



BENTON CLEAN AIR AGENCY

RELOCATION OF A PORTABLE AIR POLLUTION SOURCE

Rock Crushing Operation Relocation

For Agency Use Only

Fee Recd: _____

1. General Information

Owner / Operator: _____ Business name: _____ Business address: _____ Contact person: _____ Phone: _____ Fax: _____ E-mail: _____	Permit Number: _____ (e.g. 2002-0001) Issuance Date of Permit: _____
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2. New Location Information

Installation address: _____ Contact person: _____ Phone: _____ Fax: _____	Start Date: __/__/__ End Date: __/__/__ Number of weeks crushing will occur: _____ Operating hours: From _____ to _____ Operating days: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa
Pit Owner: _____ Pit Depth (ft): _____ Pit Number: _____ Pit Name: _____ Township: ___N Range: ___E Section: _____	Max. overall hourly production (ton/hr): _____ Anticipated hourly production (ton/hr): _____ Product Produced: _____ Product Density (lbs/ft ³): _____
Air Pollution Control Equipment: _____	Property line to pad center (distance): _____

3. Changed Equipment Information – Check only equipment that has changed from original permit.

Equipment Pad Length (ft): _____	Equipment Pad Width (ft): _____
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Change	Equipment	Manufacturer	Model No. or Screen Size	Number of Units	Max Throughput (tons/hr)	Year Built or last modified
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Primary Crusher (Jaw)					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Scalping Screen					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Secondary Crusher					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Sizing Screen 1					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Sizing Screen 2					

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Sizing Screen 3					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Tertiary Crusher					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Fines Crusher					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Fines Screen					

Number of conveyors: _____	Number of conveyor transfer points: _____
Amount of material (tph) transferred: _____	Is dust suppression present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Equipment	Manufacturer	Qty	Equip Weight (lbs)	Capacity (yd ³)	Round Trip Dist. (ft)	Mean Vehicle Speed (mph)
Loaders						
Haul Trucks						

Loaders run on <input type="checkbox"/> Paved <input type="checkbox"/> Unpaved <input type="checkbox"/> Both	Haul Trucks run on <input type="checkbox"/> Paved <input type="checkbox"/> Unpaved <input type="checkbox"/> Both
Is there dust control for unpaved roads? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there dust control for paved roads? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Storage Piles

How many storage piles will there be: _____	Is there dust control for storage piles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average height _____ and diameter _____ of piles (approximate)	

5. Other Information

<ul style="list-style-type: none"> ▪ Submit applicable filing and engineering fee as required by BCAA Regulation 1. ▪ Plot plan showing the entire facility, buildings within 200 ft of proposed installation/modification, including cross streets, property lines, and location of the proposed unit. (<i>REQUIRED</i>) ▪ Determination of Non-Significance (DNS) (<i>REQUIRED</i>). Date DNS Issued _____ Agency issuing DNS _____ ▪ Flow diagram detailing operations (<i>if changed from previous permit</i>) ▪ Material flow balance, including fugitive emissions (<i>if changed from previous permit</i>) ▪ Configuration showing location of crushers, screens, power units, conveyors, loaders (loading and unloading points), storage piles, and haul trucks (<i>if changed from previous permit</i>) ▪ Any emissions information, including particulate, NO_x, SO₂, CO, VOCs, lead, or toxics. (<i>IF AVAILABLE</i>)
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6. Owner, Operator, or Responsible Agent Signature

I hereby certify that the information contained in this application, including any attached supplemental information, is to the best of my knowledge complete and correct.

Signature Date

Printed Name Phone Number