



South Coast Air Quality Management District  
**Form 500-A2**  
**TITLE V Application Certification**

Mail Application To:  
P.O. Box 4944  
Diamond Bar, CA 91765  
Tel: (909) 396-3385  
www.aqmd.gov

**Section I - Facility Information**

1. Permit to be issued to (Business name of operator to appear on permit):  
Pacific Clay Products Inc.

2. Valid AQMD Facility ID (Available on Permit or invoice issued by AQMD):  
17953

3. This Certification is submitted with a (Check one):  
a.  Title V Application (Initial, Revision or Renewal)  
b.  Supplement/Correction to a Title V Application  
c.  MACT Part 2

4. Is Form 500-C2 included with this Certification?  Yes  No

**Section II - Responsible Official Certification Statement**

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.

Read each statement carefully and check each that applies - You must check 3a or 3b.

1. For Initial, Permit Renewal, and Administrative Application Certifications:

a.  The facility, including equipment that are exempt from written permit per Rule 219, is currently operating and will continue to operate in compliance with all applicable requirement(s) identified in Section II and Section III of Form 500-C1,  
i.  except for those requirements that do not specifically pertain to such devices or equipment and that have been identified as "Remove" on Section III of Form 500-C1.  
ii.  except for those devices or equipment that have been identified on the completed and attached Form 500-C2 that will not be operating in compliance with the specified applicable requirement(s).

b.  The facility, including equipment that are exempt from written permit per Rule 219, will meet in a timely manner, all applicable requirements with future effective dates.

2. For Permit Revision Application Certifications:  
a.  The equipment or devices to which this permit revision applies, will in a timely manner comply with all applicable requirements identified in Section II and Section III of Form 500-C1.

3. For MACT Hammer Certifications:  
a.  The facility is subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63), also known as the MACT "hammer." The following information is submitted with a Title V application to comply with the Part 1 requirements of Section 112(j). (If Part 2 has not been submitted, you must submit 500-MACT Part 2 with this form.)  
b.  The facility is not subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63).

*Ed Constante*  
\_\_\_\_\_  
Signature of Responsible Official

Ed Constante  
Type or Print Name of Responsible Official

Facility Manager  
Title of Responsible Official

Date  
04/28/2010

Phone  
951 654 2131

Fax  
674?

Address of Responsible Official City State Zip Code

**Acid Rain Facilities Only: Turn page over & complete Section III**

**APPLICATION FOR PERMIT TO CONSTRUCT AND  
PERMIT TO OPERATE  
FORM 400 - A**

**Non-Title V Facilities:** This form must be accompanied by one or more 400-E-xx series form(s). Complete this side of form only.  
**Title V Facilities:** Complete both sides of this form. Include additional forms as necessary.

**NC/NOV NUMBER:**

**INSPECTOR** \_\_\_\_\_ **SECTOR** \_\_\_\_\_  
**ISSUE DATE** \_\_\_\_\_

**Section I - Company Information**

LEGAL NAME OF OPERATOR: **Pacific Clay Products, Inc.**  IRS OR  S. S. NUMBER: **95-2588159**

PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS):  
**14741 Lake St., Lake Elsinore, CA 92530**

BUSINESS MAILING ADDRESS:  
**14741 Lake St., Lake Elsinore, CA 92530**

PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS: **SAME**

TYPE OF ORGANIZATION:  
 Corporation  Limited Partnership  Government Entity  
 Individual  General Partnership  Other (Fill in): \_\_\_\_\_

ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS):  Yes  No

AVERAGE ANNUAL GROSS RECEIPTS: \$ \_\_\_\_\_  
NUMBER OF EMPLOYEES: **50**

IS YOUR BUSINESS 51% OR MORE WOMAN/MINORITY OWNED?  Yes  No

**THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.**

ARE ALL MAJOR SOURCES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL AIR POLLUTION CONTROL RULES?  Yes  No

ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION?  Yes  No

IF NO, ENTER THE LEGAL NAME OF OWNER \_\_\_\_\_  IRS OR  S. S. NUMBER OF OWNER \_\_\_\_\_

**Section II - Facility Information**

EQUIPMENT ADDRESS/LOCATION:  
**14741 Lake St.**  
**Lake Elsinore**  
**CA, 92530**

