Spokane Regional Clean Air Agency

For agency use only.
NOC#:

SPOKANE REGIONAL CLEAN AIR AGENCY
1610 S Technology Blvd Ste 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
CREMATORY / MEDICAL/ SOLID WASTE INCINERATOR

*This Notice of Construction (NOC) application must be accompanied by the required **$5,262** base fee, which covers **38** hours of SRCAA review time. Additional review time will be billed at $140/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:
Name of Business:
Business Address:

Contact Person:
Business Phone #:
Business Fax #:
Business Email:

Applicant:
Applicant Address:

Contact Person:
Applicant Phone #:
Applicant Fax #:
Applicant Email:

2. INSTALLATION INFORMATION

Installation Address:

Contact Person:
Installation Phone #:
Installation Fax #:
Installation Email:
Type of business (check one): ☐New ☐Existing
Facility registered with SRCAA (check one)?
☐Yes ☐No

Installer Co. Name:
Installer Address:

Contact Person:
Installer Phone #:
Installer Fax #:
Installer Email:
Nature of business:
Estimated date of completion:

3. CREMATORY / MEDICAL WASTE INCINERATOR BEING INSTALLED / MODIFIED

Manufacturer:
Model number:
Rated input capacity of each unit (check one):
☐BTU/hr ☐gal/hr

Number of units installed:
Status of equipment (check one): ☐New ☐Used ☐Existing

Charge description (check one): ☐Solid waste ☐Medical waste ☐Human or animal memorial ☐Animal solid waste reduction ☐Other (explain):
If charge is solid or medical waste, or animal solid waste reduction, has an EIS been completed? ☐Yes ☐No
Who is the lead agency?
Will NO_x or CO controls be installed (check one)? ☐Yes ☐No
Type of NO_x or CO controls:
Max. charge size (lbs/load):
Max. production rate (loads/hr):
Max primary chamber temp (°F):

Avg. charge size (lbs/load):
Avg. production rate (loads/hr):
Avg. primary chamber temp (°F):

4. AFTERBURNER / SECONDARY CHAMBER INFORMATION

Manufacturer:
Model number:
Afterburner internal chamber dimensions:
Length Width Height

Status of equipment (check one): ☐New ☐Used ☐Existing
Cost of Afterburner: $
Fuels burned:

Afterburner/Secondary chamber rated heat input:
☐BTU/hr ☐gal/hr
Afterburner temperature (°F):
Operating Maximum

Afterburner retention time (sec.):
Afterburner destruction efficiency (%):

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 Days (check): ☐Su ☐Mon ☐Tue ☐Wed ☐Thur ☐Fri ☐Sat
Business Weeks per Year:

Operating Hours: From a.m. to p.m.
Operating Days (check): ☐Su ☐Mon ☐Tue ☐Wed ☐Thur ☐Fri ☐Sat
Operating 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 crematory / medical waste incinerator **(required.)**
- Flow diagram detailing operations occurring and material flow process **(required.)**
- Environmental Checklist, SEPA, see section #9 **(required.)**
- Any source test emission data (including particulate, NO_x, SO_2, CO, VOC, lead and toxics **(if available.)**
- Manufacturer and/or vendor information on the 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 _____

Updated: Feb 2026