

OLYMPIA REGION CLEAN AIR AGENCY


2940 Limited Lane NW - Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

FORM 1- NOTICE OF CONSTRUCTION

TO CONSTRUCT - INSTALL - ESTABLISH OR MODIFY AN AIR CONTAMINANT SOURCE

Form 1 Instructions:

1. Please complete all the fields below. **This NOC application is considered incomplete until signed.**
2. If the application contains any confidential business information, please complete a Request of Confidentiality of Records (www.orcaa.org/permit-programs/permit-registration-assistance/permit-registration-forms/)
3. Duty to Correction Application: An applicant has the duty to supplement or correct an application. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application must, upon becoming aware of such failure or incorrect submittal, promptly submit supplementary factors or corrected information.

Business Name: Custom Fiberglass	For ORCAA use only
Mailing Address: 4084 Wishkah Rd, Aberdeen WA 98520	File No: 409 County No: 27 Source No: 195 Application No: 20 NOV 1424
Physical Address of Project or New Source: Same	Date Received: Received MAR 03 2020 ORCAA
Billing Address: Same	
Are you currently registered with ORCAA? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Project/ Equipment to be installed/established:	
Previous business name (if any): Custom Fiberglass	
<p>This project must meet the requirements of the State Environmental Policy Act (SEPA) and applicable building and fire codes before ORCAA can issue final approval. Complete one of the following options.</p> <p><input type="checkbox"/> SEPA was satisfied by _____ (government agency) on ___/___/___ (date). A copy of the final determination and the environmental checklist is enclosed.</p> <p><input type="checkbox"/> SEPA is pending approval by _____ (government agency). A copy of the environmental checklist is enclosed and a copy of the final determination will be forwarded to ORCAA when issued.</p> <p><input type="checkbox"/> ORCAA is the only government agency requiring a permit. A completed environmental checklist or documentation that the project or new source is/will be in compliance with local building and fire codes is enclosed.</p> <p><input type="checkbox"/> This project is exempt from SEPA per _____ (WAC citation).</p>	
Name of Owner of Business: Don Briggs	Agency Use Only
Title: Owner	
Email: don briggs 69@gmail Phone: 532-1815	
Application Contact Name (if different than owner): Same	
Title:	
Email:	Phone:
Facility Operations Contact Name (if different than owner): Same	
Title:	
Email:	Phone: 360-532-1815
I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.	
Signature of Owner: 	Date: 1/25/20

Don Briggs - 360-581-6600

ATT. Mike or Loren

Forwarded 1-30-20



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FORM 17

Fill out all the applicable equipment information requested below and submit the appropriate fees.

Abrasive Blasting

Shop Information

Business Name: Custom Fiberglass	Contact Person: Don Briggs
	Phone Number: 360-532-1815
	Email: donbriggs69@gmail.com
Operating Schedule: hrs/day, days/wk, wks/yr	Indicate days when operating: M T W Thu F Sat Sun

Blasting Operation Information

Type:	<input type="checkbox"/> Existing Stationary Source	<input type="checkbox"/> Temporary Source	<input type="checkbox"/> New Stationary Source
NAICS Code(s):			

Blasting Information

Type:	<input type="checkbox"/> Hydro-blasting	<input type="checkbox"/> Wet-abrasive	<input type="checkbox"/> Other (explain in attachment)
	<input type="checkbox"/> Vacuum-blasting	<input checked="" type="checkbox"/> Bead/Micro-abrasive	
	<input type="checkbox"/> Centrifugal-blasting	<input type="checkbox"/> Bristle/Brush	
Equipment Type:	<input checked="" type="checkbox"/> Portable System (gravity fed or pressurized)	<input type="checkbox"/> Tumble Blaster	<input type="checkbox"/> Cabinet Blaster
		<input type="checkbox"/> Vacuum Blaster	<input type="checkbox"/> Other (explain in attachment)
Dust Control Methods:	<input type="checkbox"/> Enclosure (i.e. Tent, Room, Booth or Cabinet)	<input type="checkbox"/> Water Curtains	<input type="checkbox"/> Other (explain in attachment)
		<input type="checkbox"/> Drapes	
Exhausts to Outdoors:	<input type="checkbox"/> Yes, fill out exhaust information <input type="checkbox"/> No		

