



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  
CREMATORY / MEDICAL WASTE INCINERATOR**

*This Notice of Construction (NOC) application must be accompanied by the required \$4,100 base fee, which 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>Installer Email:</b>
<b>Facility registered with SRCAA</b> (check one)?	<b>Nature of business:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Estimated date of completion:</b>

**3. CREMATORY / MEDICAL WASTE INCINERATOR BEING INSTALLED / MODIFIED**

<b>Manufacturer:</b>	<b>Number of units installed:</b>
<b>Model number:</b>	<b>Status of equipment</b> (check one): <input type="checkbox"/> New <input type="checkbox"/> Used
<b>Rated input capacity of each unit</b> (check one):	<input type="checkbox"/> Existing
<input type="checkbox"/> BTU/hr <input type="checkbox"/> gal/hr	
<b>Charge description</b> (check one): <input type="checkbox"/> Solid waste <input type="checkbox"/> Medical waste <input type="checkbox"/> Human or animal memorial	
<input type="checkbox"/> Animal solid waste reduction <input type="checkbox"/> Other (explain):	
<b>If charge is solid or medical waste, or animal solid waste reduction, has an EIS been completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Who is the lead agency?</b>	
<b>Will NO<sub>x</sub> or CO controls be installed</b> (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Type of NO<sub>x</sub> or CO controls:</b>	
<b>Max. charge size</b> (lbs/load):	<b>Avg. charge size</b> (lbs/load):
<b>Max. production rate</b> (loads/hr):	<b>Avg. production rate</b> (loads/hr):
<b>Max primary chamber temp</b> (°F):	<b>Avg. primary chamber temp</b> (°F):

**4. AFTERBURNER / SECONDARY CHAMBER INFORMATION**

**Manufacturer:** \_\_\_\_\_ **Afterburner/Secondary chamber rated heat input:**  
**Model number:** \_\_\_\_\_  BTU/hr  gal/hr  
**Afterburner internal chamber dimensions:** **Afterburner temperature (°F):**  
 Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Operating \_\_\_\_\_ Maximum \_\_\_\_\_  
**Status of equipment (check one):**  New  Used **Afterburner retention time (sec.):** \_\_\_\_\_  
 Existing **Afterburner destruction efficiency (%):** \_\_\_\_\_  
**Cost of Afterburner: \$** \_\_\_\_\_  
**Fuels burned:** \_\_\_\_\_

**5. EXHAUST STACK DATA**

**Stack height from ground (ft):** \_\_\_\_\_ **How does exhaust exit the stack (check one)?**  
**Flow rate (SCFM):** \_\_\_\_\_  Vertical  Horizontal  
**Exit temperature (°F):** \_\_\_\_\_ **Stack height above roof (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.)

**6. 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):** \_\_\_\_\_

**7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED**

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

**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<sub>x</sub>, SO<sub>2</sub>, 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 _____  _____
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