



PUGET SOUND CLEAN AIR AGENCY

1904 3rd Ave Ste 105

Seattle WA 98101-3317

(206) 343-8800 Fax: (206) 343-7522 www.pscleanair.gov

EVAPORATOR NOTIFICATION

This form is 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 but not limited to: 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. |
|-----------------|------------|---------|------------------|

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.) | | |

Evaporator

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|--|---|
| 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 |

Your application must be accompanied by a \$500 filing fee. To pay by check, mail with this form to the Agency address above. To pay by credit card, check here ☐ and an accounting technician will contact you.

Name _____ Email _____ Number _____