



Yakima Regional Clean Air Agency

Instructions for Completing a Notice of Intent (NOI) to Install or Establish a Portable and Temporary Air Contaminant Source

☛ **Each NOI for the construction, installation or establishment of a new portable and temporary air contaminant source, or modification of existing portable and temporary air pollution source or control equipment or permit, needs to be accompanied by the following information to be considered complete:**

Included N/A

- Process flow sheets and equipment layout diagrams.
- Control equipment manufacturer, model number, size, serial numbers (for each piece of control equipment).
- Quantify average and maximum hourly throughput values, average yearly totals, and maximum concentrations for each pollutant.
- Applicant's calculation of the kinds and amounts of emissions for each emission point, materials handling operation or fugitive category (both controlled and uncontrolled).
- Plot plan including identification of proposed emission points to the atmosphere, distance to property boundaries, height of buildings and stack height above ground level.
- Identification of raw materials and/or product specifications (physical and chemical properties) and typical ranges of operating conditions as related to each emission point (toxic air contaminants require a separate summary); Material Safety Data Sheets (MSDS) should be included in the NOI for all compounds used.
- Identification of the methods/equipment proposed for prevention/control of emissions to the atmosphere.
- Information sufficient to demonstrate the ability of the emission controls proposed as being consistent with those provided in the applicable regulations (BACT/NSPS/RACT/NESHAPS/LAER analysis), see attached worksheet for typical layout of BACT analysis information.
- The kinds and amounts of emission offset credits proposed for assignment when operations are within a non-attainment boundary (see WAC 173-400-120 and 131).
- Estimates of the proposed project ambient impact under average and least favorable conditions where pertinent to PSD (WAC 173-400-720) or Toxic Air Pollutants (WAC 173-460) requirements.
- Additional information, evidence, or documentation as required by the Board of Directors, or the Control Officer, to show that the proposed project will meet federal, state and local air pollution control regulations.
- NOIs that include previously approved or authorized equipment require that additional information regarding previous owners or approvals be provided so that YRCAA records can be updated. Equipment permitted and/or approved for a given company cannot be authorized without a legal name change, purchase of company or equipment, or a legal contract or subcontract to do business with or for the approved source. Responsibility for operation of authorized equipment rests with the permitted source.
- All NOIs need to be accompanied with a completed SEPA checklist or SEPA determination.

☛ The NOI transmittal shall conform to YRCAA review requirements wherever possible as detailed in the General Regulations for Air Pollution Sources (WAC 173-400).

☛ Each drawing, document, or other form of transmittal considered by the applicant to be proprietary and confidential must be suitably identified as confidential in red ink, and signed and dated by the applicant or its agent. Be aware that YRCAA follows the requirements in 40 CFR 2 for determination of confidentiality. YRCAA may not process company sensitive information as confidential.

☛ Permits to Operate (to construct, modify, or install) are issued for specific equipment or processes described in the NOI. Changes to the processes or control equipment are not allowed without a separate NOI and Permit to Operate if these changes result in an emission of a different type or an increase in emissions. Process equipment changes that result in decreased emissions require notification to YRCAA.

☛ The SIC code is identified as the four digit major group classification in the 1987 Standard Industrial Code Classification Manual listing of SIC codes can be obtained for free from the internet.

☛ Mail or deliver in person the completed NOI package to:
Yakima Regional Clean Air Agency
329 North First Street
Yakima, WA 98901-2303

☛ **NOI fees must accompany NOI for the NOI to be considered complete. An invoice will be sent out for the Engineering review after final decision on the NOI. Make checks payable to "Yakima Regional Clean Air Agency" or "YRCAA".**

☛ **The NOI package submitted must be complete. All NOIs are screened for completeness before processing. Applicants submitting incomplete NOI packages will be notified of their incomplete status and a delay in processing may result.**

Any questions regarding the process and requirements for completing this Notice for the purpose of obtaining a Permit to Operate should be addressed to: Hasan M. Tahat, PhD - Office of Engineering and Planning – 834-2050 Ext 105 - hasan@yrcaa.org

