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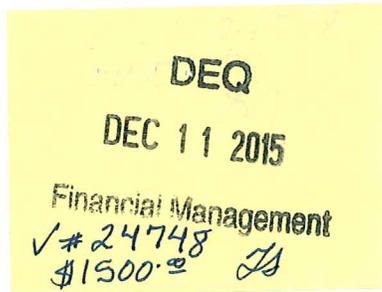
DEC 14 2015

DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE A.Q. PROGRAM

December 1, 2015

Via Mail

Idaho Department of Environmental Quality
Attn: Air Quality Program
1410 N. Hilton
Boise, ID 83706



Re: Concrete Batch Plant, The Sprinkler Shop Inc, Rupert ID,
Request for Permit to Construct

To Whom It May Concern,

This is my formal request for a Permit To Construct. The Construction is will be for a small concrete batching facility in Rupert Idaho.

The plant is projected to have a maximum capacity of 115,000 yards annually. The 30'x40' dispatch building indicated on the plot pla contains two natural gas powered water heaters, which have 16' tall stacks. The plant itself will be all electric powered, via local power utility.

Attached with this letter I have also provided you forms "GCBP," "GI" and a scaled plot plan. I would appreciate any of your input as it relates to m permit, If for any reason you would need to contact me, you may do so on the phone number listed below.

I certify that based on the information that I have available to me that this information is true, accurate, and complete.

Sincerely

A handwritten signature in blue ink, appearing to read "Dax Duffin".

Dax Duffin
The Sprinkler Shop Inc.
(208) 431 3248



Please see instructions on page 4 before filling out the form.

All information is required. If information is missing, the application will not be processed.

IDENTIFICATION	
1. Company Name	The Sprinkler Shop Inc.
2. Facility Name (if different than #1)	Hard Core Batching Facility

FACILITY INFORMATION	
3. Primary Facility Permit Contact Person/Title	Dacx Duffin, V.P
4. Telephone Number and Email Address	208.431.3248 dacxd@pmt.org
5. Alternate Facility Contact Person/Title	Carol Smith, Controller
6. Telephone Number and Email Address	208.438.5204 tss@pmt.org
7. Address to which permit should be sent	Po Box 599
8. City/State/Zip/county	Paul, ID 83347
9. Equipment Location Address (if different than #8)	702 So. Oneida St.
10. City/State/Zip/county	Rupert, ID 83347
11. Is the Equipment Portable?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CONCRETE BATCH PLANT	
12. Proposed Initial Plant Location:	702 So. Oneida St.
13. Nearest City:	Rupert Idaho
14. County:	Minidoka
15. Estimated Startup Date:	MARCH 1 2016 OR ASAP
16. Reason for Application	<input checked="" type="checkbox"/> Permit to construct a new source <input type="checkbox"/> Permit to operate an existing unpermitted source <input type="checkbox"/> Permit to modify/revise an existing permitted source (identify the permit below) Permit No.: Issue Date: Facility ID: Terminate Current Permit : <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Permit Draft Review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CONCRETE BATCH PLANT SPECIFICATIONS	
18. Manufacturer:	St. Mark Materials
19. Model:	Transit mix 120
20. Manufacture Date:	10.1.15
21. Loadout Type:	<input checked="" type="checkbox"/> Truck <input type="checkbox"/> Central
22. Rated Capacity:	120 (cy/hr) 1100 (cy/day) 115,000 (cy/yr)
23. Daily Throughput Options:	<input type="checkbox"/> 500 cy <input type="checkbox"/> 1000 cy <input checked="" type="checkbox"/> 1500 cy <input type="checkbox"/> 2500 cy (Select only one (1))

CEMENT STORAGE SILO BAGHOUSE	
24. Manufacturer:	Lam
25. Model	BV-5
26. Stack Height from Ground:	5 (ft)
27. Exit Air Flow Rate	1200 (acfm)
28. Stack Inside Diameter:	NA (ft)
29. Bag Dimensions	12 (# bags) .33ft x 4ft
30. Stack Release Orientation:	<input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical w/ rain cap <input type="checkbox"/> Unrestricted Vertical (Select only one (1))

