



**BENTON CLEAN AIR AGENCY**

526 S. Clodfelter Rd.  
 Kennewick, WA 99336

Phone: (509) 783-1304 -- FAX: (509) 783-6562  
 E-mail: [email@bcaa.net](mailto:email@bcaa.net) Internet: <http://bcaa.net>

**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**

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

**Installation Information**

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

**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% O<sub>2</sub>

CO (ppm <sub>v</sub> )	NO <sub>x</sub> (ppm <sub>v</sub> )	SO <sub>x</sub> (ppm <sub>v</sub> )	HC or VOC (ppm <sub>v</sub> )	PM <sub>10</sub> (lbs/MMBtu)	PM <sub>2.5</sub> (lbs/MMBtu)

Will NO<sub>x</sub> controls be installed?  Yes  No  
 If Yes, which type of control is installed?  Low NO<sub>x</sub> burners  Flue gas recirculation  Staged gas combustion  
 Other \_\_\_\_\_  
 Is unit equipped with low excess air (O<sub>2</sub>) meter?  Yes  No

**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)			

**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.

**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>▪ 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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**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

<p>Send this document, any supporting information, and the applicable fee to Benton Clean Air Agency, 526 South Clodfelter Road, Kennewick, WA 99337</p>
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