



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 filing fee required by YRCAA has been paid.

OFFICIAL USE ONLY

YRCAA NSR No: NSRP-05-VHFM-26 Date Fee Paid: \$400.00

Received by: EGR-hand delivered Filing Fee: **\$400.00**

☐ YRCAA is the lead agency for the SEPA process. Processing Fee \$400.00

Review of the application will not begin, until the application filing 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 Review (NSR) Application General

Stationary/Permanent Source

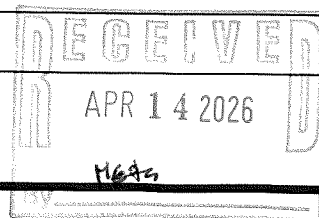
INSTALLATION OR ESTABLISHMENT OF NEW AIR CONTAMINANT SOURCES

NSR Application is Required for Construction, Installation or Establishment of an Air Pollution Source
Or

Replacement or Substantial Alteration of Emission Control Technology on an Air Pollution Source or Equipment

I. General Information:

BUSINESS NAME Valley Hills Funeral Home
NATURE OF BUSINESS Full Service Funeral Home
MAILING ADDRESS 2600 Business Lane Yakima, WA 98901
FACILITY ADDRESS (if different): _____
PHONE and FAX NUMBERS (509) 453-5500 / ^{Fax} 509-453-5598 Email: davejr@valleyhillsfh.com
TYPE OF PROCESS, EQUIPMENT, OR APPARATUS Retort Unit (A-200 HT)
American Crematory / Cremation Chamber
LIST OF AIR CONTAMINANT(S) WHICH WILL BE PRODUCED AND/OR CONTROLLED
Carbon Dioxide, Nitrogen Oxide, Carbon Monoxide,
Particulate Matter
ESTIMATED STARTING DATE: _____
ESTIMATED COMPLETION DATE: _____



Are we referring to partial?

Yakima Regional Clean Air Agency
PERMIT APPLICATION / NEW SOURCE REVIEW

BACT ANALYSIS WORKSHEET

Facility Name: Valley Hills Funeral Home & Crematory Date: 11/26/2025

CONTROL ALTERNATIVE	EMISSIONS [lbs/hr] & [tons/yr]	EMISSIONS REDUCTION (a) [tons/yr]	INSTALLED CAPITAL COST (b) [\$]	TOTAL ANNUALIZED COST (c+d) [\$]	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) Uncontrolled Baseline (worst case - no controls)	100								
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.

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 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:

3-12-26 by [Signature]
Date Government Agency

Previous NSR/Air Permits Number issued by YRCAA for the Facility, if any FID: IC41
current

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

ESTIMATED COSTS: OF BASIC SOURCE EQUIPMENT \$ _____
OF CONTAMINANT CONTROL APPARATUS \$ _____

Process: Production Output per Year (tons, pounds, etc) 72 Tons 80-100 per Month

Maximum Output per Hour (tons, pounds, etc) 100 lbs / hr

Percentage of Production (%)

Dec - Feb 25%

Mar - May 25%

Jun - Aug 25%

Sep - Nov 25%

Operating Schedule: Hrs/Day 8-10 Days/Wk 7 Wks/Yr 52

II. Emissions Estimations and Calculations: Source Test Results

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 Air 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) 24 Ft Inside Diameter (feet) 20 inches
Gas Exit Temp (degrees F) 1000 F Gas Exit Velocity (ft/min) 19.4 FF sec
Flow Rate (cfm) 754 DSCFM
Shared Stack? If a shared stack, identify process (es) or point(s) which share the stack.
Distance from Stack to Property Line 33 Ft
2. Discharge Point or points (if no stack or other than stack) N/A
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 natural Gas % Sulfur _____
% Ash _____ Unit of Measure (gal./cu.ft./etc.) _____
BTU per Unit of Measure 1.5000 M Consumption Units per Year _____
Maximum Consumption Units per Hour _____
4. Building Dimensions
Height (feet) 26 Ft Length (feet) _____ Width (feet) _____

IV. Air Pollution Control Equipment:

~~Baghouse~~

Type _____ Model #, Serial # _____
Efficiency _____ PM_{2.5}: _____ and PM₁₀: _____
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 _____ Model #, Serial # _____
Efficiency _____
Gas Differential Pressure (psi) _____ Liquor Differential Pressure (psi) _____
Liquor Flow (gpm) _____ Discharge Area Dimensions (feet²) _____
Gas Flow (cfm) _____ Other Data _____

~~Cyclone~~

Type _____ Model #, Serial # _____
Efficiency _____ PM_{2.5}: _____ and PM₁₀: _____
Gas Flow (cfm) _____ Discharge Area Dimensions (feet²) _____
Other Data _____

~~Precipitator~~

Type _____ Model #, Serial # _____
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 _____ Model #, Serial # _____
Efficiency _____
Gas Flow _____ Gas Velocity (ft/sec) _____
Gas Temp (degree F) _____ Bed Volume (ft³) _____
Bed Dimensions (feet) _____ Capacity (hours) _____
Contaminant (lb/day) _____ Regeneration time (hours) _____

Other

Type American Crematory Model #, Serial # A-200 HT
Efficiency _____
Gas Flow (cfm) _____ Discharge Area Dimensions (feet) _____
Other Data Human Crematory

V. Additional Information:

1. Attach Related Information on Chemicals or Materials that will be emitted. (MSDS Sheets, Company Information, etc.)

Note: Indicate how much quantity are used per MSDSs

☐ Yes ☐ No, if not why? _____

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 and data, when required, is, to the best of my knowledge, complete and correct. I also agree to all fees for processing this permit and grant permission for YRCAA staff to enter the premises for inspection.

Signature [Signature] Date 3/30/26

Title owner Date 3/30/26

Name and Title of Individual Filling out Form:

Name (print) David Humpherys

Signature [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 _____

Title _____