OLYMPIC REGION CLEAN AIR AGENCY

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

FORM 1A- NOTICE OF CONSTRUCTION or REVISION
REQUEST TO CHANGE NOC/NOI CONDITIONS OF APPROVAL
UNDER ORCAA REGULATIONS RULE 6.1.11

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: Peninsula Topsoil LLC	**For ORCAA use only**
Mailing Address: 50 NE Peninsula Blvd	File No: 345 County No: 45 Source No: 104 Notice of Revision: 25NOC1729
Physical Address of Project or New Source:	Date Received: Received JUL 16 2025 ORCAA
Billing Address: 50 NE Peninsula Blvd Belfair Wa	

NOC/NOI Number _____	Date Issued:

☐ Request to Modify Condition #

Please attach the following information:

1. A description of the proposed change Add Jaw Crusher Terex
2. The reason for the proposed change

Any additional documentation necessary to review the proposed changes and/or impacts on air quality (i.e. analysis of the change in emission, revised drawing, technical specifications)

Name of Owner of Business: Steve Johnson		Agency Use Only
Title: member		
Email: Steve@PeninsulaTopsoil	Phone: 360 509 4140	
Authorized Representative for Application (if different than owner):		
Title:		
Email:	Phone:	
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)		
Steve Johnson	**Date:** 7/7/25	

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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NOC FORM 24B – ROCK CRUSHING PLANT

Company (or owner) name and address:
Peninsula Topsoil LLC

Applicant name and address:
50 NE Peninsula Blvd
Belfair Wa 98528

Contact name, phone #, FAX #, and e-mail address:
Steve Johnson 3605094140
Steve@PeninsulaTopsoil.com

Plant operator name, phone #, FAX #, and e-mail address:

Intended Location:
- ✓ Surface Mining Permit No.: NA
- ✓ Pit Name:
- ✓ County: Mason
- ✓ SEC._____,TWNSHP._____,RANGE:_____
- ✓ Street address:

Previous Location (if applicable):
- ✓ County:
- ✓ Agency approved by:
- ✓ Approval Order No.:

Note: If previous location of the plant was outside ORCAA's jurisdiction, then attach copy of Approval Order issued by local air authority.

Compliance with other state and local requirements: Operation of the crushing plant must also comply with any applicable State Environmental Policy Act (SEPA), State Sand and Gravel General Permit, or local government requirements. By marking the box below and signing this form, the applicant declares that this condition is satisfied for the intended location of the plant.

☐ All applicable SEPA, Sand and Gravel General Permit, and local government requirements are satisfied for the intended location of the crushing plant.

ORCAA General Rock Crusher Approval (optional): Applicants have the option to request ORCAA's "General Rock Crusher Approval Order" which offers more flexibility for relocation and operation (see ORCAA's General Rock Crusher Approval Order Fact Sheet for more details.) After reviewing the operating criteria, you may choose to opt in by checking the box below.

☐ I have read the operating criteria for ORCAA's General Rock Crusher Approval Order and request that ORCAA process my application under the General Rock Crusher Approval.

Rock/Concrete Crushers - For each crusher indicate type, make, model # and rated capacity (tons per hour):
1. Terex Machine MAX S2860KG PinTrx 1175JVOMK70720 JAW
2.
3.

Screening Equipment - Indicate make, model number and top surface area (square feet) of each screening deck:
1.
2.
3.

Plant Electricity Needs - Check boxes that apply:
- ☒ Plant electricity from local utility.
- ☐ Diesel generator on site:
  - Generator size _____ hp_____kW
  - Generator fuel type: _____

Dust Control Measures – Check those precautions that will be used and provide the specified information:
- ☒ Water spray using on-site water truck or sprinkler system.
- ☐ Reduced vehicle speeds _____ mph
- ☐ Vehicle track-out measures (Please describe.)
- ☐ Water spray (Show location on process flow diagram.)
- ☐ Other (Please describe on separate paper.)

Other Required Information - The following information is needed to complete the application:
- ✓ Process flow diagram showing sequence of crushers, screens and conveyors, and location of water spray points.
- ✓ Site map showing pit property lines, location of crushing plant and location of major haul roads.

Certification – I, the undersigned, do herby certify that the information contained in this notification is, to the best of my knowledge, accurate and complete.
Signature: Steve Johnson Date: 7/7/25