



For agency use only.  
NOI#:

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

**NOTICE OF INTENT TO INSTALL AND OPERATE A TEMPORARY SOURCE  
FOR  
CONCRETE OR CEMENT BATCH PLANTS**

*This Notice of Intent (NOI) application must be accompanied by the required \$1,000.00 base fee for the project. **Additional NOI review fees will be invoiced after the NOI review is complete.** See Spokane Clean Air's current fee schedule for applicable NOI fees.*

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

**1. GENERAL INFORMATION**

<b>Owner / Operator:</b>	<b>Applicant:</b>
<b>Name of Business:</b>	<b>Applicant Address:</b>
<b>Business Address:</b>	
<b>Contact Person:</b>	<b>Contact Person:</b>
<b>Business Phone #:</b>	<b>Applicant Phone #:</b>
<b>Business Fax #:</b>	<b>Applicant Fax #:</b>
<b>Business Email:</b>	<b>Applicant Email:</b>

**2. INSTALLATION INFORMATION**

<b>Installation Address:</b>	<b>Operating Dates</b> (mo/day/yr): From _____ to _____
<b>Contact Person:</b>	<b>Operating Hours:</b> From _____ a.m. to _____ p.m.
<b>Installation Phone #:</b>	<b>Operating Days</b> (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur
<b>Pit Owner:</b>	<input type="checkbox"/> Fri <input type="checkbox"/> Sat
<b>Pit Depth</b> (ft.): _____	<b>Operating Weeks per Year:</b> _____
<b>Pit Number:</b> _____	<b>Pit Name:</b> _____
<b>Nature of Business:</b> _____	<b>Township:</b> _____ <b>N Range:</b> _____
	<b>EWM Section:</b> _____

**3. BAGHOUSE BEING INSTALLED / MODIFIED**

<b>Manufacturer:</b>	<b>Diameter of individual bags:</b> _____ ft. _____ in.
<b>Model number:</b>	<b>Total cloth area</b> (ft <sup>2</sup> ): _____
<b>Total number of bags:</b>	<b>Particulate control efficiency of baghouse</b> (%): _____
<b>Length of bags:</b> _____ ft. _____ in.	<b>Baghouse Air to Cloth Ratio</b> (fpm): _____

**Type of bags** (Gore-Tex, Nomex, Nylon, etc.): \_\_\_\_\_

**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): \_\_\_\_\_

**4. BAGHOUSE EXHAUST STACK / VENT DATA**

**How does exhaust exit stack** (check one)?  
 Vertical  Horizontal  
**Where does baghouse exhaust** (check one)?  
 Inside  Outside  Variable  
**Flow rate** (SCFM): Operating \_\_\_\_\_ Maximum \_\_\_\_\_  
**Exit temperature** (°F): \_\_\_\_\_

**Stack height from ground** (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.)  
**Distance from stack to nearest property line** (ft): \_\_\_\_\_

**5. PARTICULATE LADEN AIR STREAM**

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

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

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

**Grain loading of exhaust stream** (gr/dscf): \_\_\_\_\_  
**Destination of captured particulate** (i.e. outdoor load out bin, back to process bins, etc.): \_\_\_\_\_

**6. 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/DNS) **(required.)** SEPA date: \_\_\_\_\_ DNS date: \_\_\_\_\_
- 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.)**

**7. OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:**

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:

<p>FOR AGENCY USE ONLY</p> <p>Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order.</p> <p>_____</p> <p>CONTROL OFFICER</p> <p>DATE _____</p> <p>COMMENTS _____</p> <p>_____</p>
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