



General Order Application: Automobile Body Repair and Refinishing Shops

INSTRUCTIONS

This application applies statewide for facilities under the Department of Ecology’s jurisdiction. You must fill out the form completely in order to obtain coverage.

- Read the Automobile Body Repair and Refinishing Shop General Order. You can find it online at www.ecy.wa.gov/programs/air/AOP/Permits/Boiler/GeneralOrders.htm or call the appropriate regional office (see below) for a copy.
- Fill out the application completely, sign it, and date it.
- Enclose manufacturer specification sheets for the paint booth that show design drawings. For a custom booth, submit exhaust blower specification sheets and design drawings.
- Enclose manufacturer specification sheets that show your exhaust filters meet 98 percent capture efficiency.
- Enclose a check to the Department of Ecology for the application fee.
- State Environmental Policy Act (SEPA) Compliance:
 - \$500 application fee if SEPA review is complete** – Include a copy of the final SEPA checklist and SEPA determination (e.g. DNS, MDNS, EIS) with your application.
 - \$785 application fee if SEPA review is required** – If SEPA review has not been conducted, please fill out a SEPA checklist and submit it with your application. You can find a SEPA checklist online at www.ecy.wa.gov/programs/sea/sepa/docs/echecklist.doc.

Mail the complete application package to:

For Fiscal Office Use Only:
001-NSR-216-0299-000404

**Department of Ecology
Cashiering Unit
P.O. Box 47611
Olympia, WA 98504-7611**

Check the box for the location of your proposal. For assistance, call the appropriate office listed below:

<input type="checkbox"/>	Chelan, Douglas, Kittitas, Klickitat, or Okanogan County Ecology Central Regional Office (509) 575-2490	CRO
<input type="checkbox"/>	Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla, or Whitman County Ecology Eastern Regional Office (509) 329-3400	ERO
<input type="checkbox"/>	San Juan County Ecology Northwest Regional Office (425) 649-7000	NWRO
<input type="checkbox"/>	For actions taken at Kraft and Sulfite Paper Mills and Aluminum Smelters only Ecology Industrial Section (360) 407-6900	IND
<input type="checkbox"/>	For actions taken on the US Department of Energy Hanford Reservation only Ecology Nuclear Waste Program (509) 372-7950	NWP

II. COMPANY INFORMATION

1. Company Name:		
2. Company Mailing Address (street, city, state, zip):		
3. Facility Location (if different than company mailing address):		4. County:
5. Company Contact Person, Title:	6. Company Phone Number:	7. Company Fax Number:
8. Contact Person Phone Number:	9. E-Mail Address:	
10. Facility Contact Person, Title:	11. Facility Contact Person Phone Number:	

III. PROCESS INFORMATION

1. Approximate quantity of all solvents and paints purchased annually: _____ Gallons (To qualify for coverage, you must use less than 950 gallons of solvents and paints annually.)
2. Do all of the spray guns you use have transfer efficiencies at least equal to high volume low pressure (HVLP) designs? <input type="checkbox"/> Yes <input type="checkbox"/> No (To qualify for coverage, all spray guns must have transfer efficiencies equal to HVLP designs)
3. Do you conduct all spray gun cleaning in an enclosed apparatus? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify gun cleaner manufacturer and model number: _____ (To qualify for coverage, all spray gun cleaning must occur in an enclosed spray gun cleaning apparatus.)

IV. PAINT BOOTH INFORMATION

	Paint Booth #1	Paint Booth #2	Paint Booth #3
1. Installation date (If an existing source, give the date the paint booth was constructed.)	_____	_____	_____
2. Exhaust fan rating and manufacturer information	Standard Cubic Feet per Minute (SCFM) Rating _____ Manufacturer and Model # _____ _____	Standard Cubic Feet per Minute (SCFM) Rating _____ Manufacturer and Model # _____ _____	Standard Cubic Feet per Minute (SCFM) Rating _____ Manufacturer and Model # _____ _____
3. Paint booth exhaust stack release height above roof line (Must be at least 3.5 feet above roof line)	_____ feet	_____ feet	_____ feet

4. Inside exhaust stack dimensions	<u>Rectangular exhaust</u> _____ length (in.) _____ width (in.) or <u>Circular exhaust</u> _____ diameter (in.)	<u>Rectangular exhaust</u> _____ length (in.) _____ width (in.) or <u>Circular exhaust</u> _____ diameter (in.)	<u>Rectangular exhaust</u> _____ length (in.) _____ width (in.) or <u>Circular exhaust</u> _____ diameter (in.)
5. Does the exhaust stack vent vertically? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
6. Is the exhaust vent non-restricting? (i.e. There is no rain guard that covers the top of the exhaust stack that impairs air dispersion) If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____
7. Exhaust filter area dimensions (*If entering dimensions of entire filter area, please input one for number of filters)	_____ length (in.) _____ width (in.) _____ number of filters*	_____ length (in.) _____ width (in.) _____ number of filters*	_____ length (in.) _____ width (in.) _____ number of filters*
8. Exhaust filter capture efficiency (See page 1 checklist)	_____ % capture efficient _____ _____	_____ % capture efficient _____ _____	_____ % capture efficient _____ _____
9. Does this paint booth have a heating cycle? Specify BTU/hr rating and fuel type (if applicable) or indicate if electric.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____

V. SIGNATURE BLOCK

I certify, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate, and complete.	
Printed Name _____	Title _____
Signature _____	Date _____

If you need this document in a format for the visually impaired, call the Air Quality Program at 360-407-6800. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.