



For agency use only.
PSP#:

SPOKANE REGIONAL CLEAN AIR AGENCY
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PORTABLE SOURCE PERMIT APPLICATION TO INSTALL AND OPERATE A BOILER / HEATING UNIT

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 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. BOILER/HEATING UNIT BEING INSTALLED/MODIFIED

Boiler Manufacturer:
Boiler Model number:
Number of units installed:
Status of boiler (check one): New Used
Existing

Fuels burned:
Rated input capacity of each unit (check one):
BTU/hr gal/hr

Manufacturers Guaranteed Emission Rates* at 3% O₂:
All sizes: **NO_x** - ppmv **CO** - ppmv
Units ≥ 10 MMBtu/hr: **SO_x** - ppmv
HC - ppmv **PM₁₀** - lbs/MMBtu
PM_{2.5} - lbs/MMbtu

*Units burning fuels other than natural gas, propane, or butane provide all of the above emission rates.

Will NO_x controls be installed (check one)? Yes No (If no, go to #4)
If yes, which type (check one): Low NO_x burnings
Flue Gas Recirculation Staged Gas Combustion
Selective Catalytic Reduction
Non-selective Catalytic Reduction
Other (explain):

4. BOILER / HEATING UNIT EXHAUST STACK DATA

Stack height from ground (ft): _____ How does exhaust exit the stack (check one)? Vertical
 Horizontal
 Flow rate (SCFM): _____
 Exit temperature (°F): _____ Stack height above roof (ft): _____
 Internal dimensions of stack/vent (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 BOILER

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

6. MODELING INFORMATION

All building dimensions w/in 200 ft. of proposal Describe any dispersion modeling that has been done: (Attach computer printout of results.)
 (LxWxH, ft, Include these dimensions on required plot plan): _____
 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 boiler(s) **(required.)**
- Flow diagram detailing operations occurring and material flow process **(required.)**
- Environmental Checklist, SEPA, see section #8 **(required.)**
- Any emission and/or source test date, including particulate, NO_x, SO₂, CO, VOC, lead, and toxics **(if available – if none available, a combustion analysis and/or source test may be required.)**
- Manufacturer and/or vendor information on boiler and NOX controls 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: _____