

## SPOKANE REGIONAL CLEAN AIR AGENCY

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

# NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE CREMATORY / MEDICAL WASTE INCINERATOR

*This Notice of Construction (NOC) application must be accompanied by the required \$3,525.00 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: _____  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 Name: _____ 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. CREMATORY / MEDICAL WASTE INCINERATOR BEING INSTALLED / MODIFIED

Manufacturer: _____ Model No. _____	
Rated heat input of primary chamber burner (BTU/hr; gal/hr): _____	
Number of units being installed / modified: _____	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Charge Description: <input type="checkbox"/> Solid waste <input type="checkbox"/> Medical waste <input type="checkbox"/> Human or animal memorial <input type="checkbox"/> Animal - solid waste reduction <input type="checkbox"/> Other _____	
If charge is solid or medical waste, or animal - solid waste reduction, has an EIS been done? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is Lead Agency? _____	
NO <sub>x</sub> or CO controls <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of NO <sub>x</sub> or CO controls: _____
Max. charge size: (lbs/load) _____	Avg. charge size: (lbs/load) _____
Max. production rate: (loads/hr) _____	Avg. production rate: (loads/hr) _____
Max. primary chamber temp.: (°F) _____	Avg. primary chamber temp: (°F) _____

**(OVER)**

Revised 4/18/11

#### 4. AFTERBURNER / SECONDARY CHAMBER INFORMATION

Description: (make, model number)	
Afterburner/secondary chamber internal dimensions: Length _____ Width/Dia. _____ Height _____	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing Cost of afterburner / secondary chamber _____
Fuel(s) burned:	Afterburner/secondary chamber rated heat input (BTU/hr; gal/hr):
Temperature (°F): Operating _____ Maximum _____	Retention time (sec.) _____ Destruction efficiency (%) _____

#### 5. EXHAUST STACK DATA

Stack height from ground: (ft)	Flow rate: (SCFM)	Exit temperature: (° F)	Internal stack diameter: (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)			
Will this equipment share a stack with other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

#### 6. 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.	

#### 7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

	From	To	Days (circle)	Weeks/year
Business	am/pm	am/pm	<b>S M T W Th F S</b>	
Operating	am/pm	am/pm	<b>S M T W Th F S</b>	

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

<ul style="list-style-type: none"> <li>Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the proposed crematory/medical waste incinerator - <b>(required)</b></li> <li>Flow diagram of the process, including emission control equipment - <b>(required)</b></li> <li>Environmental Checklist (SEPA) / DNS <b>(required)</b> SEPA date _____ DNS date _____</li> <li>Any source test emission data (including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOC, lead, and toxics)- <b>(if available)</b></li> <li>Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified - <b>(required)</b></li> </ul>
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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 \_\_\_\_\_