



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](http://www.SpokaneCleanAir.org)

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL  
FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE  
ROCK CRUSHER OPERATIONS**

*This Notice of Construction (NOC) application must be accompanied by the required \$2,500 base fee, which covers 25 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**

<b>Owner / Operator:</b>	<b>Applicant:</b>
<b>Name of Business:</b>	<b>Applicant Address:</b>
<b>Business Address:</b>	
<b>Contact Person:</b>	<b>Contact Person:</b>
<b>Business Phone #:</b>	<b>Applicant Phone #:</b>
<b>Business Fax #:</b>	<b>Applicant Fax #:</b>
<b>Business Email:</b>	<b>Applicant Email:</b>

**2. INSTALLATION INFORMATION**

<b>Installation Address:</b>	<b>Operating Dates</b> (mo/day/yr): From _____ to _____
<b>Contact Person:</b>	<b>Operating Hours:</b> From _____ a.m. to _____ p.m.
<b>Installation Phone #:</b>	<b>Operating Days</b> (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur
<b>Pit Owner:</b>	<input type="checkbox"/> Fri <input type="checkbox"/> Sat
<b>Pit Depth</b> (ft.): _____ <b>Pit Number:</b> _____	<b>Operating Weeks per Year:</b> _____
<b>Pit Name:</b> _____	<b>Max. overall hourly production</b> (tons/hr): _____
<b>Pit Area</b> (acres): _____ <b>Site Area</b> (acres): _____	<b>Total expected throughput tonnage per job</b> (tons): _____
<b>Township:</b> _____ <b>N Range:</b> _____	<b>Product produced:</b> _____
<b>EWM Section:</b> _____	<b>Product density</b> (lbs/ft <sup>3</sup> ): _____
<b>Type of air pollution control equipment:</b> _____	<b>Distance from center of equipment pad to nearest property line</b> (ft.): _____

**3. EQUIPMENT INFORMATION**

**Size of equipment pad length (ft):** \_\_\_\_\_ **Length** \_\_\_\_\_ **Width** \_\_\_\_\_

Equipment	Manufacturer	Model #	Serial #	Quantity	Maximum Throughput (tons/hr)	Year built or last modified
Primary Crusher (jaw)						
Secondary Crusher						
Tertiary Crusher						
Screens			XXXXXXXXXX		XXXXXXXXXXXXXXXXXX	
Conveyors			XXXXXXXXXX		XXXXXXXXXXXXXXXXXX	

Equipment	Manufacturer	Model #	Qty.	Equipment Weight (lbs)	Equipment Width (ft)	Bucket Capacity (yds3)	Capacity Load Size (tons)	Number of Wheels	Round Trip Travel Distance (ft)
Loader					XXXXXXX		XXXXXXX		
Haul Truck						XXXXXXX			

**4. OTHER INFORMATION – ATTACH THE FOLLOWING TO THIS APPLICATION**

- Plot plan showing the entire facility, property lines, cross streets, and location of storage piles and equipment at the proposed site **(required.)**
- Drawings or a written description of the dust suppression system and any modifications, including types, number and locations of spray nozzles, to SRCAA prior to operations **(required.)**
- Flow diagram detailing operations occurring and material flow process including fugitive emissions **(required.)**
- Environmental Checklist, SEPA, see section #5 **(required.)**
- Configuration drawing showing location of crushers, screens, power units, conveyors, loaders (loading and unloading points), storage piles, haul trucks **(required.)**
- Any source test emission data including particulate, NO<sub>x</sub>, SO<sub>2</sub>, CO, VOC, lead and toxics **(if available.)**

**5. 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 _____
_____

Updated Dec. 2018