



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
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.*

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:	Installer Co. Name:
	Installer Address:
Contact Person:	Contact Person:
Installation Phone #:	Installer Phone #:
Installation Fax #:	Installer Fax #:
Installation Email:	Installer Email:
Type of business (check one): <input type="checkbox"/> New <input type="checkbox"/> Existing	Installer Email:
Facility registered with SRCAA (check one)?	Nature of business:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated date of completion:

3. CREMATORY / MEDICAL WASTE INCINERATOR BEING INSTALLED / MODIFIED

Manufacturer:	Number of units installed:
Model number:	Status of equipment (check one): <input type="checkbox"/> New <input type="checkbox"/> Used
Rated input capacity of each unit (check one):	<input type="checkbox"/> Existing
<input type="checkbox"/> BTU/hr <input type="checkbox"/> gal/hr	

Charge description (check one): Solid waste Medical waste Human or animal memorial
Animal solid waste reduction Other (explain):

If charge is solid or medical waste, or animal solid waste reduction, has an EIS been completed? Yes No

Who is the lead agency?

Will NO_x or CO controls be installed (check one)? Yes No

Type of NO_x or CO controls:	Avg. charge size (lbs/load):
Max. charge size (lbs/load):	Avg. production rate (loads/hr):
Max. production rate (loads/hr):	Avg. primary chamber temp (°F):
Max primary chamber temp (°F):	

4. AFTERBURNER / SECONDARY CHAMBER INFORMATION

Manufacturer: Afterburner/Secondary chamber rated heat input:
Model number: BTU/hr gal/hr
Afterburner internal chamber dimensions: Afterburner temperature (°F):
Length Width Height Operating Maximum
Status of equipment (check one): New Used Afterburner retention time (sec.):
 Existing Afterburner destruction efficiency (%):
Cost of Afterburner: \$
Fuels burned:

5. EXHAUST STACK DATA

Stack height from ground (ft): How does exhaust exit the stack (check one)?
Flow rate (SCFM): Vertical Horizontal
Exit temperature (°F): Stack height above roof (ft):
Internal dimensions of stack/vent (ft): Will a stack cap/rain guard be installed (check one)?
 Yes No (If yes, submit a drawing of the stack cap design.)

6. MODELING INFORMATION

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

Distance from stack to nearest property line (ft):

7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

Business Hours: From a.m. to p.m. Operating Hours: From a.m. to p.m.
Business Days (check): Su Mon Tue Wed Thur Operating Days (check): Su Mon Tue Wed Thur
 Fri Sat Fri Sat
Business Weeks per Year: Operating Weeks per Year:

8. OTHER INFORMATION – ATTACH THE FOLLOWING TO THIS APPLICATION

- Plot plan showing the entire facility, buildings within 200 ft. of proposal, including property lines, cross streets, and location of proposed crematory / medical waste incinerator (required.)
- Flow diagram detailing operations occurring and material flow process (required.)
- Environmental Checklist, SEPA, see section #9 (required.)
- Any source test emission data (including particulate, NO_x, SO₂, CO, VOC, lead and toxics (if available.)
- Manufacturer and/or vendor information on the process and air pollution controls being installed or modified (if available.)

9. 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 _____
