



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 _____	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. 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">▪ 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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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