



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
SOLVENT / STRIPPING OPERATION**

*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.*

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:

Applicant:
Applicant Address:

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

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

2. INSTALLATION INFORMATION

Installation Address:

Installer Co. Name:
Installer Address:

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

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

3. SOLVENT / STRIPPING OPERATION BEING INSTALLED / MODIFIED

Type of stripping equipment:
Manufacturer:
Model number:
Number of units:
Tank type: Hot Cold
Internal dimensions of solvent/stripping tanks
(LxWxH in ft):
Status of equipment (check one): New Used
Existing
Vapor collection hoods? Yes No
Distance from top of tank to top of solvent (inches):
Freeboard ratio:
Refrigerated freeboard chiller? Yes No
If yes, describe:

Carbon adsorption system? Yes No
If yes, describe:
Carbon change-out schedule:
Time to carbon adsorption saturation:
Volume of carbon (ft³):
Is the solvent/stripping operation heated?
Yes No
If no, skip to section 9.
Fuel burned:
Rated input capacity: BTU/hr gal/hr
Tank lid: Yes No
Type of tank lid seal:
What type of material is seal made from:
Will solvent be sprayed? Yes No
If yes, describe:

4. OPERATION INFORMATION FOR SOLVENT / STRIPPING OPERATION

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

5. PROCESS MATERIAL USAGE

Please list the gallons per year used of solvent(s).

Solvent	Maximum Annual Usage (gal/yr)	Expected Annual Usage (gal/yr)

6. SOLVENT / STRIPPING OPERATION EXHAUST STACK DATA

Stack height from ground (ft): _____ **Stack height above roof** (ft): _____
Flow rate (SCFM): _____ **Does source share a stack with another source?**
Yes No
Exit temperature (°F): _____ **Will a stack cap/rain guard be installed** (check one)?
Yes No (If yes, submit a drawing of the stack cap design.)
Internal dimensions of stack (ft): _____
How does exhaust exit the stack (check one)?
Vertical Horizontal

7. MODELING INFORMATION

All building dimensions w/in 200 ft. of proposal _____ **Describe any dispersion modeling that has been done:** (Attach computer printout of results.)
(LxWxH, ft, Include these dimensions on required plot plan.): _____

Distance from stack to nearest property line (ft): _____

8. 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 solvent/stripping operation **(required.)**
- Environmental Checklist, SEPA, see section #9 **(required.)**
- MSDS for all materials used in the printing operation **(required.)**
- Manufacturer and/or vendor information solvent/stripping equipment being installed or modified **(if available.)**
- Any emission data including particulate, NO_x, SO₂, CO, VOC, lead and toxics **(if available.)**

9. 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 Sept. 2013