SPOKANE REGIONAL CLEAN AIR AGENCY

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Website - www.spokanecleanair.org

NOTICE OF INTENT TO INSTALL AND OPERATE A TEMPORARY SOURCE FOR ASPHALT PLANT OPERATIONS

For Agency Use Only
NOI #

This Notice of Intent (NOI) application must be accompanied by the required $1,000.00 base fee for the project. Additional NOI review fees will be invoiced after the NOI review is complete. See Spokane Clean Air's current fee schedule for applicable NOI fees.

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:	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:	Installation phone #:
Pit Owner _____ Pit Depth (ft.) _____Pit Number_____	Pit Name_____ Township_____ N Range _____ EWM Section_____
Total Asphalt Throughput/Job [cu. yds. or tons (circle one)] _____	
Distance from center of equipment pad to nearest property line:_____	
Size of Equipment Pad: Length (ft.)_____	Width (ft.)_____

3. ASPHALT PLANT INFORMATION

Manufacturer:	Model:
Ambient Gas Flow (scfm): **Avg**. _____ **Max**. _____	Actual Gas Flow (acfm): **Avg**. _____ **Max**. _____
Type of asphalt plant (circle one): Rotary dryer Drum mixer	Type of mix (circle one) Batch Continuous
Burner Fuel(s) Used:	Percent of recycled asphalt:
Height of Stack from ground (ft.):	Exhaust Stack Inside Diameter (ft. or in. circle one) :
Hourly Production Rate (tons/hr.) **Average**	**Maximum**
Burner Fuel consumption (Btu/hr, gal/hr, etc.): **Average**	**Maximum**
Will a stack cap / rain guard be installed ? ☐ Yes ☐ No (If Yes, submit a drawing of the stack cap design)	
Exhaust Stack Temperature (ºF): **Average**	**Maximum**

4. CONTROL EQUIPMENT INFORMATION

BAGHOUSE INFORMATION (IF APPLICABLE)

Manufacturer:	Model Number:
Number of bags:	Length of bags:
Diameter of individual bags:	Total cloth area: (ft^2)
Baghouse Efficiency (%):	Baghouse Air to Cloth Ratio:
Type of bags (Gore-Tex, Nomex, Nylon, etc.):	
Will a manometer or other pressure drop gauge be installed? ☐ Yes ☐ No If Yes, please describe (manufacturer, model, etc.):	
Bag Cleaning Device [Pulse Jet, Reverse Pulse (High Pressure), Reverse Air (Low Pressure), Fan Pulse, Shaker, Manual (circle one)} Other:	

(OVER)

WET SCRUBBER SYSTEM INFORMATION (IF APPLICABLE)

Manufacturer:	Model Number:	
Chemicals Used, if Any:	Chemical Consumption (gal/hr, lb/hr etc.):	
Wet Scrubber Water Flow (gpm): **Operating** **Maximum**		Wet Scrubber Efficiency(%):
Wet Scrubber Water Temperature (ºF): **Operating** **Maximum**		
Provide a Diagram of Wet Scrubber including Dimensions of Unit & Locations of Water Spray Nozzles.		
Provide a copy of each specific chemical MSDS sheet used in the scrubbing process.		

VOC CONTROL SYSTEM INFORMATION (IF APPLICABLE)

Manufacturer:	Model Number:	
Type of VOC Control System:	VOC Control System Efficiency (%):	Fuel(s) Used:
Fuel Consumption (Btu/hr, gal/hr, etc.):	Retention Time (sec):	
Afterburner Internal Chamber Dimensions (if present): Length _____ Width _____ Height _____	Afterburner temperature (°F) (if present): **Operating** _____ **Maximum** _____	

5. HOT OIL HEATER INFORMATION (IF APPLICABLE)

Manufacturer:	Model Number:	
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:	
Fuel(s) Used:	Number of units on site:	Rated input capacity of burner (BTU/hr; gal/hr)

6. EXHAUST STACK / VENT DATA

How does exhaust exit the stack? ☐ Vertical ☐ Horizontal	Where does stack exhaust? (circle) Inside , Outside , Variable
Will a stack cap / rain guard be installed ? ☐ Yes ☐ No (If Yes, submit a drawing of the stack cap design)	Distance from stack to nearest property line: (ft)

7. 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)**
- Environmental Checklist (SEPA) / DNS **(required)** SEPA date _____ DNS date _____
- Flow diagram detailing operations occurring and material flow including fugitive emissions.- **(required)**
- Configuration drawing showing Location of Asphalt Plants, Asphalt Heaters, Screens, Power Units, Conveyors, Loaders(Loading and Unloading Points), Storage Piles, Haul Trucks.- **(required)**
- Copy of particulate source test emission data done within last 5 years unless SRCAA already has a copy:- **(required)**

8. 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.

SIGNATURE:	DATE:
NAME:	
TITLE:	PHONE NUMBER

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 _____

_____