



BENTON CLEAN AIR AGENCY

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

Generator or Internal Combustion Unit

For Agency Use Only

Fee Recd: _____

NOC #: _____

1. General Information

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

2. Installation Information

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

3. Unit Information

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 - please provide units (g/hr, g/hp-hr, etc.)

CO	NO _x	SO _x	HC or VOC	PM ₁₀	PM _{2.5}
()	()	()	()	()	()

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

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. 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.

6. 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)▪ 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)

7. 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