Spokane Regional Clean Air Agency

For agency use only.
PSP#:

SPOKANE REGIONAL CLEAN AIR AGENCY
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PORTABLE SOURCE PERMIT TO INSTALL AND OPERATE A TEMPORARY SOURCE
FOR
SOIL REMEDIATION OPERATIONS

*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 Word version of the application, please "save as" the document onto your computer. Tab through to 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

Type of soil remediation process:
Installation Address:

Contact Person:
Installation Phone #:
Type of air pollution control equipment:
Size of remediation area (ft):
length width depth
Operating Dates:

Operating Hours:
Operating Days (check): ☐Su ☐Mon ☐Tue ☐Wed ☐Thur ☐Fri ☐Sat
Operating Weeks per Year:
Maximum overall hourly production (tons/hr):
Distance from center of equipment pad or remediation area to nearest property line:
Anticipated mean wind speed (mph):

3. REMEDIATION EQUIPMENT INFORMATION

Manufacturer:
Model number:
Ambient gas flow (scfm): Avg. Max.
Actual gas flow (acfm): Avg. Max.
Burner fuel(s) used:
Number of burners:
Burner fuel consumption: Avg. Max.
☐BTU/hr ☐gal/hr

Exhaust stack temperature (°F):
Avg. Max.
Height of stack from ground (ft):
Exhaust stack inside diameter (check one):
☐ft ☐in
Anticipated number of tilling events (if applicable):

What kind of monitoring will be done on this proposal?

4. SOIL CONTAMINANT INFORMATION

Soil contaminant(s):
Amount of soil to be treated (cu yds):
Average density of contaminated soil (lbs/cu ft):
Soil porosity (%):
Soil silt content (%):
Soil moisture content (%):

Contamination level for each contaminant (ppmv):
Avg. Max.
Amount of uncontrolled emissions that are possible (lbs/project):
Provide a list of all the expected toxic pollutants.

5. EXHAUST STACK DATA

Stack height from ground (ft):
Flow rate (SCFM):
Exit temperature (°F):
Internal dimensions of stack (ft):
How does exhaust exit stack (check one)?
☐Vertical ☐Horizontal

Does source share a stack with another source?
☐Yes ☐No
Distance to nearest property ling from each stack (ft):

Will a stack cap/rain guard be installed (check one)?
☐Yes ☐No (If yes, submit a drawing of the stack cap design.)

6. 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 remediation area and equipment **(required.)**
- Environmental Checklist (SEPA/DNS) **(required.)** SEPA date: DNS date:
- Flow diagram detailing operations occurring and material flow including fugitive emissions and emission control equipment **(required.)**
- Monitoring plan and schedule. **(required.)**
- Soil remediation construction drawing showing cross-section **(required.)**
- Source test data, include soil analysis report or summary of soil testing performed. Include results from most recent source test for the plant unless Spokane Clean Air already has a copy of the results **(if available.)**

7. OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:

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 Feb 2026