Enclosure Information

Type:	<input type="checkbox"/> Fully enclosed	<input type="checkbox"/> Closed top open front (CTOF)				
	<input type="checkbox"/> Open table/bench	<input type="checkbox"/> Other (explain in attachment)				
Exhaust:	<input type="checkbox"/> Side Wall	<input type="checkbox"/> Pit/Trench Design	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Rear Wall	<input type="checkbox"/> Front/Doors	<input type="checkbox"/> Ducting
Width (feet):	Length (feet):	Height (feet):				
Manufacturer:						
Model Number:						
Serial Number:						
Pressure Gauge:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filter Plenum:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Air Pollution Control Methods:	<input type="checkbox"/> Water Wash	<input type="checkbox"/> Cyclone (Form 13)	<input type="checkbox"/> Portable Dust Collector			
	<input type="checkbox"/> Cartridge Unit (Form 12)	<input type="checkbox"/> Baghouse (Form 12)	<input type="checkbox"/> Other (explain in attachment)			

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Blasting Media Information

Type: <i>green Diamond Blasting Sand</i>	<input type="checkbox"/> Glass Beads	<input type="checkbox"/> Garnet	<input type="checkbox"/> Copper Slag
	<input type="checkbox"/> Cut Plastic	<input type="checkbox"/> Silica Sand	<input type="checkbox"/> Coal Slag
	<input type="checkbox"/> Aluminum Oxide	<input type="checkbox"/> Crushed Glass	<input type="checkbox"/> Staurolite
	<input checked="" type="checkbox"/> Crushed Nutshells	<input type="checkbox"/> Steel Shot/Grit	<input type="checkbox"/> Other (explain in attachment)
	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Nickel Slag	
Heavy Metal and Silica Composition (if applicable):	Trace Elements		Total Concentration (%)
	<input type="checkbox"/> Antimony (Sb)		
	<input type="checkbox"/> Arsenic (As)		
	<input type="checkbox"/> Barium (Ba)		
	<input type="checkbox"/> Beryllium (Be)		
	<input type="checkbox"/> Cadmium (Cd)		
	<input type="checkbox"/> Chromium (Cr)		
	<input type="checkbox"/> Copper (Cu)		
	<input type="checkbox"/> Lead (Pb)		
	<input type="checkbox"/> Mercury (Hg)		
	<input type="checkbox"/> Nickel (Ni)		
	<input type="checkbox"/> Selenium (Se)		
	<input type="checkbox"/> Silver (Ag)		
	<input type="checkbox"/> Thallium (Tl)		
<input type="checkbox"/> Zinc (Zn)			
	<input type="checkbox"/> Respirable Silica (CAS# 7631-86-9)		
Media Storage:	<input checked="" type="checkbox"/> Bags/Sacks	<input type="checkbox"/> Enclosed Building	<input type="checkbox"/> Hopper/Silo
Waste Handling Methods:			

Base Material Information

Type:	<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> Copper Alloys	<input type="checkbox"/> Other (explain in attachment)
	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Nickel Alloys	
	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Glass	
Surface Coatings:	<input type="checkbox"/> Anticorrosive	<input type="checkbox"/> Antifouling	<input type="checkbox"/> Other (explain in attachment)
	<input checked="" type="checkbox"/> Shop primers	<input type="checkbox"/> Metal-based	
SAE Steel Grade(s):			
Heavy Metal Composition (if applicable):	Trace Elements		Total Concentration (%)
	<input type="checkbox"/> Antimony (Sb)		
	<input type="checkbox"/> Arsenic (As)		
	<input type="checkbox"/> Barium (Ba)		
	<input type="checkbox"/> Beryllium (Be)		
	<input type="checkbox"/> Cadmium (Cd)		
	<input type="checkbox"/> Chromium (Cr)		
	<input type="checkbox"/> Copper (Cu)		
	<input type="checkbox"/> Lead (Pb)		
	<input type="checkbox"/> Mercury (Hg)		
	<input type="checkbox"/> Nickel (Ni)		
	<input type="checkbox"/> Selenium (Se)		
	<input type="checkbox"/> Silver (Ag)		
	<input type="checkbox"/> Thallium (Tl)		
<input type="checkbox"/> Zinc (Zn)			

