



BENTON CLEAN AIR AGENCY

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

Temporary Generator or Internal Combustion Unit

For Agency Use Only

Fee Recd: _____

NIO #: _____

General Information

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| Facility Name: _____ Facility Address: _____ Responsible Official: _____ Phone: _____ Fax: _____ E-mail: _____ | Applicant Name: _____ Applicant Address: _____ Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____ |
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Installation Information

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|---|---|
| Installer Company Name: _____ Installer Address: _____ Contact Person: _____ Phone: _____ Fax: _____ Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing | Operating: ___/___/___ To: ___/___/___ 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 Operating weeks per year: _____ NOTE: Maximum operating period is one year. Facility registered with BCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

Unit Information

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|---|--|
| Make and model of generator or IC engine: _____ | Make and model of burner(s), if applicable: _____ |
| Maximum Fuel Rate: _____ per hr | Size of IC engine (bhp): _____ Number of cylinders: _____ |
| Number of units being installed/modified: _____ | Status of Unit: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing |
| Fuel(s) burned: _____ | Rated Capacity of unit: _____ MMBTU/hr |

Manufacturer's guaranteed emission rate @ 3% O₂

| CO (ppm _v) | NO _x (ppm _v) | SO _x (ppm _v) | HC or VOC (ppm _v) | PM ₁₀ (lbs/MMBtu) | PM _{2.5} (lbs/MMBtu) |
|---------------------------|--|--|----------------------------------|---------------------------------|----------------------------------|
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| Will NO _x controls be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which type of control is installed? <input type="checkbox"/> Low NO _x burners <input type="checkbox"/> Flue gas recirculation <input type="checkbox"/> Staged gas combustion <input type="checkbox"/> Other _____ Is unit equipped with low excess air (O ₂) meter? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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Unit Exhaust Stack Information

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|---|------------------|-----------------------|---------------------------|
| Stack ground height (ft) | Flow Rate (scfm) | Exit Temperature (°F) | Internal Stack Diam. (ft) |
| How does the exhaust exit the stack? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other _____ | | | |
| Will a stack cap or rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, submit a design drawing) | | | |

Modeling Information

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| Distance from stack to nearest property line (ft) |
| Describe any dispersion modeling that has been done for this stack. Attach report or modeling results. |

Other Information

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| <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)▪ 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) <i>Note: if no emissions information is available, a combustion analysis and/or a source test may be required.</i>▪ Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE) |
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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 Name | _____ Phone Number |