

Southwest Clean Air Agency

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www.swcleanair.org 7:00 am to 5:30 pm M-F

Air Discharge Permit Application / SUN Data Sheet COFFEE ROASTER

All ADP/SUN applications must be accompanied by the applicable ADP/SUN application fees for the project. Additional review fees may be assessed in accordance with approved schedules. See SWCAA's current fee schedule for applicable ADP fees in SWCAA 400-109.

For Agency Use Only

ADP/SUN # _____

1. GENERAL INFORMATION

Owner / Operator: _____ Name of Business: _____ Business address: _____ Contact person: _____	Applicant: _____ Applicant 's address: _____ Contact person: _____
Business phone #: _____ Business fax #: _____ Business e-mail: _____	Applicant's phone #: _____ Applicant's fax #: _____ Applicant's e-mail: _____

2. INSTALLATION LOCATION INFORMATION

Installation address: _____ Installation phone #: _____ Contact person: _____	Installer Co. name: _____ Installer's address: _____ Phone #: _____ Fax #: _____ Installer's e-mail _____ Contact person: _____
Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing	Nature of business: _____
Facility registered with SWCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated date of completion: _____

3. COFFEE ROASTER BEING INSTALLED / MODIFIED

Manufacturer: _____		
Model No. _____ Rated input capacity of burner (BTU/hr; kW/hr): _____		
Number of units being installed / modified: _____	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing	
Fuel used: _____	Roast type: <input type="checkbox"/> light, <input type="checkbox"/> medium, <input type="checkbox"/> dark, <input type="checkbox"/> all	
Max. batch size: (lbs/load) _____ (loads/hr) _____	Avg. batch size: (lbs/load) _____ (loads/hr) _____	
Roast Cycle Time: (minutes) _____	Annual roasted coffee throughput (lbs/yr): _____	
Maximum roaster temp: _____ (°F)	Average roaster temp: _____ (°F)	
Chaff Collector? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chaff Collector Efficiency: _____	Water Quench? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will this equipment share a stack with other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		

(OVER)

4. AFTERBURNER INFORMATION

Description: (make, model number): _____	
Afterburner Internal Chamber Dimensions: Length: _____ Width: _____ Height: _____	Status of equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Existing Cost of afterburner _____
Fuel(s) burned: _____	Rated heat input of afterburner (BTU/hr; gal/hr): _____
Afterburner temperature (min 1500 °F): Operating: _____(°F) Maximum: _____(°F)	Afterburner retention time (min 0.5 sec.): _____ (sec) Afterburner destruction efficiency (%): _____
Will this equipment share a stack with other equipment (e.g. roaster)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	

5. EXHAUST STACK DATA

Stack height from ground: (ft)	Flow rate: (ACFM)	Exit temperature: (° F)	Internal stack diameter or dimensions: (inches)
How does exhaust exit the stack? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal – (only vertical is allowed by rule)			
Will a stack cap / rain guard be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, submit a drawing of the stack cap design)			

6. MODELING INFORMATION

All building dimensions w/in 200 ft. of proposal: (LxWxH) (ft) Include these dimensions on required plot plan	Distance from stack to nearest property line: (ft)
Describe any dispersion modeling that has been done. Attach computer printout of results.	

7. OPERATION INFORMATION FOR EQUIPMENT BEING INSTALLED / MODIFIED

	From	To	Days (circle)	Weeks/year
Business Hours	am/pm	am/pm	S M T W Th F S	
Roasting Hours	am/pm	am/pm	S M T W Th F S	

8. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION

- Plot plan showing the entire facility, buildings w/in 200 ft of proposal, including cross streets and property lines, and location of the proposed coffee roaster - **(required)**
- Flow diagram of the coffee roasting process, including emission control equipment - **(required)**
- Environmental Checklist (SEPA) / DNS SEPA date: _____ DNS date: _____
- Manufacturer and/or vendor information on process and air pollution control equipment being installed or modified - **(if available)**

OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPLEMENTAL FORMS AND DATA, IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

Type or Print Name: _____
Title: _____
Signature _____
Date: _____