

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, <a href="https://www.SpokaneCleanAir.org">www.SpokaneCleanAir.org</a>

## NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE FURNACE / OVEN

This Notice of Construction (NOC) application must be accompanied by the required **\$4,510** base fee, which covers **42** hours of SRCAA review time. Additional review time will be billed at \$108/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:	Applicant Phone #:		
Business Phone #:	Applicant Fax #:		
Business Fax #:	Applicant Email:		
Business Email:	••		
2. INSTALLATION INFORMATION			
Installation Address:	Installer Co. Name:		
	Installer Address:		
Contact Person:			
Installation Phone #:	Contact Person:		
Installation Fax #:	Installer Phone #:		
Installation Email:	Installer Fax #:		
Type of business (check one): New Existing	Installer Email:		
Facility registered with SRCAA (check one)?  Yes No	Nature of business: Estimated date of completion:		
3. FURNACE / OVEN BEING INSTALLED / MODIFIED			
Manufacturer:	Max. batch size: lbs/load Loads/hr		
Model number:	Avg. batch size: lbs/load Loads/hr		
Rated input capacity of burner:	Max. furnace/oven temp. (°F):		
□BTU/hr □gal/hr	Avg. furnace/oven temp. (°F):		
Status of equipment (check one): New Used	Will this equipment share a stack with other		
☐Existing	equipment?_		
Number of units installed:	□Yes □No		
Product (check one): Produced Treated	If yes, please explain:		
4. AFTERBURNER INFORMATION			
Manufacturer:	Status of equipment (check one): New Used		
Model number:	Existing		
Afterburner internal chamber dimensions:	Cost of Afterburner: \$		
Length Width Height	Fuels burned:		

Afterburner temperature (°F): Operating Maximum	Will this equipment sha equipment? ☐Yes If yes, please explain:	are a stack with other □ No	
Afterburner retention time (sec.):	,, p		
Afterburner destruction efficiency (%):			
5. EXHAUST STACK DATA			
Stack height from ground (ft): Flow rate (SCFM):		How does exhaust exit the stack (check one)?  Vertical Horizontal	
Exit temperature (°F):	Stack height above roo		
Internal dimensions of stack/vent (ft):		nard be installed (check one)?  Submit a drawing of the stack cap design.)	
6. MODELING INFORMATION			
All building dimensions w/in 200 ft. of proposal	Describe any dispersio	n modeling that has been	
(LxWxH, ft, Include these dimensions on required plot plan.):	done (Attach computer printo	out of results.):	
Distance from stack to nearest property line (ft):			
7. OPERATION INFORMATION FOR EQUIPMENT		_	
Business Hours: From a.m. to p.m.		Furnace/Oven Hours: From a.m. to p.m. Furnace/Oven Days (check): □Su □Mon □Tue □Wed	
Business (check): ☐Su ☐Mon ☐Tue ☐Wed ☐Thur ☐Fri ☐Sat	Fulliace/Overl Days (che	eck).	
Business Weeks per Year:	Furnace/Oven Weeks p	er Year:	
<ul> <li>and location of proposed project (required.)</li> <li>Flow diagram of the process including emis</li> <li>Environmental Checklist, SEPA, see section</li> <li>Material Safety Data Sheets (MSDS) and an</li> <li>Any source test emission data including par</li> <li>Manufacturer and/or vendor information on modified (if available.)</li> </ul>	sion control equipment ( <b>required.)</b> n #9 ( <b>required.)</b> nnual usage for all materials used in t ticulate, NO <sub>x</sub> , SO <sub>2</sub> , CO, VOC, lead ar	nd toxics (if available.)	
9. SEPA			
I certify that the State Environmental Policy Act (SEP by (government ager	,	on (mo/day/yr)	
The Spokane Regional Clean Air Agency may require checklist or environmental impact statement be submited this form, sign below, and submit with base fee I HEARBY CERTIFY THAT THE INFORMATION CONTAINDATA, IS TO THE BEST OF MY KNOWLEDGE COMPLET	e that a copy of the final determination itted with this application.  and any required additional information in the contraction in the contracti	on.	
· · · · · · · · · · · · · · · · · · ·		FOR AGENCY USE ONLY	
Signature:		Approved by the Spokane Regional Clean Air Agency pursuant to conditions of	
Print Name:		approval specified in the Approval Order.	
Title:	Email:	CONTROL OFFICER	
		DATE	
		COMMENTS	
	Updated Aug 2023		