



**BENTON CLEAN AIR AGENCY**  
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**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL  
 FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE**

**Lithographic/Screen Printing  
 Process**

<i>For Agency Use Only</i>
Fee Recd: _____
<b>NOC #:</b> _____

**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. Printing Process Equipment Being Installed / Modified**

Description of press: (make, model number, capacity rating, etc.) _____	
Type of press <input type="checkbox"/> Heatset web <input type="checkbox"/> Non-heatset web <input type="checkbox"/> Sheet fed	Status of Unit: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Size of press: Width of plate _____ Circumference of blanket cylinder _____	
Does the press print double sided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of impressions/sheets per hour _____

**4. Press Operational Information**

Business 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)
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)

**5. Dryer/Oven**

Is there a dryer or oven: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of dryer: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas
Rated size of dryer: _____ BTU/hr	Dryer temperature: _____ °F
Does the dryer vent directly to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No	