CEMENT STORAGE SILO BAGHOUSE NO. 2

31. Manufacturer: NA	32. Model
33. Stack Height from Ground: (ft)	34. Exit Air Flow Rate (acfm)
35. Stack Inside Diameter: (ft)	36. Bag Dimensions (# bags) ft x ft
37. Stack Release Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical w/ rain cap <input type="checkbox"/> Unrestricted Vertical (Select only one (1))	

CEMENT SUPPLEMENT (FLYASH) STORAGE BAGHOUSE

38. Manufacturer: Lam	39. Model BV-5
40. Stack Height from Ground: 5 (ft)	41. Exit Air Flow Rate 1200 (acfm)
42. Stack Inside Diameter: NA (ft)	43. Bag Dimensions 12 (# bags) .33ft x 4ft
44. Stack Release Orientation: <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical w/ rain cap <input type="checkbox"/> Unrestricted Vertical (Select only one (1))	

CEMENT SUPPLEMENT (FLYASH) STORAGE BAGHOUSE NO. 2

45. Manufacturer: NA	46. Model NA
47. Stack Height from Ground: (ft)	48. Exit Air Flow Rate (acfm)
49. Stack Inside Diameter: (ft)	50. Bag Dimensions (# bags) ft x ft
51. Stack Release Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical w/ rain cap <input type="checkbox"/> Unrestricted Vertical (Select only one (1))	

WEIGH BATCHER BAGHOUSE(S)

52. Manufacturer: NA	53. Model NA
54. Stack Height from Ground: (ft)	55. Exit Air Flow Rate (acfm)
56. Stack Inside Diameter: (ft)	57. Bag Dimensions (# bags) ft x ft
58. Stack Release Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical w/ rain cap <input type="checkbox"/> Unrestricted Vertical (Select only one (1))	

INTERNAL COMBUSTION ENGINE SPECIFICATIONS

59. Type of Unit: <input type="checkbox"/> New Unit <input type="checkbox"/> Unpermitted Existing Unit <input type="checkbox"/> Transfer from current Permit			
60. Engine Displacement: (liters per cylinder) must be less than 10		61. Predicted Operating Hours hours/year	
62. Engine ID Number:	63. Brake horsepower: horsepower (bhp)	64. Certification:	Tier: Select One*
65. Construction Date:	66. Does your engine have an oxidation catalyst?		<input type="checkbox"/> Yes <input type="checkbox"/> No
67. If your engine has a 500 HP or greater and older than July 11, 2005 select one of the following:			<input type="checkbox"/> CPMS <input type="checkbox"/> CEMS
68. Stack Height from Ground: (ft)		69. Exit Air Flow Rate (acfm)	

INTERNAL COMBUSTION ENGINE FUEL DESCRIPTION AND SPECIFICATIONS

70. Fuel Type: <input type="checkbox"/> Diesel Fuel (gal/hr) <input type="checkbox"/> Natural Gas (cf/hr)	71. Sulfur Content % wt (if diesel)	0.0015%
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INTERNAL COMBUSTION ENGINE SPECIFICATIONS NO. 2

72. Type of Unit: <input type="checkbox"/> New Unit <input type="checkbox"/> Unpermitted Existing Unit <input type="checkbox"/> Transfer from current Permit			
73. Engine Displacement: (liters per cylinder) must be less than 10		74. Predicted Operating Hours hours/year	
75. Engine ID Number:	76. Brake horsepower: horsepower (bhp)	77. Certification:	Tier: Select One*
78. Construction Date:	79. Does your engine have an oxidation catalyst?		<input type="checkbox"/> Yes <input type="checkbox"/> No
80. Stack Height from Ground: (ft)		81. Exit Air Flow Rate (acfm)	

INTERNAL COMBUSTION ENGINE FUEL DESCRIPTION AND SPECIFICATIONS NO. 2

82. Fuel Type:	<input type="checkbox"/> Diesel Fuel (gal/hr)	<input type="checkbox"/> Natural Gas (cf/hr)	83. Sulfur Content % wt (if diesel)	0.0015%
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WATER HEATER/BOILER SPECIFICATIONS

