



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
FIRST TIME, TEMPORARY & PORTABLE ASPHALT PLANT OPERATIONS**

*This Notice of Construction (NOC) application must be accompanied by the required \$1,250.00 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): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Pit Owner:	Operating Weeks per Year:
Pit Depth (ft.): _____ Pit Number: _____	Pit Name: _____
Size of Equipment Pad (ft.): Length _____ Width _____	Township: _____ N Range: _____
Total Asphalt Throughput (check one): <input type="checkbox"/> Cu. Yds <input type="checkbox"/> Tons	EWM Section: _____
Distance from center pad to nearest property line (ft.): _____	Pit Area (acres): _____ Site Area (acres): _____

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): <input type="checkbox"/> ft. <input type="checkbox"/> in.
Burner fuel(s) used:	Will a stack cap/rain guard be installed (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Burner fuel consumption (check one): Avg. _____ Max. <input type="checkbox"/> Btu/hr <input type="checkbox"/> Gal/hr	Exhaust stack temperature (°F): Avg. _____ Max. _____
Type of asphalt plant (check one): <input type="checkbox"/> Rotary dryer <input type="checkbox"/> Drum mixer	
Type of mix (check one): <input type="checkbox"/> Batch <input type="checkbox"/> Continuous	

4. CONTROL EQUIPMENT INFORMATION

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 (ft²):
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

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

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

- 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 SRCOA 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.

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 _____

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

March 2014