

OLYMPIC REGION CLEAN AIR AGENCY

2940 Limited Lane NW - Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

FORM 1- NOTICE OF CONSTRUCTION

TO CONSTRUCT - INSTALL - ESTABLISH OR MODIFY AN AIR CONTAMINANT SOURCE

Form 1 Instructions:

1. Please complete all the fields below. **This NOC application is considered incomplete until signed.**
2. If the application contains any confidential business information, please complete a Request of Confidentiality of Records (www.orcaa.org/forms).
3. Duty to Correction Application: An applicant has the duty to supplement or correct an application. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application must, upon becoming aware of such failure or incorrect submittal, promptly submit supplementary factors or corrected information.

Business Name: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">WASHINGTON CORRECTIONS CENTER</div>	For ORCAA use only File No: 531 County No: 45 Source No: 7 Application No: 24NOC1668
Mailing Address: PO BOX 900	Date Received: <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;"> Received OCT 11 2024 ORCAA </div>
Physical Address of Project or New Source: 2321 WEST DAYTON AIRPORT RD. SHELTON WA 98584	
Billing Address:	
Project or Equipment to be installed/established: <div style="font-size: 1.2em; font-weight: bold;">BOILER #3</div>	
Anticipated startup date: ___ / ___ / ___ Is facility currently registered with ORCAA? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
This project must meet the requirements of the State Environmental Policy Act (SEPA) before ORCAA can issue final approval. Indicate the SEPA compliance option: <input type="checkbox"/> SEPA was satisfied by _____ (government agency) on ___ / ___ / ___ (date) - Include a copy of the SEPA determination <input type="checkbox"/> SEPA threshold determination by _____ (government agency) is pending - Include a copy of the environmental checklist <input type="checkbox"/> ORCAA is the only government agency requiring a permit - Include ORCAA Environmental Checklist <input checked="" type="checkbox"/> This project is exempt from SEPA per <u>WAC 197-11-800 (3)</u> (WAC citation).	
Name of Owner of Business: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">KEVIN LORESCH</div>	Agency Use Only
Title: FACILITIES MANAGER	
Email: KEVIN.LORESCH@DOC1WA.GOV Phone: 360-432-1508	
Authorized Representative for Application (if different than owner): <div style="font-size: 1.2em; font-weight: bold;">NICK JONES</div>	
Title: CHEIF ENGINEER	
Email: NICHOLAS.JONES@DOC1.WA.GOV Phone: 360-432-7974	
I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.	
Signature of Owner or Authorized Representative: (sign in Blue Ink)	
	Date: 07/11/24
IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.	

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FORM 1B Change of Source Information

Source Information

Business Name	FOR ORCAA USE
WASHINGTON CORRECTION CENTER	FILE # 531
"Parent" Company Name (if applicable)	CTY # 45
	SRC # 7
Previous Business Name (if applicable)	Date Received Received OCT 11 2024 ORCAA
Person completing this form NICK JONES	

Address Information

Physical Site Address (Street address, city, state, zip) 2321 WEST DAYTON AIRPORT RD, SHELTON WA 98584 Also use this address for <input checked="" type="checkbox"/> Mailing <input checked="" type="checkbox"/> Site Mailing <input checked="" type="checkbox"/> Billing
Mailing Address (Street address, city, state, zip) 2321 WEST DAYTON AIRPORT RD PO BOX 900, SHELTON WA 98584-6319 Also use this address for <input type="checkbox"/> Billing
Site Mailing Address (Street address, city, state, zip)
Billing Address (Street address, city, state, zip)

The **physical site address** is the location of the air pollution source.
 The **mailing address** is used if mail cannot be received at the physical site, or mail needs to be sent to the "parent" company.
 The **site mailing address** is used to mail information directly to the physical site (like newsletters) rather than to the "parent" company. This is only needed if the site mailing address is different from the normal mailing address.
 The **billing address** is used for all invoices, as needed.

Please see reverse side for Contact Information.

Contact Information

Inspection Contact	
Name NICK JONES	Title CHEIF ENGINEER
Phone 360-432-7974	Fax
Email NICHOLAS.JONES@DOC1.WA.GOV	
Also use this contact for <input type="checkbox"/> Billing <input type="checkbox"/> Emission Inventory <input type="checkbox"/> Complaints <input type="checkbox"/> Permits	
Billing Contact	
Name KATRINE MARINE	Title GENERAL DISBURSEMENTS
Phone (360) 515-2419	Fax
Email DOCAPVENDORINVOICES@DOC1.WA.GOV	
Also use this contact for <input type="checkbox"/> Emission Inventory <input type="checkbox"/> Complaints <input type="checkbox"/> Permits	
Emission Inventory Contact	
Name JORDAN KETTEL	Title PLANT MANAGER 3
Phone 360-426-4433	Fax
Email JCKETTEL@DOC1.WA.GOV	
Also use this contact for <input type="checkbox"/> Complaints <input type="checkbox"/> Permits	
Complaint Contact	
Name KEVIN LORESCH	Title FACILITIES MANAGER
Phone 360-432-1508	Fax
Email KEVIN.LORESCH@DOC1.WA.GOV	
Also use this contact for <input checked="" type="checkbox"/> Permits	
Permit Contact	
Name	Title
Phone	Fax
Email	

The **inspection contact** is the on-site person whom is responsible for the everyday operation of the site and is available for inspections.

