

Form R

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR CERTIFICATE TO CONSTRUCT AND OPERATE
PORTABLE ROCK CRUSHING AND POWER SCREENING EQUIPMENT

A portable unit differs from a stationary unit in that it is not to be operated at a fixed location (i.e. transfer station), and processes materials generated onsite only for less than 9 months.

This application is submitted in accordance with the provisions of Chapter 873, Article XIII,
Sections 873.1303 and 873.1306 of the Laws of Westchester County.
ITEMS 8-12 TO BE COMPLETED BY LICENSED PROFESSIONAL ENGINEER

OWNER INFORMATION	
Name of Owner (d/b/a):	
Contact Name/Responsible Individual	
Address	
Mailing Address (if different)	
Telephone Number and Fax Number	/
Email	
OPERATOR INFORMATION	
Name of Operator (d/b/a):	
Contact Name/Responsible Individual	
Address	
Mailing Address (if different)	
Telephone Number and Fax Number	/
Email	

1. (Check One) Type of: Portable Rock Crusher Portable Rock Screener Other: _____
2. (Check One) New Permit: Yes No Operational: Yes No Renewal: Yes No
3. Modification of a Source of Air Contamination: Yes No Equivalent Replacement Yes No **For any other equipment you must apply for a new permit.**
4. Indicate Use of Equipment, Include all Possible Operating Scenarios: _____
5. Indicate Normal Equipment Operating Schedule: _____
6. Indicate Types of Materials Processed: _____
7. Indicate type of particulate emission control, and location of such controls: _____
8. Provide a Site Plan, Material Flow Chart, and Specifications or Engineering Data.
 - a. Provide a typical site plan (Need not be drawn to scale) denoting cross streets to maximize distance from nearest offsite receptor such as sidewalks, buildings, surrounding properties at no less than 100 feet.
 - b. Provide a material flow chart for the maximum throughput scenario. Include throughput quantities for all branches.
 - c. Provide specifications or engineering data for wet suppression system that meets opacity limitations for fugitive particulate emissions.

9. Equipment Listing (provide an equipment listing to include the manufacturer, model, and serial number, if applicable, of all major components. If inadequate space is provided, please attach listing):

TYPE	PRIMARY/ SECONDARY	SERIAL NUMBER	MAKE AND MODEL	RATED CAPACITY (T/hr)	ACTUAL THROUGHPUT ON AVERAGE (T/hr)
ROCK CRUSHER JAW OR CONE					
POWER SCREENER					
POWER GENERATOR					

10. Power Generator: Fuel Type: _____ Fuel Consumption: _____ gal/hr.

11. Indicate below emissions from power generator: (Attach calculation sheet)

EMISSIONS

<u>CONTAMINANT</u>		<u>ACTUAL EMISSIONS</u>	
NAME	CAS NUMBER	lbs/hr	lbs/yr
Total Particulate	NY075-00-0		
SO ₂	7446-09-5		
NO _x	NY210-00-0		
CO	630-08-0		

12. Indicate below the total emission rate (PM-10) emissions from Rock Crusher Screener

(Attach calculation sheet)

NAME	lbs/hr	lbs/yr
PM-10		

13. Description of Process (include equipment):

Signature: _____ Date: _____
(Owners Signature)

Title: _____ Affiliation: _____

Prepared by: _____ Date: _____
(Engineer's Signature and Seal)

Design Professional Mailing Address: _____

Design Professional Telephone: _____

Design Professional Email: _____