

BENTON CLEAN AIR AGENCY

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

Thermal Oxidizer/Flare

For Agency Use Only	
Fee Recd:	
NOC #:	

1. General Information			
Owner / Operator:	Applicant Name:		
Business Name:			
Business Address			
Contact Person:	Contact Person:		
Phone: Fax:	Phone: Fax:		
E-mail:	E-mail:		
2. Installation Information			
Installer Company Name:	Installer Address		
Installation Address	_		
Contact Person:	Contact Person:		
Phone: Fax:			
	E-mail:		
Type of business: ☐ New ☐ Existing	Nature of business:		
Facility registered with BCAA? ☐ Yes ☐ No	Estimated completion date:		
3. Thermal Oxidizer/Flare being Installed	or Modified		
Description of unit: (make, model number etc)			
Description of Burnaria), (make model 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:		
Max fuel rate: Actual fuel rate:	Unit horsepower Air to Fuel Ratio:		
Max temperature (°F): Operating tempera	ture (°F):		
Will NO _x controls be installed? ☐ Yes ☐ No	Expected NO _x emissions (@ 3% O ₂):		
If Yes, which type of control is installed? ☐ Low NO	x burners ☐ Flue gas recirculation ☐ Staged gas combustion		
□ Other			
Will CO monitoring be done during operation? ☐ Yes	s □ No		

Stack ground height (ft)	Flow Ra	te (scfm)	Exit Temperature	(°F)	Internal Stack Diam. (ft)
How does the exhaust exit	the stack?	□ Vertical □ Ho	rizontal 🛮 Other		
Will a stack cap or rain gua					
5. Operation Informat	ion for U	nit			
Daily Operating Hours		Days of Operation		Weeks of Operation (per year)	
from to					op 2
6. Modeling Informati	on			1	
Distance from stack to nea		ty line (ft)			
Describe any dispersion m	odeling tha	t has been done fo	r this stack. Attach re	eport or m	odeling results.
7. Other Information					
 Plot plan showing the e streets, property lines, 				tallation/m	nodification, including cross
 Material flow diagram of 	f the proces	ss (REQUIRED)			
 Environmental Checklis 	st (SEPA) o	r DNS (REQUIRED) SEPA Date		or DNS Date
Agency issuing Enviror	mental Det	ermination			
 Any additional emission AVAILABLE) 	ns information	on, including partic	ulate, NO _x , SO ₂ , CO	, VOCs, le	ead, or toxics. (IF
 Manufacturer and/or ve modified (IF AVAILABL 		ation on process a	nd air pollution contr	ol equipm	ent being installed or
3. Owner, Operator, o	r Resnoi	nsible Agent S	ignature		
or owner, operator, c	i itoopoi	ioibic Agent e	igilataro		
				ing any a	attached supplemental
	f of my line	MILLONDO DOMOIO			
hereby certify that the in nformation, is to the best	t of my kno	owledge complete	e and correct.		

Phone Number

Printed Name

Phone: 509.783.1304 • Website: bcaa.net