Dry Filter Information

	Pre-Filter	Exhaust Filter
Manufacturer:		
Model:		
Media Type:		
Overall Arrest Efficiency (%):		
Filtered Area (squared feet):		

Exhaust/Stack/Building Information

Motor Power (hp):	
Exhaust Air Flow Rate at 0.65" w.g. (acfm):	
Fan Diameter (feet):	
Stack Height (feet from ground):	
Stack Inside Diameter (inches):	
Stack weatherproof damper or exhaust apparatus**:	<input type="checkbox"/> None <input type="checkbox"/> Hexagonal <input type="checkbox"/> Stack within stack <input type="checkbox"/> Butterfly <input type="checkbox"/> Inverted cone <input type="checkbox"/> Other (explain in attachment)
Bldg. Peak Height (feet):	
Bldg. Width (feet):	
Bldg. Length (feet)	

**See back of form for information on ORCAA-approved stack equipment

Portable System Information

Non-electric Air Heater:	<input type="checkbox"/> Yes (Form 11) <input type="checkbox"/> No
Non-electric Air Compressor:	<input type="checkbox"/> Yes (Form 11) <input type="checkbox"/> No

Air Quality Modeling Site Information

Distance from the centroid of the stack to the shop's property line (feet):	
Distance from the centroid of the stack to the nearest point on the property line of a permanent residence (feet):	

Material Usage Information

Provide the following information and attach copies of Material Safety Data Sheets (MSDS) for any material used including, but not limited to blasting media, base material and surface coatings, which contain toxic air pollutants. Use additional pages if necessary.

NAME OF MATERIAL (as on MSDS):	ESTIMATED ANNUAL USAGE (in gallons or lbs):



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FORM 8

Fill out all the applicable equipment information requested below and submit the appropriate fees.

SPRAY COATING (Autobody) SURFACE COATING (Aviation, Wood, Boat, Other)

Shop Information

Business Name: <i>Custom Fiberglass</i>	Contact Person: <i>Don Briggs</i>
	Phone Number: <i>360-532-1815</i>
	Email: <i>donbriggs69@gmail.com</i>
Operating Schedule: hrs/day, days/wk, wks/yr	Indicate days when operating: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Thu <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun

Process Information

Flow:	<input checked="" type="checkbox"/> Cross front flow	<input type="checkbox"/> Full downdraft	<input type="checkbox"/> Side downdraft	<input type="checkbox"/> Combination
	<input type="checkbox"/> Cross reverse flow	<input type="checkbox"/> Semi-downdraft	<input type="checkbox"/> Updraft	<input type="checkbox"/> Other (explain in attachment)
Exhaust:	<input type="checkbox"/> Side Wall	<input type="checkbox"/> Pit/Trench Design	<input type="checkbox"/> Ceiling	<input checked="" type="checkbox"/> Rear Wall
	<input type="checkbox"/> Front/Doors			
Intake Type:	<input checked="" type="checkbox"/> Natural		<input type="checkbox"/> Forced (air make-up unit)	
Enclosure Type:	<input checked="" type="checkbox"/> Fully enclosed	<input type="checkbox"/> Compact/modular	<input type="checkbox"/> Open table/trench	
	<input type="checkbox"/> Closed top open front (CTOF)	<input type="checkbox"/> Curtain/tond/dupe	<input type="checkbox"/> Other (explain in attachment)	
	<input type="checkbox"/> Tunnel			
Width (feet):	<i>14</i>	Length (feet):	<i>30</i>	Height (feet):
			<i>12</i>	
Manufacturer:	<i>Binks</i>			
Model Number:				
Serial Number:				
Pressure Gauge:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Filter Plenum:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Intended Applicator Usage (see next section):	<input type="checkbox"/> Applicator #1	<input type="checkbox"/> Applicator #2	<input type="checkbox"/> Applicator #3	<input type="checkbox"/> Applicator #4
	<input type="checkbox"/> Applicator #2	<input type="checkbox"/> Applicator #1	<input type="checkbox"/> Applicator #5	
Air Pollution Control Methods:	<input type="checkbox"/> Water Wash	<input type="checkbox"/> Low VOC coatings	<input type="checkbox"/> Cartridge unit (Form 12)	
	<input type="checkbox"/> Scrubber	<input type="checkbox"/> Cyclone (Form 13)	<input type="checkbox"/> Enclosed spray gun cleaner	
	<input type="checkbox"/> Oxidizer (Form 35)	<input type="checkbox"/> Baghouse (Form 12)		
Heater/Curing Information (if applicable)				
Heater Placement:	<input type="checkbox"/> Face spray, bottom			
Curing/Heating Type :	<input type="checkbox"/> Hot air dryer	<input type="checkbox"/> Infrared dryer	<input type="checkbox"/> Other (explain in attachment)	
	<input type="checkbox"/> Ultraviolet	<input type="checkbox"/> Boiler		
Fuel/Heat Type :	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other (explain in attachment)	
	<input checked="" type="checkbox"/> Propane (LP) Gas	<input type="checkbox"/> Diesel		
Maximum Heating Rate (MMBtu/hr):				
Maximum Air Flow Rate (acfm):				

