

processing the application.

Yakima Regional Clean Air Agency INSTRUCTIONS FOR PERMIT APPLICATION

Use this sheet as a checklist to determine when your application is substantially complete.

Each PERMIT APPLICATION for the construction, installation or establishment of a new air contaminant source, or modification of existing air pollution source or control equipment or permit, needs to be accompanied by the following information to be considered complete:

Included		
		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 PERMIT APPLICATION 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.
		For applications that include equipment that has previously been approved, authorized or registered, a lapse is considered to have
		occurred if the registration fees are delinquent for more than one calendar year or the source has not operated within five years prior to the receipt of any required PERMIT APPLICATION (WAC 173-400-110).
		Applications 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 registered 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
		registered source.
		All applications need to be accompanied with a completed SEPA checklist or SEPA determination. YRCAA may process the SEPA
		determination, if no other agency has done it. In this case a SEPA checklist with the proper fees must be submitted with the NSR application.
		uppreution.
Т	he app	lication transmittal shall conform to YRCAA review requirements wherever possible as detailed in the General Regulations for Air
P	ollution	n Sources (WAC 173-400).
- F		
		wing, document, or other form of transmittal considered by the applicant to be proprietary and confidential must be suitably identified lential 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
		nation of confidentiality. YRCAA may not process company sensitive information as confidential.
		and of tolling in the first of the protess to in party solidated and tolling in the control in t
• O	rders o	f Approval (to construct, modify, or install) are issued for specific equipment or processes described in the application. Changes to the
		s or control equipment are not allowed without new source review (Permit Application and Permit) if these changes result in an
		of a different type or an increase in emissions (WAC 173-400-110). Process equipment changes that result in decreased emissions
re	equire n	notification to YRCAA.
Т	he SIC	code is identified as the four digit major group classification in the 1987 Standard Industrial Code Classification Manual listing of SIC
		n be obtained for free from the internet.
N	Iail or o	deliver in person the completed application package to: Yakima Regional Clean Air Agency
		186 Iron Horse Court, Suite 101 Yakima, WA 98901-2303
- A	nnlica	tion fees must accompany application for the application to be considered complete. An invoice will be sent out for the
		ring review after final decision on the application. Make checks payable to "Yakima Regional Clean Air Agency" or
	YRCA	

The PERMIT APPLICATION package submitted must be complete. All applications are screened for completeness before processing. Applicants submitting incomplete application packages will be notified of their incomplete status and may result in a delay in

Yakima Regional Clean Air Agency

PERMIT APPLICATION / NEW SOURCE REVIEW

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.



186 Iron Horse Court, Suite 101. Yakima, WA. 98901 Phone: (509) 834-2050 Fax: (509) 834-2060 Website: http://www.yakimacleanair.org

Filing Fee: \$400.00*

*Pursuant to WAC 173-400-111(1) (e)-	an application is not complete until the permit application filling fee required by YRCAA has been paid.
OFFICAL USE ONLY	
YRCAA NSR No:	Date Fee Paid:
Received by:	Filing Fee: \$400.00
☐ YRCAA is the lead agency for the SE	PA process. Processing Fee \$400.00
Review of the application will not begin, unti	If the application filling fee is paid. A surcharge fee for the time required for preparing
and processing the application for approval	will be invoiced after the permit to operate is issued.
New Source I	Review (NSR) Application General Stationary/Permanent Source
INSTALLATION OR ESTA	BLISHMENT OF NEW AIR CONTAMINANT SOURCES
NSR Application is Required for	Construction, Installation or Establishment of an Air Pollution Source
Replacement or Substantial Alteration	Or a of Emission Control Technology on an Air Pollution Source or Equipment
I. General Information:	
BUSINESS NAME	
NATURE OF BUSINESS	
MAILING ADDRESS	
FACILITY ADDRESS (if different):	
PHONE and FAX NUMBERS ()	
TYPE OF PROCESS, EQUIPMENT, OR	APPARATUS
LIST OF AIR CONTAMINANT(S) WHI	ICH WILL BE PRODUCED AND/OR CONTROLLED
ESTIMATED STARTING DATE:	

