OLYMPIC 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/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:
Kloeckner Metals Corporation

Mailing Address: 3215 Cougar Ln SW
Tumwater, WA 98512

Physical Address of Project or New Source:
3215 Cougar Ln SW, Tumwater, WA 98512

Billing Address:
3215 Cougar Ln SW, Tumwater, WA 98512

For ORCAA use only

File No: 1234
County No: 67
Source No: 1000
Application No: 26 NOC1777

Date Received:
Received
JUN 24 2026
ORCAA

Project or Equipment to be installed/established:

Replacement of one ESAB Avenger cutting table with a new model, Alltra HG16-12S

Commence construction date: 07 / 13 / 2026 Is facility currently registered with ORCAA? Yes ☒ No ☐

This project must meet the requirements of the State Environmental Policy Act (SEPA) before ORCAA can issue final approval. Indicate the SEPA compliance option:

- ☐ SEPA was satisfied by _____ (government agency) on ___/___/___ (date) - Include a copy of the SEPA determination
- ☐ SEPA threshold determination by _____ (government agency) is pending - Include a copy of the environmental checklist
- ☒ ORCAA is the only government agency requiring a permit - Include ORCAA Environmental Checklist
- ☐ This project is exempt from SEPA per _____ (WAC citation).

Name of Owner of Business:

Title:

Email: Phone:

Authorized Representative for Application (if different than owner):
Kevin Welch

Title: Regional General Manager

Email: kevin.welch@kloeckner.com Phone: 206-226-4836

I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.

Signature of Owner or Authorized Representative: (sign in Blue Ink)

Date: 06/24/2026

IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.

Agency Use Only

Contact Information

Inspection Contact	
Name Brian Fuller	Title Ops Manager
Phone 360-508-8622	Fax
Email brian.fuller@kloeckner.com	
Also use this contact for ☑ Billing ☑ Emission Inventory ☑ Complaints ☐ Permits	
Billing Contact	
Name	Title
Phone	Fax
Email	
Also use this contact for ☐ Emission Inventory ☐ Complaints ☐ Permits	
Emission Inventory Contact	
Name	Title
Phone	Fax
Email	
Also use this contact for ☐ Complaints ☐ Permits	
Complaint Contact	
Name	Title
Phone	Fax
Email	
Also use this contact for ☐ Permits	
Permit Contact	
Name Kevin Welch	Title Regional General Manager
Phone 206-226-4836	Fax
Email kevin.welch@kloeckner.com	

The **inspection contact** is the on-site person whom is responsible for the everyday operation of the site and is available for inspections.
The **billing contact** is the person to whom all invoices are sent.
The **emission inventory contact** is the person to whom requests for emissions information and material use information are sent.
The **complaint contact** is the person who receives and responds to complaints received on-site and who is contacted regarding complaints ORCAA receives.
The **permit contact** is the person who is responsible for filling out permit applications and receiving approval from ORCAA.

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FORM 31
Thermal Metal Cutting

GENERAL INFORMATION

Source Name/Address:	Contact Person: Kevin Welch
Kloeckner Metals Corporation 3215 Cougar Ln SW Tumwater, WA 98512	Phone Number: 206-226-4836 Email: kevin.welch@kloeckner.com

EQUIPMENT INFORMATION

1. Provide as much information as is readily available
2. Use additional pages if necessary.
3. Call ORCAA if you need assistance - (360) 586-1044

CUTTING PROCESS EQUIPMENT

Equipment Type	Number of units		Specifications:			
	Portable	Stationary	Manufacturer/Model #	Fuel type	Plasma Gas	Capacity/Rating (amps)
Oxy-acetylene						
Plasma Arc						
Laser						
Other (describe below)		1	Alltra HG16-12S	Natural Gas		22

AIR POLLUTION CONTROL METHOD

Equipment Type
- ☐ Downdraft Table
- ☒ Water Table
  - ___ Submerged cutting
  - ✔ Semi-dry
- ☐ Cartridge filter
- ☐ Baghouse
- ☐ Electrostatic Precipitator (ESP)
- ☐ Other (describe below)
- ☐ None

Stack Data:
No stack X

Stack Height (from ground): _____
Stack Inside Diameter: _____
Bldg. Peak Height: _____
Bldg. Width: _____
Bldg. Length: _____

Specifications:
Manufacturer/Model # _____
Control Efficiency (%) _____
ACFM _____
For water table: Maximum height of work above water level _____

OTHER EQUIPMENT

Equipment Type	Specifications:
Oxy-Natural Gas	Precision gantry cutting machine Model HG-12S with 4 oxyfuel stations 480VAC, 22 amps, three-phase 13' 6" water table

I hereby certify that the above information is, to the best of my knowledge, complete and correct.

Signature _____ Date 06/24/2026