



BENTON CLEAN AIR AGENCY

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

Portable Asphalt Plant

For Agency Use Only

Fee Recd: _____

NIO #: _____

1. General Information

Corporate name _____	Applicant name _____
Corporate address _____	Applicant address _____
Contact person _____	Contact person _____
Responsible official _____	Phone _____ Fax _____
Phone _____ Fax _____	E-mail _____
E-mail _____	

2. Installation Information

Installation address (if different than above) _____	Operating hours From _____ to _____
Contact person _____	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
Phone _____ Fax _____	Operating weeks per year _____
	Property line to pad center (distance) _____
	Date of last stack test _____

3. Production

Product	Avg Production (ton/yr)	Max Production (ton/yr)	Quarterly Throughput (%)			
			Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Hot Mix Asphalt	_____	_____	_____	_____	_____	_____
Recycle (_____)%	_____	_____	_____	_____	_____	_____

4. Combustion Unit Information

Dryer

Manufacturer and Model # _____		Ser # _____
Fuel(s) used <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Propane		Fuel rate _____ <input type="checkbox"/> mmBTU/hr <input type="checkbox"/> gal/hr <input type="checkbox"/> mmcf/hr
Fuel Sulfur (%) _____	Plant type <input type="checkbox"/> Rotary <input type="checkbox"/> Drum	Mix type <input type="checkbox"/> Batch <input type="checkbox"/> Continuous
Stack ground height (ft) _____		Stack diameter (ft) _____
Air Flow (scfm) OPERATING _____ MAX _____		Exit Temp (°F) OPERATING _____ MAX _____
Will a stack cap or rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, attach a design drawing)		
Will a manometer or other pressure drop gauge be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach description of make and model)		

Asphalt Heater

Manufacturer and Model # _____		Ser # _____
Fuel(s) used <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Propane		Fuel rate _____ <input type="checkbox"/> mmBTU/hr <input type="checkbox"/> gal/hr <input type="checkbox"/> mmcf/hr
Fuel Sulfur (%) _____	Operating hrs from ____ to _____	Operating days per year _____
Stack ground height (ft) _____		Stack diameter (ft) _____
Air Flow (scfm) OPERATING _____ MAX _____		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)		
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.)		

5. Control Equipment Information (if not listed, attach appropriate supporting documentation for your facility)

Baghouse (if applicable)

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.) _____			
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 <input type="checkbox"/> Other			

Wet Scrubber (if applicable)

Manufacturer and Model # _____		Efficiency (%) _____
Chemicals used _____	Chemical use rate _____	
<ul style="list-style-type: none"> ▪ Provide a diagram of the scrubber, including dimensions of unit and locations of nozzles. ▪ Provide an MSDS for each chemical used in the scrubbing process. 		

6. Asphalt Oil Storage Tanks (attach additional sheets if necessary)

Volume of tank #1 (gallons) _____	If heated, liquid temperature (°F) _____
Shell color: <input type="checkbox"/> White <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Aluminum	Breather, vacuum (psig) _____ pressure (psig) _____
Volume of tank #2 (gallons) _____	If heated, liquid temperature (°F) _____
Shell color: <input type="checkbox"/> White <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Aluminum	Breather, vacuum (psig) _____ pressure (psig) _____
Volume of tank #3 (gallons): _____	If heated, liquid temperature (°F) _____
Shell color: <input type="checkbox"/> White <input type="checkbox"/> Grey <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Aluminum	Breather, vacuum (psig) _____ pressure (psig) _____

7. Aggregate Production Storage/Conveyors and Recycle Asphalt Handling

Aggregate is <input type="checkbox"/> produced on-site <input type="checkbox"/> produced off-site (if aggregate is produced on-site, provide pit information below)	
Pit Owner _____	Pit Name _____
Pit Depth (ft) _____ Pit Number _____	Township _____ N Range _____ E Section _____

8. 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

9. Aggregate Storage/Conveyors and Recycle Asphalt Handling

Aggregate storage volume (yd ³) _____	RAP storage volume (yd ³) _____
Amount of aggregate transferred (tph): _____	Is dust suppression present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Equipment	Manufacturer	Model No. or Screen Size	Number of Units	Max Throughput (tons/hr)	Year Built or last modified
Primary Crusher					
Sizing Screen					

Number of aggregate and RAP conveyors: _____	Number of conveyor transfer points: _____
Amount of RAP transferred (tph): _____	Is dust suppression present? <input type="checkbox"/> Yes <input type="checkbox"/> No

10. 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 facility. (REQUIRED)
- Flow diagram detailing operations and material flow balance, including fugitive emissions (REQUIRED)
- Configuration showing location of asphalt plants, heaters, screens, power units, conveyors, storage tanks (include capacity and type), loaders (loading and unloading points), storage piles, and haul trucks (REQUIRED)
- Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____
- Quantities and Material Safety Data Sheets (MSDSs) for solvents used in excess of 55 gallons per year (REQUIRED)
- If a volatile organic compound (VOC) control system is being installed, include specifications and design drawings.

11. 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