Form No P-41|2019 Page **1** of **5**

Complianc	e 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 and the SEPA Processing Fee
	are Attached. YRCAA SEPA checklist is available by phone, or by our website.
	The city/county has established an exemption for this project.
	I certify that the SEPA has been satisfied or this project is exempt:
	by
I	Date Government Agency
Previous N	SR/Air Permits Number issued by YRCAA for the Facility, if any
	nput to Output Process (Attach drawings, schematics, prints, or block diagrams)
ESTIMAT	ED COSTS: OF BASIC SOURCE EQUIPMENT \$
	OF CONTAMINANT CONTROL APPARATUS \$
Process: P	roduction Output per Year (tons, pounds, etc)
	Maximum Output per Hour (tons, pounds, etc)
P	Percentage of Production (%)
	Dec - Feb Mar – May Jun - Aug Sep – Nov
	Juli - Aug Sep - Nov
(Deperating Schedule: Hrs/Day Days/Wk Wks/Yr
II. Eı	missions Estimations and Calculations:
1.	Criteria Pollutants (gr/dscf, tons/yr, lbs/hr., ppm, etc.)
	Particulate (PM ₁₀ ,PM _{2.5})
	Volatile Organic Compounds
	Nitrogen Oxides
	Sulfur Oxides
	Carbon Monoxide
	Lead
2.	Toxic Air Pollutants (Name) Quantity (in gr/dscf, tons/yr, lbs/hr. ppm, etc.)

Form No P-41|2019 Page **2** of **5**

3.	Fugit	ive Pollutants (Source)	Quai	ntity (in gr/dscf, tons/yr, lbs/hr. ppm	, etc.)
					_
4.		ollution Modeling			-
		lts outer Printout Attached?□Yes	□No		
Fm	ission]	Data:			
	tack		Insi	de Diameter (feet)	
				Exit Velocity (ft/min)	
		Flow Rate (cfm)		•	
				ess (es) or point(s) which share the	stack.
			• •	(15) (15) (15) (15) (15) (15)	
2. Г	Discharge	Point or points (if no stack or other	•		
		•		Inside Diameter (feet)	
				Gas Exit Velocity (ft/min)	
		Flow Rate (cfm)			
				e point, identify process (es) or poin	
		Distance from discharge point	to Property Lir	ne	
3. F	uel	Type	% S	ulfur	
		% Ash	Uni	t of Measure (gal./cu.ft./etc.)	
		BTU per Unit of Measure		Consumption Units per Year	
		Maximum Consumption Units	per Hour		
	uilding I	Dimensions			
4. E		Height (feet)	Length (feet)) Width (feet)	
4. E					
4. В					
4. E					
4. E					

Form No P-41|2019 Page **3** of **5**

Air Pollution Control Equipment: Model #, Serial # **Baghouse** Efficiency _____ PM_{2.5}: and PM₁₀:_____ Bag Height (feet)_____ Bag Diameter (feet) Filter Area (feet squared) Blower Flow Rate (cfm) Dimensions (feet)____ Filter Media Discharge Area Dimensions (feet) Cleaning Mechanism (shake) (air psi)_____ Other Data Scrubber Model #, Serial # Efficiency_____ Liquor Differential Pressure (psi) Gas Differential Pressure (psi) Discharge Area Dimensions (feet²) Liquor Flow (gpm) Other Data Gas Flow (cfm)_____ Model #, Serial # Cyclone Efficiency ______ PM_{2.5}:___ and PM_{10} : Discharge Area Dimensions (feet²) Gas Flow (cfm)_____ Other Data _____ Model #, Serial #_____ **Precipitator** Type____ Efficiency____ Gas Velocity (ft/sec) Gas Flow (cfm) Gas Differential Pressure (psi) Residence Time Precipitation Rate (ft/sec)_____ Discharge Area Dimensions (feet²)_____ Other Data Ad/Absorp Model #, Serial #____ Type____ Efficiency_____ Gas Flow_____ Gas Velocity (ft/sec)_____ Gas Temp (degree F)_____ Bed Volume (ft³) Capacity (hours)_____ Bed Dimensions (feet) Contaminant (lb/day) Regeneration time (hours)

