



# General Order Application: Stationary Rock Crushers

## I. INSTRUCTIONS

This application applies statewide for facilities under the Department of Ecology's jurisdiction. Fill out the form completely in order to obtain coverage.

- Read the Stationary Rock Crusher General Order. You can find it online at [www.ecy.wa.gov/programs/air/AOP\\_Permits/Boiler/GeneralOrders.htm](http://www.ecy.wa.gov/programs/air/AOP_Permits/Boiler/GeneralOrders.htm), or call the appropriate regional office (see below) for a copy.
- Fill out the application completely, sign it and date it.
- Enclose a check to the Department of Ecology for the application fee.

### State Environmental Policy Act (SEPA) Compliance

- \$500 application fee** if SEPA review is complete – Include a copy of the final SEPA checklist and SEPA determination (e.g. DNS, MDNS, EIS) with your application.
- \$785 application fee** if SEPA review is required – If SEPA review has not been conducted, please fill out a SEPA checklist and submit it with your application. You can find a SEPA checklist online at [www.ecy.wa.gov/programs/sea/sepa/docs/echecklist.doc](http://www.ecy.wa.gov/programs/sea/sepa/docs/echecklist.doc).
- Mail the complete application package to:

*For Fiscal Office Use Only:*  
001-NSR-216-0299-000404

**Department of Ecology**  
**Cashiering Unit**  
**P.O. Box 47611**  
**Olympia, WA 98504-7611**

**Check the box for the location of your proposal.** For assistance, call the appropriate office listed below:

<input type="checkbox"/>	<b>Chelan, Douglas, Kittitas, Klickitat, or Okanogan County</b> Ecology Central Regional Office (509) 575-2490	CRO
<input type="checkbox"/>	<b>Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla, or Whitman County</b> Ecology Eastern Regional Office (509) 329-3400	ERO
<input type="checkbox"/>	<b>San Juan County</b> Ecology Northwest Regional Office (425) 649-7000	NWRO
<input type="checkbox"/>	<b>For actions taken at Kraft and Sulfite Paper Mills and Aluminum Smelters only</b> Ecology Industrial Section (360) 407-6900	IND
<input type="checkbox"/>	<b>For actions taken on the US Department of Energy Hanford Reservation only</b> Ecology Nuclear Waste Program (509) 372-7950	NWP

## II. COMPANY INFORMATION

1. Company Name:		
2. Company Mailing Address (street, city, state, zip):		
3. Facility Location (if different from company mailing address):		4. County:
5. Company Contact Person, Title:	6. Company Phone Number:	7. Company Fax Number:
8. Contact Person Phone Number:	9. E-Mail Address:	

## III. PLANT INFORMATION

1. Plant Name (a separate application must be filled out for each plant)	
2. Is Line Power Used? <input type="checkbox"/> Yes <input type="checkbox"/> No (Line power is required for coverage under this General Order)	
3. Plant Operator:	
4. Plant Operator's Cell Phone Number:	5. Plant Capacity (tons/hour):
6. Are water spray bars or equivalent installed at all crusher discharge points and before all fines drop points? (required) <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	

## IV. PLANT INFORMATION

Diagram of normal plant configuration w/generators, tanks, and location of all spray bars.
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**V. PLANT OPERATIONS DATA**

1. Average Estimated Operating Schedule:  
 \_\_\_\_ Hours per day    \_\_\_\_ Days per week    \_\_\_\_ Weeks per year    \_\_\_\_ Total days per year

2. Estimated Percentage of Facility Operation by Quarter  
 \_\_\_\_ Jan-Feb-Mar    \_\_\_\_ Apr-May-Jun    \_\_\_\_ Jul-Aug-Sep    \_\_\_\_ Oct-Nov-Dec

**VI. EQUIPMENT INFORMATION**

(Use a separate sheet, if additional equipment not listed below is used in this rock crushing plant)

Process	Equipment Description (Manufacturer, model, size)	Identification (Equipment ID or serial number)	Date Installed	Capacity (Tons per hour, or as listed)
1. Primary jaw crusher				
2. Scalping screen				
3. Secondary crusher				
4. Sizing screen				
5. Tertiary crusher				
6. Fines screen				
7. Aggregate storage bins (if applicable)				
8. Portable water storage				(gallons)
9. Stationary water storage				(gallons)
10. Conveyors (use separate sheet to list)				
11. Other equipment (use separate sheet)				

**VII. 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 \_\_\_\_\_

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.