



For agency use only.
NOC#:

SPOKANE REGIONAL CLEAN AIR AGENCY
3104 E. Augusta Ave., Spokane, WA 99207
(509) 477-4727, Fax (509) 477-6828, www.SpokaneCleanAir.org

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL
FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE
CREMATORY / MEDICAL WASTE INCINERATOR**

*This Notice of Construction (NOC) application must be accompanied by the required **\$4,100** base fee, which covers **42** hours of SRCAA review time. Additional review time will be billed at \$98/hour. See Spokane Clean Air's current [fee schedule](#) for more information.*

To complete this application, please "save as" the document onto your computer. Then use your mouse to click and fill in the required data. Print, sign, and submit with base fee and any required additional information.

1. GENERAL INFORMATION

Owner / Operator: **Applicant:**
Name of Business: **Applicant Address:**
Business Address:

Contact Person: **Contact Person:**
Business Phone #: **Applicant Phone #:**
Business Fax #: **Applicant Fax #:**
Business Email: **Applicant Email:**

2. INSTALLATION INFORMATION

Installation Address: **Installer Co. Name:**
Installer Address:

Contact Person: **Contact Person:**
Installation Phone #: **Installer Phone #:**
Installation Fax #: **Installer Fax #:**
Installation Email: **Installer Email:**
Type of business (check one): New Existing
Facility registered with SRCAA (check one)?
Yes No **Nature of business:**
Estimated date of completion:

3. CREMATORY / MEDICAL WASTE INCINERATOR BEING INSTALLED / MODIFIED

Manufacturer: **Number of units installed:**
Model number: **Status of equipment** (check one): New Used
Rated input capacity of each unit (check one): Existing
BTU/hr gal/hr

Charge description (check one): Solid waste Medical waste Human or animal memorial
Animal solid waste reduction Other (explain):
If charge is solid or medical waste, or animal solid waste reduction, has an EIS been completed? Yes No
Who is the lead agency?
Will NO_x or CO controls be installed (check one)? Yes No
Type of NO_x or CO controls:
Max. charge size (lbs/load): **Avg. charge size** (lbs/load):
Max. production rate (loads/hr): **Avg. production rate** (loads/hr):
Max primary chamber temp (°F): **Avg. primary chamber temp** (°F):

4. AFTERBURNER / SECONDARY CHAMBER INFORMATION

Manufacturer: _____ **Afterburner/Secondary chamber rated heat input:**
Model number: _____ BTU/hr gal/hr
Afterburner internal chamber dimensions: **Afterburner temperature** (°F):
 Length _____ Width _____ Height _____ Operating _____ Maximum _____
Status of equipment (check one): New Used
 Existing **Afterburner retention time** (sec.): _____
Cost of Afterburner: \$ _____ **Afterburner destruction efficiency** (%): _____
Fuels burned: _____

5. EXHAUST STACK DATA

Stack height from ground (ft): _____ **How does exhaust exit the stack** (check one)?
Flow rate (SCFM): _____ Vertical Horizontal
Exit temperature (°F): _____ **Stack height above roof** (ft): _____
Internal dimensions of stack/vent (ft): _____ **Will a stack cap/rain guard be installed** (check one)?
 Yes No (If yes, submit a drawing of the stack cap design.)

6. MODELING INFORMATION

All building dimensions w/in 200 ft. of proposal **Describe any dispersion modeling that has been done:** (Attach computer printout of results.)
 (LxWxH, ft, Include these dimensions on required plot plan.): _____

Distance from stack to nearest property line (ft): _____

7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

Business Hours: From _____ a.m. to _____ p.m. **Operating Hours:** From _____ a.m. to _____ p.m.
Business Days (check): Su Mon Tue Wed Thur **Operating Days** (check): Su Mon Tue Wed Thur
 Fri Sat Fri Sat
Business Weeks per Year: _____ **Operating Weeks per Year:** _____

8. OTHER INFORMATION – ATTACH THE FOLLOWING TO THIS APPLICATION

- Plot plan showing the entire facility, buildings within 200 ft. of proposal, including property lines, cross streets, and location of proposed crematory / medical waste incinerator **(required.)**
- Flow diagram detailing operations occurring and material flow process **(required.)**
- Environmental Checklist, SEPA, see section #9 **(required.)**
- Any source test emission data (including particulate, NO_x, SO₂, CO, VOC, lead and toxics **(if available.)**)
- Manufacturer and/or vendor information on the process and air pollution controls being installed or modified **(if available.)**

9. SEPA

I certify that the State Environmental Policy Act (SEPA) has been satisfied for this project on _____ (mo/day/yr)
 by _____ (government agency).

The Spokane Regional Clean Air Agency may require that a copy of the final determination and the environmental checklist or environmental impact statement be submitted with this application.

Print this form, sign below, and submit with base fee and any required additional information.

I HEARBY 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:
Print Name:	Phone:
Title:	Email:

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 _____
