Spokane Regional Clean Air Agency

For agency use only.
PSP#:

SPOKANE REGIONAL CLEAN AIR AGENCY
1610 S. Technology Blvd., Suite 101, Spokane, WA 99224
(509) 477-4727, Fax (509) 477-6828, www.SpokaneCleanAir.org

PORTABLE SOURCE PERMIT APPLICATION TO INSTALL AND OPERATE A BOILER / HEATING UNIT

*This Portable Source Permit (PSP) application must be accompanied by the required **$1,897** base fee, which covers **14** hours of SRCAA review time. Additional review time will be billed at $140/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:

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

Applicant:
Applicant Address:

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

2. INSTALLATION INFORMATION

Installation Address:

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

Installer Co. Name:
Installer Address:

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

Manufacturers Guaranteed Emission Rates* at 3% O_2:
All sizes: **NO_x** - ppmv **CO** - ppmv
Units≥ 10 MMBtu/hr: **SO_x** - ppmv
HC - ppmv **PM_{10}** - lbs/MMBtu
$PM_{2.5}$ - lbs/MMbtu
*Units burning fuels other than natural gas, propane, or butane provide all of the above emission rates.

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

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):
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 BOILER

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 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, SO_2, 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.

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

Updated: Feb 2026

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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 _____