



# BENTON CLEAN AIR AGENCY

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

### Incinerator or Crematory

*For Agency Use Only*

Fee Recd: \_\_\_\_\_

**NOC #:** \_\_\_\_\_

#### 1. General Information

Owner / Operator: _____ Business Name: _____ Business Address _____  Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____	Applicant Name: _____ Applicant Address _____  Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____
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#### 2. Installation Information

Installer Company Name: _____ Installation Address _____  Contact Person: _____ Phone: _____ Fax: _____	Installer Address _____  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. Incinerator or Crematory Unit being Installed or Modified

Manufacturer: _____	Model No.: _____
Number of units being installed/modified: _____	Status of Unit: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing
Charge Description: <input type="checkbox"/> Solid waste <input type="checkbox"/> Medical waste <input type="checkbox"/> Human/animal memorial <input type="checkbox"/> Animal solid waste <input type="checkbox"/> Other: _____	
Fuel(s) burned: _____	Rated Capacity of unit: _____
Will NO <sub>x</sub> or CO controls be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No What type of controls: _____	
Charge Load (#/load) Max: _____ Avg: _____	Production Rate (loads/hr) Max: _____ Avg: _____
Chamber Temp (°F) Max: _____ Avg: _____	

#### 4. Afterburner/Secondary Chamber Information

Manufacturer: _____	Model No.: _____
Afterburner/Secondary Chamber internal dimensions: Length: _____ Width/Diam. _____ Height: _____	
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 temp. (°F): _____ Oper. temp (°F): _____	Retention Time (sec): _____ Efficiency (%) _____

#### 5. 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)			

#### 6. Operation Information for Boiler/Heater 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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#### 7. 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.

#### 8. Other Information

<ul style="list-style-type: none"> <li>▪ 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)</li> <li>▪ Flow diagram of the process (REQUIRED)</li> <li>▪ Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____</li> <li>▪ Was an Environmental Impact Statement (EIS) filed for this facility to incinerate solid, medical, or animal solid waste charges? <input type="checkbox"/> Yes <input type="checkbox"/> No. EIS Lead Agency: _____</li> <li>▪ Any emissions information, including particulate, NO<sub>x</sub>, SO<sub>2</sub>, 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></li> <li>▪ Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE)</li> </ul>
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#### 9. 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