



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 \$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:	Applicant:
Name of Business:	Applicant Address:
Business Address:	
Contact Person:	Contact Person:
Business Phone #:	Applicant Phone #:
Business Fax #:	Applicant Fax #:
Business Email:	Applicant Email:

2. INSTALLATION INFORMATION

Installation Address:	Installer Co. Name:
	Installer Address:
Contact Person:	Contact Person:
Installation Phone #:	Installer Phone #:
Installation Fax #:	Installer Fax #:
Installation Email:	Installer Email:
Type of business (check one): <input type="checkbox"/> New <input type="checkbox"/> Existing	Installer Email:
Facility registered with SRCAA (check one)?	Nature of business:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated date of completion:

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

Manufacturer:	Will a manometer or other pressure drop gauge be installed (check one)?
Model number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dimensions of paint booth (LxWxH in ft.):	If yes, please describe (manufacturer, model #, etc.):
Status of booth (check one): <input type="checkbox"/> New <input type="checkbox"/> Used	
<input type="checkbox"/> Existing	
Number of paint booths installed:	

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

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

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

Business Hours: From _____ a.m. to _____ p.m.	Operating Hours: From _____ a.m. to _____ p.m.
Business Days (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur	Operating Days (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur
<input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Fri <input type="checkbox"/> Sat
Business Weeks per Year:	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

<p>RESIN</p> <p>Styrene Content (% by weight):</p> <p>Type of application method (check one):</p> <input type="checkbox"/> Manual <input type="checkbox"/> Mechanical atomized <input type="checkbox"/> Mechanical non-atomized <input type="checkbox"/> Filament <input type="checkbox"/> Cover-cured <input type="checkbox"/> Vapor suppressed resin <input type="checkbox"/> Controlled spray <input type="checkbox"/> After roll-out <input type="checkbox"/> Without roll-out	<p>GEL-COAT</p> <p>Styrene Content (% by weight):</p> <p>Type of gel-coat delivery system (check one):</p> <input type="checkbox"/> Controlled spray
---	--

8. HEAT / CURING INFORMATION

<p>Will the paint booth also be used as a curing booth (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, go to section 9)</p>	<p>Fuel burned: Rated input capacity: <input type="checkbox"/> BTU/hr <input type="checkbox"/> gal/hr</p>
--	---

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

<p>Stack height from ground (ft):</p> <p>Flow rate (SCFM):</p> <p>Exit temperature (°F):</p> <p>Internal dimensions of stack/vent (ft):</p>	<p>How does exhaust exit the stack (check one)?</p> <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <p>Stack height above roof (ft):</p> <p>Will a stack cap/rain guard be installed (check one)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit a drawing of the stack cap design.)
---	--

10. MODELING INFORMATION

<p>All building dimensions w/in 200 ft. of proposal (LxWxH, ft, Include these dimensions on required plot plan.):</p> <p>Distance from stack to nearest property line (ft):</p>	<p>Describe any dispersion modeling that has been done:(Attach computer printout of results.)</p>
---	--

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, SO₂, 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:

<p>FOR AGENCY USE ONLY</p> <p>Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order.</p> <p>_____</p> <p>CONTROL OFFICER</p> <p>DATE _____</p> <p>COMMENTS _____</p> <p>_____</p>
--