RETURN TO ORCAA

Coating Operation Information

Type:	<input checked="" type="checkbox"/> Existing Stationary Source	<input type="checkbox"/> Temporary Source	<input type="checkbox"/> New Stationary Source
NAICS Code(s):			

Coating Equipment Information

	Applicator #1	Applicator #2	Applicator #3	Applicator #4	Applicator #5
Coating Type**:	<input type="checkbox"/> Brush/Roller <input type="checkbox"/> Web <input checked="" type="checkbox"/> Wet spray <input type="checkbox"/> Deposition <input type="checkbox"/> Powder <input type="checkbox"/> Plating	<input type="checkbox"/> Brush/Roller <input type="checkbox"/> Web <input type="checkbox"/> Wet spray <input type="checkbox"/> Deposition <input type="checkbox"/> Powder <input type="checkbox"/> Plating	<input type="checkbox"/> Brush/Roller <input type="checkbox"/> Web <input type="checkbox"/> Wet spray <input type="checkbox"/> Deposition <input type="checkbox"/> Powder <input type="checkbox"/> Plating	<input type="checkbox"/> Brush/Roller <input type="checkbox"/> Web <input type="checkbox"/> Wet spray <input type="checkbox"/> Deposition <input type="checkbox"/> Powder <input type="checkbox"/> Plating	<input type="checkbox"/> Brush/Roller <input type="checkbox"/> Web <input type="checkbox"/> Wet spray <input type="checkbox"/> Deposition <input type="checkbox"/> Powder <input type="checkbox"/> Plating
Manufacturer:	Binks				
Model:					
Quantity:					
Technology Type:	<input checked="" type="checkbox"/> HVLP <input type="checkbox"/> Electrostatic <input type="checkbox"/> Air-assisted airless <input type="checkbox"/> Airless <input checked="" type="checkbox"/> Air spray <input type="checkbox"/> Rotary cup <input type="checkbox"/> Airbrush <input type="checkbox"/> Other (explain in attachment)	<input type="checkbox"/> HVLP <input type="checkbox"/> Electrostatic <input type="checkbox"/> Air-assisted airless <input type="checkbox"/> Airless <input type="checkbox"/> Air spray <input type="checkbox"/> Rotary cup <input type="checkbox"/> Airbrush <input type="checkbox"/> Other (explain in attachment)	<input type="checkbox"/> HVLP <input type="checkbox"/> Electrostatic <input type="checkbox"/> Air-assisted airless <input type="checkbox"/> Airless <input type="checkbox"/> Air spray <input type="checkbox"/> Rotary cup <input type="checkbox"/> Airbrush <input type="checkbox"/> Other (explain in attachment)	<input type="checkbox"/> HVLP <input type="checkbox"/> Electrostatic <input type="checkbox"/> Air-assisted airless <input type="checkbox"/> Airless <input type="checkbox"/> Air spray <input type="checkbox"/> Rotary cup <input type="checkbox"/> Airbrush <input type="checkbox"/> Other (explain in attachment)	<input type="checkbox"/> HVLP <input type="checkbox"/> Electrostatic <input type="checkbox"/> Air-assisted airless <input type="checkbox"/> Airless <input type="checkbox"/> Air spray <input type="checkbox"/> Rotary cup <input type="checkbox"/> Airbrush <input type="checkbox"/> Other (explain in attachment)
Automation/Control:	<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Air Supply Pressure (psi):	60				
Fluid Output Pressure (psi):	2.0				
Mounting:	<input checked="" type="checkbox"/> Handheld Gun <input type="checkbox"/> Machine/Reciprocator	<input type="checkbox"/> Handheld Gun <input type="checkbox"/> Machine/Reciprocator	<input type="checkbox"/> Handheld Gun <input type="checkbox"/> Machine/Reciprocator	<input type="checkbox"/> Handheld Gun <input type="checkbox"/> Machine/Reciprocator	<input type="checkbox"/> Handheld Gun <input type="checkbox"/> Machine/Reciprocator