84. Type of Unit:	<input checked="" type="checkbox"/> New Unit	<input type="checkbox"/> Unpermitted Existing Unit	<input type="checkbox"/> Transfer from current Permit
85. Boiler ID Number:	NATCO f85H100NACK	86. Rated Power:	1.0 Million British Thermal Units per hour (MMBtu/hr)
87. Construction Date:	January-March 2016	88. Operating hours:	24 hr/day 3000 hr/yr
89. Stack Height from Ground:	16 (ft)	90. Exit Air Flow Rate	370 (acfm)

WATER HEATER FUEL DESCRIPTION AND SPECIFICATIONS

91. Fuel Type:	<input type="checkbox"/> Diesel Fuel (gal/hr)	<input checked="" type="checkbox"/> Natural Gas 1000 (cf/hr)	92. Sulfur Content % wt (if diesel)	0.0015%
	<input type="checkbox"/> Propane (cf/hr)			

WATER HEATER/BOILER SPECIFICATIONS NO. 2

93. Type of Unit:	<input checked="" type="checkbox"/> New Unit	<input type="checkbox"/> Unpermitted Existing Unit	<input type="checkbox"/> Transfer from current Permit
94. Boiler ID Number:	NATCO F85H100NACK	95. Rated Power:	1.0 Million British Thermal Units per hour (MMBtu/hr)
96. Construction Date:	January-March 2016	97. Operating hours:	24 hr/day 3000 hr/yr
98. Stack Height from Ground:	16 (ft)	99. Exit Air Flow Rate	370 (acfm)

WATER HEATER FUEL DESCRIPTION AND SPECIFICATIONS NO. 2

100. Fuel Type:	<input type="checkbox"/> Diesel Fuel (gal/hr)	<input checked="" type="checkbox"/> Natural Gas 1000 (cf/hr)	101. Sulfur Content % wt (if diesel)	0.0015%
	<input type="checkbox"/> Propane (cf/hr)			

LOADOUT AND FUGITIVE CONTROL EFFICIENCIES

102. Loadout Control Efficiency:	Truck: <input checked="" type="checkbox"/> 95% (shroud or equivalent) <input type="checkbox"/> 99% (Baghouse) <input type="checkbox"/> 99% (shroud w/ water ring) Central: <input type="checkbox"/> 99% (Must be routed to baghouse)
103. Fugitive Dust Control Efficiency:	<input checked="" type="checkbox"/> 75% (Typical Best management Practices) <input type="checkbox"/> 95% (Mandatory control of aggregate piles with 3-sided bunkers, covered and use of dust suppressant when pile is not being used)

TRANSFER POINTS

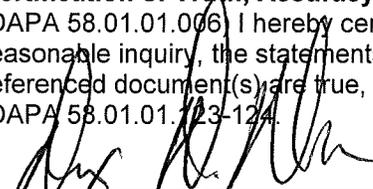
104. Number of Transfer Points	What is the total number of transfer points at the facility? 3
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OPERATING HOURS

105. Operating hours of plant	Enter the maximum daily hours of operation 18 Daylight hours only? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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* If engine is Tier certified 1, 2, 3, or 4 and subject to emission standards within 40 CFR 89 or 40 CFR 1039 attach as part of this application the engine manufacturer's EPA Tier 1, Tier 2, Tier 3 or Tier 4 Exhaust Emission Compliance Statement.

PERF Form is completed, signed and attached (only if a portable source)

<p>Certification of Truth, Accuracy, and Completeness (by Responsible Official, as defined in IDAPA 58.01.01.006) I hereby certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this and any attached and/or referenced document(s) are true, accurate, and complete in accordance with IDAPA 58.01.01.123-124.</p>		
 Responsible Official Signature	Sec/Treasurer Responsible Official Title	12-1-15 Date
Dax D. Duffin Print or Type Responsible Official Name		



Please see instructions on back page before filling out the form. All information is required. If information is missing, the application will not be processed.

