



For agency use only.
NOC#:

SPOKANE REGIONAL CLEAN AIR AGENCY

1610 S Technology Blvd Suite 101, Spokane, WA 99224
(509) 477-4727, Fax (509) 477-6828, www.SpokaneCleanAir.org

NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION / RELOCATION OF AN AIR POLLUTION SOURCE DRY CLEANING MACHINE

*This Notice of Construction (NOC) application must be accompanied by the required **\$2,750** base fee, which covers **25** hours of SRCAA review time. Additional review time will be billed at \$108/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:

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. DRY CLEANING MACHINE BEING INSTALLED / MODIFIED

Status of equipment (check one): ☐ New ☐ Relocated
☐ Conversion / upgrade of existing machine

Manufacturer:

Model number:

Number of units installed:

Type of cleaning solvent used:

- ☐ Perchloroethylene(perc)
☐ DF-2000
☐ Other:

Type of air pollution control equipment installed on machine (check all that apply):

- ☐ Refrigerated condenser
☐ Carbon adsorber
☐ Carbon pot on top of machine
☐ Secondary recovery system (carbon)
☐ Self-cleaning closed loop still
☐ Other:

Type of filters (check all that apply):

- ☐ Cartridge ☐ Spin-disk ☐ Other:

4. DRY CLEANING PROCESS INFORMATION

Average weight of articles dry cleaned per week

(lbs/week):

Max. weight of articles dry cleaned per week (lbs/wk):

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 (for perc machines)?

☐ Hazardous waste (recommended best practice)

☐ Treat to reduce perc concentration to below 0.7 part per million and evaporate

5. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

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. BOILER INFORMATION (with heat inputs greater than or equal to 4 million BTUs/hr)

Are there boilers present at this facility? ☐ Yes ☐ No

If yes, how many?

Status of boilers: ☐ New ☐ Existing ☐ Relocated

(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.)

7. 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 dry-cleaning machine (**required.**)
- Environmental Checklist, SEPA, see section #8 (**required.**)
- Material Safety Data Sheets (MSDS) for dry cleaning solvent used (**required.**)
- Manufacturer and/or vendor information on dry cleaning machine being installed or modified (**if available.**)

8. 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:

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

CONTROL OFFICER

DATE

COMMENTS

Updated Aug 2023