



Application to Establish a Voluntary Emissions Limit

INSTRUCTIONS

This form applies statewide for facilities under the Department of Ecology’s jurisdiction. Use this form when you request a voluntary emissions limit for your facility. Use another form if the limit will be part of a new project, permit modification, or permit change. Before you submit this form, talk to Ecology to determine what information you need to include with your request.

Complete the front and back of this form. Attach a check for the \$500 initial fee, and mail the form and supporting materials to:

Department of Ecology
Cashiering Unit
P.O. Box 47611
Olympia, WA 98504-7611

For Fiscal Office Use Only:
 001-NSR-216-0299-000404

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

<input type="checkbox"/>	\$500 Voluntary emissions limit initial fee covers 6 hours of review.
<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 6 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 6 initial hours. You must pay the bill before we will issue a decision on your request.

Check the box for the location of your proposal. For assistance, call the contact listed below.		
	Ecology Permitting Authority	Contact
<input type="checkbox"/>	Chelan, Douglas, Kittitas, Klickitat, or Okanogan County Ecology Central Regional Office - Air Quality Program	Lynnette Haller (509) 457-7126 lynnette.haller@ecy.wa.gov
<input type="checkbox"/>	Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla or Whitman County Ecology Eastern Regional Office – Air Quality Program	Greg Flibbert (509) 329-3400 gregory.flibbert@ecy.wa.gov
<input type="checkbox"/>	San Juan County Ecology Northwest Regional Office - Air Quality Program	David Adler (425) 649-7000 davidadler@ecy.wa.gov
<input type="checkbox"/>	For actions taken at Kraft and Sulfite Paper Mills and Aluminum Smelters Ecology Industrial Section – W2Resources Program Insert name of permit manager: _____	Garin Schrieve (360) 407-6900 garin.schrieve@ecy.wa.gov
<input type="checkbox"/>	For actions taken on the US Department of Energy Hanford Reservation Ecology Nuclear Waste Program	Philip Gent (509) 372-7950 philip.gent@ecy.wa.gov

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.



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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 (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	_____