



BENTON CLEAN AIR AGENCY

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 _____	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. Booth Information

Booth manufacturer, make & model:	No. of booths installed/modified: _____
Booth dimensions (LxWxH): _____ ft	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, manometer manufacturer, make & model:
Exhaust filter manufacturer, make & model:	Filter manufacturer recommended pressure differential across filter: _____ inches H ₂ O
Filter bank dimension (LxWxD): _____ inch	Filter particulate control efficiency: _____%
Operator stands: <input type="checkbox"/> Inside booth <input type="checkbox"/> Outside booth	Dist. of booth stack to nearest property line: _____ ft

4. 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 _____

5. Exhaust Stack

Stack ground height: _____ ft	Air Flow Rate: _____ ft ³ /min	Exit Temperature: _____ °F	Internal Stack Diameter: _____ 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)			

6. Process Material Usage (attach additional sheets if necessary)

<i>Paint, Primer, Catalyst, or Solvent Name</i>	<i>Max Usage (gal/yr)</i>	<i>Expected Usage (gal/yr)</i>
Primer		
Base Coat		
Clear coat		
Reducer/Gun Cleaner		
Hardener/Activator		

7. Curing Unit (if no curing unit, go to next)

Fuel: <input type="checkbox"/> Natural gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil/Diesel <input type="checkbox"/> Other (describe) _____	
Rated input capacity: _____ BTU/hr	Max fuel rate: _____ ft ³ /hr or _____ gal/hr

8. Gun Information (if using more than two types of guns attach additional information)

	<i>Manufacturer, make, model</i>	<i>Transfer Efficiency (%)</i>	<i>Inlet air Pressure (psi)</i>	<i>Cap air Pressure (psi)</i>
Gun #1				
	<input type="checkbox"/> Conventional <input type="checkbox"/> Air-Assisted Airless <input type="checkbox"/> Airless <input type="checkbox"/> High-volume Low-Pressure (HPLV) <input type="checkbox"/> ESP <input type="checkbox"/> Other			
Gun #2				
	<input type="checkbox"/> Conventional <input type="checkbox"/> Air-Assisted Airless <input type="checkbox"/> Airless <input type="checkbox"/> High-volume Low-Pressure (HPLV) <input type="checkbox"/> ESP <input type="checkbox"/> Other			
Do you have an enclosed gun wash? <input type="checkbox"/> Yes <input type="checkbox"/> No		Capacity of gun wash unit: _____ gal		
If you do not have an enclosed gun wash, attach a detailed description of how paint guns are cleaned.				

9. Other Information

<ul style="list-style-type: none"> ▪ Material Safety Data Sheets (MSDS) for each item listed under Process Material Usage (REQUIRED) ▪ Diagram 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 and attach any results of any dispersion modeling that has been done. ▪ Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified ▪ Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics.
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10. Owner, Operator, or Responsible Agent Signature

I am the responsible official for this facility or for this project. 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 _____	