

Southwest Clean Air Agency

11815 NE 99th Street, Suite 1294, Vancouver, WA 98682-2322
 Voice: (360) 574-3058 Fax: (360) 576-0925
www.swcleanair.org 7:00 am to 5:30 pm M-F

Air Discharge Permit Application Data Sheet COFFEE ROASTER

All ADP applications must be accompanied by the applicable ADP 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 # _____

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 SRCAA? <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: (ft)
How does exhaust exit the stack? <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal			
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

<ul style="list-style-type: none"> • 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)
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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: _____