



For agency use only.  
NOC#:

**SPOKANE REGIONAL CLEAN AIR AGENCY**  
3104 E. Augusta Ave., Spokane, WA 99207  
(509) 477-4727, Fax (509) 477-6828, www.SpokaneCleanAir.org

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

*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.*

*To complete this application, please "save as" the document onto your computer. Then use your mouse to click and fill in the required data. Print, sign, and submit with base fee and any required additional information.*

**1. GENERAL INFORMATION**

**Owner / Operator:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_  
**Name of Business:** \_\_\_\_\_ **Applicant Address:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
  
**Contact Person:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**Business Phone #:** \_\_\_\_\_ **Applicant Phone #:** \_\_\_\_\_  
**Business Fax #:** \_\_\_\_\_ **Applicant Fax #:** \_\_\_\_\_  
**Business Email:** \_\_\_\_\_ **Applicant Email:** \_\_\_\_\_

**2. INSTALLATION INFORMATION**

**Installation Address:** \_\_\_\_\_ **Operating Dates (mo/day/yr):** From \_\_\_\_\_ to \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Operating Hours:** From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
**Installation Phone #:** \_\_\_\_\_ **Operating Days (check):** Su Mon Tue Wed Thur  
Fri Sat  
**Pit Owner:** \_\_\_\_\_ **Operating Weeks per Year:** \_\_\_\_\_  
**Pit Depth (ft.):** \_\_\_\_\_ **Pit Number:** \_\_\_\_\_ **Pit Name:** \_\_\_\_\_  
**Size of Equipment Pad (ft.):** \_\_\_\_\_ **Township:** \_\_\_\_\_ **N Range:** \_\_\_\_\_  
Length \_\_\_\_\_ Width \_\_\_\_\_ **EWM Section:** \_\_\_\_\_  
**Total Asphalt Throughput (check one):** \_\_\_\_\_ **Pit Area (acres):** \_\_\_\_\_ **Site Area (acres):** \_\_\_\_\_  
Cu. Yds Tons  
**Distance from center pad to nearest property line (ft.):** \_\_\_\_\_

**3. ASPHALT PLANT INFORMATION**

**Manufacturer:** \_\_\_\_\_ **Percent of recycled asphalt:** \_\_\_\_\_  
**Model number:** \_\_\_\_\_ **Hourly production rate (tons/hr.):** Avg. \_\_\_\_\_ Max. \_\_\_\_\_  
**Ambient gas flow (scfm):** Avg. \_\_\_\_\_ Max. \_\_\_\_\_ **Height of the stack from ground (ft.):** \_\_\_\_\_  
**Actual gas flow (acfm):** Avg. \_\_\_\_\_ Max. \_\_\_\_\_ **Exhaust stack inside diameter (check one):**  
**Burner fuel(s) used:** \_\_\_\_\_ ft. in  
**Burner fuel consumption (check one):** Avg. \_\_\_\_\_ **Will a stack cap/rain guard be installed (check one)?**  
Max. \_\_\_\_\_ Btu/hr Gal/hr Yes No  
**Type of asphalt plant (check one):** \_\_\_\_\_ **Exhaust stack temperature (°F):** Avg. \_\_\_\_\_  
Rotary dryer Drum mixer Max. \_\_\_\_\_  
**Type of mix (check one):** Batch Continuous

#### 4. CONTROL EQUIPMENT INFORMATION

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##### A.) BAGHOUSE INFORMATION (IF APPLICABLE)

**Manufacturer:**  
**Model number:**  
**Status of baghouse** (check one): New Used  
Existing  
**Location of baghouse** (i.e. inside, outdoors, etc.):  
**Type of bags** (Gore-Tex, Nomex, Nylon, etc.):

**Length of bags:** ft. in.  
**Diameter of individual bags:** ft. in.  
**Total number of bags:**  
**Total cloth area (ft<sup>2</sup>):**  
**Particulate control efficiency of baghouse (%)**:  
**Baghouse air to cloth ratio (fpm):**

**Will a manometer or other pressure drop gauge be installed** (check one)? Yes No

**If yes, please describe** (manufacturer, model, etc.):

**Type of bag cleaning system** (check one): Pulse jet Reverse pulse Reverse air Fan pulse Shaker  
Manual Other (please explain):

##### B.) WET SCRUBBER SYSTEM INFORMATION (IF APPLICABLE)

**Manufacturer:**  
**Model number:**  
**Chemicals used** (if any):  
**Chemical consumption:** Gal/hr Lb/hr  
**Wet scrubber water flow** (gpm):  
Operating Max.  
**Wet scrubber efficiency (%)**:

**Wet scrubber water temperature** (°F):  
Operating Max.  
Provide a diagram of wet scrubber including dimensions of unit and locations of water spray nozzles.  
Provide a copy of each specific chemical MSDS sheet used in the scrubbing process.

##### C.) VOC CONTROL SYSTEM INFORMATION (IF APPLICABLE)

**Manufacturer:**  
**Model number:**  
**Type of VOC control system:**  
**VOC control system efficiency (%)**:  
**Fuel(s) used:**  
**Fuel consumption** (check one):  
Btu/hr Gal/hr

**Retention time** (sec):  
**Afterburner internal chamber dimensions** (if present):  
Length Width Height  
ft. in.  
**Afterburner temperature** (°F if present):  
Operating Max.

#### 5. HOT OIL HEATER INFORMATION

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**Manufacturer:**  
**Model number:**  
**Operating dates** (mo/day/yr): From to  
**Operating hours:** From a.m. to p.m.  
**Operating days** (check): Su Mon Tue Wed  
Thur Fri Sat

**Operating weeks per year:**  
**Rated input capacity of burner:**  
Btu/hr Gal/hr  
**Fuel(s) used:**  
**Number of units on site:**

#### 6. EXHAUST STACK / VENT DATA

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**How does exhaust exit the stack** (check one)?  
Vertical Horizontal  
**Where does stack exhaust** (check one)?  
Inside Outside Variable

**Will a stack cap/rain guard be installed** (check one)?  
Yes 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

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- 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.**)
- Environmental Checklist, SEPA, see section #8 (**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 the 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 \_\_\_\_\_ (mo/day/yr)  
by \_\_\_\_\_ (government agency).

The Spokane Regional Clean Air Agency may require that a copy of the final determination and the environmental checklist or environmental impact statement be submitted with this application.

*Print this form, sign below, and submit with base fee and any required additional information.*

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

Signature:	Date:
Print Name:	Phone:
Title:	Email:

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 _____
_____

Updated: Sept. 2013