

SPOKANE REGIONAL CLEAN AIR AGENCY

3104 E. Augusta Ave., Spokane, Washington 99207 (509) 477-4727, Fax (509) 477-6828, Website - www.spokanecleanair.org

NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE FOR ASPHALT PLANT OPERATIONS

For Agency Use Only:

NOC #

This Notice of Construction (NOC) application must be accompanied by the required \$5,700.00 base fee for the project. Additional NOC review fees will be invoiced after the NOC review is complete. See Spokane Clean Air's current fee schedule for applicable NOC fees.

1. GENERAL INFORMATION

Owner / Operator: _____ Name of Business: _____ Business address: _____ Contact person: _____	Applicant: _____ Applicant's address: _____ Contact person: _____
Business phone #: _____ Business fax #: _____ Business e-mail: _____	Applicant's phone #: _____ Applicant's fax #: _____ Applicant's e-mail: _____

2. INSTALLATION INFORMATION

Installation address: _____	Operating Dates: From ___/___/___ To ___/___/___ Operating Hours: From _____ am pm To _____ am pm Operating Days (circle): Su M Tu W Th F Sa Operating Weeks per year: _____
Contact person: _____	Installation phone #: _____
Pit Owner _____ Pit Depth (ft.) _____ Pit Number _____	Pit Name _____ Township _____ N Range _____ EWM Section _____
Size of Equipment Pad: Length (ft.) _____ Width (ft.) _____	Pit Area (acres) _____ Site Area (acres) _____
Total Asphalt Throughput/Job [cu. yds. or tons (circle one)] _____	
Distance from center of equipment pad to nearest property line: _____	

3. ASPHALT PLANT INFORMATION

Manufacturer: _____	Model: _____
Ambient Gas Flow (scfm): Avg. _____ Max. _____	Actual Gas Flow (acfm): Avg. _____ Max. _____
Type of asphalt plant (circle one): Rotary dryer Drum mixer	Type of mix (circle one) Batch Continuous
Burner Fuel(s) Used: _____	Percent of recycled asphalt: _____
Height of Stack from ground (ft.): _____	Exhaust Stack Inside Diameter (ft. or in. circle one) : _____
Hourly Production Rate (tons/hr.) Average _____	Maximum _____
Burner Fuel consumption (Btu/hr, gal/hr, etc.): Average _____	Maximum _____
Will a stack cap / rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, submit a drawing of the stack cap design)	
Exhaust Stack Temperature (°F): Average _____	Maximum _____

4. CONTROL EQUIPMENT INFORMATION

BAGHOUSE INFORMATION (IF APPLICABLE)

Manufacturer: _____	Model Number: _____
Number of bags: _____	Length of bags: _____
Diameter of individual bags: _____	Total cloth area: (ft ²) _____
Baghouse Efficiency (%): _____	Baghouse Air to Cloth Ratio: _____
Type of bags (Gore-Tex, Nomex, Nylon, etc.): _____	
Will a manometer or other pressure drop gauge be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe (manufacturer, model, etc.): _____	
Bag Cleaning Device [Pulse Jet, Reverse Pulse (High Pressure), Reverse Air (Low Pressure), Fan Pulse, Shaker, Manual (circle one)] Other: _____	

(OVER)

Revised 4/18/11

WET SCRUBBER SYSTEM INFORMATION (IF APPLICABLE)

Manufacturer:		Model Number:	
Chemicals Used, if Any:		Chemical Consumption (gal/hr, lb/hr etc.):	
Wet Scrubber Water Flow (gpm): Operating		Maximum	
Wet Scrubber Water Temperature (°F): Operating		Maximum	
Provide a Diagram of Wet Scrubber including Dimensions of Unit & Locations of Water Spray Nozzles.			
Provide a copy of each specific chemical MSDS sheet used in the scrubbing process.			

VOC CONTROL SYSTEM INFORMATION (IF APPLICABLE)

Manufacturer:		Model Number:	
Type of VOC Control System:	VOC Control System Efficiency (%):	Fuel(s) Used:	
Fuel Consumption (Btu/hr, gal/hr, etc.):		Retention Time (sec):	
Afterburner Internal Chamber Dimensions (if present): Length _____ Width _____ Height _____		Afterburner temperature (°F) (if present): Operating _____ Maximum _____	

5. HOT OIL HEATER INFORMATION (IF APPLICABLE)

Manufacturer:		Model Number:	
Operating Dates: From ___/___/___ To ___/___/___		Operating Hours: From _____ am pm To _____ am pm	
Operating Days (circle): Su M Tu W Th F Sa		Operating Weeks per year:	
Fuel(s) Used:	Number of units on site:	Rated input capacity of burner (BTU/hr; gal/hr)	

6. EXHAUST STACK / VENT DATA

How does exhaust exit the stack? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	Where does stack exhaust? (circle) Inside , Outside , Variable
Will a stack cap / rain guard be installed ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, submit a drawing of the stack cap design)	Distance from stack to nearest property line: (ft)

7. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

<ul style="list-style-type: none"> Plot plan showing the entire facility, property lines, main cross streets, and location of storage piles and equipment at the proposed site - (required) Flow diagram detailing operations occurring and material flow including fugitive emissions.- (required) Configuration drawing showing Location of Asphalt Plants, Asphalt Heaters, Screens, Power Units, Conveyors, Loaders(Loading and Unloading Points), Storage Piles, Haul Trucks.- (required) Copy of particulate source test emission data done within last 5 years unless SRCAA already has a copy:- (required)

8. SEPA

I certify that the State Environmental Policy Act (SEPA) has been satisfied for this project on ___/___/___ by _____ date government agency	
SRCAA may require that a copy of the final determination and the environmental checklist or environmental impact statement be submitted with this application	

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPLEMENTAL FORMS AND DATA, IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

FOR AGENCY USE ONLY
Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order

SIGNATURE:	DATE:	<p>_____</p> <p>CONTROL OFFICER</p> <p>Date _____</p> <p>Comments _____</p> <p>_____</p>
NAME:		
TITLE:	PHONE NUMBER	