



BENTON CLEAN AIR AGENCY

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

Concrete Batch Plant

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. Equipment Information

Equipment Pad Length (ft): _____	Equipment Pad Width (ft): _____
Batching type: <input type="checkbox"/> Wet (rotary mixing trucks) <input type="checkbox"/> Dry (trucks with material compartments) <input type="checkbox"/> Central Mix (at plant)	
Production (yd ³ /hr): Max _____ Actual _____	Production (yd ³ /yr): _____
Is sand and aggregate washed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Washing is done: <input type="checkbox"/> Prior to delivery <input type="checkbox"/> On-site
Water sprays will be used on: <input type="checkbox"/> Stockpiles <input type="checkbox"/> Aggregate Bins <input type="checkbox"/> Conveyor Transfer Points	
Number of Silos: _____ Silo Volume: _____	Does silo have an overload warning? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain method of loading silo: _____	

Equipment	Manufacturer	Model No.	Qty	Equip Weight (lbs)	Bucket Cap. (ft ³)	Cap. Load Size (ft ³)	No. of Wheels	Round Trip Dist (ft)
Loader								
Haul Truck								

In plant roads will be: Paved Graveled Unpaved/Oil Coated Unpaved/Watered Other

4a. Cement Silo Particulate Control (Dust Collector)

Manufacturer: _____		Model: _____		Bag Material: _____	
Number of Bags: _____		Bag Length (ft): _____		Bag Diameter (ft): _____ Cloth Area (ft ²) _____	
Efficiency(%): _____		Air-to-Cloth Ratio: _____		Pressure drop gauge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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					
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 (scfm): OPERATING: _____ MAX: _____			Temp (°F): OPERATING: _____ MAX: _____		
Stack Height from ground (ft): _____			Stack Diameter (ft): _____		
Will a stack cap or rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, submit a design drawing)					

4b. Batch Drop Particulate Control

Control Type: <input type="checkbox"/> Shroud w/ exhaust Air Suction to Baghouse <input type="checkbox"/> Flexible Discharge Spout <input type="checkbox"/> Other (describe)					
Manufacturer: _____		Model: _____		Bag Material: _____	
Number of Bags: _____		Bag Length (ft): _____		Bag Diameter (ft): _____ Shroud Area (ft ²) _____	
Efficiency(%): _____		Air-to-Cloth Ratio: _____		Pressure drop gauge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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					
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 (scfm): OPERATING: _____ MAX: _____			Temp (°F): OPERATING: _____ MAX: _____		
Stack Height from ground (ft): _____			Stack Diameter (ft): _____		

5. 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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6. 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) ▪ If a manometer or pressure drop gauge is installed in baghouse, include specifications (REQUIRED) ▪ Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (IF AVAILABLE)

7. 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	