

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL  
 FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE  
FURNACE / OVEN**

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. FURNACE / OVEN BEING INSTALLED / MODIFIED**

Manufacturer: _____	
Model No. _____ Rated input capacity of burner (BTU/hr; gal/hr): _____	
Number of units being installed / modified: _____	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Product produced or treated _____	
Max. batch size: (lbs/load) _____	Avg. batch size: (lbs/load) _____
Max. production rate: (loads/hr) _____	Avg. production rate: (loads/hr) _____
Max. Furnace/Oven temperature: (°F) _____	Avg. Furnace/Oven temperature: (°F) _____
Will this equipment share a stack with other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	

#### 4. AFTERBURNER INFORMATION

Description: (make & model number)	
Afterburner Internal Chamber Dimensions: Length _____ Width _____ Height _____	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Existing Cost of afterburner _____
Fuel(s) burned:	Rated input capacity of afterburner (BTU/hr; gal/hr):
Afterburner temperature (°F): Operating _____ Maximum _____	Afterburner retention time (sec.) _____ Afterburner destruction efficiency (%) _____
Will this equipment share a stack with other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

#### 5. 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)			

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

	From	To	Days (circle)	Weeks/year
Business	am/pm	am/pm	<b>S M T W Th F S</b>	
Furnace/Oven Operating	am/pm	am/pm	<b>S M T W Th F S</b>	

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

- Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the proposed project - **(required)**
- Flow diagram of the process, including emission control equipment - **(required)**
- Environmental Checklist (SEPA) / DNS **(required)** SEPA date \_\_\_\_\_ DNS date \_\_\_\_\_
- Material Safety Data Sheets (MSDS) & annual usage for all materials used in the process - **(required)**
- Any source test emission data (including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOC, lead, and toxics)- **(if available)**
- Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified - **(if available)**

#### 9. OWNER, OPERATOR, OR RESPONSIBLE OFFICIAL or 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: _____	<p>FOR AGENCY USE ONLY</p> <p><b>Approved by the Spokane Regional Clean Air Agency</b></p> <p><b>pursuant to conditions of approval specified in the Approval Order</b></p> <p>_____</p> <p><b>CONTROL OFFICER</b></p> <p>Date _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p>
Title: _____	
Signature _____	
Date: _____	