



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 SOLVENT / STRIPPING OPERATION

*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:

Contact Person:
Business Phone #:
Business Fax #:
Business Email:

Applicant:
Applicant Address:

Contact Person:
Applicant Phone #:
Applicant Fax #:
Applicant Email:

2. INSTALLATION INFORMATION

Installation Address:

Contact Person:
Installation Phone #:
Installation Fax #:
Installation Email:
Type of business (check one): ☐ New ☐ Existing
Facility registered with SRCAA (check one)?
☐ Yes ☐ No

Installer Co. Name:
Installer Address:

Contact Person:
Installer Phone #:
Installer Fax #:
Installer Email:
Nature of business:
Estimated date of completion:

3. SOLVENT / STRIPPING OPERATION BEING INSTALLED / MODIFIED

Type of stripping equipment:
Manufacturer:
Model number:
Number of units:
Tank type: ☐ Hot ☐ Cold
Internal dimensions of solvent/stripping tanks
(LxWxH in ft):
Status of equipment (check one): ☐ New ☐ Used
☐ Existing
Vapor collection hoods? ☐ Yes ☐ No
Distance from top of tank to top of solvent (inches):

Freeboard ratio:
Refrigerated freeboard chiller? ☐ Yes ☐ No
If yes, describe:

Carbon adsorption system? ☐ Yes ☐ No
If yes, describe:
Carbon change-out schedule:
Time to carbon adsorption saturation:
Volume of carbon (ft³):
Is the solvent/stripping operation heated?
☐ Yes ☐ No
If no, skip to section 9.
Fuel burned:
Rated input capacity: ☐ BTU/hr ☐ gal/hr
Tank lid: ☐ Yes ☐ No
Type of tank lid seal:
What type of material is seal made from:
Will solvent be sprayed? ☐ Yes ☐ No
If yes, describe:

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_x, SO₂, 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 _____
by _____ (government agency).

(mo/day/yr)

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 HERBY 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: _____

Updated Aug 2023

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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 _____