



# BENTON CLEAN AIR AGENCY

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

### Dry Cleaning

*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. Process Equipment Being Installed / Modified

**(Use additional sheets if more than one type of machine or manufacturer is being installed)**

Description: (make, model number, capacity rating, type (transfer, dry to dry) etc.)	
Number of units being installed/modified: _____	Status of Unit: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Maximum Production Rate: _____	Average Production Rate: _____
Estimated Annual Solvent Usage (in gallons)	
Petroleum based _____	Perchloroethylene _____
Chlorofluorocarbons (CFC's) _____	Other _____
Will this unit share a stack with other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	

#### 4. Air Pollution Control Equipment being Installed / Modified

Description: (make, model number, capacity rating...) – (carbon absorption, refrigerated condenser, closed loop, other)	
Number of units being installed/modified: _____	Status of Unit: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Maximum Production Rate: _____	Average Production Rate: _____
Will this unit share a stack with other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	

#### 5. Exhaust Stack Information

Stack ground height (ft)	Flow Rate (scfm)	Exit Temperature (°F)	Internal Stack Diam. (ft)
How does the exhaust exit the stack? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other _____			
Will a stack cap or rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, submit a design drawing)			

#### 6. Modeling Information

Distance from stack to nearest property line (ft)
Describe any dispersion modeling that has been done for this stack. Attach report or modeling results.

#### 7. Operation Information

Daily Operating Hours from _____ to _____	Days of Operation <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 of Operation (per year)
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#### 8. Other Information

<ul style="list-style-type: none"><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>▪ Flow diagram of the process (REQUIRED)</li><li>▪ Material Safety Data Sheets (MSDS) for all materials used in the process (REQUIRED)</li><li>▪ Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____</li><li>▪ Any emissions information, including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOCs, lead, or toxics. (IF AVAILABLE)</li><li>▪ Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE)</li></ul>
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#### 9. 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