

## NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF AN SOLVENT/STRIPPING OPERATION

For Agency Use Only
<b>NOC #</b> _____

### 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. SOLVENT/STRIPPING OPERATION BEING INSTALLED / MODIFIED

Description of solvent/stripping equipment: (manufacturer, model number, etc.)	Number of units installed:	Tank Type <input type="checkbox"/> Hot <input type="checkbox"/> Cold
Internal dimensions of solvent/stripping tanks (L x W x H) (ft):	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing	
Vapor collection hoods? <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance from top of tank to top of solvent	Freeboard Ratio
Refrigerated Freeboard Chiller? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe		
Carbon adsorption system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe	Carbon change-out schedule?	
Time to carbon adsorption saturation	Volume of carbon (ft <sup>3</sup> )	
Is the solvent/stripping operation heated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, go to 9)		
Fuel burned:	Rated input capacity (BTU/hr; gal/hr):	
Tank Lid <input type="checkbox"/> Covered <input type="checkbox"/> Cold	Will solvent be sprayed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe application method:	
Type of tank lid seal	What type of material is seal made of?	

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

	From	To	Days (circle)	Weeks/year
Business Hours	am/pm	am/pm	<b>S M T W Th F S</b>	
Operating Hours	am/pm	am/pm	<b>S M T W Th F S</b>	

**5. PROCESS MATERIAL USAGE - Please list the gallons per year used of solvent(s).**

Solvent Name	Maximum Annual Usage (gal/year)	Expected Annual Usage (gal/year)

**\*\* If other solvents are used, please attach a list of additional materials**

**6. SOLVENT/STRIPPING OPERATION 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? (6 ft. min.)	
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)			

**7. MODELING INFORMATION**

All building dimensions w/in 200 ft. of proposal: (LxWxH) (ft) <b>Include these dimensions on required plot plan</b>	Distance from Stack to Nearest Property Line: (ft)
Describe any dispersion modeling that has been done. Attach computer printout of results.	

**8. 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 solvent/stripping operation - **(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 solvent/stripping equipment - **(if available)**

**9. 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
<b>Approved by the Spokane Regional Clean Air Agency pursuant to conditions specified in the Order of Approval</b>
_____
<b>CONTROL OFFICER</b>
Date _____
Comments _____
_____