



For agency use only.
PSP#:

SPOKANE REGIONAL CLEAN AIR AGENCY

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PORTABLE SOURCE PERMIT TO INSTALL AND OPERATE A TEMPORARY SOURCE FOR PAINING OPERATIONS & ENCLOSURE / CONTROL

This Portable Source Permit (PSP) application must be accompanied by the required \$1,788 base fee, which covers 16 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. 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:
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. ENCLOSURE & CONTROL INFORMATION

Description of enclosure and control (E&C):
Dimensions of enclosure (LxWxH in ft.):
Number of enclosures installed:
Status of control (check one): ☐ New ☐ Used
☐ Existing

Will a manometer or other pressure drop gauge be installed (check one)? ☐ Yes ☐ No
If yes, please describe (manufacturer, model #, etc.):

4. ENCLOSURE FILTRATION SYSTEM

Exhaust filter manufacturer:
Exhaust filter model number:

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

5. 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:

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

(Include these dimensions on required plot plan.) (LxWxH, ft):

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 _____