

**Form R**

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH**  
**APPLICATION FOR CERTIFICATE TO CONSTRUCT AND OPERATE**  
**PORTABLE ROCK CRUSHING AND POWER SCREENING EQUIPMENT**

A portable unit differs from a stationary unit in that it is not to be operated at a fixed location (i.e. transfer station), and processes materials generated onsite only for less than 9 months.

**This application is submitted in accordance with the provisions of Chapter 873, Article XIII,**  
**Sections 873.1303 and 873.1306 of the Laws of Westchester County.**  
**ITEMS 8-12 TO BE COMPLETED BY LICENSED PROFESSIONAL ENGINEER**

<b>OWNER INFORMATION</b>	
Name of Owner (d/b/a):	
Contact Name/Responsible Individual	
Address	
Mailing Address (if different)	
Telephone Number and Fax Number	/
Email	
<b>OPERATOR INFORMATION</b>	
Name of Operator (d/b/a):	
Contact Name/Responsible Individual	
Address	
Mailing Address (if different)	
Telephone Number and Fax Number	/
Email	

1. (Check One) Type of:  Portable Rock Crusher  Portable Rock Screener  Other: \_\_\_\_\_
2. (Check One) New Permit:  Yes  No Operational:  Yes  No Renewal:  Yes  No
3. Modification of a Source of Air Contamination:  Yes  No Equivalent Replacement  Yes  No **For any other equipment you must apply for a new permit.**
4. Indicate Use of Equipment, Include all Possible Operating Scenarios: \_\_\_\_\_
5. Indicate Normal Equipment Operating Schedule: \_\_\_\_\_
6. Indicate Types of Materials Processed: \_\_\_\_\_
7. Indicate type of particulate emission control, and location of such controls: \_\_\_\_\_
8. Provide a Site Plan, Material Flow Chart, and Specifications or Engineering Data.
  - a. Provide a typical site plan (Need not be drawn to scale) denoting cross streets to maximize distance from nearest offsite receptor such as sidewalks, buildings, surrounding properties at no less than 100 feet.
  - b. Provide a material flow chart for the maximum throughput scenario. Include throughput quantities for all branches.
  - c. Provide specifications or engineering data for wet suppression system that meets opacity limitations for fugitive particulate emissions.

9. Equipment Listing (provide an equipment listing to include the manufacturer, model, and serial number, if applicable, of all major components. If inadequate space is provided, please attach listing):

TYPE	PRIMARY/ SECONDARY	SERIAL NUMBER	MAKE AND MODEL	RATED CAPACITY (T/hr)	ACTUAL THROUGHPUT ON AVERAGE (T/hr)
ROCK CRUSHER JAW OR CONE					
POWER SCREENER					
POWER GENERATOR					

10. Power Generator: Fuel Type: \_\_\_\_\_ Fuel Consumption: \_\_\_\_\_ gal/hr.

11. Indicate below emissions from power generator: (Attach calculation sheet)

**EMISSIONS**

<b><u>CONTAMINANT</u></b>		<b><u>ACTUAL EMISSIONS</u></b>	
NAME	CAS NUMBER	lbs/hr	lbs/yr
Total Particulate	NY075-00-0		
SO <sub>2</sub>	7446-09-5		
NO <sub>x</sub>	NY210-00-0		
CO	630-08-0		

12. Indicate below the total emission rate (PM-10) emissions from  Rock Crusher  Screener

(Attach calculation sheet)

NAME	lbs/hr	lbs/yr
PM-10		

13. Description of Process (include equipment):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owners Signature)

Title: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Engineer's Signature and Seal)

Design Professional Mailing Address: \_\_\_\_\_

Design Professional Telephone: \_\_\_\_\_

Design Professional Email: \_\_\_\_\_