Spokane Regional Clean Air Agency

For agency use only.
NOC#:

SPOKANE REGIONAL CLEAN AIR AGENCY
3104 E. Augusta Ave., Spokane, WA 99207
(509) 477-4727, Fax (509) 477-6828, www.SpokaneCleanAir.org

NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL

FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE

RESIN / GEL-COATING BOOTH / ROOM

*This Notice of Construction (NOC) application must be accompanied by the required **$4,100** base fee, which covers **42** hours of SRCAA review time. Additional review time will be billed at $98/hour. See Spokane Clean Air's current fee schedule for more information.*

To complete this application, please "save as" the document onto your computer. Then use your mouse to click and fill in the required data. Print, sign, and submit with base fee and any required additional information.

1. GENERAL INFORMATION

Owner / Operator:
Name of Business:
Business Address:

Contact Person:
Business Phone #:
Business Fax #:
Business Email:

Applicant:
Applicant Address:

Contact Person:
Applicant Phone #:
Applicant Fax #:
Applicant Email:

2. INSTALLATION INFORMATION

Installation Address:

Contact Person:
Installation Phone #:
Installation Fax #:
Installation Email:
Type of business (check one): ☐New ☐Existing
Facility registered with SRCAA (check one)?
☐Yes ☐No

Installer Co. Name:
Installer Address:

Contact Person:
Installer Phone #:
Installer Fax #:
Installer Email:
Nature of business:
Estimated date of completion:

3. RESIN / GEL-COAT BOOTH / ROOM BEING INSTALLED / MODIFIED

Manufacturer:
Model number:
Dimensions of paint booth (LxWxH in ft.):
Status of booth (check one): ☐New ☐Used ☐Existing
Number of paint booths installed:

Will a manometer or other pressure drop gauge be installed (check one)?
☐Yes ☐No
If yes, please describe (manufacturer, model #, etc.):

4. RESIN / GEL-COAT BOOTH / ROOM FILTRATION SYSYTEM

Exhaust filter manufacturer:
Exhaust filter model number:

Dimensions of filter bank (LxWxH in ft.):
Particulate control efficiency of filters (%):

5. OPERATION INFORMATION FOR RESIN / GEL-COAT BOOTH / ROOM

Business Hours: From a.m. to p.m.
Business Days (check): ☐Su ☐Mon ☐Tue ☐Wed ☐Thur ☐Fri ☐Sat
Business Weeks per Year:

Operating Hours: From a.m. to p.m.
Operating Days (check): ☐Su ☐Mon ☐Tue ☐Wed ☐Thur ☐Fri ☐Sat
Operating Weeks per Year:

6. PROCESS MATERIALS USAGE

Please list the gallons per year of resin, gel-coat, catalysts and solvents. Attach Materials Safety Data Sheet (MSDS) for each material listed.

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

7. APPLICATION TECHNIQUE

RESIN

Styrene Content (% by weight):

Type of application method (check one):

☐Manual ☐Mechanical atomized
☐Mechanical non-atomized ☐Filament
☐Cover-cured ☐Vapor suppressed resin
☐Controlled spray ☐After roll-out ☐Without roll-out

GEL-COAT

Styrene Content (% by weight):

Type of gel-coat delivery system (check one):

☐Controlled spray

8. HEAT / CURING INFORMATION

Will the paint booth also be used as a curing booth (check one)? ☐Yes ☐No (If no, go to section 9)

Fuel burned:

Rated input capacity: ☐BTU/hr ☐gal/hr

9. RESIN / GEL-COATING BOOTH / ROOM EXHAUST STACK DATA

Stack height from ground (ft):

Flow rate (SCFM):

Exit temperature (^{o}F):

Internal dimensions of stack/vent (ft):

How does exhaust exit the stack (check one)?
☐Vertical ☐Horizontal

Stack height above roof (ft):

Will a stack cap/rain guard be installed (check one)?
☐Yes ☐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, Include these dimensions on required plot plan.):

Describe any dispersion modeling that has been done:(Attach computer printout of results.)

Distance from stack to nearest property line (ft):

11. OTHER INFORMATION – ATTACH THE FOLLOWING TO THIS APPLICATION

- Plot plan showing the entire facility, buildings within 200 ft. of proposal, including property lines, cross streets, and location of proposed booth / room **(required.)**
- Environmental Checklist, SEPA, see section #12 **(required.)**
- MSDS for all materials used in the printing operation **(required.)**
- Manufacturer and/or vendor information booth, filters and spray guns being installed or modified **(if available.)**
- Any emission data including particulate, NO_x, SO_2, CO, VOC, lead and toxics **(if available.)**

12. SEPA

I certify that the State Environmental Policy Act (SEPA) has been satisfied for this project on (mo/day/yr) by (government agency).

The Spokane Regional Clean Air Agency may require that a copy of the final determination and the environmental checklist or environmental impact statement be submitted with this application. *Print this form, sign below, and submit with base fee and any required additional information.*

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

Signature:	Date:
Print Name:	Phone:
Title:	Email:

FOR AGENCY USE ONLY

Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order.

_____
CONTROL OFFICER

DATE _____

COMMENTS _____

Updated Dec. 2018