



BENTON CLEAN AIR AGENCY

NOTICE OF INTENT TO INSTALL OR OPERATE A SOURCE OF AIR POLLUTION

Portable Concrete Batch Plant

For Agency Use Only

Fee Recd: _____

NIO #: _____

1. General Information

Owner / Operator: _____ Business name: _____ Business address: _____ Contact person: _____ Phone: _____ Fax: _____ E-mail: _____	Applicant name: _____ Applicant address: _____ Contact person: _____ Phone: _____ Fax: _____ E-mail: _____
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2. Installation Information

Installation address: _____ Contact person: _____ Phone: _____ Fax: _____	Operating: ____/____/____ To: ____/____/____ Operating hours: From ____ to ____ Operating days: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa Operating weeks per year: _____
Pit Owner: _____ Pit Depth (ft): _____ Pit Number: _____	Pit Name: _____ Township: ____N Range: ____E Section: ____
Total concrete throughput per job: _____	Property line to pad center (distance): _____

3. Baghouse Information

Manufacturer: _____	Model: _____
Number of Bags: _____ Length of Bags (ft): _____ Diameter of bag (ft): _____	
Cloth Area (ft ²) _____ Baghouse Efficiency(%): _____	Baghouse Air-to-Cloth Ratio _____
Type of bags (Gore-Tex, Nomex, Nylon, etc.) _____	
Will a manometer or other pressure drop gauge be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe (make, model, etc.) _____	
Cleaning Device: <input type="checkbox"/> Pulse Jet <input type="checkbox"/> Reverse Pulse <input type="checkbox"/> Reverse Air <input type="checkbox"/> Fan Pulse <input type="checkbox"/> Shaker <input type="checkbox"/> Manual	

4. Baghouse Exhaust Stack Data

Exhaust exits stack? <input type="checkbox"/> Vertically <input type="checkbox"/> Horizontally	Stack exhausts: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Variable
Flow (gpm): OPERATING: _____ MAX: _____	Temp (°F): OPERATING: _____ MAX: _____

Stack Height from ground (ft): _____	Diameter of stack (ft): _____
Will a stack cap or rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, submit a design drawing)	

5. Particulate Information

Particulate being filtered: _____	Particulate density (lbs/ft ³): _____
Throughput of material being filtered: _____	Exhaust stream grain loading (gr/dscf): _____
Destination of filtered particulate: _____	

6. Operation Information

Daily Operating Hours from _____ to _____	Days of Operation <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	Weeks of Operation (per year)
Total annual concrete throughput (yd ³ /year): _____		

7. Vehicle Information

Equipment Type	Manufacturer	# Trucks on Site	Equip Weight (lbs)	Capacity (yd ³)	Mean Vehicle Speed (mph)

Round trip distance (ft) Paved Road _____ Unpaved Road _____	Round trip distance (ft) Paved Road _____ Unpaved Road _____
Is there dust control for unpaved roads? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there dust control for paved roads? <input type="checkbox"/> Yes <input type="checkbox"/> No

8. Modeling Information

Distance from stack to nearest property line (ft)
Describe any dispersion modeling that has been done for this stack. Attach report or modeling results.

9. Other Information

<ul style="list-style-type: none"> ▪ Plot plan showing the entire facility, buildings within 200 ft of proposed installation/modification, including cross streets, property lines, and location of the proposed unit. (REQUIRED) ▪ Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____ ▪ Flow diagram detailing operations (REQUIRED) ▪ Material flow balance, including fugitive emissions (REQUIRED) ▪ Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (IF AVAILABLE)
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10. Owner, Operator, or Responsible Agent Signature

I hereby certify that the information contained in this application, including any attached supplemental information, is to the best of my knowledge complete and correct.

Signature	Date
Printed Name	Phone Number