



BENTON CLEAN AIR AGENCY

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

Portable Rock Crushing Operation

For Agency Use Only

Fee Recd: _____

NIO #: _____

1. General Information

| | |
|--|---|
| Owner / Operator: _____ Business name: _____ Business address: _____ | Applicant name: _____ Applicant address: _____ |
| Contact person: _____ Phone: _____ Fax: _____ E-mail: _____ | Contact person: _____ Phone: _____ Fax: _____ E-mail: _____ |

2. Installation Information

| | |
|---|--|
| Installation address: _____ Contact person: _____ Phone: _____ Fax: _____ | Start Date: ___/___/___ End Date: ___/___/___ Number of weeks crushing will occur: _____ 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 NOTE: Maximum operating period is one year. |
| Pit Owner: _____ Pit Depth (ft): _____ Pit Number: _____ Pit Name: _____ Township: ___N Range: ___E Section: _____ | Max. overall hourly production (ton/hr): _____ Anticipated hourly production (ton/hr): _____ Product Produced: _____ Product Density (lbs/ft ³): _____ |
| Air Pollution Control Equipment: _____ | Property line to pad center (distance): _____ |

3. Equipment Information

| | |
|----------------------------------|---------------------------------|
| Equipment Pad Length (ft): _____ | Equipment Pad Width (ft): _____ |
|----------------------------------|---------------------------------|

| Equipment | Manufacturer | Model No. or Screen Size | Number of Units | Max Through put (tons/hr) | Year Built or last modified |
|-----------------------|--------------|--------------------------|-----------------|---------------------------|-----------------------------|
| Primary Crusher (Jaw) | | | | | |
| Scalping Screen | | | | | |
| Secondary Crusher | | | | | |
| Sizing Screen 1 | | | | | |
| Sizing Screen 2 | | | | | |

| | | | | | |
|------------------|--|--|--|--|--|
| Sizing Screen 3 | | | | | |
| Tertiary Crusher | | | | | |
| Fines Crusher | | | | | |
| Fines Screen | | | | | |

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

| Equipment | Manufacturer | # Trucks on Site | Equip Weight (lbs) | Capacity (yd ³) | Mean Vehicle Speed (mph) |
|-------------|--------------|------------------|--------------------|-----------------------------|--------------------------|
| Loaders | | | | | |
| Haul Trucks | | | | | |

| | |
|---|---|
| Loader round trip distance (ft) Paved Road _____ Unpaved Road _____ | Hauler trucks 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 |

4. Storage Piles

| | |
|--|---|
| How many storage piles will there be: _____ | Is there dust control for storage piles? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Average height _____ and diameter _____ of piles (approximate) | |

5. Other Information

- Submit applicable filing and engineering fee as required by BCAA Regulation 1.
- 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 _____
- Configuration showing location of crushers, screens, power units, conveyors, loaders (loading and unloading points), storage piles, and haul trucks (REQUIRED)
- Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (IF AVAILABLE)

6. 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