OLYMPIC REGION CLEAN AIR AGENCY (ORCAA)
2940 Limited Lane NW, Olympia, WA 98502
Engineering Division (360) 539-7610

FORM 1D NON-ROAD ENGINE NOTICE OF INTENT TO OPERATE (NOI)

TO INSTALL - ESTABLISH OR RELOCATE A NON-ROAD ENGINE UNDER ORCAA REGULATIONS RULE 6.4

Business Name:	**For ORCAA use only**
Mailing Address (address, city, state, zip):	File No: County No: Source No: NOI Application No:
Physical Address of Project/New Source (address, city, state, zip):	Date Received:
Billing Address (address, city, state, zip):	

Estimated start date:

Non-Road Engine Type: (choose one)

☐ Portable Generator ☐ Compressor ☐ Grinder
☐ Mobile Crane ☐ Emergency/Backup ☐ Rock Crusher

☐ Other:_____

Please attach the following information:

1. Vendor brochure (if available).
2. Site map to scale showing location of the engine, property boundaries and any unique terrain features.
3. NOI Application Fee for Non-Road Engines.

Do you request confidentiality? ☐ Yes ☐ No

If yes, provide a separate copy of the application void of the materials considered confidential. Each page considered confidential must be individually identified by stamping "confidential" or similar method. [Confidentiality reasons: Trade secrecy and similar concepts whereby limited disclosure is necessary to retain business advantages.]

I hereby certify that the information contained in this request is, to the best of my knowledge, complete and correct.		Agency Use Only
Name of Applicant or Owner of Business:		
Title:	Phone:	
Email:		
Contact Name (if different than above):		
Title:	Phone:	
Email:		
Facility Operations Contact Name (if different than owner):		
Title:	Phone:	
Email:		
Signature of Owner:	Date:	

Submit one form for each engine. Additional forms and all ORCAA regulations and rules are available on the Agency's web site.

1. ENGINE INFORMATION

Engine Type: *(Check one)* ☐ 4 Stroke ☐ 2 Stroke Compression Ignition (Diesel) or ☐ 4 Stroke ☐ 2 Stroke Spark Ignition

Engine Manufacturer _____ Model _____ Model Year _____

EPA/CARB Engine Family Name _____ Engine Serial No. _____

Engine Displacement _____ *(cu in)* Maximum rated output *(bhp)* _____ Typical load as % of bhp rating _____

Is this an emergency/standby engine? ☐ Yes ☐ No

(*Complete and check all that apply)*

Certification: ☐ EPA Certified ☐ CARB Certified

☐ None *(If None is checked, please indicate below the items applicable to this engine.)*

☐ Naturally aspirated ☐ Supercharged ☐ Turbocharged ☐ Inter-cooled ☐ After-cooled

☐ Timing retard ≥ 4º ☐ Lean-burn ☐ Rich-burn

Primary Use: ☐ Electrical generation ☐ Cogeneration ☐ Pump driver ☐ Fire pump driver

☐ Compressor driver ☐ Tub grinder driver ☐ Other: _____

Do you plan on utilizing a control device? ☐ No add-on control device ☐ Diesel catalyzed particulate filter ☐ Oxidation Catalyst ☐ Selective catalyst reduction (SCR) ☐ Non-selective catalytic reduction (NSCR) ☐ Other

If yes, please contact ORCAA to determine what additional information is needed.

2. EMISSION POINT/STACK INFORMATION ☐ *Check here if the engine has more than one stack or has a continuous pollutant emission monitor and repeat this section for each.*

Emission point number # _____ *(If unknown leave blank)* ☐ New ☐ Existing

Stack outlet height from ground level *(ft)* _____

Diameter of stack outlet *(inches)* _____ or Outlet cross-section area *(square inches)* _____

Direction of outlet *(check one)* ☐ Horizontal ☐ Vertical End of outlet *(check one)* ☐ Open/hinged flap ☐ Rain cap

Exhaust rate at typical operation *(acfm)* _____ Exhaust temperature at typical operation *(ºF)* _____

3. AIR TOXIC ASSESSMENT INFORMATION.

Distance from engine to the property line of the nearest residence *(ft)* _____ or *(check if)* ☐ > one mile ☐ > 1000 ft

Distance from engine to the property line of the nearest school[1] *(ft)* _____ or *(check if)* ☐ > one mile ☐ > 1000 ft

Describe the nearest non-residential, non-school site *(check one)* ☐ Industrial ☐ Commercial ☐ Hospital

☐ Day care center ☐ Other _____

Distance from engine to the property line of the nearest non-residential, non- school site*(ft)* _____ or ☐ Greater than one mile

1. *K-12 and more than twelve children only.*

4. FUEL DATA *Complete the table below for each fuel burned. If you are using a fuel other than those listed in the fuel table, attach a* ***fuel analysis*** *indicating the higher heating value, sulfur content, and nitrogen content. Please clearly indicate the measurement unit that corresponds to the information you are submitting.* ☐ *Check here if you are using more than one fuel, and attach a copy of this page listing the additional fuels.*

Fuel[1] _____

Maximum Fuel Use Rate[2] _____ *gal/hr or SCF/hr*

Annual Fuel Usage[3] _____ *gal/yr or therm/yr or SCF/yr*

Sulfur Content[4] _____ *wt% liquids or ppmv gases*

Pollutant Name	Emission Factor	Units[5]	Basis[6]
Particulates			
Organics			
Nitrogen Oxides			
Carbon Monoxide			

Others – ☐ Check here and attach a separate list under each fuel used.

1. *Fuel Table:* Diesel, Bio Diesel B100, Bio Diesel B20 Blend, Gasoline, Natural Gas, Landfill Gas, Digester Gas, Liquid Petroleum Gas (LPG)
2. *Maximum fuel use rate units: gallon/hr for liquid fuels and SCF/hr for gaseous fuels. (SCF =Standard Cubic Foot)*
3. *The annual fuel usage is the actual or projected engine fuel consumption over a rolling 12-month time period. Annual usage units: gallons for liquid fuel, therms for natural gas, and SCF for other gaseous fuels. (therm = 100,000 BTUs, BTU =British Thermal Unit)*
4. *Sulfur content* units: weight % for liquid fuels, ppmv for gaseous fuels. (ppmv = parts per million by volume)
5. *Emission factors may be reported as gram/brakehp-hr, or as lb per gallon, or as lb per therm, or as lb per SCF.*
6. *Cite source of emission factors.*