



For agency use only.  
PSP#:

## **SPOKANE REGIONAL CLEAN AIR AGENCY**

1610 S Technology Blvd Suite 101, Spokane, Washington 99224  
(509) 477-4727, Fax (509) 477-6828, [www.spokanecleanair.org](http://www.spokanecleanair.org)

# **PORTABLE SOURCE PERMIT TO INSTALL AND OPERATE A TEMPORARY SOURCE FOR GENERAL OPERATIONS**

*This Portable Source Permit (PSP) application must be accompanied by the required base fee for the project, which covers a defined number of 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. Tab or mouse 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:

Applicant:  
Applicant Address:

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

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

### **2. INSTALLATION INFORMATION**

Installation Address:

Nature of business:  
Total throughput this job (give units):  
Material being processed:  
Estimated date of completion:

Contact Person:  
Installation Phone #:

### **3. PROCESS EQUIPMENT BEING INSTALLED / MODIFIED**

Type of process:  
Manufacturer:  
Model number:  
Serial number:  
Capacity rating:  
Total throughput:  
Number of units installed:

Status of equipment (check one): ☐ New ☐ Used  
Year built/modified:  
Max. production rate (give units):  
Avg. production rate (give units):  
Will this equipment share a stack with other equipment? ☐ Yes ☐ No  
If yes, please explain:

### **4. AIR POLLUTION CONTROL EQUIPMENT BEING INSTALLED / MODIFIED**

Type of air pollution control equipment:

Capacity rating:  
Number of units installed:  
Will this equipment share a stack with other equipment? ☐ Yes ☐ No  
If yes, please explain:

Manufacturer:  
Model number:  
Serial number:

## 5. EXHAUST STACK DATA

Stack height from ground (ft):

Flow rate (SCFM):

Exit temperature (°F):

Internal dimensions of stack/vent (ft):

How does exhaust exit stack (check one)?

☐ Vertical ☐ Horizontal

Will a stack cap/rain guard be installed (check one)?

☐ Yes ☐ No (If yes, submit a drawing of the stack cap design.)

## 6. MODELING INFORMATION

All building dimensions (LxWxH, ft):

Distance from stack to nearest property line (ft):

Describe any dispersion modeling that has been done: (Attach computer printout of results.)

## 7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

Operating Dates (mo/day/yr): From to

Operating Hours: From a.m. to p.m.

Operating Days (check): ☐ Su ☐ Mon ☐ Tue ☐ Wed ☐ Thur  
☐ Fri ☐ Sat

Operating Weeks per Year:

## 8. 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 unit **(required.)**
- Flow diagram of the process **(required.)**
- Material Safety Data Sheets (MSDS) for all materials used in the process **(required.)**
- Environmental Checklist (SEPA/DNS) **(required.)** SEPA date: DNS date:
- Any emission data (including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOC, lead and toxics **(if available.)**
- Manufacturer and/or vendor information the process and air pollution controls being installed or modified **(if available.)**

## 9. 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.

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 Nov 2022