

Texas Commission on Environmental Quality

Standard Permit New Registration

Site Information (Regulated Entity)

What is the name of the site to be authorized? Portable Crusher SN HU149A

Does the site have a physical address? Yes

Physical Address

Number and Street 5102 S Loop 288

City Denton

State TX

ZIP 76207

County DENTON

Latitude (N) (##.#####) 33.255803

Longitude (W) (-###.#####) -97.185207

Primary SIC Code 1422

Secondary SIC Code

Primary NAICS Code 212312

Secondary NAICS Code

Regulated Entity Site Information

What is the Regulated Entity's Number (RN)?

What is the name of the Regulated Entity (RE)? Portable Crusher SN HU149A

Does the RE site have a physical address? Yes

Physical Address

Number and Street 5102 S Loop 288

City Denton

State TX

ZIP 76207

County DENTON

Latitude (N) (##.#####) 33.255803

Longitude (W) (-###.#####) -97.185207

Facility NAICS Code 212312

What is the primary business of this entity? construction materials

Customer (Applicant) Information

How is this applicant associated with this site? Owner Operator

What is the applicant's Customer Number (CN)? CN604274548

Type of Customer Corporation

Full legal name of the applicant:

Legal Name P & K Stone, LLC

Texas SOS Filing Number 801396924

Federal Tax ID	450618788
State Franchise Tax ID	32043803736
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	21-100
Independently Owned and Operated?	Yes
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	P & K Stone, LLC
Prefix	MR
First	Eric
Middle	
Last	Bumgarner
Suffix	
Credentials	
Title	General 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)	6500 MEYER WAY STE 130
Routing (such as Mail Code, Dept., or Attn:)	
City	MCKINNEY
State	TX
ZIP	75070
Phone (###-###-####)	2142394916
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ebumgarner@pkstonellc.com

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	CN604274548, P & K Stone, LLC
Organization Name	P & K Stone, LLC
Prefix	MR
First	Eric
Middle	

Last	Bumgarner
Suffix	
Credentials	
Title	General Manager
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	6500 MEYER WAY STE 130
Routing (such as Mail Code, Dept., or Attn:)	
City	MCKINNEY
State	TX
ZIP	75070
Phone (###-###-####)	2142394916
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ebumgarner@pkstonelc.com

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name	Westward Environmental Inc
Prefix	MRS
First	Katy
Middle	
Last	Sipe
Suffix	
Credentials	
Title	Environmental Specialist
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 2205
Routing (such as Mail Code, Dept., or Attn:)	
City	BOERNE
State	TX
ZIP	78006
Phone (###-###-####)	8302498284

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

8302490221

E-mail

ksipe@westwardenv.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:	TEMPORARY ROCK AND CONCRETE CRUSHERS
3.1. Select the rule associated to the unit specified.	6006

Standard Permit 6006 Rule Compliance

1) Is the Standard Permit being claimed for Tier I or Tier II operations?	Tier II
1.1. Will the crusher be operated for no more than 1080 hours or be located for no more than 180 non-consecutive calendar days on site, whichever occurs first?	Yes
1.2. Will the crusher provide crushed material exclusively to a single public works project (single contract or same contractor for related project segments), and not to other unrelated projects, and be located in or contiguous to the right-of-way?	No
1.3. Is this a notification to return to a site where the time periods have not been exhausted during a rolling 365 day period?	No
1.4. What is the expected arrival date of the facility/equipment being relocated to the proposed site?	04/21/2025
2) Which county will the facility that is being requested to relocate be moving to?	DENTON
3) What is the Serial Number of the equipment being relocated to the proposed site?	HU149A
4) What is the expected departure date of the facility/equipment from the proposed site?	10/17/2025
5) What is the expected time the facility/equipment will be located at this proposed site?	180 days
6) What are the hours of operation for the	01:00 AM to 11:00 PM

registered facility/equipment?	
7) Is there another facility located at the proposed site?	Yes
7.1. What is the type of facility? (list all that apply)	179053L001
7.2. List any Permits or Registrations associated with this facility:	N/A
8) Are there any changes to permitted sources or controls?	No
9) What is the distance in feet from this facility's emission release point to the nearest property line?	300
10) What is the distance in feet from this facility's emission release point to the nearest off-property structure?	301
11) Is the facility in compliance with all applicable distance requirements?	Yes
12) Is the facility in compliance with all other applicable state/federal rules and regulations?	Yes

Standard Permit Attachments

1) Please attach a checklist which shows how the facility meets all the requirements of the Standard Permit.

[File Properties]

File Name	250319_747-50_upload.pdf
Hash	54CD1AD2973E2E9CA3F9FC1ED1331FB1444C3FDDD7450C2B79C0C25E4449DD6C
MIME-Type	application/pdf
Confidential	No

1) Please attach any applicable tables required to be submitted for the Standard Permit.

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? No

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 Don E Bumgarner, the owner of the STEERS account ER031127.
- 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: Don E Bumgarner OWNER OPERATOR

Account Number:	ER031127
Signature IP Address:	35.134.68.171
Signature Date:	2025-03-22
Signature Hash:	48AAE5950D5E8C3010EA3623F5D680CE96EA3DA156C5C3357D4CFFCE596FB9CC
Form Hash Code at time of Signature:	99E28C9C1CEB493AB16F1BD7B9651888CBDCD8A73C906DFC74CCECC89E85DEAA

Submission

Reference Number:	The application reference number is 770872
Submitted by:	The application was submitted by ER031127/Don E Bumgarner
Submitted Timestamp:	The application was submitted on 2025-03-22 at 10:13:41 CDT
Submitted From:	The application was submitted from IP address 35.134.68.171
Confirmation Number:	The confirmation number is 640892
Steers Version:	The STEERS version is 6.89

Additional Information

Application Creator: This account was created by Kathryn E Sipe