## **Texas Commission on Environmental Quality**

Standard Permit New Registration

## Site Information (Regulated Entity)

What is the name of the site to be authorized?	Permanent Rock Crusher
Does the site have a physical address?	Yes
Physical Address	
Number and Street	7781 FM 1102
City	NEW BRAUNFELS
State	TX
ZIP	78132
County	COMAL
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)?	Ash Grove Cement South Texas
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	7781 FM 1102
City	NEW BRAUNFELS
State	TX
ZIP	78132
County	COMAL
Latitude (N) (##.#####)	
Longitude (W) (-###.#####)	
Facility NAICS Code	
What is the primary business of this entity?	Rock Crushing

# Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN606106797
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Ash Grove Cement South Texas, Llc
Texas SOS Filing Number	804848426

Federal Tax ID	884401495
State Franchise Tax ID	32087609908
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	101-250
Independently Owned and Operated?	No
I certify that the full legal name of the entity	Yes
applying for this permit has been provided and is legally authorized to do business in Texas.	
Responsible Authority Contact	
Organization Name	Ash Grove Cement South Texas, Llc
Prefix	MR
First	Robert
Middle	
Last	Chambers
Suffix	
Credentials	
Title	EHS 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)	7781 FM 1102
Routing (such as Mail Code, Dept., or Attn:)	
City	NEW BRAUNFELS
State	TX
ZIP	78132
Phone (###-####)	7373353652
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-)	
E-mail	robert.chambers@ashgrove.com
Responsible Official Contact	
Person TCEQ should contact for questions about this application:	
Same as another contact?	CN606106797, Ash Grove Cement South Texas, Llc
Organization Name	Ash Grove Cement South Texas, Llc
Prefix	MR
First	Robert

Middle	
Last	Chambers
Suffix	Chambers
Credentials	
Title	EHS Manager
	Ens Manager
Enter new address or copy one from list:	
Mailing Address	Demostic
Address Type	Domestic 77704 FM 4400
Mailing Address (include Suite or Bldg. here, if applicable)	7781 FM 1102
Routing (such as Mail Code, Dept., or Attn:)	
City	NEW BRAUNFELS
State	TX
ZIP	78132
Phone (###-###-)	7373353652
Extension	
Alternate Phone (###-####)	
Fax (###-###-###)	
E-mail	robert.chambers@ashgrove.com
Technical Contact	
Person TCEQ should contact for questions about this application:	
Person TCEQ should contact for questions	
Person TCEQ should contact for questions about this application:	Trinity Consultants Inc
Person TCEQ should contact for questions about this application:  Same as another contact?	Trinity Consultants Inc
Person TCEQ should contact for questions about this application:  Same as another contact?  Organization Name	
Person TCEQ should contact for questions about this application:  Same as another contact?  Organization Name  Prefix	MR
Person TCEQ should contact for questions about this application:  Same as another contact?  Organization Name  Prefix  First	MR
Person TCEQ should contact for questions about this application:  Same as another contact?  Organization Name  Prefix  First  Middle	MR Jay
Person TCEQ should contact for questions about this application:  Same as another contact?  Organization Name  Prefix  First  Middle  Last	MR Jay
Person TCEQ should contact for questions about this application:  Same as another contact?  Organization Name  Prefix  First  Middle  Last  Suffix	MR Jay
Person TCEQ should contact for questions about this application:  Same as another contact?  Organization Name  Prefix  First  Middle  Last  Suffix  Credentials	MR Jay Lindholm
Person TCEQ should contact for questions about this application:  Same as another contact?  Organization Name  Prefix  First  Middle  Last  Suffix  Credentials  Title	MR Jay Lindholm
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:	MR Jay Lindholm
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	MR Jay  Lindholm  Project Manager
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	MR Jay  Lindholm  Project Manager  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)	MR Jay  Lindholm  Project Manager  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)  Routing (such as Mail Code, Dept., or Attn:)	MR Jay  Lindholm  Project Manager  Domestic 9737 GREAT HILLS TRL STE 340
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	MR Jay  Lindholm  Project Manager  Domestic 9737 GREAT HILLS TRL STE 340  AUSTIN

Phone (###-####)	5125678280
Extension	
Alternate Phone (###-####)	
Fax (###-###-###)	
E-mail	jay.lindholm@trinityconsultants.com

### Standard Permit General Information- New Reg Sites

1) Is this facility permanent or temporary?	Permanent
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:	PERMANENT ROCK AND CONCRETE CRUSHERS
3.1. Select the rule associated to the unit specified.	6013

#### Standard Permit Attachments

1) Please attach all required documents including PI-1S, Table 17, Process Description, Process Flow Diagram, Standard Permit Checklist, Rock Crusher Checklist, and the Site Map.

[File Properties]

File Name

href=/ePermitsExternal/faces/file?fileId=238406>Standard Permit Ash Grove Rock Crusher (2025 0128).pdf</a>

Hash A2E4A21D61839E904706838229117CA7CBD58DD89D6A96B91AAA8F59EB723BC4

MIME-Type application/pdf

Confidential

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

### 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 Robert G Chambers, the owner of the STEERS account ER036386.
- 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: Robert G Chambers OWNER OPERATOR

Account Number: ER036386
Signature IP Address: 170.85.100.83
Signature Date: 2025-02-03

Signature Hash: 8CA45C45C25F3238330AF95421E187E9ADA885234EBC08FD44193211D893077A

Form Hash Code at 8F1A71DDF1516A0BB9BB20A8C567CF8FC93772B2CDD6FA5DA199AAE3A296254C

time of Signature:

#### Fee Payment

Transaction by:	The application fee payment transaction was made by ER036386/Robert G Chambers
Paid by:	The application fee was paid by ROBERT G
Fee Amount:	\$900.00
Paid Date:	The application fee was paid on 2025-02-03
Transaction/Voucher number:	The transaction number is 582EA000648648 and the voucher number is 746309

#### Fee Payment

Transaction by:	The surcharge fee payment transaction was
	made by ER036386/Robert G Chambers

Paid by:	The surcharge fee was paid by ROBERT G
Fee Amount:	\$3000.00
Paid Date:	The surcharge fee was paid on 2025-02-03
Transaction/Voucher number:	The transaction number is 582EA000648648 and the voucher number is 746310
Submission	
Reference Number:	The application reference number is 752796
Submitted by:	The application was submitted by ER036386/Robert G Chambers
Submitted Timestamp:	The application was submitted on 2025-02-03 at 11:51:20 CST
Submitted From:	The application was submitted from IP address 170.85.100.83
Confirmation Number:	The confirmation number is 625360
Steers Version:	The STEERS version is 6.86
Additional Information	
Application Creator: This account was created by Jay T Li	indholm JR