**INSTRUCTIONS**

Use this form for actions taken at Kraft and Sulfite Paper Mills and Aluminum Smelters when the following is true:

* Ecology regulates the facility for air pollutants.
* EPA designated the area where the project is located as nonattainment for specific pollutants.
* The project is a new major stationary source or a major modification of an existing major stationary source as defined in [WAC 173-400-810](http://apps.leg.wa.gov/wac/default.aspx?cite=173-400-810).
* The project is major for the pollutants for which the area is designated as nonattainment. ([WAC 173-400-800](http://apps.leg.wa.gov/wac/default.aspx?cite=173-400-800))

If you want Ecology to determine whether your project is subject to the PSD Program, submit the Application for a PSD Program Applicability Determination form (ECY 070-413).

Fill out the front and back of this form. Attach a check for the initial fee and mail the form and a Notice of Construction application to:

**Department of Ecology**

**Cashiering Unit**

**P.O. Box 47611**

**Olympia, WA 98504-7611**

*For Fiscal Office Use Only:*

001-NSR-216-0299-000404

|  |  |  |
| --- | --- | --- |
| **Check the box to indicate what you are submitting for review.** | | |
| **New project** [Check all that apply] | | **Initial Fee** |
|  | New application. The initial fee covers 158 hours of review. | $15,000 |
| **Revise an existing permit in a nonattainment area.** | |  |
|  | Administrative or simple permit change. The initial fee covers 20 hours of review. | $1,900 |
|  | All other permit changes. The initial fee covers 79 hours of review. | $7,500 |
|  | Major modification. The initial fee covers 158 hours of review. | $15,000 |
| **Other actions** | |  |
|  | Permit extension. This is a flat fee. | $500 |
|  | Plant-wide applicability emission limit: establish limit. The initial fee covers 158 hours of review. [See note] | $15,000 |
|  | Plant-wide applicability emission limit: all other requests. The initial fee covers 79 hours of review. [See note] | $7,500 |
| Note. An additional fee does not apply when a request to establish a plant-wide applicability limit is part of an application covered by the new project, all other permit changes, or major modification fees on this form. | | |

|  |  |
| --- | --- |
| **For more information** | |
| Industrial Section – Waste 2 Resources Program  Ecology Headquarters Office  Fill in permit  manager name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Garin Schrieve  (360) 407-6900  [garin.schrieve@ecy.wa.gov](mailto:garin.schrieve@ecy.wa.gov) |

|  |  |
| --- | --- |
| **Read each statement, then check the box next to it to acknowledge what you have read.** | |
|  | The initial fee you submitted may not cover the cost of processing your application. Ecology will track the number of hours spent on your project. If the number of hours exceeds the number of hours included in your initial fee, Ecology will send you a bill for that extra time. |
|  | Ecology will bill you at a rate of $95 per hour for each hour worked beyond the initial hours. You must pay the bill before we will issue a final decision on your request. |
|  | When you get a permit, you give permission for Ecology staff to enter the premises for inspection. |

**Applicant Information**

The applicant is the business requesting services from Ecology and is responsible for paying the costs

Ecology incurs.

|  |
| --- |
| Name of business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Physical location of project (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Responsible Official**The responsible official is the person responsible for overall operation of and ongoing compliance at the facility.

|  |
| --- |
| Name, Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone, Fax, E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Project Billing Contact Information**

Ecology will send the responsible official the bills if there are any.

If the project billing contact is different from the responsible official, check this box and provide the required information.

|  |
| --- |
| Name, Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone, Fax, E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Project Consultant Information**

If you hired a consultant to prepare the application (or materials), check this box and provide the required information.

|  |  |
| --- | --- |
| Consultant Name, Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Phone, Fax, E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I. RESPONSIBLE OFFICIAL SIGNATURE BLOCK** (The responsible official is the person responsible for overall operation of and ongoing compliance at the facility.)

|  |
| --- |
| I certify, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate, and complete.  Printed Name Title  Signature Date |

**II. COMPANY INFORMATION**

|  |  |
| --- | --- |
| 1. Legal Name of Company | |
| 2. Company Mailing Address (street, city, state, zip) | |
| 3. Company Responsible Official & Title | |
| 4. Company Phone Number | 5.Company FAX Number |

**III. FACILITY INFORMATION**

| 1.Facility Name (if different from Legal Company Name above) | |
| --- | --- |
| 2. Facility Mailing Address (if different from Company Mailing Address above) | |
| 3. Facility Site Legal Description | |
| 4. Facility Contact Person (if different from Company Responsible Official above) | |
| 5. Facility Phone Number (if different from Company Phone # above) | 6. Facility FAX # (if different from Company FAX # above) |
| 7. General Proposal for Facility (see section on next page for specific description of proposal). | |
| 8. Proposal Construction Starting Date | 9.Proposal Construction Completion Date |

