



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 ☐ 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 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.

The application 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.

Orders of Approval (to construct, modify, or install) are issued for specific equipment or processes described in the application. Changes to the processes or control equipment are not allowed without new source review (Permit Application and Permit) if these changes result in an emission of a different type or an increase in emissions (WAC 173-400-110). 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 application package to:

Yakima Regional Clean Air Agency
186 Iron Horse Court, Suite 101
Yakima, WA 98901-2303

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

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 processing the application.

Yakima Regional Clean Air Agency

PERMIT APPLICATION / NEW SOURCE REVIEW

BACT ANALYSIS WORKSHEET

Facility Name: _____ Date: _____

CONTROL ALTERNATIVE	EMISSIONS [lb/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.



1st Floor, Harris Center, Suite 101, Yakima, WA 98901
Phone: (509) 333-2030 Fax: (509) 333-2040
Website: <http://www.yakimaregionalcleanair.org>

Filing Fee: \$400.00*

*Pursuant to WAC 173-400-111(1) (c)-an application is not complete until the permit application filing fee required by YRCAA has been paid.

OFFICIAL USE ONLY

YRCAA NSR No: NSRP-07-WFI-22 Date Fee Paid: 6/2/22

Received by: Hasan via e-mail 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 Welch Foods Inc.

NATURE OF BUSINESS Food Processing

MAILING ADDRESS P.O. Box 38, Grandview WA. 98930

FACILITY ADDRESS (if different): _____

PHONE and FAX NUMBERS (509) 882-3112 Email: Throoke@welchs.com

TYPE OF PROCESS, EQUIPMENT, OR APPARATUS Boiler

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

ESTIMATED STARTING DATE: Sept 1st 2022

ESTIMATED COMPLETION DATE: _____

Compliance with SEPA (State Environmental Policy Act) - Ch

- ☐ A DNS or EIS has been Issued by Another Agency
☐ If no DNS or EIS Exists for this Project, a Compl
are Attached. YRCAA SEPA checklist is available by p.

☒ The city/county has established an exemption for this project.

☐ I certify that the SEPA has been satisfied or this project is exempt:

Cas to Sign
this part.

Fee

2-23-22
Date

by

C. [Signature]

Government Agency

Previous NSR/Air Permits Number issued by YRCAA for the Facility, if any Yes

Describe Input to Output Process (Attach drawings, schematics, prints, or block diagrams) Boiler same as before. Replacement in kind.

ESTIMATED COSTS: OF BASIC SOURCE EQUIPMENT

\$ 450,000 plus Install

OF CONTAMINANT CONTROL APPARATUS

\$ NA.

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

No change

Maximum Output per Hour (tons, pounds, etc)

No change

Percentage of Production (%)

Dec - Feb

No Change

Mar - May

No Change

Jun - Aug

No Change

Sep - Nov

No Change

Operating Schedule: Hrs/Day N.C.

Days/Wk N.C.

Wks/Yr N.C.

II. Emissions Estimations and Calculations:

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

Particulate (PM₁₀, PM_{2.5})

0.196 tpy

Volatile Organic Compounds

0.375 tpy

Nitrogen Oxides

1.107 tpy

Sulfur Oxides

0.062 tpy

Carbon Monoxide

1.975 tpy

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) See attached drawing Inside Diameter (feet) 2'
Gas Exit Temp (degrees F) 426 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. N.A. Not a shared discharge point

Distance from discharge point to Property Line See attached drawing
3. Fuel Type Natural Gas % 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 See attached drawing
Height (feet) _____ Length (feet) _____ Width (feet) _____

IV. Air Pollution Control Equipment:

Baghouse

Type _____ Model #, Serial # _____

Efficiency _____ $PM_{2.5}$: _____ and PM_{10} : _____

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 PM_{10} : _____

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 Low NOx Burner

Model #, Serial # CBEX

Efficiency See attached doc.

CBEX 2W 700-600-1505

Gas Flow (cfm) See attached doc.

Discharge Area Dimensions (feet) _____

Other Data See attached doc.

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? NA.

2. Fugitive Dust Control Plan (Attach if Necessary)

3. Attach Operation and Maintenance Manual of Pollution Control Equipment.

☐ Yes ☐ No, if not, why? NA.

4. Attach Vendor Information or Manufacturer's Instructions on Pollution Control Equipment.

☐ Yes ☐ No, if not, why? N.A.

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 Tom Brooke

Date 2-16-2022

Title Plant Engineer

Date _____

Name and Title of Individual Filling out Form:

Name (print) Tom Brooke

Signature Tom Brooke

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 _____