Identification

1. Facility name: 2. Existing facility identification number: Check if new facility (not yet operating)

3. Brief project description:

Facility Information

4. Primary facility permitting contact name: Contact type:
 Telephone number: E-mail:

5. Alternate facility permitting contact name: Alternate contact type:
 Telephone number: E-mail:

6. Mailing address where permit will be sent (street/city/county/state/zip code):

7. Physical address of permitted facility (if different than mailing address) (street/city/county/state/zip code):

8. Is the equipment portable? Yes* No *If yes, complete and attach PERF; see instructions.

9. NAICS codes: Primary NAICS Secondary NAICS

10. Brief business description and principal product produced:

11. Identify any adjacent or contiguous facility this company owns and/or operates:

12. Specify type of application Permit to construct (PTC); application fee of \$1,000 required. See instructions.
 Tier I permit Tier II permit Tier II/Permit to construct

For Tier I permitted facilities only: If you are applying for a PTC then you must also specify how the PTC will be incorporated into the Tier I permit.

Co-process Tier I modification and PTC Incorporate PTC at the time of Tier I renewal Administratively amend the Tier I permit to incorporate the PTC upon applicant's request (IDAPA 58.01.01.209.05.a, b, or c)

Certification

In accordance with IDAPA 58.01.01.123 (Rules for the Control of Air Pollution in Idaho), I certify based on information and belief formed after reasonable inquiry, the statements and information in the document(s) are true, accurate, and complete.

13. Responsible official's name: Official's title:
 Official's address:
 Telephone number: E-mail:
 Official's signature: Date:

14. Check here to indicate that you want to review the draft permit before final issuance.

Instructions for Form GI

This form is used by DEQ to identify a company or facility, equipment locations, and personnel involved with the permit application. Additional information may be required.

Identification

1. Provide the facility name. If the facility is *doing business as* (dba) a facility different in name than the primary facility, provide the dba name.
2. If the facility is an existing permitted facility in Idaho, provide the facility identification number. If the facility is new and not yet operating, check the box.
3. Provide a brief project description as on Form CS, Cover Sheet. This is useful in case any pages of the application are separated.

Facility information

4. Provide name of the *primary* person who should be contacted regarding this permit. Provide telephone number and e-mail address for the primary person.
5. Provide name of an *alternate* person who should be contacted if the person listed in 4 is not available. Provide telephone number and e-mail address for the alternate person.
6. Provide the mailing address where DEQ should mail the permit.
7. Provide the physical address where the equipment is located (if different than 6).
8. Indicate if the permitted equipment is portable by checking the appropriate box. If the permitted equipment is portable, complete and attach the Portable Equipment Relocation Form (PERF) to this application. The PERF is available from DEQ's website at http://www.deq.idaho.gov/media/576773-ptc_relocation.pdf or http://www.deq.idaho.gov/media/576769-ptc_relocation.doc (for Word format).
9. Provide the North American Industry Classification System (NAICS) code for your facility. NAICS codes can be found at <http://www.census.gov/epcd/naics02/naicod02.htm>.
10. Describe the primary activity and principal product of your business as it relates to the NAICS code listed in 9.
11. Identify and describe any other sources or equipment owned and operated by the primary facility that are located on contiguous or adjacent properties and the role the source or equipment plays in supporting the primary facility.
12. Check the box describing the type of permit application.

Important note: If application is for a permit to construct (PTC), include the application fee of \$1,000 when submitting the application. Per IDAPA 58.01.01.226.02, DEQ cannot process the application without the fee, which must be submitted with the application.

For existing Tier I facilities that are applying for a PTC, the applicant must specify how the PTC will be incorporated into the Tier I permit (IDAPA 58.01.01.209.05). If you have questions, call the Air Permit Hotline at 1-877-573-7648.

Certification

13. Provide the name, title, address, telephone number, and e-mail of the facility's responsible official. Responsible official is defined in IDAPA 58.01.01.006.99. The responsible official must sign and date the application before it is submitted to DEQ.
14. Check this box to indicate that you want to review a draft before the final permit is issued.



