



For agency use only.
NOI#:

SPOKANE REGIONAL CLEAN AIR AGENCY
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(509) 477-4727, Fax (509) 477-6828, www.spokanecleanair.org

**NOTICE OF INTENT TO INSTALL AND OPERATE A TEMPORARY SOURCE
FOR
GENERAL OPERATIONS**

This Notice of Intent (NOI) application must be accompanied by the required base fee for the project, which covers a defined number of 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:
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:

Contact Person:
Installation Phone #:

Nature of business:
Total throughput this job (give units):
Material being processed:
Estimated date of completion:

3. PROCESS EQUIPMENT BEING INSTALLED / MODIFIED

Type of process:
Manufacturer:
Model number:
Serial number:
Capacity rating:
Total throughput:
Number of units installed:

Status of equipment (check one): New Used
Year built/modified:
Max. production rate (give units):
Avg. production rate (give units):
Will this equipment share a stack with other equipment? Yes No
If yes, please explain:

4. AIR POLLUTION CONTROL EQUIPMENT BEING INSTALLED / MODIFIED

Type of air pollution control equipment:

Manufacturer:
Model number:
Serial number:

Capacity rating:
Number of units installed:
Will this equipment share a stack with other equipment? Yes No
If yes, please explain:

5. EXHAUST STACK DATA

Stack height from ground (ft): _____
 Flow rate (SCFM): _____
 Exit temperature (°F): _____
 Internal dimensions of stack/vent (ft): _____

How does exhaust exit stack (check one)?
 Vertical Horizontal

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

Describe any dispersion modeling that has been done: (Attach computer printout of results.)

7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

Operating Dates (mo/day/yr): From _____ to _____
 Operating Hours: From _____ a.m. to _____ p.m.

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

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 unit **(required.)**
- Flow diagram of the process **(required.)**
- Material Safety Data Sheets (MSDS) for all materials used in the process **(required.)**
- Environmental Checklist (SEPA/DNS) **(required.)** SEPA date: _____ DNS date: _____
- Any emission data (including particulate, NO_x, SO₂, CO, VOC, lead and toxics **(if available.)**)
- Manufacturer and/or vendor information the process and air pollution controls being installed or modified **(if available.)**

9. 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: _____

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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