



San Joaquin Valley Air Pollution Control District Supplemental Application Form



Concrete Batch Plants

This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form

PERMIT TO BE ISSUED TO:
LOCATION WHERE THE EQUIPMENT WILL BE OPERATED:

EQUIPMENT DESCRIPTION

Batch Plant Data	Manufacturer (if applicable):	
	Model Number (if applicable):	
	Maximum Rated Horsepower of all electric motors: _____ hp	
	Is the operation powered by an internal combustion engine? <input type="checkbox"/> No <input type="checkbox"/> Yes (Note: If engine is rated at greater than 50 hp an <i>IC Engine Supplemental Application</i> form is required.)	
Cement Silo(s) Data	Total Number of Silos: ____	Volume of each silo: _____ gal or ft ³ (circle one)
	Type of filter: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Cartridge Filter <input type="checkbox"/> Other (please specify):	
Fly Ash Silo(s) Data	Total Number of Silos: ____	Volume of each silo: _____ gal or ft ³ (circle one)
	Type of filter: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Cartridge Filter <input type="checkbox"/> Other (please specify):	
Silo Control	<input type="checkbox"/> Yes (Baghouse/Dust Collector supplemental application required) <input type="checkbox"/> No	

PROCESS DESCRIPTION

Maximum Cement Silo Loading Throughput	_____ ton/hr	_____ ton/day	_____ ton/yr
Maximum Cement Silo Unloading Throughput	_____ ton/hr	_____ ton/day	_____ ton/yr
Maximum Fly Ash Silo Loading Throughput	_____ ton/hr	_____ ton/day	_____ ton/yr
Maximum Fly Ash Silo Unloading Throughput	_____ ton/hr	_____ ton/day	_____ ton/yr
Maximum Aggregate Throughput	_____ ton/hr	_____ ton/day	_____ ton/yr
Maximum Sand Throughput	_____ ton/hr	_____ ton/day	_____ ton/yr
Maximum Concrete Output	_____ yd ³ /hr	_____ yd ³ /day	_____ yd ³ /yr
Provide an Equipment Listing, Site Plan, and Material Flow Chart (on a separate sheet of paper)	a) Provide an equipment listing to include the manufacturer and model number of all major components. b) Provide a typical Site Plan for a maximum throughput scenario (include all process, control, and transfer equipment). c) Provide a Material Flow Chart for a maximum throughput scenario. (Include all process, control, and transfer equipment, their types, and their maximum ratings. Also include transfer points, stockpiles, and air pollution control methods.		

PROCESS DESCRIPTION (Continued)

Is this a "Wet Mix" type plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a "Transient Mix" dry type plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical Cement Transfer Points	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None	
Pneumatic Cement Transfer Points	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None	
Cement Weigh Hopper Transfer Points	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None	
Mechanical Fly Ash Transfer Points	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None	
Pneumatic Fly Ash Transfer Points	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None	
Fly Ash Weigh Hopper Transfer Points	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None	
Mechanical Aggregate Transfer Points	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Water Spray <input type="checkbox"/> Other <input type="checkbox"/> None	
Mechanical Sand Transfer Points	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None	
Sand and Aggregate Weigh Hopper Transfer Points	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Water Spray <input type="checkbox"/> Other <input type="checkbox"/> None	
Concrete Transfer Points (Truck Loading)	Number of Points: _____	Quantity of transfer points controlled by: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter <input type="checkbox"/> Water Spray <input type="checkbox"/> Shroud <input type="checkbox"/> None	

PLANT LAYOUT DESCRIPTION

Total Area of Unpaved Roads within the Plant	Area: _____ acre or ft ² (circle one)	Type of control: <input type="checkbox"/> Water <input type="checkbox"/> Oil/Dust Palliate <input type="checkbox"/> Other (please specify):
Total Area of Aggregate Piles within the Plant	Area: _____ acre or ft ² (circle one)	Type of control: <input type="checkbox"/> Water <input type="checkbox"/> Physical Covering <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Other (please specify):

HEALTH RISK ASSESSMENT DATA

Operating Hours	Maximum Operating Schedule: _____ hours per day, and _____ hours per year		
Receptor Data	Distance to nearest Residence	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.
	Direction to nearest Residence	_____	Direction from the stack to the receptor, i.e. North or South.
	Distance to nearest Business	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.
	Direction to nearest Business	_____	Direction from the stack to the receptor, i.e. North or South.
Stack Parameters	Release Height	_____ feet above grade	
	Stack Diameter	_____ inches at point of release	
	Rain Cap	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None <input type="checkbox"/> Other:	
	Direction of Flow	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____ ° from vert. or _____ ° from horiz.	
Exhaust Data	Flowrate: _____ acfm	Temperature: _____ °F	
Facility Location	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		

Describe any additional air pollution control equipment or technologies, including control efficiencies, on a separate sheet and submit it along with this form.

FOR DISTRICT USE ONLY

Date: _____	FID: _____	Project: _____	Public Notice: Y N
Comments: _____			