



BENTON CLEAN AIR AGENCY

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

Lithographic/Screen Printing Process

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. Printing Process Equipment Being Installed / Modified

Description of press: (make, model number, capacity rating, etc.) _____	
Type of press <input type="checkbox"/> Heatset web <input type="checkbox"/> Non-heatset web <input type="checkbox"/> Sheet fed	Status of Unit: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Size of press: Width of plate _____ Circumference of blanket cylinder _____	
Does the press print double sided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of impressions/sheets per hour _____

4. Press Operational Information

Business 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)
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)

5. Dryer/Oven

Is there a dryer or oven: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of dryer: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas
Rated size of dryer: _____ BTU/hr	Dryer temperature: _____ °F
Does the dryer vent directly to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Exhaust Fan Information

Are there exhaust fans in the printing area installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fan exhaust ground height (ft)	Flow Rate (scfm)	Internal exhaust Diam. (ft)
What is the orientation of the exhaust at the exit? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other _____		

7. Process Material Usage.

For each type of ink, varnish, coating, fountain solution, alcohol, blanket wash, roller wash, and other solvent, list the following information and attach an MSDS.

Name of substance	Maximum annual usage (gal/yr)	Expected annual usage (gal/yr)

8. Additional Solvents

List any blanket washes or other solvents that will be used with shop towels for press cleaning.
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9. Other Information

<ul style="list-style-type: none">▪ 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)▪ Flow diagram of the process (REQUIRED)▪ Material Safety Data Sheets (MSDS) for all materials used in the process (REQUIRED)▪ Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____▪ Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (IF AVAILABLE)▪ Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE)
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10. 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