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).

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:		For ORCAA use only
Composite Recycling Technology Center		File No: 675
Mailing Address:		County No:
2220 W 18th St, Port Angeles WA 98363		Source No.
Physical Address of Project or New Source:		Application No: JUNOCIL 59
2140 W 18th St Building 10-50, Port Angeles, WA 98363		Date Received ived
		JUN 1 3 2024
Billing Address: 2220 W 18th St, Port Angeles, WA 98363		
		ORCAA
Project or Equipment to be installed/established	ed:	
Maspell Thermal Modification Kiln		
Anticipated startup date: 8 / 1 / 2024 Is f	acility currently registered with	h ORCAA? Yes No 🗸
copy of the SEPA determination SEPA threshold determination by copy of the environmental checklist ORCAA is the only government agency requiring This project is exempt from SEPA per	(government agency) (governmer (governmer ng a permit - Include ORCAA En	ovironmental Checklist
Name of Owner of Business: David Walter		Agency Use Only
Title: Chief Executive Officer		
Email:dwalter@crtc-wa.org	Phone: 360-477-1560	1
Authorized Representative for Application (if dis	fferent than owner):	
Title:Business Development		
Email: cmiller@crtc-wa.org	Phone: 541-350-5678	
I hereby certify that the information contained in this knowledge, complete and correct.	•	
Signature of Owner or Authorized Representati		
Clan Cll	Date: 6/6/24	
IMPORTANT: Do not send via email or o	other electronic means.	
ORCAA must receive Original, hardcopy, sign	ed application and payment	
prior to processing applic	cation.	

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FORM 1D- Contact Information

Business Name	FOR ORCAA USE
Composite Recycling Technology Center	FILE# 675
Physical Site Address (Street address, city, state, zip) 2220 W 18th St, Port Angeles, WA 98363	CTY# 9
2220 W Totil Ot, I oft Aligeles, WA 90303	SRC#
	Date Received Received
Previous Business Name (if applicable) n/a	JUN 1 3 2024
	ORCAA

Contact Information

Inspection Contact		
Name Mark O'Brien	Title Senior Design Engineer	
Phone 360-990-2421	Email mobrien@crtc-wa.org	
Billing Contact		
Name Juliette Smith	Title Finance Manager	
Phone 425-652-1076	Emailjsmith@crtc-wa.org	
Emission Inventory Contact		
Name Gavin Gamble	Title Composites Engineer	
Phone 352-215-3244	Email ggamble@crtc-wa.org	
Complaint Contact		
Name Chris Miller	Title Business Development	
Phone 541-350-5678	Email cmiller@crtc-wa.org	
Permit Contact		
Name Chris Miller	Title Business Development	
Phone 541-350-5678	Email cmiller@crtc-wa.org	

The **inspection contact** is the on-site person responsible for the everyday operation of the site and is available for inspections.

The billing contact is the person invoices are sent.

The emission inventory contact is the person 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 responsible for filling out permit applications and receiving approval from ORCAA.