



## BENTON CLEAN AIR AGENCY

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# NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE

## Automotive Paint Booth

*For Agency Use Only*

Fee Recd: \_\_\_\_\_

**NOC #:** \_\_\_\_\_

### 1. General Information

Owner / Operator: _____ Business Name: _____ Business Address _____	Applicant Name: _____ Applicant Address _____
Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____	Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____

### 2. Installation Information

Installer Company Name: _____ Installation Address _____	Installer Address _____
Contact Person: _____ Phone: _____ Fax: _____	Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____
Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing Facility registered with BCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of business: Estimated completion date: _____

### 3. Automotive Paint Booth being Installed / Modified

Description (make, model number, capacity rating, etc.): _____	No. of booths installed / modified: _____
Booth dimensions (LxWxH): _____	Booth status: <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, describe (make, model, etc.) _____	

### 4. Automotive Paint Booth Filtration System

Exhaust filter description (manufacturer, model number, etc.): _____	
Filter bank dimension (LxWxthick): _____	Filter particulate control efficiency: _____

### 5. Automotive Paint Booth Operation Information

Business Hours From: _____ to _____ <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa Weeks per year _____
Operating Hours From: _____ to _____ <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa Weeks per year _____

## 6. Process Material Usage

<u>Auto Body Process Material</u>	<u>Maximum Annual Usage (gal/yr)</u>	<u>Expected Annual Usage (gal/yr)</u>
Primer		
Base Coat		
Clear Coat		
Gun Cleaner		

## 7. Paint Application Technique

Application Method: <input type="checkbox"/> HPLV <input type="checkbox"/> LVPL <input type="checkbox"/> ESP <input type="checkbox"/> Other _____	Delivery System: <input type="checkbox"/> Airless <input type="checkbox"/> Paint pot <input type="checkbox"/> Other _____
Description of spray gun type	Operator stands: <input type="checkbox"/> Inside booth <input type="checkbox"/> Outside booth

## 8. Heat/Curing Booth Information

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

## 9. Automotive Paint Booth Exhaust Stack

Stack ground height (ft)	Flow Rate (scfm)	Exit Temperature (°F)	Internal Stack Diam. (ft)
Exhaust exits the stack? <input type="checkbox"/> Vertically <input type="checkbox"/> Horizontally		Stack height above roof (ft): _____	
Will a stack cap or rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, submit a design drawing)			

## 10. Modeling Information

Dist. of stack to nearest property line (ft): _____
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## 11. Other Information

<ul style="list-style-type: none"><li>▪ Material Safety Data Sheets (MSDS) for all materials used in the process (REQUIRED)</li><li>▪ Plot plan showing the entire facility, buildings within 200 ft of proposed installation/modification, including cross streets, property lines, and location of the proposed unit. (REQUIRED)</li><li>▪ Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____</li><li>▪ Describe any dispersion modeling that has been done. Attach results. (IF AVAILABLE)</li><li>▪ Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE)</li><li>▪ Any emissions information, including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOCs, lead, or toxics. (IF AVAILABLE)</li></ul>
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## 12. Owner, Operator, or Responsible Agent Signature

**I hereby certify that the information contained in this application, including any attached supplemental information, is to the best of my knowledge complete and correct.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Phone Number

Send this document, any supporting information, and the applicable fee to  
**Benton Clean Air Agency, 526 South Clodfelter Road, Kennewick, WA 99337**