

## Texas Commission on Environmental Quality

### Standard Permit New Registration

#### Site Information (Regulated Entity)

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| What is the name of the site to be authorized? | Robstown Batch Plant                     |
| Does the site have a physical address?         | Yes                                      |
| Physical Address                               |                                          |
| Number and Street                              | 4041 County Road 36                      |
| City                                           | Robstown                                 |
| State                                          | TX                                       |
| ZIP                                            | 78380                                    |
| County                                         | NUECES                                   |
| Latitude (N) (##.#####)                        |                                          |
| Longitude (W) (-###.#####)                     |                                          |
| Primary SIC Code                               |                                          |
| Secondary SIC Code                             |                                          |
| Primary NAICS Code                             |                                          |
| Secondary NAICS Code                           |                                          |
| Regulated Entity Site Information              |                                          |
| What is the Regulated Entity's Number (RN)?    |                                          |
| What is the name of the Regulated Entity (RE)? | Flatiron Dragados - Robstown Batch Plant |
| Does the RE site have a physical address?      | Yes                                      |
| Physical Address                               |                                          |
| Number and Street                              | 4041 County Road 36                      |
| City                                           | Robstown                                 |
| State                                          | TX                                       |
| ZIP                                            | 78380                                    |
| County                                         | NUECES                                   |
| Latitude (N) (##.#####)                        |                                          |
| Longitude (W) (-###.#####)                     |                                          |
| Facility NAICS Code                            |                                          |
| What is the primary business of this entity?   |                                          |

#### Customer (Applicant) Information

|                                                  |                        |
|--------------------------------------------------|------------------------|
| How is this applicant associated with this site? | Operator               |
| What is the applicant's Customer Number (CN)?    | CN605453422            |
| Type of Customer                                 | Corporation            |
| Full legal name of the applicant:                |                        |
| Legal Name                                       | Flatiron/Dragados, LLC |
| Texas SOS Filing Number                          | 802279914              |

|                                                                                                                                                |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Federal Tax ID                                                                                                                                 |                                |
| State Franchise Tax ID                                                                                                                         | 32058186506                    |
| State Sales Tax ID                                                                                                                             |                                |
| Local Tax ID                                                                                                                                   |                                |
| DUNS Number                                                                                                                                    |                                |
| Number of Employees                                                                                                                            |                                |
| Independently Owned and Operated?                                                                                                              | No                             |
| I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas. | Yes                            |
| Responsible Authority Contact                                                                                                                  |                                |
| Organization Name                                                                                                                              | Flatiron/Dragados, LLC         |
| Prefix                                                                                                                                         |                                |
| First                                                                                                                                          | Rob                            |
| Middle                                                                                                                                         |                                |
| Last                                                                                                                                           | Boyce                          |
| Suffix                                                                                                                                         |                                |
| Credentials                                                                                                                                    |                                |
| Title                                                                                                                                          | Construction Manager           |
| Responsible Authority Mailing Address                                                                                                          |                                |
| Enter new address or copy one from list:                                                                                                       |                                |
| Address Type                                                                                                                                   | Domestic                       |
| Mailing Address (include Suite or Bldg. here, if applicable)                                                                                   | 1620 N PORT AVE                |
| Routing (such as Mail Code, Dept., or Attn:)                                                                                                   |                                |
| City                                                                                                                                           | CORPUS CHRISTI                 |
| State                                                                                                                                          | TX                             |
| ZIP                                                                                                                                            | 78401                          |
| Phone (###-###-####)                                                                                                                           | 2147901969                     |
| Extension                                                                                                                                      |                                |
| Alternate Phone (###-###-####)                                                                                                                 |                                |
| Fax (###-###-####)                                                                                                                             |                                |
| E-mail                                                                                                                                         | rboyce@harborbridgeproject.com |

## Responsible Official Contact

Person TCEQ should contact for questions about this application:

|                          |                                     |
|--------------------------|-------------------------------------|
| Same as another contact? | CN605453422, Flatiron/Dragados, LLC |
| Organization Name        | Flatiron/Dragados, LLC              |
| Prefix                   | MR                                  |
| First                    | Rob                                 |
| Middle                   |                                     |

|                                                              |                                |
|--------------------------------------------------------------|--------------------------------|
| Last                                                         | Boyce                          |
| Suffix                                                       |                                |
| Credentials                                                  |                                |
| Title                                                        | Construction Manager           |
| Enter new address or copy one from list:                     |                                |
| Mailing Address                                              |                                |
| Address Type                                                 | Domestic                       |
| Mailing Address (include Suite or Bldg. here, if applicable) | 1620 N PORT AVE                |
| Routing (such as Mail Code, Dept., or Attn:)                 |                                |
| City                                                         | CORPUS CHRISTI                 |
| State                                                        | TX                             |
| ZIP                                                          | 78401                          |
| Phone (###-###-####)                                         | 2147901969                     |
| Extension                                                    |                                |
| Alternate Phone (###-###-####)                               |                                |
| Fax (###-###-####)                                           |                                |
| E-mail                                                       | rboyce@harborbridgeproject.com |

