

Are there exhaust fans in the printing area (check one)?

Yes No (If no, go to section 6)

Fan exhaust configuration (check one)?

Vertical
 Horizontal

Flow rate of exhaust fan(s) (cfm):

6. PROCESS MATERIALS USAGE

For each type of ink, varnish, coating, fountain solution, alcohol, blanket wash, roller wash and other solvent, list the gallons or pounds per year used. Attach Materials Safety Data Sheet (MSDS) for each material listed.

Ink, Varnish, Coating, Fountain Solution, Alcohol, Blanket Wash, Roller Wash, or Solvent Name	Maximum Annual Usage (gal/yr or lbs/yr)	Expected Annual Usage (gal/yr or lbs/yr)

7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

Business Hours: From _____ a.m. to _____ p.m.

Operating Hours: From _____ a.m. to _____ p.m.

Business Days (check): Su Mon Tue Wed Thur
 Fri Sat

Operating Days (check): Su Mon Tue Wed Thur
 Fri Sat

Business Weeks per Year:

Operating Weeks per Year:

8. OTHER INFORMATION

List any blanket washes or other solvents that will be used with shop towels for press cleaning:

9. 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 press (**required.**)
- Flow diagram detailing operations occurring and material flow process (**required.**)
- Environmental Checklist, SEPA, see section #10 (**required.**)
- MSDS for all materials used in the printing operation (**required.**)
- Manufacturer and/or vendor information on process and air pollution controls being installed or modified (**if available.**)

10. 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 _____