Yakima Regional Clean Air Agency

BACT ANALYSIS WORKSHEET

Facility Name: _____ **Date:** _____

CONTROL ALTERNATIVE	EMISSIONS [lbs/hr] & [tons/yr]	EMISSIONS REDUCTION (a) [tons/yr]	INSTALLED CAPITAL COST (b) [\$]	TOTAL ANNUALIZED COST (c,g) [\$]	AVERAGE COST EFFECTIVENESS OVER BASELINE (d) [\$/ton]	INCREMENTAL COST EFFECTIVENESS (e) [\$/ton]	ENERGY INCREASE OVER BASELINE (f) [mmBtu/yr]	TOXICS IMPACT [Yes/No]	ADVERSE ENVIRONMENTAL IMPACT [Yes/No]
1)									
2)									
3)									
4)									
5) Uncontrolled Baseline (worst case - no controls)									

- (a) Emissions reduction over baseline control level.
- (b) Installed capital cost relative to baseline.
- (c) Total annualized cost (capital, direct, and indirect) of purchasing, installing, and operating the proposed control alternative. A capital recovery factor approach using a real interest rate (i.e., absent inflation) is used to express capital costs in present-day annual costs.
- (d) Average cost effectiveness over baseline is equal to total annualized cost for the control option divided by the emissions reductions resulting from the uncontrolled baseline.
- (e) The optional incremental cost effectiveness criterion is the same as the average cost effectiveness criteria except that the control alternative is considered relative to the next most stringent alternative rather than the baseline control alternative.
- (f) Energy impacts are the difference in total project energy requirements with the control alternative uncontrolled baseline expressed in equivalent millions of Btus per year.
- (g) Assumptions made on catalyst life may have a substantial affect upon cost effectiveness.

Notes:

The number of alternatives to be evaluated will vary depending on application.
 Values for each variable should be provided as they are applicable. Use N/A if not applicable.
 Emission rates are the expected or predicted emission rates.
 Calculations should provide for a range of alternatives.
 Emissions reduction should use estimated efficiency if actual efficiency is unknown - should so state.
 Attach worksheets as necessary to substantiate above values.



Filing Fee: \$400.00

329 North First Street, Yakima WA 98901
Phone: (509) 834-2050 Fax: (509) 834-2060
Website: http://www.yakimacleanair.org

This Notice of Intent Applies Only to Construction, Installation or Establishment of Portable Sources Located Temporarily for Not More Than 365 Days

I. General Information:

BUSINESS NAME _____

MAILING ADDRESS _____

PHONE NUMBER () _____ FAX No. () _____

NATURE OF BUSINESS _____

TYPE OF PROCESS, EQUIPMENT, OR APPARATUS _____

LIST OF AIR CONTAMINANT(S) WHICH WILL BE PRODUCED AND/OR CONTROLLED _____

ESTIMATED COSTS: OF BASIC SOURCE EQUIPMENT \$ _____

OF CONTAMINANT CONTROL APPARATUS \$ _____

ESTIMATED STARTING DATE: _____

ESTIMATED COMPLETION DATE: _____

ADDRESS WHERE EQUIPMENT WILL BE LOCATED: _____

Describe Input to Output Process (Attach drawings, schematics, prints, or block diagrams) _____

Process: Production Output per Year (tons, pounds, etc) _____

Maximum Output per Hour (tons, pounds, etc) _____

Percentage of Production (%)

Dec - Feb _____

Mar - May _____

Jun - Aug _____

Sep - Nov _____

Operating Schedule: Hrs/Day _____ Days/Wk _____ Wks/Yr _____

Compliance with SEPA (State Environmental Policy Act) - Check One of the Options Below:

[] A DNS or EIS has been Issued by Another Agency for this Project and a Copy is Attached.

[] If no DNS or EIS Exists for this Project, a Completed Checklist for this Project is Attached.

