

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Department of Energy and Environment

**APPLICATION FOR SOURCE CATEGORY PERMIT TO CONSTRUCT AND  
OPERATE PORTABLE CONCRETE PLANT**

**I. Applicability** (Check all that are applicable)

- The equipment consist a portable concrete plant with a maximum rated production capacity of 180 cubic yards of concrete product per hour.
- Only one portable concrete plant will be operated at the facility at a time.
- Operation of the portable concrete plant at the site shall be for no more than one (1) year renewable no more than once such that total operation of the plant at the site shall not exceed two (2) years<sup>1</sup>. Note that if continued operation after the first year is desired, the owner or operator must submit a new application for renewal at least 45 days prior to expiration of the initial approval.
- The portable concrete plant will operate for no more than one 8-hour shift per day.
- The total production of the plant will not exceed 400,000 cubic yards in any consecutive 12 month period.
- Any hot water heater/boiler associated with the plant has a heat input rating not exceeding 5 million BTUs (MMBTU) per hour.
- The portable concrete plant will be constructed and operated in compliance with all conditions of Source Category Permit No. 7123-SC-R1.

If you have checked all items above, you are eligible for coverage under this source category permit. Please complete the remainder of this form. Note that your coverage under this source category permit is still subject to Air Quality Division (AQD) approval. AQD may deny approval under this permit if it deems that further review is necessary due to special or unique circumstances related to a given application. Approval will occur either by active acknowledgement by AQD or by passive approval which will occur 45 days after submission of the complete application to AQD unless AQD objects to the approval in writing in that time.

If you are not eligible for coverage under this source category permit, you may still be eligible for a standard source-specific permit. Please contact the Air Quality Division at (202) 535-2250 to discuss alternate permitting options or check the AQD website (<http://doee.dc.gov/air>) for the appropriate application forms.

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<sup>1</sup> Note that this two year maximum limitation is for this type of operation at the facility. An applicant may not avoid this limitation by swapping out one portable plant for a different one.

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If you have questions about your eligibility or how to complete this application, please contact the Air Quality Division at (202) 535-2250.

**II. Facility and Applicant Information**

1. \_\_\_\_\_  
Full Legal Name of Applicant/Organization

2. \_\_\_\_\_  
Type of Organization

3. \_\_\_\_\_  
Name of Owner(s) or Principal Partner(s) of Above Organization

4. \_\_\_\_\_  
Mailing Address of Applicant (No., Street, City, State, Zip)

5. \_\_\_\_\_  
Street Address of Facility (if different from Mailing Address)

6. Owner/Responsible Official Name: \_\_\_\_\_

Owner/Responsible Official Title: \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Contact Person: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

8. Type of Application:

New Installation/Operation at Site (for up to one year)

Renewal Request (for operation beyond the first year, but not to exceed one additional year)

Other Describe: \_\_\_\_\_

9. For renewal or transfer of coverage from a standard permit, provide the existing permit number and expiration date:

\_\_\_\_\_

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10. Describe the facility at which this equipment will be located:

\_\_\_\_\_

11. Operating Schedule

Planned project start date: \_\_\_\_\_ Planned project end date: \_\_\_\_\_

Max. hours/day: \_\_\_\_\_ Max. days/week: \_\_\_\_\_ Max. days/year: \_\_\_\_\_

**III. Equipment and Process Information:**

1. Manufacturer/Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Please attach manufacturer's specifications for the concrete plant equipment.

2. Type of plant:

Truck Mix

Central Mix

Other Describe: \_\_\_\_\_

3. Material input quantities: Provide the following information for each raw material used in the process (excluding water). If more than six raw materials are used, attach a complete table to this application.

<b>Raw Material</b>	<b>Maximum Quantity (hourly basis)</b>	<b>Units of Measure (e.g. lb/hr, ton/hr, etc.)</b>

Please attach to this application a material safety data sheet (MSDS) or other product data sheet for any cement supplement to be used.

