



General Order Application: Stationary and Portable Rock Crushers

I. INSTRUCTIONS

This application applies statewide for facilities under the Department of Ecology's jurisdiction. Fill out the form completely in order to obtain coverage.

- Read the Stationary and Portable Rock Crusher General Order. You can find it online at www.ecy.wa.gov/programs/air/AOP_Permits/Boiler/GeneralOrders.htm, or call the appropriate regional office (see below) for a copy.
- Fill out the application completely, sign it and date it.
- Enclose a check to the Department of Ecology for the application fee.

State Environmental Policy Act (SEPA) Compliance

- \$500 application fee** if SEPA review is complete – Include a copy of the final SEPA checklist and SEPA determination (e.g. DNS, MDNS, EIS) with your application.
- \$785 application fee** if SEPA review is required – If SEPA review has not been conducted, please fill out a SEPA checklist and submit it with your application. You can find a SEPA checklist online at www.ecy.wa.gov/programs/sea/sepa/docs/echecklist.doc.
- Mail the complete application package to:

For Fiscal Office Use Only:
001-NSR-216-0299-000404

**Department of Ecology
Cashiering Unit
P.O. Box 47611
Olympia, WA 98504-7611**

Check the box for the location of your proposal or if operating as a portable source, the next location you will operate your rock crusher. For assistance, call the appropriate office listed below:

<input type="checkbox"/>	Chelan, Douglas, Kittitas, Klickitat, or Okanogan County Ecology Central Regional Office (509) 575-2490	CRO
<input type="checkbox"/>	Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla, or Whitman County Ecology Eastern Regional Office (509) 329-3400	ERO
<input type="checkbox"/>	San Juan County Ecology Northwest Regional Office (425) 649-7000	NWRO
<input type="checkbox"/>	For actions taken at Kraft and Sulfite Paper Mills and Aluminum Smelters only Ecology Industrial Section (360) 407-6900	IND
<input type="checkbox"/>	For actions taken on the US Department of Energy Hanford Reservation only Ecology Nuclear Waste Program (509) 372-7950	NWP

II. COMPANY INFORMATION

1. Company Name:		
2. Company Mailing Address (street, city, state, zip):		
3. Company Contact Person, Title:	4. Company Phone Number:	5. Company Fax Number:
6. Contact Person Phone Number:	7. E-Mail Address:	

III. PLANT INFORMATION

1. Plant Name (A separate application must be filled out for each plant):	2. Plant Operator:	3. Plant Operator's Cell Phone Number:
4. Plant Capacity (Tons per hour):	5. Maximum Plant Hourly Capacity (Tons per hour):	
6. Are water spray bars or equivalent installed at all crusher discharge points and before all fines drop points? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Will the plant be located a minimum of 150 feet from the property line? <input type="checkbox"/> Yes <input type="checkbox"/> No	

A. STATIONARY PLANTS

Check this box and fill out this section if you are initially locating your rock crusher as a stationary source.

1. Facility Location (If different from company mailing address):	2. County:
3. Do you have pressurized line water supply? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Will line power be used? <input type="checkbox"/> Yes <input type="checkbox"/> No (If line power is not used, a separate Notice of Construction air quality permit is required for power generators.)

B. PORTABLE PLANTS

Check this box and fill out this section if you are initially locating your rock crusher as a portable source

<p>1. Temporary Location Information (Please include information for your next anticipated operating location):</p> <p>Quantity of Material to be Produced: _____ tons</p> <p>Intended Dates of Operation: From: _____ To: _____</p> <p>Site Name: _____ County: _____</p> <p>Legal Description: Quarter ____; Section ____; Township ____; Range ____</p>	
<p>2. Provide manufacturer's specification information on any power generators listed below. Attach additional sheets if there are more than 4 units.</p>	
<p>2a.</p> <p>Engine manufacturer: _____</p> <p>Model: _____</p> <p>Year of manufacture: _____</p> <p>Serial number: _____</p> <p>Engine size: _____ hp</p> <p>Max electrical output _____ kWe</p> <p>Height of exhaust stack: _____ feet</p> <p>Fuel: _____</p> <p>Maximum hourly fuel: _____ gal/hr</p>	<p>2b.</p> <p>Engine manufacturer: _____</p> <p>Model: _____</p> <p>Year of manufacture: _____</p> <p>Serial number: _____</p> <p>Engine size: _____ hp</p> <p>Max electrical output _____ kWe</p> <p>Height of exhaust stack: _____ feet</p> <p>Fuel: _____</p> <p>Maximum hourly fuel: _____ gal/hr</p>
<p>2c.</p> <p>Engine manufacturer: _____</p> <p>Model: _____</p> <p>Year of manufacture: _____</p> <p>Serial number: _____</p> <p>Engine size: _____ hp</p> <p>Max electrical output _____ kWe</p> <p>Height of exhaust stack: _____ feet</p> <p>Fuel: _____</p> <p>Maximum hourly fuel: _____ gal/hr</p>	<p>2d.</p> <p>Engine manufacturer: _____</p> <p>Model: _____</p> <p>Year of manufacture: _____</p> <p>Serial number: _____</p> <p>Engine size: _____ hp</p> <p>Max electrical output _____ kWe</p> <p>Height of exhaust stack: _____ feet</p> <p>Fuel: _____</p> <p>Maximum hourly fuel: _____ gal/hr</p>
<p>3. Do you have a stationary water storage tank, separate from your primary water truck? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the storage capacity of your water storage tank? _____ gallons</p> <p>Note: If you do not have a stationary water storage tank separate from your primary water truck, you will need to have a pressurized line water supply available at every location you operate.</p>	

IV. EQUIPMENT INFORMATION

(Use a separate sheet if additional equipment not listed below is used at this rock crushing plant.)

Process	Equipment Description (Manufacturer, model, size)	Identification (Equipment ID or serial number)	Date Purchased	Capacity (Tons per hour or as noted)
1. Primary jaw crusher				
2. Scalping screen				
3. Secondary crusher				
4. Sizing screen				
5. Tertiary crusher				
6. Fines screen				
7. Aggregate storage bins (If applicable)				
8. Portable water storage (Water truck)				(gallons)
9. Conveyors (Use separate sheet to list all)				
10. Other equipment (Add additional sheets as necessary)				
11. Other equipment				
12. Other equipment				

V. SIGNATURE BLOCK

I certify, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate, and complete.

Printed Name _____ Title _____

Signature _____ Date _____

If you need this document in a format for the visually impaired, call the Air Quality Program at 360-407-6800. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.