**IV. PROPOSAL INFORMATION**

|  |
| --- |
| 1. Complete Description of Specific Proposal (attach Drawings, Schematics, Prints or Block Diagrams): |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. This Application is for (Check one):  Existing Equipment / Facility Operating without a Permit  Change of Control Technology  Modification to Facility  New Permit Conditions  Production Increase | | | | | | | | | |
| 3. Complete Description of Best Available control Technology (BACT) for Proposal (see attached Summary of BACT Process):  Attach Manufacturer’s or Vendor’s Information. | | | | | | | | | |
| 4. Maximum Potential Production Output per Year | | | | | | 5. Maximum Potential Production Output per Hour | | | |
| 6. Actual Production Output per Year | | | | | 7. Actual Production Output per Hour | | | | |
| 8.Operating  Schedule | Hours Per Day | | | Days Per Week | | | | Weeks per Year | |
| 9. Percentage of Production | | Jan-Feb-Mar | April-May-June | | | | July-Aug-Sept | | Oct-Nov-Dec |

**V. EMISSIONS ESTIMATIONS OF CRITERIA POLLUTANTS**

|  |
| --- |
| 1. Particulate Matter (PM) (Pounds or Tons per Year)  Actual Emissions =       Potential Emissions = |
| 2. Nitrogen Oxides (NOx)) (Pounds or Tons per Year)  Actual Emissions =       Potential Emissions = |
| 3. Carbon Monoxide (CO) (Pounds or tons per Year)  Actual Emissions =       Potential Emissions = |
| 4. Sulfur Dioxide (SO2) (Pounds or Tons per Year)  Actual Emissions =       Potential Emissions = |
| 5. Volatile Organic Compounds (VOCs) (Pounds or Tons per Year)  Actual Emissions =       Potential Emissions = |
| 6. Lead (Pb) (Pounds or Tons per Year)  Actual Emissions =       Potential Emissions = |

**VI. EMISSIONS ESTIMATIONS OF TOXIC AIR POLLUTANTS (consult Chapter 173-460 WAC)**

|  |  |  |
| --- | --- | --- |
| Pollutant #1 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Actual Emissions = | Potential Emissions = |
| Pollutant #2 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Actual Emissions = | Potential Emissions = |
| Pollutant #3 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Actual Emissions = | Potential Emissions = |
| Pollutant #4 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Actual Emissions = | Potential Emissions = |
| Pollutant #5 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Actual Emissions = | Potential Emissions = |
| Pollutant #6 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Actual Emissions = | Potential Emissions = |
| Pollutant #7 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Actual Emissions = | Potential Emissions = |

**VII. EMISSIONS ESTIMATIONS OF FUGITIVE AIR POLLUTANTS**

|  |  |  |
| --- | --- | --- |
| Pollutant #1 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Pounds per Hour = | Pounds per Year = |
| Pollutant #1 (List Pollutant Name, Pounds per Hour/Pounds per Year) | | |
| Pollutant | Pounds per Hour = | Pounds per Year = |

**VIII. MODELING RESULTS**

|  |
| --- |
| 1. List Modeling Results of Criteria Air Pollutants (attach any Modeling Printouts) |
| 2. List Modeling Results of Toxic Air Pollutants (attach any Modeling Printouts) |

**IX. EMISSIONS DATA AT DISCHARGE POINT**

|  |  |
| --- | --- |
| **Stack Parameters** | **Other than Stack Parameters** |
| 1. List the Number of Stacks under this Proposal | 1. List the Number of Discharge Points under this Proposal |
| 2. List the Gas Velocity for each Stack | 2. List the Gas Velocity for each Discharge Point |
| 3. List the Height for each Stack | 3. List the Height for each Discharge Point |
| 4. List the Inside Diameter or Dimensions for each Stack | 4. List the Inside Diameter or dimensions for each Discharge Point |
| 5. List the Gas Exit Temperature for each Stack | 5. List the Gas Exit Temperature for each Discharge Point |
| 6. List the Building Height, Width, Length for each Stack | 6. List the Building Height, Width, Length for each Discharge Point |
| 7. List the Height of the Tallest Building On-site or in the Vicinity | 7. List the Height of the Tallest Building On-site or in the Vicinity |
| 8. List Whether the Facility is in an Urban or Rural Location | 8. List Whether the Facility is in an Urban or Rural Location |
| 9. List the Distance from each Stack to the Property Line | 9. List the Distance from each Discharge Point to the Property Line |
| 10. Is this Stack Shared by more than One Source? | 10. Is this a Shared Discharge Point? |
| 11. List the Volumetric Flow Rate for each Stack | 11. List the Volumetric Flow Rate for each Discharge Point |
| 12. How does each Stack Discharge, Vertically or Horizontally? | 12. How does each Discharge Point Vent, Vertically or Horizontally? |

**X. FUEL DATA**

|  |  |  |
| --- | --- | --- |
|  | PRIMARY FUEL | SECONDARY FUEL |
| 1. Type (Natural Gas, Oil, Coal, Hogged Fuel, etc. |  |  |
| 2. Unit of Measure (Gallons, Cubic Feet, Tons, etc) |  |  |
| 3. Maximum Consumption Units per Hour |  |  |
| 4. Maximum Consumption Units per Year |  |  |
| 5. Actual Consumption Units per Hour |  |  |
| 6. Actual Consumption Units per Year |  |  |
| 7. BTU per Unit of Measure |  |  |
| 8. Percent Sulfur (if applicable) |  |  |
| 9. Percent Ash (if applicable) |  |  |

