



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
SOIL REMEDIATION OPERATIONS**

*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:	Applicant Phone #:
Business Phone #:	Applicant Fax #:
Business Fax #:	Applicant Email:
Business Email:	

2. INSTALLATION INFORMATION

Type of soil remediation process:	Installer Co. Name:
Installation Address:	Installer Address:
	Contact Person:
Contact Person:	Installer Phone #:
Installation Phone #:	Installer Fax #:
Installation Fax #:	Installer Email:
Installation Email:	Facility registered with SRCAA (check one)?
Type of business (check one): <input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operating Dates:	Maximum overall hourly production (tons/hr):
Operating Hours:	Type of air pollution control equipment:
Operating Days (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur	Distance from center of equipment pad or
<input type="checkbox"/> Fri <input type="checkbox"/> Sat	remediation area to nearest property line:
Operating Weeks per Year:	
Anticipated mean wind speed (mph):	

3. REMEDIATION EQUIPMENT INFORMATION

Manufacturer:	Exhaust stack temperature (°F):
Model number:	Avg. Max.
Ambient gas flow (scfm): Avg. Max.	Height of stack from ground (ft):
Actual gas flow (acfm): Avg. Max.	Exhaust stack inside diameter (check one):
Burner fuel(s) used:	<input type="checkbox"/> ft <input type="checkbox"/> in
Number of burners:	Anticipated number of tilling events (if applicable):
Burner fuel consumption: Avg. Max.	
<input type="checkbox"/> BTU/hr <input type="checkbox"/> gal/hr	What kind of monitoring will be done on this proposal?

4. SOIL CONTAMINANT INFORMATION

Soil contaminant(s):
Amount of soil to be treated (cu yds):
Average density of contaminated soil (lbs/cu ft):
Soil porosity (%):
Soil silt content (%):
Soil moisture content (%):

Contamination level for each contaminant (ppmv):
Avg. Max.
Amount of uncontrolled emissions that are possible
(lbs/project):
Provide a list of all the expected toxic pollutants.

5. EXHAUST STACK DATA

Stack height from ground (ft):
Flow rate (SCFM):
Exit temperature (°F):
Internal dimensions of stack (ft):
How does exhaust exit the stack (check one)?
 Vertical Horizontal

Stack height above roof (ft):
Does source share a stack with another source?
 Yes No
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
(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):

7. 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 remediation area and equipment **(required.)**
- Environmental Checklist, SEPA, see section #8 **(required.)**
- Flow diagram detailing operations occurring and material flow including fugitive emissions and emission control equipment **(required.)**
- Monitoring plan and schedule. **(required.)**
- Soil remediation construction drawing showing cross-section **(required.)**
- Source test data, include soil analysis report or summary of soil testing performed. Include results from most recent source test for the plant unless Spokane Clean Air already has a copy of the results **(if available.)**

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 _____
