



Application for Nonattainment Area Major New Source Review

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](#).
- The project is major for the pollutants for which the area is designated as nonattainment. ([WAC 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
<input type="checkbox"/> New application. The initial fee covers 158 hours of review.	\$15,000
Revise an existing permit in a nonattainment area.	
<input type="checkbox"/> Administrative or simple permit change. The initial fee covers 20 hours of review.	\$1,900
<input type="checkbox"/> All other permit changes. The initial fee covers 79 hours of review.	\$7,500
<input type="checkbox"/> Major modification. The initial fee covers 158 hours of review.	\$15,000
Other actions	
<input type="checkbox"/> Permit extension. This is a flat fee.	\$500
<input type="checkbox"/> Plant-wide applicability emission limit: establish limit. The initial fee covers 158 hours of review. [See note]	\$15,000
<input type="checkbox"/> 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	Garin Schriever (360) 407-6900 garin.schriever@ecy.wa.gov
Fill in permit manager name _____	



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Read each statement, then check the box next to it to acknowledge what you have read.

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 _____



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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



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IV. PROPOSAL INFORMATION

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



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2. This Application is for (Check one): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Change of Control Technology <input type="checkbox"/> New Permit Conditions </div> <div style="width: 45%;"> <input type="checkbox"/> Existing Equipment / Facility Operating without a Permit <input type="checkbox"/> Modification to Facility <input type="checkbox"/> Production Increase </div> </div>				
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 _____



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V. EMISSIONS ESTIMATIONS OF CRITERIA POLLUTANTS

1. Particulate Matter (PM) (Pounds or Tons per Year)		
Actual Emissions =	Potential Emissions =	
2. Nitrogen Oxides (NO _x) (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 (SO ₂) (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)	



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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?



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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)		



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

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



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XII. OTHER DATA

1. Site Plan and Equipment Layout for the site attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. MSDS Sheets for Chemicals or Materials related to this proposal attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Vendor's and/or Manufacturer's information attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Modeling Information attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Fugitive Dust Control Plan attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. All Enclosures for your Specific Proposal attached?	<input type="checkbox"/> YES <input type="checkbox"/> 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 _____



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

BOILER	BURNER	ASPHALT PLANT	SAND / GRAVEL	PAINT BOOTH
1. Type and Number _____	1. Type and Number _____	1. Type (Drum, Batch) _____	1. Crusher Type (Prim., Sec., Tertiary) (attach layout) _____	1. Operation Type _____
2. Size (BTU per hour input) _____	2. Size (BTU per hour input) _____	2. Size (tons per hour) _____	2. Size (tons per hour) _____	2. Application Method _____
3. Size (steam pounds per hour) _____	3. NO _x Rating (PPM@7% Oxygen) _____	3. VOC Emission Points (attach layout) _____	3. Number of Screens _____	3. Filter Bank Area _____
4. Efficiency _____	4. CO Rating (PPM @ 7% Oxygen) _____	4. VOC Controls _____	4. Number of Conveyors _____	4. Filter Exhaust Flow _____
5. NO _x Rating (PPM@ 7% Oxygen) _____	_____	5. Aggregate Piles (acres) _____	5. Fog Spray Location (attach layout) _____	5. Coating & Solvent Types & MSDS Sheets (attach details) _____
6. CO Rating (PPM @ 7% Oxygen) _____	_____	6. Off Road Vehicle Use (miles per year) _____	6. Aggregate Piles (acres) _____	6. Gun Cleaning Method _____
_____	_____	7. Power (Line, Genset, etc.) _____	7. Off Road Vehicle Use (miles per year) _____	7. Drying Method _____
_____	_____	8. Number of Vehicles _____	8. Number of Vehicles _____	_____



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

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.