



Notice of Construction Application: New Project, Modified Existing Permit, or Modified Existing Equipment

I. SIGNATURE BLOCK

| | |
|--|-------------|
| I certify, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate, and complete. | |
| Printed Name _____ | Title _____ |
| Signature _____ | Date _____ |

II. COMPANY INFORMATION

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

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 Number (if different from Company Phone # 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 |

If you need this document in a format for the visually impaired, call the Air Quality Program at 360-407-6800. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.



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IV. PROPOSAL INFORMATION

| | | | | |
|--|------------------------|---|-------------------------|----------------------|
| 1. Complete Description of Specific Proposal (attach Drawings, Schematics, Prints or Block Diagrams): | | | | |
| 2. This Application is for (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 | | |
| 6. Actual Production Output per Year | | 7. Actual Production Output per Hour | | |
| 8. Operating Schedule | Hours Per Day _____ | Days Per Week _____ | Weeks per Year _____ | |
| 9. Percentage of Production | Jan-Feb-Mar _____ | April-May-June _____ | July-Aug-Sept _____ | Oct-Nov-Dec _____ |



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V. EMISSIONS ESTIMATIONS OF CRITERIA POLLUTANTS

| | |
|---|-----------------------|
| 1. Particulate Matter (PM) (Pounds or Tons per Year) | |
| Actual Emissions = | Potential Emissions = |
| 2. Nitrogen Oxides (NO _x) (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 ₂) (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)

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

VII. EMISSIONS ESTIMATIONS OF FUGITIVE AIR POLLUTANTS

| | | |
|---|-------------------|-------------------|
| Pollutant #1 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Pounds per Hour = | Pounds per Year = |
| Pollutant #1 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Pounds per Hour = | Pounds per Year = |

VIII. MODELING RESULTS

| |
|---|
| 1. List Modeling Results of Criteria Air Pollutants (attach any Modeling Printouts) |
| 2. List Modeling Results of Toxic Air Pollutants (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? |



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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) | | |



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

| 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 _____ | 5. Adsorption Isotherm (attach graph) _____ |
| 6. Filter Area (sq. feet) _____ | 6. Liquid Flow Rate _____ | 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 _____ |



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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 _____ |



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

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



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| LANDFILL | ABRASIVE BLASTING | CONCRETE BATCH | OTHER | OTHER |
|---|--|---|-------|-------|
| 1. Type _____ | 1. Attach details of booth or hanger to be used _____ | 1. Size (tons or cubic yards of product)) _____ | | |
| 2. Capacity (tons) _____ | | | | |
| 3. Year started _____ | 2. Abrasive Materials to be used. Attach MSDS Sheet(s) _____ | 2. Cement Silo Controls (baghouse, etc.) _____ | | |
| 4. Year closed _____ | 3. Filter Bank Area _____ | | | |
| 5. Area of Landfill (attach site plan) _____ | 4. Filter Exhaust Flow _____ | 3. Charging Station Controls (baghouse, enclosure, etc.) _____ | | |
| | 5. Approximate Number of Items to be Abrasively Blasted each Calendar Year. _____ | 4. Conveyor Controls _____ | | |