

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 A **CONCRETE OR CEMENT BATCH PLANTS**

For Agency Use Only:

NOC #

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.

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: _____ 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 INFORMATION

Manufacturer: _____	Model Number: _____
Status of baghouse: <input type="checkbox"/> New <input type="checkbox"/> Used	Location of baghouse: (i.e. inside facility, outdoors, etc)
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: _____	

4. BAGHOUSE 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
Air Flow (scfm): Operating _____ Maximum _____	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)	Distance from stack to nearest property line: (ft) _____

5. OPERATION INFORMATION FOR BAGHOUSE

Daily operating hours: from _____ am/pm to _____ am/pm	Days of operation: (circle) Su Mo Tu We Th Fr Sa
Weeks per year: _____	Total annual concrete throughput (yd ³ /year) _____

6. PARTICULATE LADEN AIR STREAM

Type of particulate to be filtered (i.e. sawdust, cement, etc.)	Density of material being filtered: (lbs/ft ³)
Throughput of material being filtered for this project: (tons or yd ³ / job - circle one)	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) 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.	

8. EQUIPMENT INFORMATION

Size of Equipment Pad Length (ft.)		Width (ft.)							
Equipment	Manufacturer	Model No. Serial No.	Quantity	Maximum Throughput (tons/hr)					
Screens		_____							
Conveyors		_____							
Equipment	Manufacturer	Model No.	Qty.	Equip- ment Weight (lbs.)	Equip- ment Width (ft.)	Bucket Capacity (yds ³ .)	Capacity Load Size (tons)	Number of Wheels	Round Trip Travel Distance (ft)
Loader									
Haul Truck									

9. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

• Material Safety Data Sheets (MSDS) for all materials used in the process - (required)
• Flow diagram detailing operations occurring and material flow process, including emission control equipment - (required)
• Environmental Checklist (SEPA) / DNS (required) SEPA date _____ DNS date _____
• Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the proposed concrete batch plant - (required)
• Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified - (if available)
• Any emission and/or source test data - (if available)

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 _____ _____