



STATE OF WASHINGTON DEPARTMENT OF ECOLOGY  
 NOTICE OF CONSTRUCTION APPLICATION  
 DECLARING INTENT TO CONSTRUCT, INSTALL, OR ESTABLISH  
 A NEW AIR CONTAMINANT SOURCE  
 OR  
 REPLACEMENT OR SUBSTANTIAL ALTERATION OF  
 EMISSION CONTROL TECHNOLOGY ON AN EXISTING STATIONARY SOURCE

**I. PERMITTING AUTHORITY (Send Completed Application to this address)**

State of Washington Department of Ecology Air Quality Program 4601 N. Monroe Spokane, Washington 99205	Phone: (509) 329-3452 Fax: (509) 329-3529 E-mail: <a href="mailto:gfli461@ecy.wa.gov">gfli461@ecy.wa.gov</a>
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**II. COMPANY INFORMATION**

1. Legal Name of Company	
2. Company Mailing Address (street, city, state, zip)	
3. Company Responsible Official & Title	
4. Company Phone #	5. Company FAX #

**III. FACILITY INFORMATION**

1. Facility Name (if different from Legal Company Name above)	
2. Facility Mailing Address (if different from Company Mailing Address above)	
3. Facility Site Legal Description	
4. Facility Contact Person (if different from Company Responsible Official above)	
5. Facility Phone # (if different from Company # above)	6. Facility FAX # (if different from Company Fax # above)
7. General Proposal for Facility (see section on next page for specific description of proposal)	
8. Proposal Construction Starting Date	9. Proposal Construction Completion Date

**IV. PROPOSAL INFORMATION**

1. Complete Description of Specific Proposal (attach Drawings, Schematics, Prints, or Block Diagrams)

2. This Application is for (Please Check One):

<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Equipment / Facility Operating without a Permit
<input type="checkbox"/> Change of Control Technology	<input type="checkbox"/> Modification to Facility
<input type="checkbox"/> New Permit Conditions	<input type="checkbox"/> Production Increase

3. Complete Description of Best Available Control Technology (BACT) for Proposal (see attached Summary of BACT Process).  
Attach Manufacturer's or Vendor's Information.

4. Maximum Potential Production Output per Year	5. Maximum Potential Production Output per Hour
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6. Actual Production Output per Year	7. Actual Production Output per Hour
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8. Operating Schedule:

\_\_\_\_\_ Hours per Day      \_\_\_\_\_ Days per Week      \_\_\_\_\_ Weeks per Year

9. Percentage of Production

\_\_\_\_\_ Jan-Feb-Mar      \_\_\_\_\_ Apr-May-Jun      \_\_\_\_\_ Jul-Aug-Sep      \_\_\_\_\_ Oct-Nov-Dec

**V. EMISSIONS ESTIMATIONS OF CRITERIA POLLUTANTS**

1. Particulate Matter (PM) (Pounds or Tons per Year)
Actual Emissions = _____ Potential Emissions = _____
2. Nitrogen Oxides (NO <sub>x</sub> ) (Pounds or Tons per Year)
Actual Emissions = _____ Potential Emissions = _____
3. Carbon Monoxide (CO) (Pounds or Tons per Year)
Actual Emissions = _____ Potential Emissions = _____
4. Sulfur Dioxide (SO <sub>2</sub> ) (Pounds or Tons per Year)
Actual Emissions = _____ Potential Emissions = _____
5. Volatile Organic Compounds (VOCs) (Pounds or Tons per Year)
Actual Emissions = _____ Potential Emissions = _____
6. Lead (Pb) (Pounds or Tons per Year)
Actual Emissions = _____ Potential Emissions = _____

