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

**PORTABLE SOURCE PERMIT APPLICATION TO INSTALL AND OPERATE  
ROCK CRUSHER OPERATIONS**

*This Portable Source Permit (PSP) application must be accompanied by the required \$1,625 base fee, which covers 16 hours of SRCAA review time. Additional review time will be billed at \$98/hour. See Spokane Clean Air's current [fee schedule](#) for more information.*

*To complete this Word version of the application, please "save as" the document onto your computer. Tab 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>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**

<b>Type of process:</b> <b>Installation Address:</b>  <b>Contact Person:</b> <b>Installation Phone #:</b> <b>Pit Owner:</b> <b>Pit Name:</b> <b>Pit Depth (ft.):</b> <b>Pit Area (acres):</b> <b>Township:</b> <b>EWM Section:</b> <b>Type of air pollution control equipment:</b>	<b>Operating Dates (mo/day/yr):</b> From _____ to _____ <b>Operating Hours:</b> From _____ a.m. to _____ p.m. <b>Operating Days (check):</b> <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 <b>Operating Weeks per Year:</b> <b>Max. overall hourly production (tons/hr):</b> <b>Total expected throughput tonnage per job (tons):</b>  <b>Product produced:</b> <b>Product density (lbs/ft<sup>3</sup>):</b> <b>Distance from center of equipment pad to nearest property line (ft.):</b>
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**3. EQUIPMENT INFORMATION**

Size of equipment pad length (ft): Length                      Width

Equipment	Manufacturer	Model #	Serial #	Quantity	Maximum Throughput (tons/hr)	Year built or last modified
Primary Crusher (jaw)						
Secondary Crusher						
Tertiary Crusher						
Screens			XXXXXXXXXX		XXXXXXXXXXXXXXXXXX	
Conveyors			XXXXXXXXXX		XXXXXXXXXXXXXXXXXX	

Equipment	Manufacturer	Model #	Qty.	Equipment Weight (lbs)	Equipment Width (ft)	Bucket Capacity (yds3)	Capacity Load Size (tons)	Number of Wheels	Round Trip Travel Distance (ft)
Loader					XXXXXXX		XXXXXXX		
Haul Truck						XXXXXXX			

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

- Plot plan showing the entire facility, property lines, cross streets, and location of storage piles and equipment at the proposed site **(required.)**
- Drawings or a written description of the dust suppression system and any modifications, including types, number and locations of spray nozzles, to SRCAA prior to operations **(required.)**
- Flow diagram detailing operations occurring and material flow process including fugitive emissions **(required.)**
- Environmental Checklist (SEPA/DNS) **(required.)** SEPA date: \_\_\_\_\_ DNS date: \_\_\_\_\_
- Configuration drawing showing location of crushers, screens, power units, conveyors, loaders (loading and unloading points), storage piles, haul trucks **(required.)**
- Any source test emission data including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOC, lead and toxics **(if available.)**

**5. 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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Updated Dec. 2018