



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
GENERAL OPERATIONS**

This Notice of Construction (NOC) application must be accompanied by the required base fee for the project, which covers a defined number of 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

Owner / Operator:
Name of Business:
Business Address:

Applicant:
Applicant Address:

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

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

2. INSTALLATION INFORMATION

Installation Address:

Installer Co. Name:
Installer Address:

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

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

3. PROCESS EQUIPMENT BEING INSTALLED / MODIFIED

Manufacturer:
Model number:
Capacity rating:
Number of units installed:
Status of equipment (check one): New Used
Existing

Max. production rate (give units):
Avg. production rate (give units):
Will this equipment share a stack with other equipment? Yes No
If yes, please explain:

4. AIR POLLUTION CONTROL EQUIPMENT BEING INSTALLED / MODIFIED

Manufacturer:
Model number:
Capacity rating:
Number of units installed:
Status of equipment (check one): New Used
Existing

Max. production rate (give units):
Avg. production rate (give units):
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 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 unit **(required.)**
- Flow diagram of the process **(required.)**
- Material Safety Data Sheets (MSDS) for all materials used in the process **(required.)**
- Environmental Checklist, SEPA, see section #9 **(required.)**
- Any emission data (including particulate, NO_x, SO₂, CO, VOC, lead and toxics **(if available.)**)
- Manufacturer and/or vendor information 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 _____
by _____ (government agency).

(mo/day/yr)

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 Dec. 2018