



OLYMPIC REGION CLEAN AIR AGENCY

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FORM 8A SUPPLEMENT ONLY TO FORM 8

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

SPRAY BOOTH

Business Name:	Contact Person:
	Phone Number:
	Email:

Booth/Enclosure Information

Flow:	<input 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 type="checkbox"/> Rear Wall
	<input type="checkbox"/> Front/Doors			
Intake Type:	<input type="checkbox"/> Natural		<input type="checkbox"/> Forced (air make-up unit)	
Enclosure Type:	<input type="checkbox"/> Fully enclosed	<input type="checkbox"/> Compact/modular	<input type="checkbox"/> Open table/bench	
	<input type="checkbox"/> Closed top open front (CTOF)	<input type="checkbox"/> Curtain/tent/drape	<input type="checkbox"/> Other (explain in attachment)	
		<input type="checkbox"/> Tunnel		
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	
Intended Applicator Usage (see next section):	<input type="checkbox"/> Applicator #1	<input type="checkbox"/> Applicator #3	<input type="checkbox"/> Applicator #5	
	<input type="checkbox"/> Applicator #2	<input type="checkbox"/> Applicator #4		
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"/> Part of spray booth unit		<input type="checkbox"/> Separate curing enclosure (Form 11)	
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 type="checkbox"/> Propane (LP) Gas	<input type="checkbox"/> Diesel		
Maximum Heating Rate (MMBtu/hr):				
Maximum Air Flow Rate (acfm):				

RETURN TO ORCAA

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"/> Butterfly <input type="checkbox"/> Hexagonal <input type="checkbox"/> Inverted cone <input type="checkbox"/> Stack within stack <input type="checkbox"/> Other (explain in attachment)
Bldg. Peak Height (feet):	
Bldg. Width (feet):	
Bldg. Length (feet)	

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):	