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For Agency use only

DATE RECEIVED _____ **NOC #** _____

OR Register only

Serving Island, Skagit & Whatcom Counties

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL
 FOR INSTALLATION / MODIFICATION OF ROCK CRUSHER EQUIPMENT AT AN
 EXISTING PERMITTED ROCK CRUSHING OPERATION**

1. GENERAL INFORMATION

SIC:
NAICS:

Owner/operator (indicate):	Applicant:
Name of business:	
Business address:	Applicant's address:
Contact person:	Contact person:
Business phone #:	Applicant's phone #:
Business fax #:	Applicant's fax #:
Business e-mail:	Applicant's e-mail:

2. INSTALLATION INFORMATION

Installation address:	Operating dates: from ___/___/___ to ___/___/___ Operating hrs: from _____am pm to _____am pm Operating days (circle): Su M Tu W Th F Sa Operating weeks per year:
Contact person:	Installation phone #:
Estimated start of construction:	Maximum overall hourly production (tons/hr):
Estimated completion date:	Product:
Power source:	Product density (lbs/ft ³):
Distance from center of equipment pad to nearest property line:	Type of air pollution control equipment:

3. EQUIPMENT INFORMATION

Size of equipment pad (length X width):

Equipment (indicate types)	Mount type (circle one)	Model #/ Serial #	Max throughput	Year built or last modified
Generator(s) Fuel type:	fixed / skid / trailer fixed / skid / trailer		hp hp	
Primary crusher(s) (jaw)	fixed / skid / trailer		tons/hr	
		Recycle rate:	tons/hr	
Secondary crusher(s) (cone, impact, roll)	fixed / skid / trailer fixed / skid / trailer		tons/hr tons/hr	
Tertiary crusher (cone, impact, roll)	fixed / skid / trailer fixed / skid / trailer		tons/hr tons/hr	

Equipment (indicate types)	Mount type (circle one)	Model #/ Serial #	Max throughput	Year built or last modified
Screens (type)	fixed / skid / trailer fixed / skid / trailer fixed / skid / trailer fixed / skid / trailer fixed / skid / trailer		tons/hr tons/hr tons/hr tons/hr tons/hr	
Conveyors	fixed / skid / trailer fixed / skid / trailer fixed / skid / trailer		tons/hr tons/hr tons/hr	

Equipment	Qty.	Weight of equipment (lbs)	Capacity (yds ³)	Number of wheels	Round trip travel distance (ft)
Loader					
Haul truck					

4. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

- Plot plan showing the entire facility, property lines, main cross streets, and location of storage piles and equipment at the proposed site - **(required)**
- Description of the dust suppression system and any modifications, including types, number, and locations of spray nozzles - **(required)**
- Flow diagram detailing operations occurring, material flow, and description of material handled - **(required)**
- Environmental Checklist (SEPA) or DNS **(required)**
SEPA date _____ DNS date _____
- Appropriate filing and new source review fee – Current fees are posted at: http://www.nwcleanair.org/formsRegs/regulations/section324.htm#NSR_fees
Or call NWCAA at 360-428-1617 for assistance **(required)**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPLEMENTAL FORMS AND DATA, IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

Signature of owner/operator (indicate):

Date:

Printed/typed name and title:

5. INDUSTRIAL CODES:

SIC	Description	NAICS	Description
1422	Crushed and Broken Limestone	212312	Crushed and Broken Limestone Mining and Quarrying
1423	Crushed and Broken Granite	212313	Crushed and Broken Granite Mining and Quarrying
1429	Crushed and Broken Stone, NEC	212319	Other Crushed and Broken Stone Mining and Quarrying
1442	Construction Sand and Gravel	212321	Construction Sand and Gravel Mining
1446	Industrial Sand	212322	Industrial Sand Mining

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Total Fee received: \$	Staff assigned:
Web posting date:	Source added to database: