

BENTON CLEAN AIR AGENCY

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

Boiler and Heating Unit

For Agency Use Only
Fee Recd:
NOC #:

1. General Information				
Owner / Operator:	Applicant Name:			
Business Name:				
Business Address	- ''			
Contact Person:	Contact Person:			
Contact Person:	Contact Person: Fax:			
E-mail:	E-mail:			
2. Installation Information				
Installer Company Name:	Installer Address			
Installation Address	-			
Contact Person:	Contact Person:			
Phone: Fax:	Phone: Fax:			
	E-mail:			
Type of business: ☐ New ☐ Existing	Nature of business:			
Facility registered with BCAA? ☐ Yes ☐ No	Estimated completion date:			
3. Boiler/Heating Unit being Installed or M	odified			
Description of Boiler(s) or Heating unit(s): (make, mod	del number etc)			
Description of Burner(s): (make, model number etc)				
Number of units being installed/modified:	_ Status of Unit: ☐ New ☐ Used ☐ Existing			
Fuel(s) burned:	Rated Capacity of unit: MMBTU			
Maximum Fuel Rate:	Type of hoiler: Fire tube Water tube			

Manufacturer's guaranteed emission rate @ 3% O₂

CO (ppmv)	NO _x (ppmv)	SO _x (ppmv)	HC (ppmv)	PM ₁₀ (lbs/MMBtu)		PM _{2.5} (Ibs/MMBtu)			
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Will NO _x controls be installed? ☐ Yes ☐ No If Yes, which type of control is installed? ☐ Low NO _x burners ☐ Flue gas recirculation ☐ Staged gas combustion ☐ Other Is unit equipped with low excess air (O₂) meter? ☐ Yes ☐ No									
4. Boiler/Heater Unit Exhaust Stack Information									
Stack ground heig		ate (scfm)				Stack Diam. (ft)			
How does the exhaust exit the stack? ☐ Vertical ☐ Horizontal ☐ Other									
Will a stack cap or rain guard be installed? ☐ Yes ☐ No (if yes, submit a design drawing)									
5. Operation Information for Boiler/Heater Unit									
Daily Operating H	Daily Operating Hours Days of Operation TO DESTRUCTION DOT DESTRUCTION DE			Weeks of Operation (per year)					
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. Other Information									
 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)									
Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date or DNS Date									
Agency issuing Environmental Determination									
 Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (IF AVAILABLE) Note: if no emissions information is available, a combustion analysis and/or a source test may be required. 									
 Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE) 									
8. 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 Nam	e		Phone Number						