**APPLICATION FOR:** **AQB-015**
**BASIC AIR CONTAMINANT DISCHARGE PERMIT** **ROCK CRUSHING**

| **LRAPA Use Only** | | |
|---|---|---|
| Application No.: | Check No.: | **Source Number:** |
| Renewal | Amount: | |
| New | Date Received: | |

| **Company** | **Facility Location** (if other than legal name/address) |
|---|---|
| Legal Name:<br><br>Ownership type: | Name:<br><br>Plant start date: |
| Mailing Address: | Street Address: |
| City, State, Zip Code: | City, County, Zip Code: |
| Number of employees: (corporate) | Number of employees: (plant site) |
| *Standard Industrial Class. Code: | *North Amer. Industry Class. System No.: |

*Industrial classifications can be found on the Internet or at your local library.

| **Site Contact Person** | **Invoice Contact Person:** (if not plant contact**)** |
|---|---|
| Name: | Name/Title: |
| Title: | Address: |
| Telephone number: | Telephone number: |
| Fax. number: | Fax number: |
| e-mail address: | e-mail address: |

1. Plant Information:

a. Date the facility was manufactured? _____

b. Date the facility began or will begin operations in Oregon? _____

c. Initial location: _____

d. Describe in *detail* the process, beginning with when material is received, through the production process, concluding with how the materials are shipped off site.

e. List the projected maximum annual tons of rock, concrete or asphalt crushed: _____ tons/yr

f. Are there any generators or other fuel burning equipment used in the process? If yes, specify the type and maximum amount of fuel to be used in any one year.

g. Is your crusher a portable facility? _____ (yes/no)

2. Has the facility received any air quality/nuisance complaints within the last calendar year? (yes/no)
3. The attached Land Use Compatibility Statement must be submitted with applications for new permits. If your crusher is a portable plant, a LUCS is not required.

4. Signature

| *I hereby certify that the information contained in this application are true and correct to the best of my knowledge.* | |
|---|---|
| Name of official (Printed or Typed): | Title of official and phone number: |
| Signature of official: SIGN | Date: |

**SUBMIT ONE ELECTRONIC COPY OF THE COMPLETED APPLICATION TO:**

permitting@lrapa-or.gov

Payment can be submitted on LRAPA's website.

Lane Regional Air Protection Agency
(541) 736-1056