Texas Commission on Environmental Quality

Standard Permit for Existing Registration 106780

Site Information (Regulated Entity)

What is the name of the site to be authorized?	AUSTIN COUNTY PLANT
Does the site have a physical address?	Yes
Physical Address	
Number and Street	4765 SE I 10 FRONTAGE RD
City	SEALY
State	TX
ZIP	77474
County	AUSTIN
Latitude (N) (##.#####)	29.772222
Longitude (W) (-###.#####)	-96.113055
Primary SIC Code	3273
Secondary SIC Code	
Primary NAICS Code	32739
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN106543796
What is the name of the Regulated Entity (RE)?	AUSTIN COUNTY PLANT
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	4765 SE I 10 FRONTAGE RD
City	SEALY
State	TX
ZIP	77474
County	AUSTIN
Latitude (N) (##.#####)	29.772222
Longitude (W) (-###.######)	-96.113055
Facility NAICS Code	
What is the primary business of this entity?	BATCH CONCRETE MANUFACTURING

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN604159004
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	DELZOTTO PRODUCTS OF TEXAS, INC.

Texas SOS Filing Number	160977100
Federal Tax ID	
State Franchise Tax ID	17529298360
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	21-100
Independently Owned and Operated?	
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	DELZOTTO PRODUCTS OF TEXAS, INC.
Prefix	MR
First	WILLIAM
Middle	
Last	DEL ZOTTO
Suffix	
Credentials	
Title	PRESIDENT
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5701 SH 135
Routing (such as Mail Code, Dept., or Attn:)	
City	GLADEWATER
State	TX
ZIP	75647
Phone (###-###)	9039810400
Extension	
Alternate Phone (###-###)	
Fax (###-###)	
E-mail	BDELZOTTO@DELZOTTOLINK.COM
Responsible Official Contact	
Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	DELZOTTO PRODUCTS OF TEXAS INC
Prefix	MR
First	ART

Middle	
Last	CLENDENIN
Suffix	
Credentials	PE
Title	QUALITY CONTROL DIRECTOR
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5701 SH 135
Routing (such as Mail Code, Dept., or Attn:)	
City	GLADEWATER
State	TX
ZIP	75647
Phone (###-###-)	9039810400
Extension	
Alternate Phone (###-###)	
Fax (###-###-###)	
E-mail	A.CLENDENIN@DELZOTTOLINK.COM
Technical Contact	
Technical Contact Person TCEQ should contact for questions about this application:	
Person TCEQ should contact for questions	Responsible Official Contact
Person TCEQ should contact for questions about this application:	Responsible Official Contact DELZOTTO PRODUCTS OF TEXAS INC
Person TCEQ should contact for questions about this application: Same as another contact?	·
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name	DELZOTTO PRODUCTS OF TEXAS INC
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix	DELZOTTO PRODUCTS OF TEXAS INC
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First	DELZOTTO PRODUCTS OF TEXAS INC
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle	DELZOTTO PRODUCTS OF TEXAS INC MR ART
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last	DELZOTTO PRODUCTS OF TEXAS INC MR ART
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix	DELZOTTO PRODUCTS OF TEXAS INC MR ART CLENDENIN
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials	DELZOTTO PRODUCTS OF TEXAS INC MR ART CLENDENIN PE
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title	DELZOTTO PRODUCTS OF TEXAS INC MR ART CLENDENIN PE
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list:	DELZOTTO PRODUCTS OF TEXAS INC MR ART CLENDENIN PE
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address	DELZOTTO PRODUCTS OF TEXAS INC MR ART CLENDENIN PE QUALITY CONTROL DIRECTOR
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if	DELZOTTO PRODUCTS OF TEXAS INC MR ART CLENDENIN PE QUALITY CONTROL DIRECTOR Domestic
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if applicable)	DELZOTTO PRODUCTS OF TEXAS INC MR ART CLENDENIN PE QUALITY CONTROL DIRECTOR Domestic
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Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if applicable) Routing (such as Mail Code, Dept., or Attn:) City	DELZOTTO PRODUCTS OF TEXAS INC MR ART CLENDENIN PE QUALITY CONTROL DIRECTOR Domestic 5701 SH 135

Phone (###-###-###) 9039810400 Extension Alternate Phone (###-###-###) Fax (###-###-###) E-mail A.CLENDENIN@DELZOTTOLINK.COM Standard Permit General Information- Existing Reg Sites 1) Is this project for a change of representations Change of Representations or a renewal of the standard permit? 1.1. Is the registration being revised to represent Yes the addition of a new facility? 2) Will the revised/renewed facility meet all of Yes the requirements of the standard permit? Standard Permit Rule Amendment Information- Existing Sites 1) Type of unit that is being registered CONCRETE BATCH PLANTS Standard Permit Attachments 1) Attach PI-1S-CBP Registration Form [File Properties] File Name PI-1S-CBP.xlsx Hash 142AD06D1901AD32D112A35A9973F76F8299421687D6769C8D60468A03C4A86B MIME-Type application/vnd.openxmlformatsofficedocument.spreadsheetml.sheet Confidential No 2) Please attach any other necessary information needed to complete the registration. [File Properties] File Name href=/ePermitsExternal/faces/file?fileId=187844>TCEQ Air Permit Application 031124.pdf Hash 409C34B700694C4FED8C440C506B712DC72DE30B78493BCAC55ADB047FA3A87C MIME-Type application/pdf Confidential No

Expedite

1) Per Texas Health and Safety Code, Section 382.05155, does the applicant want to expedite

No

the processing of this application?

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 Art Clendenin, the owner of the STEERS account ER092479.
- 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 for Existing Registration 106780.
- 9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER OPERATOR Signature: Art Clendenin OWNER OPERATOR

Account Number: ER092479
Signature IP Address: 173.219.77.114
Signature Date: 2024-03-21

Signature Hash: 05AAE439F1A870AFC046BF8A7B766C702E3966D1FEF646080479294A80A0E938

Form Hash Code at 8AB0CD02B345518A5FC351E81220F93C37E2D65531CEC6D5D8DAF0CA80D9BFAB

time of Signature:

Fee Payment

Transaction by:	The application fee payment transaction was made by ER092479/Art Clendenin
Paid by:	The application fee was paid by ART CLENDENIN
Fee Amount:	\$900.00

Paid Date:	The application fee was paid on 2024-03-21
Transaction/Voucher number:	The transaction number is 582EA000602957 and the voucher number is 697698
Submission	
Reference Number:	The application reference number is 641855
Submitted by:	The application was submitted by ER092479/Art Clendenin
Submitted Timestamp:	The application was submitted on 2024-03-21 at 10:08:33 CDT
Submitted From:	The application was submitted from IP address 173.219.77.114
Confirmation Number:	The confirmation number is 530294
Steers Version:	The STEERS version is 6.73
Permit Number:	The permit number is 106780
Additional Information	
Application Creator: This account was created by David D Stanley	