

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 FOR SOIL REMEDIATION 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.

NOI #

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

Type of Soil Remediation Process:	
Installation address: _____ Contact person: _____	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: _____
Installation phone #:	Maximum Overall Hourly Production (tons/hr.)
Type of air pollution control equipment:	Distance from center of equipment pad or remediation area to nearest property line:
Size of Remediation Area (ft.): Length	Width Depth
Anticipated mean wind speed (mph):	

3. REMEDIATION EQUIPMENT INFORMATION

Manufacturer:	Model:
Ambient Gas Flow (scfm): Avg. _____ Max. _____	Actual Gas Flow (acfm): Avg. _____ Max. _____
Burner Fuel(s) Used:	Height of Stack from ground (ft.):
Number of burners:	Exhaust Stack Inside Diameter (ft. or in. circle one) :
Burner Fuel consumption (Btu/hr, gal/hr, etc.): Average	Maximum
Exhaust Stack Temperature (°F): Average	Maximum
Anticipated number of tilling events (if applicable):	
What kind of monitoring will be done on this proposal:	

4. SOIL CONTAMINANT INFORMATION

Soil Contaminant(s):	Amount of soil to be treated (cu. yds.):
Average density of contaminated soil (lbs/cu. ft.):	Soil Porosity (%):
Amount of soil to be treated (Tons or yds ³):	Soil Silt Content (%):
Soil Moisture Content (%):	Provide SRCAA with a list of all the expected toxic pollutants.
Contamination level for each contaminant (ppmv): Average	Maximum
Amount of uncontrolled Emissions that are possible (lbs/project):	

(OVER)

Revised 4/18/11

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		Does source share a stack with another source? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance to nearest property line from each stack::			
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. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

- Plot plan showing the entire facility, property lines, main cross streets, and location and size of remediation area 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)**
- Provide SRCAA with a copy of the Monitoring Plan and Schedule.- **(required)**
- Soil remediation construction drawing showing cross-section.- **(required)**
- Source test data: Include soil analysis report or summary of soil testing performed. Also include the results from the most recent source test for the plant unless SRCAA already has a copy of the results.- (if available)

7. 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 _____
