



For agency use only. PSP#:

SPOKANE REGIONAL CLEAN AIR AGENCY
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PORTABLE SOURCE PERMIT APPLICATION TO INSTALL AND OPERATE
PAINTING OPERATIONS & ENCLOSURE / CONTROL

This Portable Source Permit (PSP) application must be accompanied by the required \$1,625 base fee, which covers 16 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. Tab or mouse through to fill in the required data. Print, sign and submit with base fee and any required additional information.

1. GENERAL INFORMATION

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

2. INSTALLATION INFORMATION

Installation Address: Installer Co. Name:
Installer Address:
Contact Person: Installer Phone #:
Installation Phone #: Installer Fax #:
Installation Fax #: Installer Email:
Installation Email: Nature of business:
Type of business (check one): [] New [] Existing Estimated date of completion:
Facility registered with SRCAA (check one)?

3. ENCLOSURE & CONTROL INFORMATION

Description of enclosure and control (E&C): Will a manometer or other pressure drop gauge be
Dimensions of enclosure (LxWxH in ft.): installed (check one)? [] Yes [] No
Number of enclosures installed: If yes, please describe (manufacturer, model #, etc.):
Status of control (check one): [] New [] Used
[] Existing

4. ENCLOSURE FILTRATION SYSTEM

Exhaust filter manufacturer: Dimensions of filter bank (LxWxH in ft.):
Exhaust filter model number: Particulate control efficiency of filters (%):

5. 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 Operating Days (check): [] Su [] Mon [] Tue [] Wed [] Thur
[] Fri [] Sat [] Fri [] Sat
Business Weeks per Year: Operating Weeks per Year:

6. PROCESS MATERIALS USAGE

For each type of paint, primer, catalyst, and solvent, list the gallons per year used. Attach Materials Safety Data Sheet (MSDS) for each material listed.

Process Material	Maximum Annual Usage (gal/yr)	Expected Annual Usage (gal/yr)

7. PAINT APPLICATION TECHNIQUE

Type of application method (check one): HVLP
 LVLP ESP Other:

Type of paint delivery system (check one): Airless
 Paint pot Other:

Spray gun manufacturer:
 Spray gun model number:

Will the operator stand (check one): Inside paint booth
 Outside paint booth

8. HEAT / CURING INFORMATION

Will the enclosure and control also be used as a curing area (check one)? Yes No (If no, go to section 9)

Fuel burned:
 Rated input capacity: BTU/hr gal/hr

9. ENCLOSURE & CONTROL EXHAUST STACK DATA

Stack height from ground (ft):

Flow rate (SCFM):

Exit temperature (°F):

Internal dimensions of stack/vent (ft):

How does exhaust exit 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.)

10. 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):

11. 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 paint booth (**required.**)
- Environmental Checklist, SEPA, (**required.**) SEPA date: _____ DNS date: _____
- MSDS for all materials used in the printing operation (**required.**)
- Manufacturer and/or vendor information booth, filters and spray guns being installed or modified (**if available.**)
- Any emission data including particulate, NO_x, SO₂, CO, VOC, lead and toxics (**if available.**)

12. OWNER, OPERATOR, OR RESPONSIBLE AGENT

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:

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