

NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF AN AUTO BODY PAINT BOOTH

For Agency Use Only NOC # _____

1. GENERAL INFORMATION

Owner / Operator: _____ Name of Business: _____ Business address: _____ Contact person: _____	Applicant: _____ Applicant 's address: _____ Contact person: _____
Business phone #: _____ Business fax #: _____ Business e-mail: _____	Applicant's phone #: _____ Applicant's fax #: _____ Applicant's e-mail: _____

2. INSTALLATION INFORMATION

Installation address: _____ Installation phone #: _____ Contact person: _____	Installer Co. name: _____ Installer's address: _____ Phone #: _____ Fax #: _____ Installer's e-mail _____ Contact person: _____
Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing	Nature of business: _____
Facility registered with SRCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated date of completion: _____

3. AUTO BODY PAINT BOOTH BEING INSTALLED / MODIFIED

Description of paint booth: (manufacturer, model number, etc.)	Number of paint booths installed:
Dimensions of paint booth (LxWxH) (ft):	Status of booth: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Will a manometer or other pressure drop gauge be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe (manufacturer, model, etc.):	

4. AUTO BODY PAINT BOOTH FILTRATION SYSTEM

Description of exhaust filters: (manufacturer, model number, etc.)	
Dimensions of filter bank (LxWx thickness) (ft):	Particulate control efficiency of filters: (%)

5. OPERATION INFORMATION FOR AUTO BODY PAINT BOOTH

Daily operating hours: from _____ to _____	Days of operation: (circle) S M T W Th F S	Weeks per year: _____
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6. PROCESS MATERIAL USAGE - Please list the gallons per year used of **primer, base coat, clear coat, and gun cleaner.**

Auto Body Process Material	Maximum Annual Usage (gal/year)	Expected Annual Usage (gal/year)
Primer		
Base Coat		
Clear Coat		
Gun Cleaner		

**** If other types of coatings are used, please attach a list of additional materials**

7. PAINT APPLICATION TECHNIQUE

Type of application method: (circle one) HVLP, LVLP, ESP, other _____	Type of paint delivery system (circle one) airless, paint pot, other _____
Describe the type of spray gun used (manufacturer, model, etc.)	Will the operator stand inside or outside of the paint booth?

8. HEAT/CURING BOOTH INFORMATION

Will the paint booth also be used as a curing booth? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, go to 9)
Fuel burned: _____ Rated input capacity (BTU/hr; gal/hr): _____

9. AUTO BODY PAINT BOOTH EXHAUST STACK DATA

Stack Height from Ground: (ft)	Flow Rate: (SCFM)	Exit Temperature: (° F)	Internal Stack Diameter: (ft)
How does exhaust exit the stack? <input type="checkbox"/> Vertical (required)		Height of stack above roof? (ft)	
Will a stack cap / rain guard be installed ? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Distance from Stack to Nearest Property Line: (ft)
Describe any dispersion modeling that has been done. Attach computer printout of results.	

11. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

- Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the paint booth - **(required)**
- Material Safety Data Sheets (MSDS) for all materials used in the process - **(required)**
- Environmental Checklist (SEPA) / DNS **(required)** SEPA date _____ DNS date _____
- Manufacturer and/or vendor information on filters and spray guns used in paint booth - **(if available)**
- Any emission data (including particulate, NO_x, SO₂, CO, VOC, lead, and toxics) - **(if available)**

OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPLEMENTAL FORMS AND DATA, IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

Type or Print Name _____	Title _____
Signature _____	Date _____

FOR AGENCY USE ONLY
Approved by the Spokane Regional Clean Air Agency pursuant to conditions specified in the Order of Approval

CONTROL OFFICER
Date _____
Comments _____