**XI. AIR POLLUTION CONTROL EQUIPMENT (ATTACH VENDOR’S INFO.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BAGHOUSE** | **SCRUBBER** | **CYCLONE** | **E.S.P.** | **ADSORPTION** |
| 1. Type    2. Efficiency    3. Bag height    4. Bag diameter    5. Number of bags    6. Filter Area (sq. feet)    7. Filter Media    8. Gas Flow Rate (cfm)    9. Air- to-Cloth Ratio    10. Overall Dimensions    11. Cleaning Mechanism    12. Other    13. Other    14. Other | 1. Type    2. Efficiency    3. Dimensions    4. Gas Differential Pressure    5. Type of scrubber liquid    6. Liquid Flow Rate gpm)    7. Gas Flow Rate (cfm)    8. Scrubber Packing Material | 1. Type    2. Efficiency    3. Dimensions    4. Gas Differential Pressure    5. Gas Flow Rate (cfm)    6. Other | 1. Type    2. Efficiency    3. Dimensions: Plate spacing, height, length (attach layout)    4. Fields    5. Configuration    6. Gas Velocity (fpm)    7. Gas Flow Rate (cfm)    8. Residence Time    9. Gas Differential Pressure    10. Precipitation Rate    11. Prim/Sec. Voltage    12. Prim/Sec. Current    13. Corona Strength    14. Gas Temperature (deg. F) | 1. Type    2. Efficiency    3. Gas Flow Rate (cfm)    4. Bed Media    5. Adsorption Isotherm (attach graph)    6. Surface Area (sq. feet)    7. Gas Velocity (fpm)    8. Gas Temperature (deg. F)    9. Bed Volume (cubic feet)    10. Bed Dimensions    11. Capacity (hours)    12. Contaminant    13. Regeneration Time    14. Regeneration Type |

**XII. OTHER DATA**

|  |
| --- |
| 1. Site Plan and Equipment Layout for the site attached? YES NO |
| 2. MSDS Sheets for Chemicals or Materials related to this proposal attached? YES NO |
| 3. Vendor’s and/or Manufacturer’s information attached? YES NO |
| 4. Modeling Information attached? YES NO |
| 5. Fugitive Dust Control Plan attached? YES NO |
| 6. All Enclosures for your Specific Proposal attached? YES NO |
| 7. Name and Title of Person Filling out this Form  Printed Name Signature Date |
| 8. Name and Title of Responsible Official  Printed Name Signature Date |

**XIII. ADDITIONAL INFORMATION FOR SPECIFIC EQUIPMENT (Attach Vendor’s Information)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BOILER** | **BURNER** | **ASPHALT PLANT** | **SAND / GRAVEL** | **PAINT BOOTH** |
| 1. Type and Number    2. Size (BTU per hour input    3. Size (steam pounds per hour)    4. Efficiency    5. NOx Rating (PPM@ 7% Oxygen)    6. CO Rating (PPM @ 7% Oxygen) | 1. Type and Number    2. Size (BTU per hour input    3. NOx Rating (PPPM@7% Oxygen)    4. CO Rating (PPM @ 7% Oxygen) | 1. Type (Drum, Batch)    2. Size (tons per hour)    3. VOC Emission Points (attach layout)    4. VOC Controls    5. Aggregate Piles (acres)    6. Off Road Vehicle Use (miles per year)    7. Power (Line, Genset, etc.)    8. Number of Vehicles | 1.Crusher Type (Prim., Sec., Tertiary) (attach layout)    2. Size (tons per hour)    3. Number of Screens    4. Number of Conveyors    5. Fog Spray Location (attach layout)    6. Aggregate Piles (acres)    7. Off Road Vehicle Use (miles per year)    8. Number of Vehicles | 1.Operation Type    2. Application Method    3. Filter Bank Area    4. Filter Exhaust Flow    5. Coating & Solvent Types & MSDS Sheets (attach details)    6. Gun Cleaning Method    7. Drying Method |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LANDFILL** | **ABRASIVE BLASTING** | **CONCRETE BATCH** | **OTHER** | **OTHER** |
| 1. Type    2. Capacity (tons)    3. Year started    4. Year closed    5. Area of Landfill (attach site plan) | 1. Attach details of booth or hanger to be used    2. Abrasive Materials to be used. Attach MSDS Sheet(s)    3. Filter Bank Area    4. Filter Exhaust Flow    5. Approximate Number of Items to be Abrasively Blasted each Calendar Year. | 1. Size (tons or cubic yards of product))    2. Cement Silo Controls (baghouse, etc.)    3. Charging Station Controls (baghouse, enclosure, etc.)    4. Conveyor Controls |  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If you need this document in a format for the visually impaired, call the Air Quality Program at 360-407-6800. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.