

# PUGET SOUND CLEAN AIR AGENCY

1904 3rd Ave Ste 105

Seattle WA 98101-3317

(206) 689-4052 Fax: (206) 343-7522 <www.pscleanair.org>

## EVAPORATOR NOTIFICATION

(Only for industrial and commercial wastewater evaporators (not including flame impingement) used exclusively for wastewater generated on-site that meets all discharge limits for disposal into the local municipal sewer system, including: metals, cyanide, fats/oils/grease, pH, flammable or explosive materials, organic compounds, hydrogen sulfide, solids, and food waste)

AGENCY USE ONLY	Date Recd.	Reg No.	Notification No.
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### Facility Information

Company (or owner) name and address:	Applicant name and address:
Contact name: Telephone No.: FAX No.: E-Mail Address:	Installation address (including city and zip code):
Business Hours (hours/day, days/week, weeks/year):	Estimated Installation Date:

### Wastewater

Sources of Wastewater:		
Estimated Volume of Wastewater:	Gallons/Day:	Gallons/Year:
Attach a letter from the local sewer district documenting compliance with all discharge limits for disposal into the local municipal sewer system (including metals, cyanide, fats/oils/grease, pH, flammable or explosive materials, organic compounds, hydrogen sulfide, solids, and food waste.)		
METRO requires the use of EPA Method 200.7/6010 for metals and EPA Method 624 or 8260 for organic compounds.		

### Evaporator

Make:	Model:
Type of Evaporator:	<input type="checkbox"/> Boiling <input type="checkbox"/> Spray
Maximum Operating Temperature (Degrees F):	
Equipped with a Demister or Mist Eliminator:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Certification

I, the undersigned, do hereby certify that the information contained in this notification is, to the best of my knowledge, accurate and complete.	
_____	_____
Signature	Date
_____	_____
Type or Print Name and Title	Phone

Mail your **\$100 payment and this Notification** to this Agency at the address noted at the top of this form.