DEQ AIR QUALITY PROGRAM

1410 N. Hilton, Boise, ID 83706

Form must be submitted ten (10) days before plant is relocated. (IDAPA 58.01.01.500.01)

Rock Crusher Portable Equipment Relocation Form (RCPERF) - Form RCPERF

2/13/2020

Company Information

1. Company Name:

2. Mailing Address (street/city/state/zip):

3. Company Contact Name & Title:

4. Company Contact Phone:

5. Responsible Official Name & Title:

6. Responsible Official Signature: _____ Date:

In accordance with IDAPA 58.01.01.123 (Rules for the Control of Air Pollution in Idaho), by signing, I certify based on information and belief formed after reasonable inquiry, the statements and information in this document(s) are true, accurate, and complete. (The responsible official is defined in IDAPA 58.01.01.006.99.)

Equipment

7. Facility ID: (This number can be found on the first page of your DEQ PBR.)

8. Registered Equipment to be Relocated (if the equipment is registered under only one PBR, skip section 8):

☐ This RCPERF is updating an existing RCPERF at this same site.

ROCK CRUSHERS AND GRINDING MILLS:

Crusher/ Grinding Mill Type (jaw, cone, rod mill, etc.)	**Crusher Classification** (Check one)			**Manufacturer**	**Serial No. / Equipment ID No.**
	Primary	***Secondary***	***Tertiary***		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
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	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		

SCREEN DECKS:

Manufacturer	**Physical Size** (length x width)	**No. of Decks**	**Serial No. / Equipment ID No.**

ELECTRICAL GENERATOR(S):

Manufacturer (Caterpillar, Onan, etc.)	**Rated Output** (kW)	**Fuel Type** (Grade 1 or 2 Fuel Oil)

Comments:

Current Location

9. Current Idaho County: _____ 10. Nearest City: _____

11. GPS Coordinates (Decimal Degrees): Latitude: _____ Longitude: _____

12. Describe Current Location: ☐ In Storage/Idle ☐ Out Of State ☐ Other

If Other, Describe: _____

13. How long has plant operated at current location? _____

New Location

14. New Idaho County: _____

15. Nearest City _____

16. GPS Coordinates (Decimal Degrees): Latitude: _____ Longitude: _____

17. Describe New Location: ☐ In Storage/Idle ☐ Out Of State ☐ Other

If Other, _____

18. Estimated Start Date: _____ 19. Estimated End Date: _____

SUBMIT:

Print Form

via E-mail:
aqperf@deq.idaho.gov
Subject: PERF Submittal
Complete form, sign it, and attach to E-mail

or via FAX:
208-373-0340
To: Air Quality Program
Regarding: PERF Submittal

or via Mail:
Air Quality - PERF Processing
Dept. of Environmental Quality 1410 North Hilton
Boise, ID 83706-1255