

## OLYMPIC REGION CLEAN AIR AGENCY

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

### FORM 1C- NOTICE OF INTENT TO OPERATE CONSTRUCT - INSTALL - ESTABLISH OR MODIFY A TEMPORARY PORTABLE STATIONARY SOURCE

**Form 1 Instructions:**

1. Please complete all the fields below. **This NOI 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](http://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:	<b>For ORCAA use only</b>
Mailing Address:	File No:
Physical Address of Project or New Source:	County No:
Billing Address:	Source No:
Project or Equipment to be installed/established:	Application No:
Previously approved by:	Date Received:
<input type="checkbox"/> ORCAA NOC#: _____ <input type="checkbox"/> WA Dept of Ecology or other local air pollution control authority in Washington State (please attach Order of Approval)	
Anticipated startup date: ___ / ___ / ___ Is facility currently registered with ORCAA? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please attach the following: <ol style="list-style-type: none"> <li>1. A description of the project, including process details and best management practices</li> <li>2. Equipment technical specifications, including heat input rates, maximum flow rates, manufacturer names, model numbers and serial numbers</li> <li>3. Estimated annual material and fuel usage rates</li> <li>4. Process flow diagrams including equipment locations</li> <li>5. Site map, to scale, showing location of the facility or operation, property boundaries and any unique terrain features.</li> </ol>	
Name of Owner of Business:	<b>Agency Use Only</b>
Title:	
Email:	Phone:
Authorized Representative for Application (if different than owner):	
Title:	
Email:	Phone:
<b>I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.</b>	
<b>Signature of Owner or Authorized Representative: (sign in Blue Ink)</b>	
	<b>Date:</b>
<b>IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.</b>	

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### FORM 1D- Contact Information

<b>Business Name</b>	<b>FOR ORCAA USE</b>
	<b>FILE #</b>
<b>Physical Site Address (Street address, city, state, zip)</b>	<b>CTY #</b>
	<b>SRC #</b>
	<b>Date Received</b>
<b>Previous Business Name (if applicable)</b>	

#### Contact Information

<b>Inspection Contact</b>	
Name	Title
Phone	Email
<b>Billing Contact</b>	
Name	Title
Phone	Email
<b>Emission Inventory Contact</b>	
Name	Title
Phone	Email
<b>Complaint Contact</b>	
Name	Title
Phone	Email
<b>Permit Contact</b>	
Name	Title
Phone	Email

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

The **billing contact** is the person invoices are sent.

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