



For agency use only.  
NOC#:

**SPOKANE REGIONAL CLEAN AIR AGENCY**  
1610 S. Technology Blvd., Suite 101, Spokane, WA 99224  
(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  
BAGHOUSE**

*This Notice of Construction (NOC) application must be accompanied by the following base fee:*

- For operation that exhausts > 1,000 and < 10,000 acfm, the base fee is **\$2,500** and covers **25** hours of SRCAA review time.
- For operation that exhausts ≥ 10,000 acfm, the base fee is **\$4,100** and covers **42** 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 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**

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

**3. BAGHOUSE BEING INSTALLED / MODIFIED**

<b>Manufacturer:</b>	<b>Length of bags:</b> <input type="checkbox"/> ft. <input type="checkbox"/> in.
<b>Model number:</b>	<b>Diameter of individual bags:</b> <input type="checkbox"/> ft. <input type="checkbox"/> in.
<b>Number of baghouses installed:</b>	<b>Total number of bags:</b>
<b>Status of baghouse</b> (check one): <input type="checkbox"/> New <input type="checkbox"/> Used	<b>Total cloth area</b> (ft <sup>2</sup> ):
<input type="checkbox"/> Existing	<b>Particulate control efficiency of baghouse</b> (%):
<b>Location of baghouse</b> (i.e. inside, outdoors, etc.):	<b>Baghouse Air to Cloth Ratio</b> (fpm):
<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):	

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

Stack height from ground (ft): \_\_\_\_\_ How does exhaust exit the stack (check one)?  Vertical  
Flow rate (SCFM): \_\_\_\_\_  Horizontal  
Exit temperature (°F): \_\_\_\_\_ Where does baghouse exhaust (check one)?  
Internal dimensions of stack/vent (ft): \_\_\_\_\_  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. Operating Hours: From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Business Days (check):  Su  Mon  Tue  Wed  Thur Operating Days (check):  Su  Mon  Tue  Wed  Thur  
 Fri  Sat  Fri  Sat  
Business Weeks per Year: \_\_\_\_\_ Operating Weeks per Year: \_\_\_\_\_

**6. PARTICULATE LADEN AIR STREAM**

Type of particulate to be filtered (i.e. sawdust, cement, etc.): \_\_\_\_\_ Grain loading of exhaust stream (gr/dscf): \_\_\_\_\_  
Density of material being filtered (lbs/ft³): \_\_\_\_\_ Destination of captured particulate (i.e. outdoor load out bin, back to process bins, etc.): \_\_\_\_\_  
Annual throughput of product (lb/yr): \_\_\_\_\_

**7. MODELING INFORMATION**

All building dimensions w/in 200 ft. of proposal Describe any dispersion modeling that has been done: (Attach computer printout of results.)  
(LxWxH, ft, Include these dimensions on required plot plan.): \_\_\_\_\_

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

**8. 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 baghouse (required.)
- Flow diagram detailing operations occurring and material flow process (required.)
- Environmental Checklist, SEPA, see section #9 (required.)
- Manufacturer and/or vendor information on baghouse and/or bags (if available.)
- Any emission and/or source test date (if available.)

**9. 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 _____
_____

Update: Dec. 2018