

**SPOKANE REGIONAL CLEAN AIR AGENCY**

3104 E. Augusta Ave., Spokane, Washington 99207 (509) 477-4727, Fax (509) 477-6828

Website - [www.spokanecleanair.org](http://www.spokanecleanair.org)

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL  
FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE  
FOR ROCK CRUSHER OPERATIONS**

For Agency Use Only

*This Notice of Construction (NOC) application must be accompanied by the required \$2,290.00 base fee for the project. Additional NOC review fees will be invoiced after the NOC review is complete. See Spokane Clean Air's current fee schedule for applicable NOC fees.*

**NOC #**

**1. GENERAL INFORMATION**

Owner / Operator: _____ Name of Business: _____ Business address: _____	Applicant: _____ Applicant 's address: _____
Contact person: _____	Contact person: _____
Business phone #: _____ Business fax #: _____ Business e-mail: _____	Applicant's phone #: _____ Applicant's fax #: _____ Applicant's e-mail: _____

**2. INSTALLATION INFORMATION**

Installation address: _____	Operating Dates: From ___/___/___ To ___/___/___ Operating Hours: From _____ am pm To _____ am pm Operating Days (circle): Su M Tu W Th F Sa Operating Weeks per year: _____
Contact person: _____	Maximum Overall Hourly Production (tons/hr.) _____
Installation phone #: _____	Total Expected Throughput Tonnage Per Job (tons) _____
Pit Owner _____ Pit Name _____ Pit Depth (ft.) _____ Pit Number _____ Pit Area (acres) _____ Site Area (acres) _____ Township _____ N Range _____ EWM Section _____	Product Produced _____ Product Density (lbs/ft <sup>3</sup> ) _____
Type of air pollution control equipment: _____	Distance from center of equipment pad to nearest property line: _____

**3. EQUIPMENT INFORMATION**

Size of Equipment Pad Length (ft.) _____	Width (ft.) _____
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Equipment	Manufacturer	Model No. Serial No.	Quantity	Maximum Throughput (tons/hr)	Year built or last modified
Primary Crusher (Jaw)		_____			
Secondary Crusher		_____			
Tertiary Crusher		_____			
Screens		_____			
Conveyors		_____			

Equipment	Manufacturer	Model No.	Qty.	Weight of Equipment (lbs.)	Width of Equipment (ft.)	Bucket Capacity (yds <sup>3</sup> .)	Capacity Load Size (tons)	Number of Wheels	Round Trip Travel Distance (ft)
Loader									
Haul Truck									

**4. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION**

- Plot plan showing the entire facility, property lines, main cross streets, and location of storage piles and equipment at the proposed site - **(required)**
- Drawings or a written description of the dust suppression system and any modifications, including types, number, and locations of spray nozzles, to SRCAA **prior to operation.- (required)**
- Flow diagram detailing operations occurring and material flow including fugitive emissions.- **(required)**
- Environmental Checklist (SEPA) / DNS **(required)** SEPA date \_\_\_\_\_ DNS date \_\_\_\_\_
- Configuration drawing showing Location of Crushers, Screens, Power Units, Conveyors, Loaders( Loading and Unloading Points), Storage Piles, Haul Trucks.- **(required)**
- Any source test emission data (including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOC, lead, and toxics)- **(if available)**

I HEREBY 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:
Type or Print Name:	
Title:	

FOR AGENCY USE ONLY
<b>Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order</b>
_____
<b>CONTROL OFFICER</b>
Date _____
Comments _____
_____