**VI. EMISSIONS ESTIMATIONS OF TOXIC AIR POLLUTANTS (consult Chapter 173-460 WAC)**

1. Pollutant #1 (List Pollutant Name, Pounds per Hour / Pounds per Year)
Pollutant _____ Actual Emissions = _____ Potential Emissions = _____
2. Pollutant #2 (List Pollutant Name, Pounds per Hour / Pounds per Year)
Pollutant _____ Actual Emissions = _____ Potential Emissions = _____
3. Pollutant #3 (List Pollutant Name, Pounds per Hour / Pounds per Year)
Pollutant _____ Actual Emissions = _____ Potential Emissions = _____
4. Pollutant #4 (List Pollutant Name, Pounds per Hour / Pounds per Year)
Pollutant _____ Actual Emissions = _____ Potential Emissions = _____
5. Pollutant #5 (List Pollutant Name, Pounds per Hour / Pounds per Year)
Pollutant _____ Actual Emissions = _____ Potential Emissions = _____
6. Pollutant #6 (List Pollutant Name, Pounds per Hour / Pounds per Year)
Pollutant _____ Actual Emissions = _____ Potential Emissions = _____
7. Pollutant #7 (List Pollutant Name, Pounds per Hour / Pounds per Year)
Pollutant _____ Actual Emissions = _____ Potential Emissions = _____

**VII. EMISSIONS ESTIMATIONS OF FUGITIVE AIR POLLUTANTS**

1. Pollutant #1 (List Pollutant Name, Pounds per Hour / Pounds per Year)
Pollutant _____ Pounds per Hour = _____ Pounds per Year = _____
2. Pollutant #2 (List Pollutant Name, Pounds per Hour / Pounds per Year)
Pollutant _____ Pounds per Hour = _____ Pounds per Year = _____

**VIII. MODELING RESULTS**

1. List Modeling Results of <b>Criteria Air Pollutants</b> (attach any Modeling Printouts)
2. List Modeling Results of <b>Toxic Air Pollutants</b> (attach any Modeling Printouts)

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**IX. EMISSIONS DATA AT DISCHARGE POINT**

Stack Parameters	Other than Stack Parameters
1. List the Number of Stacks under this Proposal	1. List the Number of Discharge Points under this Proposal
2. List the Gas Velocity for each Stack	2. List the Gas Velocity for each Discharge Point
3. List the Height for each Stack	3. List the Height for each Discharge Point
4. List the Inside Diameter or Dimensions for each Stack	4. List the Inside Diameter or Dimensions for each Discharge Point
5. List the Gas Exit Temperature for each Stack	5. List the Gas Exit Temperature for each Discharge Point
6. List the Building Height, Width, Length for each Stack	6. List the Building Height, Width, Length for each Discharge Point
7. List the Height of the Tallest Building On-site or in the Vicinity	7. List the Height of the Tallest Building On-site or in the Vicinity
8. List Whether the Facility is in an Urban or Rural Location	8. List Whether the Facility is in an Urban or Rural Location
9. List the Distance from each Stack to the Property Line	9. List the Distance from each Discharge Point to the Property Line
10. Is this Stack Shared by more than One Source?	10. Is this a Shared Discharge Point?
11. List the Volumetric Flow Rate for each Stack	11. List the Volumetric Flow Rate for each Discharge Point
12. How does each Stack Discharge, Vertically or Horizontally?	12. How does each Discharge Point Vent, Vertically or Horizontally?

**X. FUEL DATA**

	PRIMARY FUEL	SECONDARY FUEL
1. Type (Natural Gas, Oil, Coal, Hogged Fuel, etc.)		
2. Unit of Measure (Gallons, Cubic Feet, Tons, etc.)		
3. Maximum Consumption Units per Hour		
4. Maximum Consumption Units per Year		
5. Actual Consumption Units per Hour		
6. Actual Consumption Units per Year		
7. BTU per Unit of Measure		
8. Percent Sulfur (if applicable)		
9. Percent Ash (if applicable)		

