

PUGET SOUND CLEAN AIR AGENCY

1904 3rd Ave, Ste 105
Seattle WA 98101-3317

(206) 689-4052 Fax: (206) 343-7522 <www.pscleanair.org>

NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL

Incomplete applications delay Agency review, so please fill out your application thoroughly

Soil & Groundwater Remediation	Form SGR
AGENCY USE ONLY: DATE _____ REG NO. _____ NOC NO. _____	

Facility Information

Facility Name as it appears on outside of building		
Site Address (incl. city, state, zip)		
Site Contact	Site Phone #	Email

Applicant/Invoicing Information

Company		Applicant	
Phone #	E-mail	Fax #	
Mailing Address (incl. city, state, zip)			

TYPE OF BUSINESS (Check one) <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	STATUS OF EQUIPMENT (Check one) <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> ALTERED <input type="checkbox"/> RELOCATION
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PROCESS EQUIPMENT	
DESCRIPTION: _____	
NO. OF UNITS; _____ MAKE AND MODEL _____	
CONNECTED TO: _____	
CONTROL EQUIPMENT (Must Meet 90% Destruction Efficiency): _____ Vapor Carbon Vessels (Two in Series) _____ Catalytic Oxidizer _____ Thermal Oxidizer _____ Internal Combustion Engine _____ Other(Specify) _____	
Enclose a narrative that addresses procedures for continued proper operation and maintenance of selected control equipment (i.e., monitoring carbon bed exhaust for breakthrough, monitoring temperature of thermal oxidizer, etc.).	
Planned Start Date for Construction	Planned Start Date for Operation

GAS STREAM CHARACTERISTICS OF CONTROL EQUIPMENT

	Temperature(°F)	Static Pressure (psig)	Flow Rate(acfm)
INLET			
OUTLET			

AIR CONTAMINANT EMISSION WORST CASE ESTIMATE (Attach separate sheet with calculations)

POLLUTANT	UNCONTROLLED LB/DAY	UNCONTROLLED LB/YEAR	UNCONTROLLED LB/LIFETIME	CONTROL EFFICIENCY	CONTROLLED LBS/LIFETIME
TOTAL PETROLEUM HYDROCARBONS					

AMOUNT OF SOIL TO BE REMEDIATED: _____ FLOW RATE (gpm): _____ ESTIMATED DURATION OF PROJECT: _____	Days of Operation (Circle) S M T W T F S Daily Hours of Operation From _____ am to _____ pm
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EXHAUST STACK PARAMETERS

Stack Height Above Ground (ft)	Stack Internal Diameter at Exit (ft)	CFM Exhausted	Velocity (ft/sec)

FLOW DIAGRAM & PLOT PLAN

FLOW DIAGRAM INSTRUCTIONS

(a) FLOW DIAGRAM MAY BE SCHEMATIC. ALL EQUIPMENT SHOULD BE SHOWN WITH EXISTING EQUIPMENT SO INDICATED.

(b) SHOW FLOW DIAGRAM OF PROCESS.

(c) INDICATE ALL POINTS IN PROCESS WHERE GASEOUS OR PARTICULATE POLLUTANTS ARE EMITTED.

(d) FLOW CHART CAN BE ATTACHED SEPARATELY IF NECESSARY. (DRAWINGS MAY BE SUBMITTED INSTEAD, IF DESIRED).

(e) ATTACH A PLOT PLAN SHOWING NEAREST PUBLIC ACCESS.

Certification

I, the undersigned, do hereby certify that the information contained in this application is, to the best of my knowledge, accurate and complete.

_____ Signature	_____ Date
_____ Type or Print Name and Title	_____ Phone

Your application **will not** be processed unless you mail a \$1,150 filing fee payment *along with the application*. Additional fees may apply after the application is reviewed. To pay by credit card, check here and an accounting technician will contact you.