



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

PO Box 47600 • Olympia, WA 98504-7600 • 360-407-6000  
711 for Washington Relay Service • Persons with a speech disability can call 877-833-6341

July 1, 2011

## NOTICE

The Air Quality Program has revised our permit fees beginning July 1, 2011. Bear with us as we fine-tune this new system. We want to give you a heads up on one point. Ecology set the initial fee rate at an amount that would cover the simplest type of permit. The amount of time required to review a permit application and issue a permit varies based on the complexity of the project. Therefore, it is possible that your initial fee will not cover the cost of processing your request. If that happens, we will send you a bill to cover our expenses.

We encourage you to work closely with your permit writer so that the permitting process, timeline, and costs are clear. These changes are our first step toward meeting the legislative mandate of shifting the cost of permitting from the state General Fund to the recipients of the permits. If you have any questions, please call the contact listed below.

### Ecology Permitting Authority

Ecology Central Regional Office – Air Quality Program  
Chelan, Douglas, Kittitas, Klickitat, or Okanogan County

Ecology Eastern Regional Office – Air Quality Program  
Adams, Asotin, Columbia, Ferry, Franklin,  
Garfield, Grant, Lincoln, Pend Oreille, Stevens,  
Walla Walla or Whitman County

Ecology Northwest Regional Office – Air Quality Program  
San Juan County

Ecology Industrial Section – W2Resources Program  
For actions taken at  
Kraft and Sulfite Paper Mills and Aluminum Smelters

Ecology Nuclear Waste Program

US Department of Energy Hanford Reservation

### Contact

Lynnette Haller  
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# Application for Prevention of Significant Deterioration

## INSTRUCTIONS

Use this form for all projects in Washington that are subject to the Prevention of Significant Deterioration (PSD) Program. If you want Ecology to determine whether your project is subject to the PSD Program, submit a Request 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 your 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.**

<b>New project</b>	<b>Initial Fee</b>
<input type="checkbox"/> New project application. The initial fee covers 158 hours of review.	\$15,000
<input type="checkbox"/> New PSD permit application that is limited to greenhouse gases. The initial fee covers 79 hours of review.	\$7,500
<b>Revise an existing PSD permit</b>	
<input type="checkbox"/> Administrative permit revision. The initial fee covers 20 hours of review.	\$1,900
<input type="checkbox"/> All other permit revisions. 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
<b>Other actions</b>	
<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. Other requests may include increasing a limit; renewing a limit; or processing an expired limit. 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 revisions, or major modification fees on this form.	
<b>For more information</b>	
Air Quality Program Science and Engineering Section Ecology Headquarters Office	Marc Crooks Phone: (360) 407-6800 E-mail: <a href="mailto:marc.crooks@ecy.wa.gov">marc.crooks@ecy.wa.gov</a>

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.



# Application for Prevention of Significant Deterioration

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

<input type="checkbox"/>	The initial fee you submit 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 \$95 per hour for each hour worked beyond the initial hours.
<input type="checkbox"/>	You must pay the bill before we will issue your permit or finalize an action or decision.

### 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 \_\_\_\_\_

### Responsible Official Signature Block

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 \_\_\_\_\_