**Only provide further information for applicators that are not roller/brush

Dry Filter Information

	Pre-Filter	Exhaust Filter
Manufacturer:	Freudenberg 20x20	20x20
Model:		
Media Type:		F10A9055
Overall Arrest Efficiency (%):		
Filtered Area (squared feet):		

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Heavy Metal Information

Application of coatings containing compounds of chromium (Cr), lead (Pb), manganese (Mn), nickel (Ni), or cadmium (Cd):	<input type="checkbox"/> Yes** <input type="checkbox"/> No
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**Please provide SDS/ MSDS information and estimated annual usage for each product

Other Process Information

Abrasive Blasting:	<input checked="" type="checkbox"/> Yes (Form 17) <input type="checkbox"/> No
Welding:	<input type="checkbox"/> Yes (Form 19) <input checked="" type="checkbox"/> No
Metal Cutting:	<input type="checkbox"/> Yes (Form 31) <input checked="" type="checkbox"/> No
Fluidized Bed Coating:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Cleaning/Etching/Degreasing Information

Methylene Chloride Stripping:	<input type="checkbox"/> Yes** <input checked="" type="checkbox"/> No
Phosphate or Chromate Conversion Coating:	<input type="checkbox"/> Yes** <input checked="" type="checkbox"/> No
Chemical/Acid Rinsing or Bathing:	<input type="checkbox"/> Yes** <input checked="" type="checkbox"/> No

**Please provide SDS/ MSDS information and estimated annual usage for each product

Exhaust/Stack/Building Information

Motor Power (hp):	1 HP	
Exhaust Air Flow Rate at 0.65" w.g. (acfm):		
Fan Diameter (feet):	18"	
Stack Type:	<input type="checkbox"/> Vertical (Ceiling Outlet)	<input checked="" type="checkbox"/> Horizontal (Wall Outlet)
Stack Height (feet from ground):	20'	
Stack Inside Diameter (inches):	18"	
Stack weatherproof damper or exhaust apparatus**:	<input type="checkbox"/> None <input type="checkbox"/> Hexagonal <input checked="" type="checkbox"/> Stack within stack	<input type="checkbox"/> Butterfly <input type="checkbox"/> Inverted cone <input type="checkbox"/> Other (explain in attachment)
Bldg. Peak Height (feet):	20'	
Bldg. Width (feet):	48'	
Bldg. Length (feet):	98'	

**See back of form for information on ORCAA-approved stack equipment

Air Quality Modeling Site Information

Distance from the centroid of the stack to the shop's property line (feet):	
Distance from the centroid of the stack to the nearest point on the property line of a permanent residence (feet):	80'

Filing Fee:

See <https://www.orcaa.org/services/fee-schedules/> for an up-to-date list of fees.

Material Usage Information

Provide the following information and attach copies of Material Safety Data Sheets (MSDS) used in all coating operations, including but not limited to pre-treatment wash, chemical strippers, paint, primer, topcoat, clearcoat, gelcoat, lacquer, stain, catalyst, activator, hardener, resin, filler, sealer, adhesive, solvent and thinner/reducer and any other materials used which contain volatile organic compounds (VOC). Use additional pages if necessary. For similar materials such as multiple color variations of a stain or paint, enter as single item with a usage rate representing the total gallons of all variations used, and provide the MSDS for the constituent which is most used.

NAME OF MATERIAL (as on SDS/MSDS):	ESTIMATED ANNUAL USAGE (in gallons):	Applicator # (as defined in the "Coating Equipment Information" section):
Acrylic Enamel	15	
Epoxy Primers	20	
Clear Coat	10	
Base Coat	10	