



For agency use only.
NOI#:

SPOKANE REGIONAL CLEAN AIR AGENCY
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**NOTICE OF INTENT TO INSTALL AND OPERATE A TEMPORARY SOURCE
FOR
SOIL REMEDIATION OPERATIONS**

*This Notice of Intent (NOI) application must be accompanied by the required \$1,000.00 base fee for the project. **Additional NOI review fees will be invoiced after the NOI review is complete.** See Spokane Clean Air's current fee schedule for applicable NOI fees.*

To complete this Word version of the application, please "save as" the document onto your computer. Tab 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

Type of soil remediation process:	Operating Hours:
Installation Address:	Operating Days (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Contact Person:	Operating Weeks per Year:
Installation Phone #:	Maximum overall hourly production (tons/hr):
Type of air pollution control equipment:	Distance from center of equipment pad or remediation area to nearest property line:
Size of remediation area (ft): length width depth	Anticipated mean wind speed (mph):
Operating Dates:	

3. REMEDIATION EQUIPMENT INFORMATION

Manufacturer:	Exhaust stack temperature (°F): Avg. Max.
Model number:	Height of stack from ground (ft):
Ambient gas flow (scfm): Avg. Max.	Exhaust stack inside diameter (check one): <input type="checkbox"/> ft <input type="checkbox"/> in
Actual gas flow (acfm): Avg. Max.	Anticipated number of tilling events (if applicable):
Burner fuel(s) used:	
Number of burners:	What kind of monitoring will be done on this proposal?
Burner fuel consumption: Avg. Max. <input type="checkbox"/> BTU/hr <input type="checkbox"/> gal/hr	

4. SOIL CONTAMINANT INFORMATION

Soil contaminant(s):
 Amount of soil to be treated (cu yds):
 Average density of contaminated soil (lbs/cu ft):
 Soil porosity (%):
 Soil silt content (%):
 Soil moisture content (%):

Contamination level for each contaminant (ppmv):
 Avg. Max.
 Amount of uncontrolled emissions that are possible
 (lbs/project):
 Provide a list of all the expected toxic pollutants.

5. EXHAUST STACK DATA

Stack height from ground (ft):
 Flow rate (SCFM):
 Exit temperature (°F):
 Internal dimensions of stack (ft):
 How does exhaust exit stack (check one)?
 Vertical Horizontal

Does source share a stack with another source?
 Yes No
 Distance to nearest property line from each stack (ft):
 Will a stack cap/rain guard be installed (check one)?
 Yes No (If yes, submit a drawing of the stack cap design.)

6. 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 remediation area and equipment **(required.)**
- Environmental Checklist (SEPA/DNS) **(required.)** SEPA date: DNS date:
- Flow diagram detailing operations occurring and material flow including fugitive emissions and emission control equipment **(required.)**
- Monitoring plan and schedule. **(required.)**
- Soil remediation construction drawing showing cross-section **(required.)**
- Source test data, include soil analysis report or summary of soil testing performed. Include results from most recent source test for the plant unless Spokane Clean Air already has a copy of the results **(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:

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 Oct. 2013