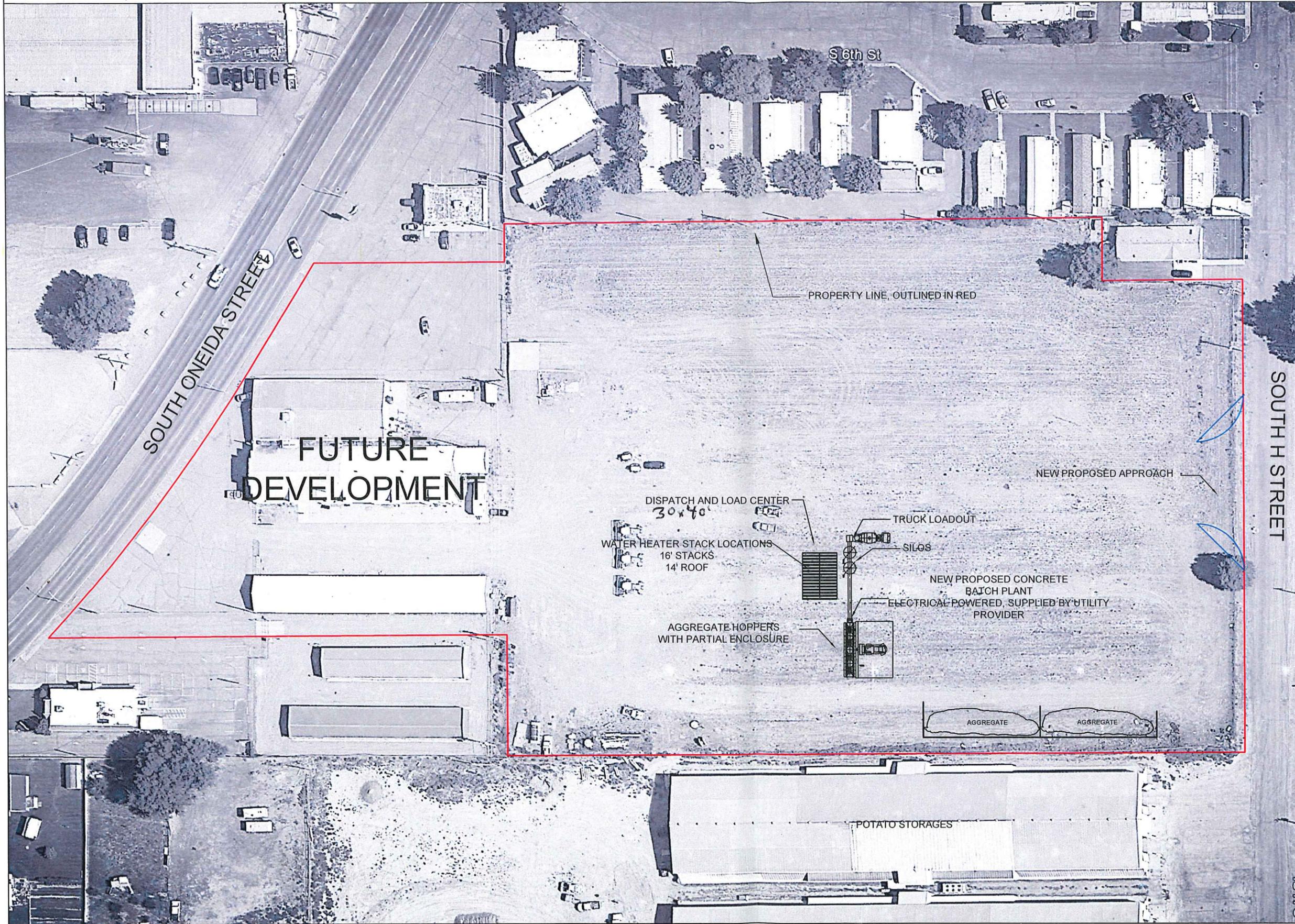
General Notes

No.	Revision/Issue	Date

THE SPRINKLER SHOP INC.
 PO BOX 599
 PAUL, ID 83347
 C/O DAX DUFFIN

DEQ PLOT PLAN
 702. Oneida St.

Project	Sheet
Date 10.5.15	1A
Scale 1"=82'	



General Notes

No.	Revision/Issue	Date

THE SPRINKLER SHOP INC.
 PO BOX 599
 PAUL, ID 83347
 C/O DACX DUFFIN

DEQ PLOT PLAN

Project	Sheet
Date 10.5.15	1A
Scale 1"=82'	