



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
EMERGENCY GENERATOR SET / INTERNAL COMBUSTION ENGINE**

*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

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

Installation Address:	Installer Co. Name:
	Installer Address:
Contact Person:	Contact Person:
Installation Phone #:	Installer Phone #:
Installation Fax #:	Installer Fax #:
Installation Email:	Installer Email:
Type of business (check one): <input type="checkbox"/> New <input type="checkbox"/> Existing	Nature of business:
Facility registered with SRCAA (check one)?	Estimated date of completion:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. INTERNAL COMBUSTION ENGINE / EMERGENCY GENERATOR SET BEING INSTALLED/MODIFIED

What will the internal combustion engine power (check one)? <input type="checkbox"/> Emergency Generator Set	Status of equipment (check one): <input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Stump Grinder <input type="checkbox"/> Rock Crusher	<input type="checkbox"/> Existing
<input type="checkbox"/> Other:	Fuels burned:
Manufacturer:	Rated fuel consumption at full load (gal/hr):
Model number:	Number of cylinders:
Size of engine (brake hp):	Is the unit turbocharged (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the unit aftercooled (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. ENGINE / GENERATOR SET EXHAUST STACK DATA

Stack height from ground (ft):	How does exhaust exit the stack (check one)?
Flow rate (SCFM):	<input type="checkbox"/> Vertical <input type="checkbox"/> 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)?
	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Operating Hours: From _____ a.m. to _____ p.m.
Operating Days (check): Su Mon Tue Wed Thur
Fri Sat

Business Weeks per Year:

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.

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 _____

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

Updated March 2019