

# OLYMPIC REGION CLEAN AIR AGENCY

2940 Limited Lane NW - Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

## FORM 1- NOTICE OF CONSTRUCTION

TO CONSTRUCT - INSTALL - ESTABLISH OR MODIFY AN AIR CONTAMINANT SOURCE

**Form 1 Instructions:**

1. Please complete all the fields below. **This NOC application is considered incomplete until signed.**
2. If the application contains any confidential business information, please complete a Request of Confidentiality of Records ([www.orcaa.org/forms](http://www.orcaa.org/forms)).
3. Duty to Correction Application: An applicant has the duty to supplement or correct an application. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application must, upon becoming aware of such failure or incorrect submittal, promptly submit supplementary factors or corrected information.

<b>Business Name:</b> Ascendent LLC	<b>For ORCAA use only</b>
<b>Mailing Address:</b> P O Box 1150, Sumner, WA 98390	File No: 100 County No: 999 Source No: 2272 Application No: 24NOC1657
<b>Physical Address of Project or New Source:</b> 219 12th St SE, Puyallup, WA 98372	Date Received:  <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">                     Received                      JUN 07 2024                       ORCAA                 </div>
<b>Billing Address:</b> P O Box 1150, Sumner, WA 98390	
<b>Project or Equipment to be installed/established:</b>  TBD, various locations within ORCAA jurisdiction	
Anticipated startup date: <u>7</u> / <u>31</u> / <u>2024</u> Is facility currently registered with ORCAA? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
This project must meet the requirements of the State Environmental Policy Act (SEPA) before ORCAA can issue final approval. Indicate the SEPA compliance option: <input type="checkbox"/> SEPA was satisfied by _____ (government agency) on ___/___/___ (date) - Include a copy of the SEPA determination <input type="checkbox"/> SEPA threshold determination by _____ (government agency) is pending - Include a copy of the environmental checklist <input type="checkbox"/> ORCAA is the only government agency requiring a permit - Include ORCAA Environmental Checklist <input type="checkbox"/> This project is exempt from SEPA per _____ (WAC citation).	
<b>Name of Owner of Business:</b> Rick Estes	<b>Agency Use Only</b>
Title: Member	
Email: restes@ascdemo.com	Phone: 253-939-4375
<b>Authorized Representative for Application (if different than owner):</b> Deanna Peters	
Title: Business Development Officer	
Email: dpeters@ascdemo.com	Phone: 253-285-8227
I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.	
<b>Signature of Owner or Authorized Representative: (sign in Blue Ink)</b>	
	Date: 5/29/24
<b>IMPORTANT:</b> Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.	

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### FORM 1D- Contact Information

<b>Business Name</b> Ascendent LLC	<b>FOR ORCAA USE</b>
<b>Physical Site Address (Street address, city, state, zip)</b> 219 12th St SE, Puyallup, WA 98372	<b>FILE #</b> 100
	<b>CTY #</b> 999
	<b>SRC #</b> 2272
<b>Previous Business Name (if applicable)</b>	<b>Date Received</b>  Received JUN 07 2024  ORCAA

#### Contact Information

<b>Inspection Contact</b>	
Name Guy Tindall	Title Crusher Operator
Phone 253-495-1458	Email
<b>Billing Contact</b>	
Name Deanna Peters	Title Bus. Development Officer
Phone 253-939-4375	Email dpeters@ascdemo.com
<b>Emission Inventory Contact</b>	
Name Deanna Peters	Title Bus. Development Officer
Phone 253-939-4375	Email dpeters@ascdemo.com
<b>Complaint Contact</b>	
Name Deanna Peters	Title Bus. Development Officer
Phone 253-939-4375	Email dpeters@ascdemo.com
<b>Permit Contact</b>	
Name Deanna Peters	Title Bus. Development Officer
Phone 253-939-4375	Email dpeters@ascdemo.com

The **inspection contact** is the on-site person responsible for the everyday operation of the site and is available for inspections.

The **billing contact** is the person invoices are sent.

The **emission inventory contact** is the person requests for emissions information and material use information are sent.

The **complaint contact** is the person who receives and responds to complaints received on-site and who is contacted regarding complaints ORCAA receives.

The **permit contact** is the person responsible for filling out permit applications and receiving approval from ORCAA.

