

SPOKANE REGIONAL CLEAN AIR AGENCY

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

Website - www.spokanecleanair.org

NOTICE OF INTENT TO INSTALL AND OPERATE A TEMPORARY SOURCE

GENERAL OPERATIONS

For Agency Use Only

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

NOI #

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: _____	Total Throughput This Job (give units): _____
Contact person: _____	Material being processed: _____
Installation phone #: _____	Estimated date of completion: _____
Nature of business: _____	

3. PROCESS EQUIPMENT BEING INSTALLED / MODIFIED

Type of Process: _____	Manufacturer: _____
Capacity Rating: _____	Model Number: _____
Total throughput this job (give units): _____	Serial Number: _____
Number of units being installed / modified: _____	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Used Year built or last modified _____
Max. production rate: (give units) _____	Avg. production rate: (give units) _____
Will this equipment share a stack with other equipment? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. AIR POLLUTION CONTROL EQUIPMENT BEING INSTALLED / MODIFIED

Type of Air Pollution Control Equipment: _____	Manufacturer: _____
Capacity Rating: _____	Model Number: _____
Number of units being installed / modified: _____	Serial Number: _____
Will this equipment share a stack with other equipment? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Daily operating hours: from _____ to _____	Days of operation: (circle) S M T W Th F S	Weeks per year:
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8. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

• Plot plan showing the entire facility and location of the proposed project - (required)
• Environmental Checklist (SEPA) / DNS (required) SEPA date _____ DNS date _____
• Flow diagram of the process - (required)
• Material Safety Data Sheets (MSDS) for all materials used in the process - (required)
• Any emission data (including particulate, NO _x , SO ₂ , 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 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 _____