

**SPOKANE REGIONAL CLEAN AIR AGENCY**

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

Website - [www.spokanecleanair.org](http://www.spokanecleanair.org)

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL  
FOR INSTALLATION / MODIFICATION / RE-LOCATION OF A**

**DRY CLEANING MACHINE**

For Agency Use Only
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<b>NOC #</b> _____
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**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: _____	Installer Co. name: _____ Installer's address: _____
Installation phone #: _____ Contact person: _____	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. DRY CLEANING MACHINE BEING INSTALLED / MODIFIED**

<input type="checkbox"/> New machine installation <input type="checkbox"/> Conversion / upgrade of an existing machine <input type="checkbox"/> Re-location of existing machine	Number of machines installed / converted / re-located?
Manufacturer and model number of dry cleaning machine: _____	
Type of cleaning solvent used: <input type="checkbox"/> Perchloroethylene <input type="checkbox"/> DF-2000 <input type="checkbox"/> Other _____	Machine capacity (lbs/load): _____
Type of air pollution control equipment installed on machine (check all that apply): <input type="checkbox"/> Refrigerated condenser <input type="checkbox"/> Carbon adsorber <input type="checkbox"/> Carbon pot on top of machine <input type="checkbox"/> Secondary recovery system (carbon) <input type="checkbox"/> Self-cleaning closed loop still <input type="checkbox"/> Other _____	
Type of filters: <input type="checkbox"/> Cartridge <input type="checkbox"/> Spin-disk <input type="checkbox"/> Other _____	

**(OVER)**

Revised 6/18/07

**4. DRY CLEANING PROCESS INFORMATION**

Average weight of articles dry cleaned per week: (lbs/week)	Max. weight of articles dry cleaned per week: (lbs/week)
Average annual solvent (e.g. perc, DF-2000) usage: (gal/yr)	Max. annual solvent (e.g. perc, DF-2000) usage: (gal/yr)
How will the water from the solvent / water separator be handled / disposed of?	

**5. DRY CLEANING OPERATION INFORMATION**

Daily operating hours: from _____ to _____	Days of operation: (circle) <b>S M T W Th F S</b>	Weeks per year:
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**6. BOILER INFORMATION (w/ heat inputs greater than or equal to 4 million BTUs/hr)**

Are there boilers present at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, how many?	Status of boilers: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Relocated
<b>Complete and attach a Notice of Construction and Application for Approval Form for the new or relocated boilers with heat inputs greater than or equal to 4 million BTUs/hr.</b>	

**7. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION**

• Plot plan showing the entire facility and location of the proposed dry cleaning machine - <b>(required)</b>
• Environmental Checklist (SEPA) / DNS <b>(required)</b> SEPA date _____ DNS date _____
• Material Safety Data Sheets (MSDS) for dry cleaning solvent used
• Manufacturer and/or vendor information on dry cleaning machine being installed / modified / re-located- <b>(if available)</b>

**7. 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
<b>Approved by the Spokane Regional Clean Air Agency pursuant to conditions specified in the Approval Order</b>
_____
<b>CONTROL OFFICER</b>
Date _____
Comments _____
_____