# OLYMPIC REGION CLEAN AIR AGENCY

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## NOC FORM 24B – ROCK CRUSHING PLANT

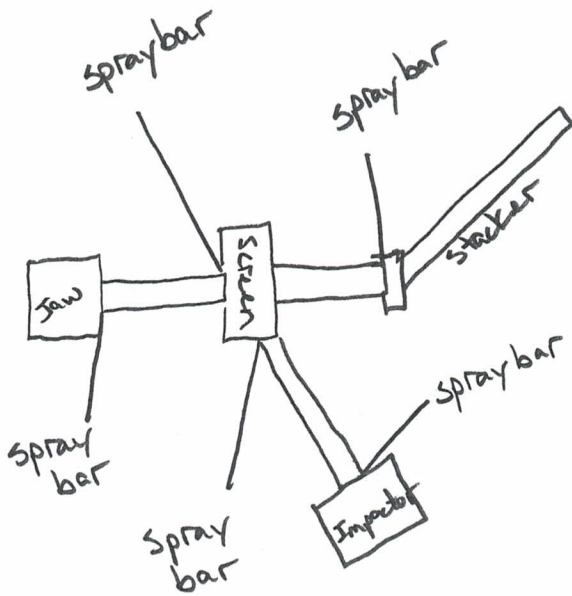
<b>Company (or owner) name and address:</b> Ascendent LLC 219 12th St SE, Puyallup, WA 98372	<b>Applicant name and address:</b> Ascendent LLC 219 12th St SE, Puyallup, WA 98372 Mailing Address: P O Box 1150, Sumner, WA 98390
<b>Contact name, phone #, FAX #, and e-mail address:</b> Deanna Peters dpeters@ascdemo.com 253-939-4375 Office 253-285-8227 Cell	<b>Plant operator name, phone #, FAX #, and e-mail address:</b> Guy Tindall gtindall@ascdemo.com 253-495-1458 Cell
<b>Intended Location:</b> <input checked="" type="checkbox"/> Surface Mining Permit No.: _____ <input checked="" type="checkbox"/> Pit Name: _____ <input checked="" type="checkbox"/> County: <u>Thurston and ORCAA Jurisdiction</u> <input checked="" type="checkbox"/> SEC. _____, TWSHP. _____, RANGE: _____ <input checked="" type="checkbox"/> Street address: <u>Various</u>	<b>Previous Location (if applicable):</b> <input checked="" type="checkbox"/> County: <u>Pierce</u> <input checked="" type="checkbox"/> Agency approved by: <u>Puget Sound Clean Air</u> <input checked="" type="checkbox"/> Approval Order No.: <u>30386</u> <b>Note:</b> If previous location of the plant was outside ORCAA's jurisdiction, then attach copy of Approval Order issued by local air authority.
<b>Compliance with other state and local requirements:</b> Operation of the crushing plant must also comply with any applicable State Environmental Policy Act (SEPA), State Sand and Gravel General Permit, or local government requirements. By marking the box below and signing this form, the applicant declares that this condition is satisfied for the intended location of the plant. <input type="checkbox"/> All applicable SEPA, Sand and Gravel General Permit, and local government requirements are satisfied for the intended location of the crushing plant.	
<b>ORCAA General Rock Crusher Approval (optional):</b> Applicants have the option to request ORCAA's "General Rock Crusher Approval Order" which offers more flexibility for relocation and operation (see ORCAA's General Rock Crusher Approval Order Fact Sheet for more details.) After reviewing the operating criteria, you may choose to opt in by checking the box below. <input checked="" type="checkbox"/> I have read the operating criteria for ORCAA's General Rock Crusher Approval Order and request that ORCAA process my application under the General Rock Crusher Approval.	
<b>Rock/Concrete Crushers -</b> For each crusher indicate type, make, model # and rated capacity (tons per hour): 1. Terex Finley Jaw Crusher J-1170, 400 tons per hour 2. Kolberg-Pioneer Impact Crusher FT4240 - 300 tons per hour 3.	
<b>Screening Equipment -</b> Indicate make, model number and top surface area (square feet) of each screening deck: 1. Tesab TS2600 - 100 sq ft (20' x 5') 2. 3.	
<b>Plant Electricity Needs -</b> Check boxes that apply: <input type="checkbox"/> Plant electricity from local utility. <input checked="" type="checkbox"/> Diesel generator on site: o Generator size <u>350</u> hp <sup>261</sup> kW o Generator fuel type: <u>diesel</u> No separate generator crusher has a fuel tank	<b>Dust Control Measures -</b> Check those precautions that will be used and provide the specified information: <input type="checkbox"/> Water spray using on-site water truck or sprinkler system. <input type="checkbox"/> Reduced vehicle speeds _____ mph <input type="checkbox"/> Vehicle track-out measures (Please describe.) <input checked="" type="checkbox"/> Water spray (Show location on process flow diagram.) <input type="checkbox"/> Other (Please describe on separate paper.)
<b>Other Required Information -</b> The following information is needed to complete the application: <input checked="" type="checkbox"/> Process flow diagram showing sequence of crushers, screens and conveyors, and location of water spray points. <input checked="" type="checkbox"/> Site map showing pit property lines, location of crushing plant and location of major haul roads.	
<b>Certification -</b> I, the undersigned, do hereby certify that the information contained in this notification is, to the best of my knowledge, accurate and complete. Signature: <u>Deanna Peters</u> Date: <u>5-29-24</u>	

