



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 OF AN AIR POLLUTION SOURCE
LITHOGRAPHIC / SCREEN / PAPER PRINTING PROCESS**

*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. PRINTING PROCESS BEING INSTALLED / MODIFIED

Type of press (check one): ☐ Heatset web offset
☐ Sheet fed ☐ Non heat set web ☐ Other
Status of press (check one): ☐ New ☐ Used
☐ Existing

Manufacturer:
Model number:

Size of press (inches): width of plate (across the cylinder)
circumference of blanket cylinder (around the cylinder)

Does the press print double sided (check one)?
☐ Yes ☐ No

Number of impressions / sheets per hour:

4. DRYER / OVEN

Is there a dryer or oven associated with the press
(check one)? ☐ Yes ☐ No (If no, go to section 5)

Is dryer electric or natural gas fired?

Rated size of dryer (BTU/hr):

Temperature of dryer (°F):

Does the dryer vent directly to the outside (check one)?
☐ Yes ☐ No

If no, does the dryer vent to a thermal oxidizer or RTo control device

(check one)? ☐ Yes ☐ No (If yes, go to section 6)

5. EXHAUST FANS

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. THERMAL OXIDIZER / RTO INFORMATION

Manufacturer:

Model number:

Internal chamber dimensions:

Length Width Height

Status of equipment (check one): ☐ New ☐ Used
☐ Existing

Cost of Afterburner: \$

Fuels burned:

Thermal Oxidizer / RTO Temperature (°F):

Operating Maximum

Retention time (sec.):

Destruction efficiency (%):

Will this equipment share a stack with other equipment? ☐ Yes ☐ No

If yes, please explain:

7. EXHAUST STACK DATA

Stack height from ground (ft):

Flow rate (SCFM):

Exit temperature (°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.)

8. 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) |
|---|---|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

9. MODELING INFORMATION

All building dimensions w/in 200 ft. of proposal (LxWxH, ft. Include these dimensions on required plot plan.):

Distance from stack to nearest property line (ft):

10. 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:

11. OTHER INFORMATION

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

12. 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.**)

13. 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 Aug 2023