The **billing contact** is the person to whom all invoices are sent.

The **emission inventory contact** is the person to whom requests for emissions information and material use information are sent.

The **complaint contact** is the person who receives and responds to complaints received on-site and who is contacted regarding complaints ORCAA receives.

The **permit contact** is the person who is responsible for filling out permit applications and receiving approval from ORCAA.



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www.orcaa.org

FORM 11

Fill out all the applicable equipment information requested below and submit the appropriate fees.

BOILERS AND HEATERS

General Information

Facility Name: WASHTON CORRECTIONS CENTER 	Contact Person:
	Phone Number:
	Email:
Facility Operating Schedule: <u>24</u> hrs/day, <u>7</u> days/wk, <u>365</u> wks/yr	Boiler Operating Schedule: <u>24</u> hrs/day, <u>7</u> days/wk, <u>40</u> wks/yr
Indicate days when operating: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Thu <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sat <input checked="" type="checkbox"/> Sun	Indicate days when operating: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Thu <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sat <input checked="" type="checkbox"/> Sun

Type of Boiler: CBLE	
Manufacturer: CLEAVER BROOKS	
Model #: CB-1700-800	Serial #: L-92480
Date of Construction: 11/19/1993	
Date of Installation:	
Cost of Modifications:	

Technical Specifications

Fuel Types (list all and attach MSDS):	1. <u>NATURAL GAS</u> 2. <u>PROPANE (BACKUP SOURCE)</u> 3. _____		
Average Heat Rate MMBtu/hr (HHV):	1. _____ 2. _____ 3. _____		
Design Maximum Heat Rate MMBtu/hr (HHV):	1. <u>25 MMBTU/HR</u> 2. _____ 3. _____		
Heat Transfer Medium:	Temp _____ °F Input _____ Output _____	Pressure (psi) <u>150</u> Input <u>33,476,000</u> Output _____	Flow Rate (specify units) Average _____ Design Maximum _____
Fire Box	Average Temperature (°F) <u>3525</u> Volume of Fire box (ft ³) _____		

	Design Fire Box Gas Velocity (ft/s) _____ Residence Time in Fire Box (sec) _____
Stack Parameters	Stack Height (ft) <u>37</u> Stack diameter (ft) _____ Stack Gas Flowrate (ft ³ /min) _____ At Average Firing Rate _____ At Maximum Firing Rate _____ Stack Temperature (°F) _____
Design Total Supplied Air (scfm): _____ Design % Excess Air (vol): _____	

Emissions Data

Check all pollution controls proposed and complete the indicated forms:	<input type="checkbox"/> Multiclone (complete Form 31) <input type="checkbox"/> Electrostatic Precipitator (complete Form 33) <input type="checkbox"/> Wet Scrubber (complete Form 32) <input type="checkbox"/> NOx controls (attach description) <input type="checkbox"/> Baghouse (complete Form 12) <input type="checkbox"/> Other (specify) _____
Items Vented to Air Pollution Control Device (check all that apply):	<input type="checkbox"/> Shaker Screens <input type="checkbox"/> Elevators Head <input type="checkbox"/> Elevator boot <input type="checkbox"/> Hot aggregate bins <input type="checkbox"/> Weigh Hopper/Mixer <input type="checkbox"/> Dryer charge end <input type="checkbox"/> Dryer discharge end <input type="checkbox"/> Other (specify) _____

Pollutant	Maximum Concentrations	Maximum Emission Rates	
		lbs/hr	tpy
Oxides of Nitrogen (NO _x)	ppmv at 3% O ₂ _____	_____	_____
Particulate Emissions	gr/dscf at 7% O ₂ _____	_____	_____
Carbon Monoxide (CO)	ppmv at 3% O ₂ _____	_____	_____
Sulfur Dioxide (SO ₂)	ppmv at 3% O ₂ _____	_____	_____
Volatile Organics (VOCs)	ppmv at 3% O ₂ _____	_____	_____

Provide the following information on separate sheets of paper:

1. Description of how fuel quality, temperature, air flowrate, excess air, and other operating variables are controlled.
2. Description of devices used to monitor air pollution controls and emissions.
3. An assembly drawing, dimensioned and to-scale, in plan, elevation and as many sections as needed to clearly show operation of the combustion unit.

Filing Fee:

See <https://www.orcaa.org/services/fee-schedules/> for an up-to-date list of fees

CB PACKAGED BOILER

DEL SERIAL NO.

MAX. PRESSURE PSI DATE

INPUT BTU/HR GAS GPH OIL

ELECTRICAL REQUIREMENTS

MAIN POWER SUPPLY

VOLTS PH HZ AMP.

MINIMUM CIRCUIT CAPACITY AMP.

MAX. RATING OF CIRCUIT PROTECTION AMP.

BLOWER MOTOR HP

AIR COMPRESSOR MOTOR HP

OIL HEATER KW

CONTROL CIRCUIT

120 VOLTS 1 PH HZ 7 AMP.

OIL PUMP MOTOR

VOLTS PH HZ AMP.

CLEAVER-BROOKS DIVISION

AQUA-CHEM, INC.

118-200-8

MILWAUKEE, WISCONSIN, U.S.A.



UNDERWRITERS
LABORATORIES
LISTED INC. ©

GAS FIRED BOILER ASSEMBLY

NO.

FOR USE WITH INTEGRAL GROUP

PRIMARY SAFETY CONTROLS.