



BENTON CLEAN AIR AGENCY

526 S. Clodfelter Rd.

Kennewick, WA 99336

Phone: (509) 783-1304 -- FAX: (509) 783-6562

E-mail: email@bcaa.net Internet: <http://bcaa.net>

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 _____	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. 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 _x 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

- 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 _____
- Was an Environmental Impact Statement (EIS) filed for this facility to incinerate solid, medical, or animal solid waste charges? Yes No. EIS Lead Agency: _____
- Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (IF AVAILABLE)
Note: if no emissions information is available, a combustion analysis and/or a source test may be required.
- Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE)

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

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