**XI. AIR POLLUTION CONTROL EQUIPMENT (ATTACH VENDOR'S INFORMATION)**

BAGHOUSE	SCRUBBER	CYCLONE	E.S.P	ADSORPTION
1. Type	1. Type	1. Type	1. Type	1. Type
2. Efficiency	2. Efficiency	2. Efficiency	2. Efficiency	2. Efficiency
3. Bag Height	3. Dimensions	3. Dimensions	3. Dimensions -Plate Spacing, Height, Length (attach layout)	3. Gas Flow Rate (cfm)
4. Bag Diameter	4. Gas Differential Pressure	4. Gas Differential Pressure	4. Fields	4. Bed Media
5. Number of Bags	5. Type of Scrubber Liquid	5. Gas Flow Rate (cfm)	5. Configuration (attach)	5. Adsorption Isotherm (attach graph)
6. Filter Area (sq. feet)	6. Liquid Flow Rate (gpm)	6. Other	6. Gas Velocity (fpm)	6. Surface Area (sq. feet)
7. Filter Media	7. Gas Flow Rate (cfm)		7. Gas Flow Rate (cfm)	7. Gas Velocity (fpm)
8. Gas Flow Rate (cfm)	8. Scrubber Packing Material		8. Residence Time	8. Gas Temperature (deg. F)
9. Air-to-Cloth Ratio			9. Gas Differential Pressure	9. Bed Volume (cubic feet)
10. Overall Dimensions			10. Precipitation Rate	10. Bed Dimensions
11. Cleaning Mechanism			11. Prim./Sec. Voltage	11. Capacity (hours)
12. Other			12. Prim./Sec. Current	12. Contaminant
13. Other			13. Corona Strength	13. Regeneration Time
14. Other			14. Gas Temperature (deg. F)	14. Regeneration Type

**XII. OTHER DATA**

1. Site Plan and Equipment Layout for the Site Attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. MSDS Sheets for Chemicals or Materials related to this Proposal Attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Vendor's and/or Manufacturer's Information Attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Modeling Information Attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Fugitive Dust Control Plan Attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. All Enclosures for Your Specific Proposal Attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Name and Title of Person Filling Out This Form		
Printed Name _____	Signature _____	Date _____
8. Name and Title of Responsible Official		
Printed Name _____	Signature _____	Date _____

**XIII. ADDITIONAL INFORMATION FOR SPECIFIC EQUIPMENT (Attach Vendor's Information)**

<b>BOILER</b>	<b>BURNER</b>	<b>ASPHALT PLANT</b>	<b>SAND/GRAVEL</b>	<b>PAINT BOOTH</b>
1. Type and Number	1. Type and Number	1. Type (Drum, Batch)	1. Crusher Type (Prim., Sec., Tertiary) (attach layout)	1. Operation Type
2. Size (BTU per hour input)	2. Size (BTU per hour input)	2. Size (tons per hour)	2. Size (tons per hour)	2. Application Method
3. Size (steam pounds per hour)	3. NOx Rating (PPM @ 7% Oxygen)	3. VOC Emission Points (attach layout)	3. Number of Screens	3. Filter Bank Area
4. Efficiency	4. CO Rating (PPM @ 7% Oxygen)	4. VOC Controls	4. Number of Conveyors	4. Filter Exhaust Flow
5. NOx Rating (PPM @ 7% Oxygen)		5. Aggregate Piles (acres)	5. Fog Spray Locations (attach layout)	5. Coating & Solvent Types & MSDS Sheets (attach details)
6. CO Rating (PPM @ 7% Oxygen)		6. Off Road Vehicle Use (miles per year)	6. Aggregate Piles (acres)	6. Gun Cleaning Method
		7. Power (Line, Genset, etc.)	7. Off Road Vehicle Use (miles per year)	7. Drying Method
		8. Number of Vehicles	8. Number of Vehicles	

<b>LANDFILL</b>	<b>ABRASIVE BLAST'G.</b>	<b>CONCRETE BATCH</b>	<b>OTHER</b>	
1. Type	1. Attach details of booth or hanger to be used.	1. Size (tons or cubic yards of product)		
2. Capacity (tons)	2. Abrasive Materials to be used. Attach MSDS Sheet(s).	2. Cement Silo Controls (baghouse, etc.)		
3. Year Started	3. Filter Bank Area	3. Charging Station Controls (baghouse, enclosure, etc.)		
4. Year Closed	4. Filter Exhaust Flow	4. Conveyor Controls		
5. Area of Landfill (attach site plan)	5. Approximate Number of Items to be Abrasively Blasted each Calendar Year?			
6. Annual Tipping Rate (tons per year)	6. Will Oversize Articles be Abraded? Is so how many each calendar year?			