



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

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL
FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE
COFFEE ROASTER**

*This Notice of Construction (NOC) application must be accompanied by the required **\$2,833** base fee, which covers **25** hours of SRCAA review time. Additional review time will be billed at \$111/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

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

2. INSTALLATION INFORMATION

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

3. COFFEE ROASTER BEING INSTALLED / MODIFIED

Manufacturer:	Roast cycle time (minutes):
Model number:	Annual roasted coffee throughput (lbs/yr):
Rated capacity of burner: <input type="checkbox"/> BTU/hr <input type="checkbox"/> kW/hr	Max. roaster temp. (°F):
Number of units installed:	Avg. roaster temp. (°F):
Status of equipment (check one): <input type="checkbox"/> New <input type="checkbox"/> Used	Chaff collector? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Existing	Chaff collector efficiency (%):
Fuels burned:	Water quench (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roast type: <input type="checkbox"/> light <input type="checkbox"/> medium <input type="checkbox"/> dark <input type="checkbox"/> all	Will this equipment share a stack with other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Max. batch size: lbs/load Loads/hr	If yes, please explain:
Avg. batch size: lbs/load Loads/hr	

4. AFTERBURNER INFORMATION

Manufacturer:	Status of equipment (check one): <input type="checkbox"/> New <input type="checkbox"/> Used
Model number:	<input type="checkbox"/> Existing
Afterburner internal chamber dimensions:	Cost of Afterburner: \$
Length Width Height	Fuels burned:

Rated heat input of afterburner:

BTU/hr gal/hr

Afterburner temperature (°F):

Operating Maximum

Afterburner retention time (sec.):

Afterburner destruction efficiency (%):

Will this equipment share a stack with other equipment? Yes No

If yes, please explain:

5. EXHAUST STACK 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

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.)

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. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

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

Business (check): Su Mon Tue Wed Thur

Fri Sat

Business Weeks per Year:

Roasting Hours: From a.m. to p.m.

Roasting Days (check): Su Mon Tue Wed Thur

Fri Sat

Roasting Weeks per Year:

8. 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 coffee roaster **(required.)**
- Flow diagram detailing operations occurring and material flow process **(required.)**
- Environmental Checklist, SEPA, see section #9 **(required.)**
- Manufacturer and/or vendor information on process and air pollution controls being installed or modified **(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 _____
