



North Coast Unified Air
Quality Management District
707 L Street
Eureka, CA 95501
(707) 443-3093

AGGREGATE PLANT

FORM 1309

Form 1300 must also accompany all submittals

Section A: Facility Information

General description of new facility construction or permit modification(s):

Section B: Production Status

What is the facility's maximum production rate in tons?

Current	Hourly:	Daily:	Annually:
Proposed	Hourly:	Daily:	Annually:

Section C: Proposed Maximum Operating Schedule

hours/day:	days/week:	weeks/year:	hours/year:
Facility's maximum daily operating schedule:	Start:	<input type="checkbox"/> AM <input type="checkbox"/> PM	End: <input type="checkbox"/> AM <input type="checkbox"/> PM

Month and year of anticipated startup of new or modified facility:

Section D: Material Processed

Will material for this aggregate plant be mined onsite?

yes no If yes, complete and submit FORM 1310

Will material be transported in from other locations?

yes no If yes, identify location(s):

Will this plant only process alluvial deposits? yes no

Will this plant process material mined in a geographic ultramafic rock area?

yes no unsure

Will this plant process material with > 0.25 percent asbestos content?

yes no unsure

Section E: Dust Control

Storage Piles and Operations Area: (check all to be used): paving sweeping tarps

base course surfactants watering wind breaks or berms other _____

Equipment: water spray bars shrouds/hoods scrubber baghouse other _____

Unpaved roads: water base coarse surfactant paving sweeping

other _____



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Track out: (check all to be used): grizzly tire washing 50 ft of paving wet sweeping
 HEPA vacuum

Trucks: (check all to be used): wetted and tarp covered
 wetted and loaded 6 inches below rim

Section F: Other Information

Area of storage piles and operations _____ acres

Identify power source(s) for aggregate plant and equipment

Particulate Emissions from Roads

TABLE I
Complete for all haul roads

Average Number of Round Trips per Hour	One way road length (miles)	Vehicle Mile Traveled per Hour (miles/hr)	Average Vehicle Weight (Loaded truck + Empty truck) / 2 (tons)

ADDITIONAL INFORMATION

AQMD USE ONLY	SIC/SCC CODES _____ / _____	TRACKING # _____	PERMIT REVIEW	ENFORCEMENT REVIEW
CHECK/MONEY ORDER #	AMOUNT \$			