

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
COFFEE ROASTER**

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: _____	Installer Co. name: _____ Installer's address: _____
Installation phone #: _____ Contact person: _____	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. COFFEE ROASTER BEING INSTALLED / MODIFIED

Manufacturer: _____		
Model No. _____ Rated input capacity of burner (BTU/hr; kW/hr): _____		
Number of units being installed / modified: _____	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing	
Fuel used _____	Roast type: <input type="checkbox"/> light, <input type="checkbox"/> medium, <input type="checkbox"/> dark, <input type="checkbox"/> all	
Max. batch size: (lbs/load) _____ (loads/hr)	Avg. batch size: (lbs/load) _____ (loads/hr)	
Roast Cycle Time (minutes) _____	Annual roasted coffee throughput (lbs/yr): _____	
Max. roaster temp.: (°F) _____	Avg. roaster temp.: (°F) _____	
Chaff Collector? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chaff Collector Efficiency _____	Water Quench? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will this equipment share a stack with other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		

(OVER)

Revised 4/18/11

4. AFTERBURNER INFORMATION

Description: (make, model number)	
Afterburner Internal Chamber Dimensions: Length _____ Width _____ Height _____	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing Cost of afterburner _____
Fuel(s) burned:	Rated heat input of afterburner (BTU/hr; gal/hr):
Afterburner temperature (°F): Operating _____ Maximum _____	Afterburner retention time (sec.) _____ Afterburner destruction efficiency (%) _____
Will this equipment share a stack with other equipment (e.g. roaster)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

5. EXHAUST STACK DATA

Stack height from ground: (ft)	Flow rate: (SCFM)	Exit temperature: (° F)	Internal stack diameter or dimensions: (ft)
How does exhaust exit the stack? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal			
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)			

6. MODELING INFORMATION

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

7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

	From	To	Days (circle)	Weeks/year
Business Hours	_____ am/pm	_____ am/pm	S M T W Th F S	
Roasting Hours	_____ am/pm	_____ am/pm	S M T W Th F S	

8. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

<ul style="list-style-type: none"> • Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the proposed coffee roaster - (required) • Flow diagram of the coffee roasting process, including emission control equipment - (required) • Environmental Checklist (SEPA) / DNS (required) SEPA date _____ DNS date _____ • Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified - (if available)
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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 Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order
_____ CONTROL OFFICER
Date _____
Comments _____