



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
FURNACE / OVEN**

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:
Name of Business:
Business Address:

Applicant:
Applicant Address:

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

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

2. INSTALLATION INFORMATION

Installation Address:

Installer Co. Name:
Installer Address:

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

Contact Person:
Installer Phone #:
Installer Fax #:
Installer Email:
Nature of business:
Estimated date of completion:

3. FURNACE / OVEN BEING INSTALLED / MODIFIED

Manufacturer:
Model number:
Rated input capacity of burner:
BTU/hr gal/hr
Status of equipment (check one): New Used
Existing
Number of units installed:
Product (check one): Produced Treated

Max. batch size: lbs/load Loads/hr
Avg. batch size: lbs/load Loads/hr
Max. furnace/oven temp. (°F):
Avg. furnace/oven temp. (°F):
Will this equipment share a stack with other equipment?
Yes No
If yes, please explain:

4. AFTERBURNER INFORMATION

Manufacturer:	Afterburner temperature (°F):
Model number:	Operating Maximum
Afterburner internal chamber dimensions:	Afterburner retention time (sec.):
Length Width Height	Afterburner destruction efficiency (%):
Status of equipment (check one): <input type="checkbox"/> New <input type="checkbox"/> Used	Will this equipment share a stack with other
<input type="checkbox"/> Existing	equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost of Afterburner: \$	If yes, please explain:
Fuels burned:	

5. EXHAUST STACK DATA

Stack height from ground (ft):	How does exhaust exit the stack (check one)?
Flow rate (SCFM):	<input type="checkbox"/> Vertical <input type="checkbox"/> 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)?
	<input type="checkbox"/> Yes <input type="checkbox"/> 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
(LxWxH, ft. Include these dimensions on required plot plan.):	done (Attach computer printout of results.):

Distance from stack to nearest property line (ft):

7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

Business Hours: From a.m. to p.m.	Furnace/Oven Hours: From a.m. to p.m.
Business (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur	Furnace/Oven Days (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed
<input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Business Weeks per Year:	Furnace/Oven 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 project **(required.)**
- Flow diagram of the process including emission control equipment **(required.)**
- Environmental Checklist, SEPA, see section #9 **(required.)**
- Material Safety Data Sheets (MSDS) and annual usage for all materials used in the process **(required.)**
- Any source test emission data including particulate, NO_x, SO₂, 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. 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 HERBY 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 _____
