



BENTON CLEAN AIR AGENCY
 526 S. Clodfelter Rd.
 Kennewick, WA 99336
 Phone: (509) 783-1304 -- FAX: (509) 783-6562
 E-mail: email@bcaa.net Internet: <http://bcaa.net>

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

Paint Booth

For Agency Use Only

Fee Recd: _____

NOC #: _____

1. General Information

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

Installer Company Name: _____ Installation Address _____ Contact Person: _____ Phone: _____ Fax: _____	Installer Address _____ 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. 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. Paint Booth Filtration System

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

5. 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 (attach additional sheets if necessary)

<u>Paint, Primer, Catalyst, or Solvent Name</u>	<u>Maximum Annual Usage (gal/yr)</u>	<u>Expected Annual Usage (gal/yr)</u>

7. Paint Application Technique

Application Method: <input type="checkbox"/> HVPL <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. 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)			

9. Modeling Information

Distance of stack to nearest property line (ft): _____
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10. Other Information

<ul style="list-style-type: none"> ▪ Material Safety Data Sheets (MSDS) for all materials used in the process (REQUIRED) ▪ 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) ▪ Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____ ▪ Describe any dispersion modeling that has been done. Attach results. (IF AVAILABLE) ▪ Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE) ▪ Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (IF AVAILABLE)
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11. 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

<p>Send this document, any supporting information, and the applicable fee to Benton Clean Air Authority, 114 Columbia Point Drive Suite C, Richland, WA 98352-4387</p>
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