

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 Order of Approval

CONTROL OFFICER
Date _____
Comments _____
