



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](http://www.SpokaneCleanAir.org)

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL  
FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE  
FIRST TIME, TEMPORARY & PORTABLE  
CONCRETE OR CEMENT BATCH PLANTS**

*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**

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<b>Owner / Operator:</b> <b>Name of Business:</b> <b>Business Address:</b>  <b>Contact Person:</b> <b>Business Phone #:</b> <b>Business Fax #:</b> <b>Business Email:</b>	<b>Applicant:</b> <b>Applicant Address:</b>  <b>Contact Person:</b> <b>Applicant Phone #:</b> <b>Applicant Fax #:</b> <b>Applicant Email:</b>
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**2. INSTALLATION INFORMATION**

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

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<b>Manufacturer:</b> <b>Model number:</b> <b>Number of baghouses installed:</b> <b>Status of baghouse</b> (check one): <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing <b>Location of baghouse</b> (i.e. inside, outdoors, etc.):  <b>Type of bags</b> (Gore-Tex, Nomex, Nylon, etc.):  <b>Will a manometer or other pressure drop gauge be installed</b> (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please describe</b> (manufacturer, model, etc.): <b>Type of bag cleaning system</b> (check one): <input type="checkbox"/> Pulse jet <input type="checkbox"/> Reverse pulse <input type="checkbox"/> Reverse air <input type="checkbox"/> Fan pulse <input type="checkbox"/> Shaker <input type="checkbox"/> Manual <input type="checkbox"/> Other (please explain):	<b>Length of bags:</b> <input type="checkbox"/> ft. <input type="checkbox"/> in. <b>Diameter of individual bags:</b> <input type="checkbox"/> ft. <input type="checkbox"/> in. <b>Total number of bags:</b> <b>Total cloth area</b> (ft <sup>2</sup> ): <b>Particulate control efficiency of baghouse</b> (%): <b>Baghouse Air to Cloth Ratio</b> (fpm):
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**4. BAGHOUSE EXHAUST STACK/VENT DATA**

Stack height from ground (ft): \_\_\_\_\_

Flow rate (SCFM): \_\_\_\_\_

Exit temperature (°F): \_\_\_\_\_

Internal dimensions of stack/vent (ft): \_\_\_\_\_

How does exhaust exit the stack (check one)?  
 Vertical     Horizontal

Where does baghouse exhaust (check one)?  
 Inside     Outside     Variable

Stack height above roof (ft): \_\_\_\_\_

Will a stack cap/rain guard be installed (check one)?  
 Yes     No (If yes, submit a drawing of the stack cap design.)

**5. OPERATION INFORMATION FOR BAGHOUSE**

Business Hours: From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Business Days (check):  Su  Mon  Tue  Wed  Thur  
 Fri  Sat

Business Weeks per Year: \_\_\_\_\_

Operating Hours: From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Operating Days (check):  Su  Mon  Tue  Wed  Thur  
 Fri  Sat

Operating Weeks per Year: \_\_\_\_\_

**6. PARTICULATE LADEN AIR STREAM**

Type of particulate to be filtered (i.e. sawdust, cement, etc.): \_\_\_\_\_

Density of material being filtered (lbs/ft<sup>3</sup>): \_\_\_\_\_

Throughput of material being filtered (tons or yd<sup>3</sup>/job): \_\_\_\_\_

Grain loading of exhaust stream (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.): \_\_\_\_\_

Describe any dispersion modeling that has been done: (Attach computer printout of results.) \_\_\_\_\_

Distance from stack to nearest property line (ft): \_\_\_\_\_

**8. EQUIPMENT INFORMATION**

Size of equipment pad length (ft): \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Equipment	Manufacturer	Model #	Serial #	Quantity	Maximum Throughput (tons/hr)
Screens					
Conveyors					

  

Equipment	Manufacturer	Model #	Qty.	Equipment Weight (lbs)	Equipment Width (ft)	Bucket Capacity (yds <sup>3</sup> )	Capacity Load Size (tons)	Number of Wheels	Round Trip Travel Distance (ft)
Loader					XXXXXXXX		XXXXXXXX		
Haul Truck						XXXXXXXX			

**9. OTHER INFORMATION – ATTACH THE FOLLOWING TO THIS APPLICATION**

- Material Safety Data Sheets (MSDS) for all materials used in the process **(required.)**
- Plot plan showing the entire facility, buildings within 200 ft. of proposal, including property lines, cross streets, and location of proposed concrete batch plant **(required.)**
- Flow diagram detailing operations, material flow process, and emission control equipment **(required.)**
- Environmental Checklist, SEPA, see section #10 **(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 date **(if available.)**

**10. 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 _____
_____

March 2014