Received  
JUN 07 2024

ORCAA

ASCENDENT LLC

Crusher Configuration (Typical) w/ Spray Bar locations



Dust cannon or hydrant w/ hose can supplement dust suppression  
should site conditions require it.



**PUGET SOUND  
Clean Air Agency**  
1904 3rd Ave, Ste 105  
Seattle, WA 98101-3317

**Changes for Central Files**

<input type="checkbox"/> Inactive Status
<input type="checkbox"/> New Facility
<input type="checkbox"/> Old Facility to reactivate
<input type="checkbox"/> Facility Name was _____
<input type="checkbox"/> Physical Address

**Central Files Update**

Reg #: 30386      Eval #: \_\_\_\_\_  
EPA?: Yes  
Status: Active

**40 CFR Source**

Facility: Ascendant LLC  
Physical Address: 219 12th St SE  
Puyallup 98372  
Invoice Address: P.O. Box 1150  
Sumner WA 98390

Contacts

Deanna Peters

Phone

(253) 939-4375

E-mail

dpeters@ascdemo.com

**Personal Protective Equipment Checklist**

Determined by Inspector based on  
Compliance Manual Policy 101

<u>Used</u>	<u>Safety Equipment</u>	<u>Req/Op</u>
<input type="checkbox"/>	None	_____
<input type="checkbox"/>	Hard Hat	_____
<input type="checkbox"/>	Goggles	_____
<input type="checkbox"/>	Safety Glasses	_____
<input type="checkbox"/>	Hearing Protection	_____
<input type="checkbox"/>	Respirator	_____
<input type="checkbox"/>	Safety Shoes	_____
<input type="checkbox"/>	Rubber Boots	_____
<input type="checkbox"/>	Leather Gloves	_____
<input type="checkbox"/>	Chemical Gloves	_____
<input type="checkbox"/>	Coveralls	_____
<input type="checkbox"/>	Tyvek	_____
<input type="checkbox"/>	Safety Vest	_____
<input type="checkbox"/>	Other	_____

Inspector WT Engineer BTR

Last Onsite Compliance \_\_\_\_\_

North American Industrial Classification System (NAICS): 212312 - Crushed and Broken Limestone Mining and Quarrying



# Puget Sound Clean Air Agency

1904 Third Avenue, Suite 105  
 Seattle, WA 98101-3317  
 Tax ID: 91-0823558  
 206.689.4072

## Invoice for Year 2024 Registration Fees

<b>Bill To:</b>
Ascendant LLC P.O. Box 1150 Sumner, WA 98390
Attention: Accounts Payable

<b>Invoice Date:</b>	<b>Invoice #:</b>
November 18, 2023	20240916
<b>Due Date:</b>	<b>Terms:</b>
January 02, 2024	Net 45 Days
<b>Facility ID (Registration #):</b>	
30386	

**Site Address:** Ascendant LLC  
 219 12th St SE, Puyallup, WA 98372

The annual registration fee is required by Washington State law and Puget Sound Clean Air Agency's Regulation I.

Facility Fees and Applicable Regulations	Charges
<b>Base Fee for Registered Sources. Reg I, 5.07(c)</b>	<b>\$ 1,350.00</b>
Reg I, 5.03(a)(1) - Facilities subject to federal emission standards (Title 40 CFR)	
Reg I, 5.03(a)(8)(K) - Facilities with rock crushers	
<b>Additional Fees:</b>	
Reg I, 5.07(c)(1) - 40 CFR 60 Subpart OOO	\$ 2,450.00
	<b>\$ 3,800.00</b>
<b>Fee Totals</b>	
<b>TOTAL REGISTRATION FEE</b>	<b>\$ 3,800.00</b>
<i>The Total Registration Fee is due by January 02, 2024. If unpaid after January 02, 2024, the facility may be subject to enforcement action with civil penalties (Reg I, 5.07(b)).</i>	

**Pay online and confirm payment: [www.pscleanair.gov/annualfee](http://www.pscleanair.gov/annualfee)**  
 This copy is for your records. If paying by check, please mail the yellow copy with your payment.  
 Your canceled check is your receipt.