Form No P-41|2019 Page **4** of **5**

Gas Flow (cfm) Discharge Area Dimensions (feet) Other Data							
Other Data V. Additional Information: 1. Attach Related Information on Chemicals or Materials that will be emitted. (MSDS Sheets, Com Information, etc.) Note: Indicate how much quantity are used per MSDSs Yes No, if not why?	Other	Type	Model #, Serial #				
V. Additional Information: 1. Attach Related Information on Chemicals or Materials that will be emitted. (MSDS Sheets, Com Information, etc.) Note: Indicate how much quantity are used per MSDSs Yes No, if not why?		Efficiency					
V. Additional Information: 1. Attach Related Information on Chemicals or Materials that will be emitted. (MSDS Sheets, Com Information, etc.) Note: Indicate how much quantity are used per MSDSs Yes No, if not why?		Gas Flow (cfm)	Discharge Area Dimensions (feet)				
1. Attach Related Information on Chemicals or Materials that will be emitted. (MSDS Sheets, Compliantion, etc.) Note: Indicate how much quantity are used per MSDSs Yes No, if not why?		Other Data					
Information, etc.) Note: Indicate how much quantity are used per MSDSs Yes No, if not why?	V. A	dditional Information:					
Note: Indicate how much quantity are used per MSDSs Yes	1.	Attach Related Information on Ch	hemicals or Materials that will be emitted. (MSDS Sheets, Company				
2. Fugitive Dust Control Plan (Attach if Necessary) 3. Attach Operation and Maintenance Manual of Pollution Control Equipment. Yes No, if not, why? 4. Attach Vendor Information or Manufacturer's Instructions on Pollution Control Equipment. Yes No, if not, why? APPLICANT: I hereby certify that the information contained in this application, including supplemental forms when required, is, to the best of my knowledge, complete and correct. I also agree to all fees for processing this p grant permission for YRCAA staff to enter the premises for inspection. Signature Date Title Date Name (print) Signature Name and Title of Individual Filling out Form: Name (print) Signature Name and Title of Contact Person, if Different than Above: Name Title Name and Title of the Responsible Official for the permit, if Different than Above: Name		Information, etc.)					
2. Fugitive Dust Control Plan (Attach if Necessary) 3. Attach Operation and Maintenance Manual of Pollution Control Equipment. Yes No, if not, why? 4. Attach Vendor Information or Manufacturer's Instructions on Pollution Control Equipment. Yes No, if not, why? APPLICANT: I hereby certify that the information contained in this application, including supplemental forms when required, is, to the best of my knowledge, complete and correct. I also agree to all fees for processing this p 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 than Above: Name Title Name and Title of the Responsible Official for the permit, if Different than Above: Name		Note: Indicate how much quantity	y are used per MSDSs				
3. Attach Operation and Maintenance Manual of Pollution Control Equipment. Yes No, if not, why?		☐ Yes ☐ No, if not why?					
Yes No, if not, why? 4. Attach Vendor Information or Manufacturer's Instructions on Pollution Control Equipment. Yes No, if not, why?	2.	Fugitive Dust Control Plan (Atta	ach if Necessary)				
4. Attach Vendor Information or Manufacturer's Instructions on Pollution Control Equipment. Yes No, if not, why?	3.	Attach Operation and Maintenan	•				
APPLICANT: I hereby certify that the information contained in this application, including supplemental forms when required, is, to the best of my knowledge, complete and correct. I also agree to all fees for processing this p grant permission for YRCAA staff to enter the premises for inspection. Signature		☐ Yes ☐ No, if not, why?					
APPLICANT: I hereby certify that the information contained in this application, including supplemental forms when required, is, to the best of my knowledge, complete and correct. I also agree to all fees for processing this p grant permission for YRCAA staff to enter the premises for inspection. Signature	4.	Attach Vendor Information or Ma	anufacturer's Instructions on Pollution Control Equipment.				
when required, is, to the best of my knowledge, complete and correct. I also agree to all fees for processing this p grant permission for YRCAA staff to enter the premises for inspection. Signature		☐ Yes ☐ No, if not, why?					
Title	when requi grant permi	ired, is, to the best of my knowledge, co ission for YRCAA staff to enter the pre	omplete and correct. I also agree to all fees for processing this permit and emises for inspection.				
Name and Title of Individual Filling out Form: Name (print) Signature Name and Title of Contact Person, if Different than Above: Name Title Name and Title of the Responsible Official for the permit, if Different than Above: Name	Signature_		Date				
Name (print)	Title		Date				
Signature	Name and '	Title of Individual Filling out Form:					
Name and Title of Contact Person, if Different than Above: Name Title Name and Title of the Responsible Official for the permit, if Different than Above: Name	Na	ame (print)					
Name	Si	gnature					
Title	Name and	Title of Contact Person, if Different th	an Above:				
Name and Title of the Responsible Official for the permit, if Different than Above: Name Name	Na	ame					
Name	Ti	tle					
	Name and	Title of the Responsible Official for th	ne permit, if Different than Above:				
Title	Na	ame					
Title	Ti	tle					

Form No P-41|2015 Page **5** of 5