



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](http://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 \$2,500 base fee, which covers 25 hours of SRCAA review time. Additional review time will be billed at \$98/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**

<b>Owner / Operator:</b>	<b>Applicant:</b>
<b>Name of Business:</b>	<b>Applicant Address:</b>
<b>Business Address:</b>	
	<b>Contact Person:</b>
<b>Contact Person:</b>	<b>Applicant Phone #:</b>
<b>Business Phone #:</b>	<b>Applicant Fax #:</b>
<b>Business Fax #:</b>	<b>Applicant Email:</b>
<b>Business Email:</b>	

**2. INSTALLATION INFORMATION**

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

**3. SOLVENT / STRIPPING OPERATION BEING INSTALLED / MODIFIED**

<b>Type of stripping equipment:</b>	<b>Carbon adsorption system?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Manufacturer:</b>	<b>If yes, describe:</b>
<b>Model number:</b>	<b>Carbon change-out schedule:</b>
<b>Number of units:</b>	<b>Time to carbon adsorption saturation:</b>
<b>Tank type:</b> <input type="checkbox"/> Hot <input type="checkbox"/> Cold	<b>Volume of carbon (ft<sup>3</sup>):</b>
<b>Internal dimensions of solvent/stripping tanks</b> (LxWxH in ft):	<b>Is the solvent/stripping operation heated?</b>
<b>Status of equipment</b> (check one): <input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Existing	<b>If no, skip to section 9.</b>
<b>Vapor collection hoods?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fuel burned:</b>
<b>Distance from top of tank to top of solvent</b> (inches):	<b>Rated input capacity:</b> <input type="checkbox"/> BTU/hr <input type="checkbox"/> gal/hr
	<b>Tank lid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Freeboard ratio:</b>	<b>Type of tank lid seal:</b>
<b>Refrigerated freeboard chiller?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What type of material is seal made from:</b>
<b>If yes, describe:</b>	<b>Will solvent be sprayed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If yes, describe:</b>

**4. OPERATION INFORMATION FOR SOLVENT / STRIPPING OPERATION**

**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:** \_\_\_\_\_

**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): \_\_\_\_\_  
**Flow rate** (SCFM): \_\_\_\_\_  
**Exit temperature** (°F): \_\_\_\_\_  
**Internal dimensions of stack** (ft): \_\_\_\_\_  
**How does exhaust exit the stack** (check one)?  
Vertical Horizontal

**Stack height above roof** (ft): \_\_\_\_\_  
**Does source share a stack with another source?**  
Yes No  
**Will a stack cap/rain guard be installed** (check one)?  
Yes No (If yes, submit a drawing of the stack cap design.)

**7. MODELING INFORMATION**

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

**Describe any dispersion modeling that has been done:** (Attach computer printout of results.)

**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<sub>x</sub>, SO<sub>2</sub>, 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 Dec. 2018