YRCAA SEPA checklist is available by phone, or by our website at <http://www.yakimacleanair.org>

I certify that the SEPA has been satisfied for this project by:

_____ by _____
Date Government Agency

II. Emissions Estimations and Calculations:

1. Criteria Pollutants (gr/dscf, tons/yr, lbs/hr., ppm, etc.)

Particulate (PM₁₀, PM_{2.5}) _____

Volatile Organic Compounds _____

Nitrogen Oxides _____

Sulfur Oxides _____

Carbon Monoxide _____

Lead _____

2. Toxic Pollutants (Name) Quantity (in gr/dscf, tons/yr, lbs/hr. ppm, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Fugitive Pollutants (Source) Quantity (in gr/dscf, tons/yr, lbs/hr. ppm, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Air Pollution Modeling

Results _____

Computer Printout Attached? Yes No

III. Emission Data:

1. Stack Height (Feet) _____ Inside Diameter (feet) _____

Gas Exit Temp (degrees F) _____ Gas Exit Velocity (ft/min) _____

Flow Rate (cfm) _____

Shared Stack? If a shared stack, identify process (es) or point(s) which share the stack.

Distance from Stack to Property Line _____

2. Discharge Point or points (if no stack or other than stack)

Height (feet) _____ Inside Diameter (feet) _____

Gas Exit Temp (degrees F) _____ Gas Exit Velocity (ft/min) _____

Flow Rate (cfm) _____

Shared discharge point? If a shared discharge point, identify process (es) or point(s) which share the discharge point. _____

Distance from discharge point to Property Line _____

3. Fuel Type _____ % Sulfur _____
% Ash _____ Unit of Measure (gal./cu.ft./etc.) _____
BTU per Unit of Measure _____ Consumption Units per Year _____
Maximum Consumption Units per Hour _____

4. Building Dimensions

Height (feet) _____ Length (feet) _____ Width (feet) _____

IV. Air Pollution Control Equipment:

Baghouse Type _____ Efficiency _____
Bag Height (feet) _____ Bag Diameter (feet) _____
Filter Area (feet squared) _____ Blower Flow Rate (cfm) _____
Filter Media _____ Dimensions (feet) _____
Discharge Area Dimensions (feet) _____
Cleaning Mechanism (shake) (air psi) _____
Other Data _____

Scrubber Type _____ Efficiency _____
Gas Differential Pressure (psi) _____ Liquor Differential Pressure (psi) _____
Liquor Flow (gpm) _____ Discharge Area Dimensions (feet²) _____
Gas Flow (cfm) _____ Other Data _____

Cyclone Type _____ Efficiency _____
Gas Flow (cfm) _____ Discharge Area Dimensions (feet²) _____
Other Data _____

Precipitator Type _____ Efficiency _____
Gas Flow (cfm) _____ Gas Velocity (ft/sec) _____
Residence Time _____ Gas Differential Pressure (psi) _____
Precipitation Rate (ft/sec) _____ Discharge Area Dimensions (feet²) _____
Other Data _____

Ad/Absorp Type _____ Efficiency _____
Gas Flow _____ Gas Velocity (ft/sec) _____
Gas Temp (degree F) _____ Bed Volume (ft³) _____
Bed Dimensions (feet) _____ Capacity (hours) _____

Other Contaminant (lb/day) _____ Regeneration time (hours) _____
 Type _____ Efficiency _____
 Gas Flow (cfm) _____ Discharge Area Dimensions (feet) _____
 Other Data _____

V. Additional Information:

1. Fugitive Dust Control Plan (Attach if Necessary)
2. Attach Operation and Maintenance Manual.
 Yes No, if not, why not? _____
3. Attach Vendor Information or Manufacturer's Instructions on Pollution Control Equipment.
 Yes No, if not, why not? _____
4. Attach Related Information on Chemicals or Materials that will be emitted
 (MSDS Sheets, Company Information, etc.) Yes No, if not why not? _____

APPLICANT: I hereby certify that the information contained in this Notice, including supplemental forms and data, when required is, to the best of my knowledge, complete and correct. I also agree to all fees for processing this Notice and grant permission for YRCAA staff to enter the premises for inspection.

Signature _____ Date _____
 Title _____ Date _____

Name and Title of Individual Filling out Form:
 Name (print) _____
 Signature _____

Name and Title of Contact Person, if Different from Above:
 Name _____
 Title _____

A filing fee of \$400.00 must be paid before review will begin. A surcharge fee for time required to prepare and process the application will be invoiced after the permit to operate is issued.

OFFICAL USE ONLY

YRCAA NSR No: _____ Date Fee Paid: _____
 Received by: _____ Filing Fee: **\$400.00**