



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:
Physical Address of Project/New Source (address, city, state, zip):		Source No:	NOI Application No:
Billing Address (address, city, state, zip):		Date Received:	
Estimated start date:			
Non-Road Engine Type: (choose one)			
<input type="checkbox"/> Portable Generator	<input type="checkbox"/> Compressor	<input type="checkbox"/> Grinder	
<input type="checkbox"/> Mobile Crane	<input type="checkbox"/> Emergency/Backup	<input type="checkbox"/> Rock Crusher	
<input type="checkbox"/> 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 = \$794			
Do you request confidentiality? <input type="checkbox"/> Yes <input type="checkbox"/> 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 $\geq 4^\circ$ 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 ($^{\circ}F$) _____

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 school¹ (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.

Fuel¹ _____
 Maximum Fuel Use Rate² _____ gal/hr or SCF/hr
 Annual Fuel Usage³ _____ gal/yr or therm/yr or SCF/yr
 Sulfur Content⁴ _____ 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.

- Fuel Table:** Diesel Bio Diesel B100 Bio Diesel B20 Blend Gasoline
 Natural Gas Landfill Gas Digester Gas Liquid Petroleum Gas (LPG)
- Maximum fuel use rate units: gallon/hr for liquid fuels and SCF/hr for gaseous fuels. (SCF = Standard Cubic Foot)
- 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)
- Sulfur content units: weight % for liquid fuels, ppmv for gaseous fuels. (ppmv = parts per million by volume)
- Emission factors may be reported as gram/brakehp-hr, or as lb per gallon, or as lb per therm, or as lb per SCF.
- Cite source of emission factors.