



For agency use only.  
NOI#:

**SPOKANE REGIONAL CLEAN AIR AGENCY**  
3104 E. Augusta Ave., Spokane, Washington 99207  
(509) 477-4727, Fax (509) 477-6828, [www.SpokaneCleanAir.org](http://www.SpokaneCleanAir.org)

## NOTICE OF INTENT TO INSTALL AND OPERATE A TEMPORARY SOURCE FOR ASPHALT PLANT OPERATIONS

*This Notice of Intent (NOI) application must be accompanied by the required \$1,625 base fee, which covers 16 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. Tab or mouse through to 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>Operating Weeks per Year:</b> _____
<b>Pit Number:</b> _____	<b>Total Asphalt Throughput</b> (check one):
<b>Pit Name:</b> _____	<input type="checkbox"/> Cu. Yds <input type="checkbox"/> Tons
<b>Township:</b> _____	<b>Distance from center pad to nearest property line</b> (ft.): _____
<b>N Range:</b> _____	
<b>EWM Section:</b> _____	<b>Size of Equipment Pad</b> (ft.):
	Length _____ Width _____

### 3. ASPHALT PLANT INFORMATION

<b>Manufacturer:</b>	<b>Percent of recycled asphalt:</b>
<b>Model number:</b>	<b>Hourly production rate</b> (tons/hr.):
<b>Ambient gas flow</b> (scfm): Avg. _____ Max. _____	Avg. _____ Max. _____
<b>Actual gas flow</b> (acfm): Avg. _____ Max. _____	<b>Height of stack from ground</b> (ft.): _____
<b>Burner fuel(s) used:</b>	<b>Exhaust stack inside diameter</b> (check one):
<b>Burner fuel consumption</b> (check one):	<input type="checkbox"/> ft. <input type="checkbox"/> in
Avg. _____ Max. _____ <input type="checkbox"/> Btu/hr <input type="checkbox"/> Gal/hr	<b>Will a stack cap/rain guard be installed</b> (check one)?
<b>Type of asphalt plant</b> (check one):	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rotary dryer <input type="checkbox"/> Drum mixer	<b>Exhaust stack temperature</b> (°F):
<b>Type of mix</b> (check one): <input type="checkbox"/> Batch <input type="checkbox"/> Continuous	Avg. _____ Max. _____

### 4. CONTROL EQUIPMENT INFORMATION

#### A.) BAGHOUSE INFORMATION (IF APPLICABLE)

<b>Manufacturer:</b>	<b>Total number of bags:</b>
<b>Model number:</b>	<b>Total cloth area</b> (ft <sup>2</sup> ):
<b>Length of bags:</b> _____ft. _____in.	<b>Particulate control efficiency of baghouse</b> (%):
<b>Diameter of individual bags:</b> _____ft. _____in.	<b>Baghouse air to cloth ratio</b> (fpm):
<b>Type of bags</b> (Gore-Tex, Nomex, Nylon, etc.):	
<b>Will a manometer or other pressure drop gauge be installed</b> (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, please describe (manufacturer, model, etc.):

Type of bag cleaning system (check one):  Pulse jet  Reverse pulse  Reverse air  Fan pulse  Shaker  Manual  Other (please explain):

**B.) WET SCRUBBER SYSTEM INFORMATION (IF APPLICABLE)**

Manufacturer:

Model number:

Chemicals used (if any):

Chemical consumption:  Gal/hr  Lb/hr

Wet scrubber efficiency (%):

Wet scrubber water flow (gpm):

Operating Max.

Wet scrubber water temperature (°F):

Operating Max.

Provide a diagram of wet scrubber including dimensions of unit and locations of water spray nozzles.

Provide a copy of each specific chemical MSDS sheet used in the scrubbing process.

**C.) VOC CONTROL SYSTEM INFORMATION (IF APPLICABLE)**

Manufacturer:

Model number:

Type of VOC control system:

VOC control system efficiency (%):

Fuel(s) used:

Fuel consumption (check one):

Btu/hr  Gal/hr

Retention time (sec):

Afterburner internal chamber dimensions (if present):

Length Width Height

ft.  in.

Afterburner temperature (°F if present):

Operating Max.

**5. HOT OIL HEATER INFORMATION**

Manufacturer:

Model number:

Operating dates (mo/day/yr): From to

Operating hours: From a.m. to p.m.

Operating days (check one):  Su  Mon  Tue  Wed  Thur  Fri  Sat

Operating weeks per year:

Rated input capacity of burner:

Btu/hr  Gal/hr

Fuel(s) used:

Number of units on site:

**6. EXHAUST STACK / VENT DATA**

How does exhaust exit the stack (check one)?

Vertical  Horizontal

Where does stack exhaust (check one)?

Inside  Outside  Variable

Will a stack cap/rain guard be installed (check one)?

Yes  No

If yes, submit a drawing of the stack cap design.

Distance from stack to nearest property line (ft):

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

- Plot plan showing the entire facility, property lines, main cross streets, and location of storage piles and equipment at the proposed site (required).
- Flow diagram detailing operations occurring and material flow including fugitive emissions (required.)
- Environmental Checklist, SEPA (required.) SEPA date: DNS date:
- Configuration drawing showing location of asphalt plants, asphalt heaters, screens, power units, conveyors, loaders (loading and unloading points), storage piles, haul trucks (required.)
- Copy of particulate source test emission data done within the last 5 years unless SRCAA already has a copy (required.)

**8. OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:**

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:

Updated: Dec 2018

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 _____
_____