4. Maximum concrete production rate (cubic yards/hr): \_\_\_\_\_

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5. Emission control device information:

- a. Describe fabric filter dust collector system used to control emissions from mixer or truck loading. Include manufacturer name and model number.

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Rated filter efficiency (%): \_\_\_\_\_

Differential pressure range across filter indicating proper operation (inches of H<sub>2</sub>O):

\_\_\_\_\_

Basis for this range: \_\_\_\_\_

Describe differential pressure monitoring device:

\_\_\_\_\_

Please attach filter specifications to this application.

- b. Describe baghouse or other particulate filter used to control emissions from pneumatic conveying to cement silo. Describe the filter type (bag, cartridge, etc.) Include manufacturer name and model number.

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Rated filter efficiency (%): \_\_\_\_\_

Differential pressure range across filter indicating proper operation (inches of H<sub>2</sub>O):

\_\_\_\_\_

Basis for this range: \_\_\_\_\_

Describe differential pressure monitoring device:

\_\_\_\_\_

Please attach filter specifications to this application.

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- c. Describe baghouse or other particulate filter used to control emissions from pneumatic conveying to any **cement supplement silo**. Describe the filter type (bag, cartridge, etc.) Include manufacturer name and model number.

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Rated filter efficiency (%): \_\_\_\_\_

Differential pressure range across filter indicating proper operation (inches of H<sub>2</sub>O):

\_\_\_\_\_

Basis for this range: \_\_\_\_\_

Describe differential pressure monitoring device:

\_\_\_\_\_

Please attach filter specifications to this application.

- d. Are there any **other emission control devices** associated with the equipment. If so, please describe in detail. If not, indicate "N/A".

\_\_\_\_\_

- 6. Will there be a hot water heater/boiler associated with the operation?  Yes  No

If so, what fuel does the unit use? \_\_\_\_\_

What is the maximum rated heat input of the unit in MMBTU/hr? \_\_\_\_\_

Please attach a copy of the manufacturer's specifications for this unit.

**IV. Notes and Required Attachments:**

- 1. Please ensure that you have attached the following items to this application:
  - a. Manufacturer's specifications for the concrete plant equipment;
  - b. Material safety data sheet (MSDS) or other product data sheet for any cement supplement to be used;

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- c. Filter specifications for all filters to be used;
  - d. Manufacturer’s specifications for any hot water heater/boiler to be used;
  - e. A list of all other stationary equipment installed at the site with potential emissions of PM<sub>10</sub> or NO<sub>x</sub> with calculations of their potential emissions of these pollutants;
  - f. A copy of a recent “Certificate of Clean Hands”, which can be obtained from [mytax.dc.gov](http://mytax.dc.gov); and
  - g. Any other supporting documentation requested by the Department or that you feel would be helpful in reviewing this application.
2. Deviations from the submitted plans and specifications are not permissible without securing the formal approval from AQD via an application update request and re-approval, if already approved. If an application update is submitted, the 45 day passive approval period will re-set as of the date of submission of the revised application.
3. The complete application and applicable supporting document must be submitted to the following address:

Branch Chief, Air Quality Permitting Branch  
Department of Energy and Environment  
1200 First Street NE  
5<sup>th</sup> Floor  
Washington, DC 20002

**V. Application Certification:**

I hereby certify, under penalty of D.C. Official Code § 8-101.05e, that I am authorized to submit this application on behalf of the applicant and that the statements contained herein are true and correct to the best of my knowledge. I further certify that all attached information and previously submitted information referenced in this application remains true, correct, and to the best of my knowledge

Authorized Signature:

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Owner/Responsible Official Signature	Print Name & Title	Date
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Mailing Address of Owner/Responsible Official if Different From II(4) Above

Report Fraud, Waste, Abuse, and Mismanagement to the District of Columbia Office of the Inspector General.  
Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477). Email: [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov)