Texas Commission on Environmental Quality

Standard Permit New Registration

Site Information (Regulated Entity)

What is the name of the site to be authorized?	Valley Parkway Business Park
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	From the intersection of State Hwy 121 and S. Valley Parkway travel north on S. Valley Parkway for .64 miles turn left on Spinks rd. and travel .32 Miles and site will be on left.
City	Lewisville
State	TX
ZIP	75067
County	DENTON
Latitude (N) (##.#####)	32.995556
Longitude (W) (-###.#####)	-97.023556
Primary SIC Code	3273
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN111869863
What is the name of the Regulated Entity (RE)?	BAKER CBP 1
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	FROM THE INTX OF INTERNATIONAL PWY AND RENTAL CAR DR TRAVEL E ON RENTAL CAR DR TO PASSPORT AVE TURN RIGHT AND TRAVEL 571 FT JOBSITE ENTRANCE WILL BE ON THE RIGHT
City	DALLAS
State	TX
ZIP	75261
County	DALLAS
Latitude (N) (##.#####)	32.848333
Longitude (W) (-###.#####)	-97.0325
Facility NAICS Code	3271
What is the primary business of this entity?	CONSTRUCTION MATERIAL

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN600547798
Type of Customer	Corporation

Full legal name of the applicant:	
Legal Name	Baker Concrete Construction, Inc.
Texas SOS Filing Number	5342606
Federal Tax ID	310817881
State Franchise Tax ID	13108178818
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	Baker Concrete Construction, Inc.
Prefix	MR
First	David
Middle	Contractors
Last	Mason
Suffix	
Credentials	
Title	Vice 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)	5800 DEMOCRACY DR
Routing (such as Mail Code, Dept., or Attn:)	
City	PLANO
State	TX
ZIP	75024
Phone (###-###-###)	9726703686
Extension	
Alternate Phone (###-###)	
Fax (###-###-####)	
E-mail	guerrym@bakerconcrete.com
Responsible Official Contact	
Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	RCS

Prefix	MS
First	Andres
Middle	
Last	Rodriguez
Suffix	ū
Credentials	
Title	Permit Consultant
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	2925 BRANCH OAKS DR
Routing (such as Mail Code, Dept., or Attn:)	
City	GARLAND
State	TX
ZIP	75043
Phone (###-###-####)	9726702841
Extension	
Alternate Phone (###-###)	
Fax (###-###-###)	
F-mail	idarodres@amail.com
Technical Contact	idarodrcs@gmail.com
	idarodrcs@gmail.com
Technical Contact Person TCEQ should contact for questions	idarodrcs@gmail.com
Technical Contact Person TCEQ should contact for questions about this application:	idarodrcs@gmail.com
Technical Contact Person TCEQ should contact for questions about this application: Same as another contact?	
Technical Contact Person TCEQ should contact for questions about this application: Same as another contact? Organization Name	RCS
Technical Contact Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix	RCS MS
Technical Contact Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First	RCS MS
Technical Contact Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle	RCS MS Andres
Technical Contact Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last	RCS MS Andres
Technical Contact Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix	RCS MS Andres
Technical Contact Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials	RCS MS Andres Rodriguez
Technical Contact Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title	RCS MS Andres Rodriguez
Technical Contact 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:	RCS MS Andres Rodriguez
Technical Contact 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	RCS MS Andres Rodriguez Permit Consultant
Technical Contact 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	RCS MS Andres Rodriguez Permit Consultant Domestic
Technical Contact 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)	RCS MS Andres Rodriguez Permit Consultant Domestic

State	TX
ZIP	75043
Phone (###-###-)	9726702841
Extension	
Alternate Phone (###-####)	
Fax (###-###-###)	
E-mail	idarodrcs@gmail.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
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 Valley

Parkway Submittal.xlsx

Hash 8C61B93FD2452E086157FD785BF6CBE23286D805B895DFEBE73A836B1843F186

MIME-Type application/vnd.openxmlformats-

officedocument.spreadsheetml.sheet

Confidential

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

[File Properties]

File Name Baker

CBP #1 process flow.pdf

Hash 5FA805AEA07FF1C0322729366F4F7F585A9AAEC410C1EE78508C8D9B15C75AA9

MIME-Type application/pdf

Confidential No

[File Properties]

File Name PIP

Form TCEQ-20960.pdf

Hash 01EB2B43EF0EED11AF25A5D0B200F4DBEDBBBE5A02F10684FFC3B1DB3CBF2B72

MIME-Type	application/pdf
Confidential	No
[File Properties]	
File Name	Process Description - BakerCBP#1pdf.pdf
Hash	1F00A437C3C4A97A05619D560C48B3545DB3875D8F7FDEDCA7CB05D78091EFF4
MIME-Type	application/pdf
Confidential	No
[File Properties]	
File Name	Valley Parkway Business Park CBP Area Map.pdf</a
Hash	616274517D8907B0E8E1832C636E68082364DE8A91A4FABBCBC9AD09391EA55E
MIME-Type	application/pdf
Confidential	No
[File Properties]	
File Name	Valley Parkway Business Park CBP Detail Plot (1).pdf</a
Hash	8437B59039CCCB9BD60ACFC1266E4E155C298098FBE0AA6E4028530E5EB61FFF
MIME-Type	application/pdf
Confidential	No
[File Properties]	
File Name	Valley Parkway Business Park CBP Plot.pdf</a
Hash	B0DCBE14177D0FCABDE6EF629C83A9C329B2B6392643455D09CA575DBF5B652D
MIME-Type	application/pdf
Confidential	No
[File Properties]	
File Name	core data.docx
Hash	8A909224C2E4919F316A98899130F1FA77F296CA3CC1033ABFD994BA77721664
MIME-Type	application/vnd.openxmlformats- officedocument.wordprocessingml.document
Confidential	No
Expedite	
1) Per Texas Health and S 382.05155, does the appli the processing of this app	icant want to expedite

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 Ida Rodriquez, the owner of the STEERS account ER020303.
- 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.

OWNER OPERATOR Signature: Ida Rodriquez OWNER OPERATOR

Account Number: ER020303
Signature IP Address: 76.187.3.183
Signature Date: 2024-04-11

Signature Hash: 82D2E11A52679741585E9D35BCD536A8760C8F275E519FFC187306E56D0E9237
Form Hash Code at 2B5D3F47B5CA77A5F1135DED6A608EB6F616BC441969FEEC712F556371C81E26

time of Signature:

Fee Payment

Transaction by:

The application fee payment transaction was made by ER061328/Mark Guerry

Paid by: The application fee was paid by MARK

	GUERRY
Fee Amount:	\$900.00
Paid Date:	The application fee was paid on 2024-04-11
Transaction/Voucher number:	The transaction number is 582EA000606037 and the voucher number is 700919
Fee Payment	
Transaction by:	The surcharge fee payment transaction was made by ER061328/Mark Guerry
Paid by:	The surcharge fee was paid by MARK GUERRY
Fee Amount:	\$3000.00
Paid Date:	The surcharge fee was paid on 2024-04-11
Transaction/Voucher number:	The transaction number is 582EA000606037 and the voucher number is 700920
Transaction/Voucher number: Submission	
Submission	and the voucher number is 700920
Submission Reference Number:	and the voucher number is 700920 The application reference number is 646849 The application was submitted by ER020303/lda
Submission Reference Number: Submitted by:	and the voucher number is 700920 The application reference number is 646849 The application was submitted by ER020303/lda Rodriquez The application was submitted on 2024-04-11 at
Submission Reference Number: Submitted by: Submitted Timestamp:	The application reference number is 646849 The application was submitted by ER020303/lda Rodriquez The application was submitted on 2024-04-11 at 14:30:47 CDT The application was submitted from IP address
Submission Reference Number: Submitted by: Submitted Timestamp: Submitted From:	The application reference number is 646849 The application was submitted by ER020303/Ida Rodriquez The application was submitted on 2024-04-11 a 14:30:47 CDT The application was submitted from IP address 76.187.3.183