



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

**NOTICE OF INTENT TO INSTALL AND OPERATE A TEMPORARY SOURCE
FOR
CONCRETE OR CEMENT BATCH PLANTS**

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

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:	Operating Dates (mo/day/yr): From _____ to _____
	Operating Hours: From _____ a.m. to _____ p.m.
Contact Person:	Operating Days (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur
Installation Phone #:	<input type="checkbox"/> Fri <input type="checkbox"/> Sat
Pit Owner:	Operating Weeks per Year:
Pit Depth (ft.):	Pit Name:
Pit Number:	Township:
Nature of Business:	N Range:
	EWM Section:

3. BAGHOUSE BEING INSTALLED / MODIFIED

Manufacturer:	Diameter of individual bags: <input type="checkbox"/> ft. <input type="checkbox"/> in.
Model number:	Total cloth area (ft²):
Total number of bags:	Particulate control efficiency of baghouse (%):
Length of bags: <input type="checkbox"/> ft. <input type="checkbox"/> in.	Baghouse Air to Cloth Ratio (fpm):
Type of bags (Gore-Tex, Nomex, Nylon, etc.):	
Will a manometer or other pressure drop gauge be installed (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe (manufacturer, model, etc.):	
Type of bag cleaning system (check one): <input type="checkbox"/> Pulse jet <input type="checkbox"/> Reverse pulse <input type="checkbox"/> Reverse air <input type="checkbox"/> Fan pulse <input type="checkbox"/> Shaker	
<input type="checkbox"/> Manual <input type="checkbox"/> Other (please explain):	

4. BAGHOUSE EXHAUST STACK / VENT DATA

How does exhaust exit stack (check one)?
 Vertical Horizontal
Where does baghouse exhaust (check one)?
 Inside Outside Variable
Flow rate (SCFM): Operating _____ Maximum _____
Exit temperature (°F): _____

Stack height from ground (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.)
Distance from stack to nearest property line (ft): _____

5. PARTICULATE LADEN AIR STREAM

Type of particulate to be filtered (i.e. sawdust, etc.): _____

Throughput of material being filtered (tons or yd³/job): _____

Density of material being filtered (lbs/ft³): _____

Grain loading of exhaust stream (gr/dscf): _____
Destination of captured particulate (i.e. outdoor load out bin, back to process bins, etc.): _____

6. OTHER INFORMATION – ATTACH THE FOLLOWING TO THIS APPLICATION

- Material Safety Data Sheets (MSDS) for all materials used in the process **(required.)**
- Plot plan showing the entire facility, buildings within 200 ft. of proposal, including property lines, cross streets, and location of proposed concrete batch plant **(required.)**
- Flow diagram detailing operations, material flow process, and emission control equipment **(required.)**
- Environmental Checklist (SEPA/DNS) **(required.)** SEPA date: _____ DNS date: _____
- Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified **(if available.)**
- Any emission and/or source test date **(if available.)**

7. 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:

<p>FOR AGENCY USE ONLY</p> <p>Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order.</p> <p>_____</p> <p>CONTROL OFFICER</p> <p>DATE _____</p> <p>COMMENTS _____</p> <p>_____</p>
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