



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: _____ Business Name: _____ Business Address _____	Applicant Name: _____ Applicant Address _____
Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____	Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____

2. Installation Information

Installer Company Name: _____ Installation Address _____	Installer Address _____
Contact Person: _____ Phone: _____ Fax: _____	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. Thermal Oxidizer/Flare being Installed or Modified

Description of unit: (make, model number etc)	
Description of Burner(s): (make, model number etc)	
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: _____
Max fuel rate: _____ Actual fuel rate: _____	Unit horsepower _____ Air to Fuel Ratio: _____
Max temperature (°F): _____ Operating temperature (°F): _____	
Will NO _x controls be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Expected NO _x emissions (@ 3% O ₂): _____	
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 _____	
Will CO monitoring be done during operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Unit Exhaust Stack Information

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)			

5. Operation Information for Unit

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. Modeling Information

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

7. 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)▪ Material flow diagram of the process (REQUIRED)▪ Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____▪ Any additional emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (IF AVAILABLE)▪ 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