## Technical Contact

Person TCEQ should contact for questions about this application:

|                                                              |                              |
|--------------------------------------------------------------|------------------------------|
| Same as another contact?                                     | Responsible Official Contact |
| Organization Name                                            | Flatiron/Dragados, LLC       |
| Prefix                                                       | MR                           |
| First                                                        | Rob                          |
| Middle                                                       |                              |
| Last                                                         | Boyce                        |
| Suffix                                                       |                              |
| Credentials                                                  |                              |
| Title                                                        | Construction Manager         |
| Enter new address or copy one from list:                     |                              |
| Mailing Address                                              |                              |
| Address Type                                                 | Domestic                     |
| Mailing Address (include Suite or Bldg. here, if applicable) | 1620 N PORT AVE              |
| Routing (such as Mail Code, Dept., or Attn:)                 |                              |
| City                                                         | CORPUS CHRISTI               |
| State                                                        | TX                           |
| ZIP                                                          | 78401                        |
| Phone (###-###-####)                                         | 2147901969                   |

|                                |                                |
|--------------------------------|--------------------------------|
| Extension                      |                                |
| Alternate Phone (###-###-####) |                                |
| Fax (###-###-####)             |                                |
| E-mail                         | rboyce@harborbridgeproject.com |

## Standard Permit General Information- New Reg Sites

|                                                                                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 1) Is this facility permanent or temporary?                                                                                    | Temporary             |
| 1.1. Is this application for a new portable registration or a request to move an existing portable facility to a new location? | New Registration      |
| 2) Will the proposed facility meet all of the requirements of the standard permit?                                             | Yes                   |
| 3) Select the type of unit that is being registered:                                                                           | CONCRETE BATCH PLANTS |
| 3.1. Select the rule associated to the unit specified.                                                                         | 6004                  |

## Standard Permit Attachments

1) Attach PI-1S-CBP Registration Form

[File Properties]

|              |                                                                                |
|--------------|--------------------------------------------------------------------------------|
| File Name    | <a href=/ePermitsExternal/faces/file?fileId=172665>PI-1S_CBP Plant #1.xlsx</a> |
| Hash         | 9CBB3DE697570F5A1D7AA17F210B9B4F5A7BCC7E5C96B2F9FDB41B2969E582CE               |
| MIME-Type    | application/vnd.openxmlformats-officedocument.spreadsheetml.sheet              |
| Confidential | No                                                                             |

[File Properties]

|              |                                                                                |
|--------------|--------------------------------------------------------------------------------|
| File Name    | <a href=/ePermitsExternal/faces/file?fileId=172666>PI-1S_CBP Plant #2.xlsx</a> |
| Hash         | 47758A75C34C1F2F5F2A9592FDDCF3950DA90A08101B5ABB88A635F0D981D296               |
| MIME-Type    | application/vnd.openxmlformats-officedocument.spreadsheetml.sheet              |
| Confidential | No                                                                             |

2) Please attach any other necessary information needed to complete the registration.

[File Properties]

|              |                                                                                                      |
|--------------|------------------------------------------------------------------------------------------------------|
| File Name    | <a href=/ePermitsExternal/faces/file?fileId=172695>Flatiron Dragados LLC Application 11-2023.pdf</a> |
| Hash         | 5C68AFA1129003FC25BC3980CF5111B9999B3F534C29DCBCF7A62C4140508B37                                     |
| MIME-Type    | application/pdf                                                                                      |
| Confidential | No                                                                                                   |

## Expedite

1) Per Texas Health and Safety Code, Section 382.05155, does the applicant want to expedite the processing of this application? Yes

1.1. Can the applicant demonstrate that the purpose of this application will benefit the economy of this state or an area of this state? Yes

## Certification

The electronic signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Officials knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. If you questions on how to fill out this form or about air quality permits. Please call (512) 239-1250. Individuals are entitled to request and review their personal information that the agency gathers on its forms.

1. I am Rob Boyce, the owner of the STEERS account ER056180.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Standard Permit New Registration.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OPERATOR Signature: Rob Boyce OPERATOR

Account Number: ER056180

Signature IP Address: 97.105.171.146

Signature Date: 2023-11-20

Signature Hash: 8E5D251CBC76ED99FF00CE888499F57C93FE0F7E37A43866A67541F7FE1F72DD

Form Hash Code at A3BA0CFCA8F5B4AF263A24B26F0E25EAEAD4B378713F9C2E026A1C7E5A6F2BCC

time of Signature:

## Fee Payment

Transaction by:

Paid by:

Fee Amount: \$3000.00

Paid Date:

Transaction/Voucher number:

## Fee Payment

Transaction by:

Paid by:

Fee Amount: \$900.00

Paid Date:

Transaction/Voucher number:

## Submission

Reference Number: The application reference number is 604431

Submitted by: The application was submitted by ER056180/Rob Boyce

Submitted Timestamp: The application was submitted on 2023-11-27 at 13:16:01 CST

Submitted From: The application was submitted from IP address 97.105.171.146

Confirmation Number: The confirmation number is 501295

Steers Version: The STEERS version is 6.70

## Additional Information

Application Creator: This account was created by Kim B Dennis