

**SPOKANE REGIONAL CLEAN AIR AGENCY**

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

Website - [www.spokanecleanair.org](http://www.spokanecleanair.org)

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL  
FOR INSTALLATION / MODIFICATION OF A  
BAGHOUSE**

*This Notice of Construction (NOC) application must be accompanied by the required \$2,290.00 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.*

For Agency Use Only

**NOC #** \_\_\_\_\_

**1. GENERAL INFORMATION**

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

**2. INSTALLATION INFORMATION**

Installation address: _____  Installation phone #: _____ Contact person: _____	Installer Co. name: _____ Installer's address: _____  Phone #: _____ Fax #: _____ Installer's e-mail: _____ Contact person: _____
Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing	Nature of business: _____
Facility registered with SRCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated date of completion: _____

**3. BAGHOUSE BEING INSTALLED / MODIFIED**

Description of baghouse: (manufacturer, model number, etc.)		Number of baghouses installed:
Status of baghouse: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing	Location of baghouse: (i.e. inside facility, outdoors, etc)	
Length of bags: (ft)	Diameter of bags: (ft)	Total number of bags:
Total cloth area: (ft <sup>2</sup> )	Particulate control efficiency of baghouse: (%)	
Baghouse Air-to-Cloth ratio: (fpm)	Type of bag cleaning system: (circle) reverse air, pulse jet, shaker, other _____	
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.):		

**(OVER)**

Revised 4/18/11

### BAGHOUSE EXHAUST STACK / VENT DATA

Flow rate: (SCFM)	How does exhaust exit the stack? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	Where does baghouse exhaust? (circle) Inside , Outside , Variable
Exit temperature: (°F)	Stack / Vent height from ground: (ft)	Internal dimensions of stack / vent: (ft)
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)		

### 5. OPERATION INFORMATION FOR BAGHOUSE

Daily operating hours: from _____ to _____	Days of operation: (circle) <b>S M T W Th F S</b>	Weeks per year:
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### 6. PARTICULATE LADEN AIR STREAM

Type of particulate to be filtered (i.e. sawdust, cement, etc.)	Density of material being filtered: (lbs/ft <sup>3</sup> )
Annual throughput of product: (lb/yr)	Grain loading of exhaust stream (if known): (gr/dscf)
Destination of captured particulate (i.e. outdoor load out bin, back to process bins, etc)	

### 7. MODELING INFORMATION

All building dimensions w/in 200 ft. of proposal: (LxWxH) (ft) <b>Include these dimensions on required plot plan</b>	Distance from stack to nearest property line: (ft)
Describe any dispersion modeling that has been done. Attach computer printout of results.	

### 8. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

• Material Safety Data Sheets (MSDS) for all materials used in the process - <b>(required)</b>
• Environmental Checklist (SEPA) / DNS <b>(required)</b> SEPA date _____ DNS date _____
• Flow diagram detailing operations occurring and material flow process - <b>(required)</b>
• Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the baghouse - <b>(required)</b>
• Manufacturer and/or vendor information on baghouse and/or bags - <b>(if available)</b>
• Any emission and/or source test data - <b>(if available)</b>

### OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:

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.

Type or Print Name	Title
Signature	Date

FOR AGENCY USE ONLY <b>Approved by the Spokane Regional Clean Air Agency pursuant to conditions specified in the Approval Order</b>
_____
<b>CONTROL OFFICER</b>
Date _____
Comments _____
_____