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Notice of Construction and Application for Approval for Installation/Modification of Rock Crusher Equipment

SIC: _____

NAICS: _____

Facility Name: _____	Facility Location: _____
Facility Owner: _____	Contact Person: _____
Physical Address: _____	
City: _____	State: _____ Zip Code: _____
Mailing/Billing Address (if different): _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Fax: _____ E-mail Address: _____

Installation Information: Contact Person: _____		Installation Phone: _____
Installation Address: _____		
City: _____	State: _____	Zip Code: _____
Estimated Start of Construction: _____		Estimated Completion of Construction: _____
Operation Dates From: _____ to _____		Operating Hours From: _____ to _____
Operating Days: Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Operating Weeks Per Year: _____		

Equipment Information (size of equipment pad - length X width)				
Equipment Types	Mount Type	Model #/Serial #	Max Throughput	Year Built or Last Modified
Generator(s) <input type="checkbox"/>	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ hp	_____
Fuel Type: _____	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ hp	_____
Primary Crusher(s) (jaw) <input type="checkbox"/>	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
		Recycle Rate: _____	_____ tons/hr	_____
Secondary Crusher(s) (cone, impact, roll) <input type="checkbox"/>	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
Tertiary Crusher (cone, impact, roll) <input type="checkbox"/>	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
Screens (type) <input type="checkbox"/>	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
Conveyors <input type="checkbox"/>	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____
	Fixed <input type="checkbox"/> Skid <input type="checkbox"/> Trailer <input type="checkbox"/>	_____	_____ tons/hr	_____

Equipment	Qty.	Weight of Equipment (lbs)	Capacity (yds ³)	Number of Wheels	Round Trip Travel Distance (ft)
Loader					
Haul Truck					

Other Required Information - Attach The Following To This Application

- Plot plan showing the entire facility, property lines, a main cross street, and location of storage piles and equipment at the proposed site.
- Description of the dust suppression system and any modifications, including types, number, and locations of spray nozzles.
- Flow diagram detailing operations occurring, material flow, and description of material handled.
- A completed SEPA Environmental Checklist (or DNS). If another agency with jurisdiction has issued a SEPA determination on the project, include a copy of the [determination](#) along with the checklist and any final SEPA documents.
- Appropriate filing and [New Source Review fee](#) - or call NWCAA at 360.428.1617 for assistance.

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 _____

Applicant Name (print or type) _____ Title _____

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

NWCAA Office Use Only (version 06/14/2012 MEA)

N.O.C. #: _____ Fee Received: _____

Tech Staff Assigned: _____ Date Received: _____

SEPA Checklist Date: _____ Receipt #: _____

Web Posting Date: _____

Added to Database: _____

Notes: