



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 **EMERGENCY GENERATOR SET / INTERNAL COMBUSTION ENGINE**

*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:
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. INTERNAL COMBUSTION ENGINE / EMERGENCY GENERATOR SET BEING INSTALLED/MODIFIED

What will the internal combustion engine power
(check one)? ☐ Emergency Generator Set
☐ Stump Grinder ☐ Rock Crusher
☐ Other:

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

Manufacturer:
Model number:
Size of engine (brake hp):

Fuels burned:
Rated fuel consumption at full load (gal/hr):
Number of cylinders:
Is the unit turbocharged (check one)? ☐ Yes ☐ No
Is the unit aftercooled (check one)? ☐ Yes ☐ No

4. ENGINE / GENERATOR SET 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.)

5. 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: _____

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. 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 engine / generator set **(required.)**
- ☐ Flow diagram detailing operations occurring and material flow process **(required.)**
- ☐ Environmental Checklist, SEPA, see section #8 **(required.)**
- ☐ Any emission data and/or source test data including particulate, NO_x, SO₂, CO, VOC, lead and toxics **(if available.)**
- ☐ Manufacturer and/or vendor information on engine / generator set being installed or modified **(if available.)**

8. 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.

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Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order.

CONTROL OFFICER

DATE _____

COMMENTS _____

Signature:	Date:
Print Name:	Phone:
Title:	Email:

Updated Aug 2023