



BENTON CLEAN AIR AGENCY

] NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE

Baghouse

For Agency Use Only

Fee Recd: _____

NOC #: _____

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

Installer Company Name: _____ Installation Address _____ Contact Person: _____ Phone: _____ Fax: _____	Installer Address _____ Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____
Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing Facility registered with BCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of business: _____ Estimated completion date: _____

3. Process Information

Maximum Production Rate: _____	Average Production Rate: _____
Will this unit share a stack with other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	

3. Baghouse Information

Manufacturer and Model # _____	# Bags _____		
Bag size (ft) L _____ W _____	Cloth area (ft ²) _____	Air/Cloth ratio _____	Efficiency (%) _____
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, attach description (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. Exhaust Stack/Vent Data for Baghouse

Flow Rate (scfm): _____	Flow Velocity (fpm) _____	Internal diameter: _____
Stack ground height (ft) _____ diameter (ft) _____	Exit Temp (°F) OPERATING _____ MAX _____	
Will a stack cap or rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, submit a design drawing)		

5. Exhaust Composition

Type of particulate being filtered (ex: sawdust, cement, etc.) _____	Captured material handling (ex: returned to process, discarded) _____
Filtered material Density (lb/ft ³): _____	Grain loading of exhaust (gr/dscf): _____

6. 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.

7. 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)
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8. 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)▪ Flow diagram of the process (REQUIRED)▪ Material Safety Data Sheets (MSDS) for materials used in the process (REQUIRED)▪ Determination of Non-Significance (DNS) issued by _____ on _____ (REQUIRED) If no DNS issued, include an Environmental Checklist (SEPA) and \$100.00 fee▪ Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (IF AVAILABLE)▪ Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE)

9. 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 _____