



For agency use only. PSP#:

SPOKANE REGIONAL CLEAN AIR AGENCY
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**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

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

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

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_x, SO₂, 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:

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 Dec. 2018