

## NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF A BOILER / HEATING UNIT

For Agency Use Only <b>NOC #</b> _____
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### 1. GENERAL INFORMATION

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

### 2. INSTALLATION INFORMATION

Installation address: _____  Installation phone #: _____ Contact person: _____	Installer Co. name: _____ Installer's address: _____  Phone #: _____ Fax #: _____ Installer's e-mail _____ Contact person: _____
Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing	Nature of business: _____
Facility registered with SRCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated date of completion: _____

### 3. BOILER / HEATING UNIT BEING INSTALLED / MODIFIED

Description of boiler(s) / heating unit(s): (manufacturer, model number, etc.)	
Description of burner(s): (manufacturer, model number, etc.)	
Number of units installed:	Status of unit(s): <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing <input type="checkbox"/> Replacement
Fuel(s) burned:	Rated input capacity of ea. unit (BTU/hr; gal/hr):
Manufacturers Guaranteed Emission Rates* @ 3% O <sub>2</sub> : <b>All sizes:</b> NOx _____ ppmv CO _____ ppmv <b>Units ≥ 10 MMBtu/hr:</b> SOx _____ ppmv HC _____ ppmv PM10 _____ lbs/MMBtu PM2.5 _____ lbs/MMBtu *Units burning fuels other than natural gas, propane, or butane provide <b>all</b> of the above emission rates.	
Will NOx controls be installed? <input type="checkbox"/> Yes <input type="checkbox"/> (If No, go to 4)	
If Yes, please check which type: <input type="checkbox"/> Low NOx burners, <input type="checkbox"/> Flue Gas Recirculation, <input type="checkbox"/> Staged Gas Combustion, <input type="checkbox"/> Selective Catalytic Reduction, <input type="checkbox"/> Non-selective Catalytic Reduction, <input type="checkbox"/> other _____	

#### 4. BOILER / HEATING UNIT EXHAUST STACK DATA

Stack height from ground: (ft)	Flow rate: (SCFM)	Exit temperature: (° F)	Internal stack diameter: (ft)
How does exhaust exit the stack? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal			
Will a stack cap / rain guard be installed ? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If Yes, submit a drawing of the stack cap design)			

#### 5. OPERATION INFORMATION FOR BOILER

Daily operating hours: from _____ to _____	Days of operation: (circle) <b>S M T W Th F S</b>	Weeks per year:
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#### 6. MODELING INFORMATION

All building dimensions w/in 200 ft. of proposal: (LxWxH) (ft) <b>Include these dimensions on required plot plan</b>	Distance from stack to nearest property line: (ft)
Describe any dispersion modeling that has been done. Attach computer printout of results.	

#### 7. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

<ul style="list-style-type: none"> <li>Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the proposed boiler(s) - <b>(required)</b></li> </ul>
<ul style="list-style-type: none"> <li>Flow diagram of the process - <b>(required)</b></li> </ul>
<ul style="list-style-type: none"> <li>Environmental Checklist (SEPA) / DNS <b>(required)</b> SEPA date _____ DNS date _____</li> </ul>
<ul style="list-style-type: none"> <li>Any emission data and/or source test data (including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOC, lead, and toxics) - <b>(if available - IF NONE AVAILABLE, A COMBUSTION ANALYSIS AND/OR SOURCE TEST MAY BE REQUIRED)</b></li> </ul>
<ul style="list-style-type: none"> <li>Manufacturer and/or vendor information on boiler and NOX controls being installed or modified - <b>(if available)</b></li> </ul>

#### OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:

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.

Type or Print Name	Title
Signature	Date

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