NUMBER/STREET: \_\_\_\_\_  
CITY OR COMMUNITY: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_

FACILITY NAME:  
**Pacific Clay Products, Inc.**

FACILITY ID NUMBER:  
**017953**

PRINT NAME OF CONTACT PERSON:  
**Fred Roybal**

TITLE OF CONTACT PERSON:  
**Sr. Environmental Engineer**

TYPE OF BUSINESS AT THIS FACILITY:  
**Manufacturer of Clay Tiles, Bricks, and Clay Products**

PRIMARY SIC CODE FOR THIS FACILITY:  
**3251**

NUMBER OF EMPLOYEES AT THIS FACILITY:  
**50**

CONTACT PERSON'S TELEPHONE NUMBER (951) 232-8371  
CONTACT PERSON'S FAX NUMBER (866) 216-6311  
CONTACT PERSON'S E-MAIL ADDRESS: **Fred@fieldresource.net**

**Section III - Application Type**

DESCRIPTION OF EQUIPMENT: **Title V Renewal** (3b) PREVIOUS PERMIT #(S): **N/A**

APPLICATION FOR (SEE INSTRUCTIONS):  
 NEW CONSTRUCTION  MODIFICATION  CHANGE OF LOCATION  
 EXISTING EQUIPMENT WITHOUT PERMIT  CHANGE OF PERMITTEE  CHANGE OF PERMIT CONDITION

ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE?  Yes  No

APPLICATION FOR NON-TITLE V EQUIPMENT PERMIT. CHECK THE SUPPLEMENTAL SERIES 400-E-xx FORM(S) SUBMITTED WITH THIS 400-A FORM:

- 400-E-1 • PARTICULATE MATTER (PM<sub>10</sub>) CONTROL EQUIPMENT
- 400-E-2 • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT
- 400-E-3 • SCRUBBER
- 400-E-4 • ABRASIVE BLASTING EQUIPMENT
- 400-E-6 • DEGREASER
- 400-E-7 • DRY CLEANING EQUIPMENT
- 400-E-8 • ETHYLENE OXIDE STERILIZER
- 400-E-9 • EXTERNAL COMBUSTION EQUIPMENT
- 400-E-10 • FOOD BROILER/FRYER
- 400-E-11 • FUEL DISPENSING AND STORAGE EQUIPMENT
- 400-E-12 • GAS TURBINE
- 400-E-13 • INTERNAL COMBUSTION EQUIPMENT
- 400-E-14 • OPEN PROCESS TANK
- 400-E-14a • OPEN PROCESS TANK; PROCESS LINE
- 400-E-15 • PRINTING EQUIPMENT
- 400-E-16 • SOLID MATERIALS STORAGE EQUIPMENT
- 400-E-17 • SPRAY BOOTH/OPEN SPRAY
- 400-E-17a • POWDER SPRAY BOOTH
- 400-E-18 • STORAGE TANK (LIQUID & GASEOUS MAT'L)
- 400-E-19 • WAVE SOLDER MACHINE
- 400-E-20 • ASBESTOS REMOVAL EQUIPMENT
- NONE • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-GI

APPLICATION FOR TITLE V FACILITY PERMIT. PROVIDE INFORMATION REQUESTED ON REVERSE SIDE OF THIS FORM.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: *[Signature]*  
TITLE OF RESPONSIBLE OFFICIAL OF FIRM: **MANAGER MATERIAL CONTROL/COMPLIANCE MGR.**

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: **ED CONSTANTE**  
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER: **(951) 674-2131**  
DATE SIGNED: **04/28/2010**

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: *[Signature]*  
TITLE OF PREPARER: **SR. ENVIRONMENTAL ENGINEER**

TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: **FRED ROYBAL**  
PREPARER'S TELEPHONE NUMBER: **(951) 232-8371**  
DATE SIGNED: **04/28/2010**

**TITLE V FACILITIES ONLY: COMPLETE OTHER SIDE**

AGQMD USE ONLY	APPLICATION/TRACKING # <b>510488 LA</b>	PROJECT #	TYPE <b>B C D</b>	EQUIPMENT CATEGORY CODE: <b>555002-1</b>	FEE SCHEDULE:	VALIDATION <b>5/5/09</b>
ENG. A R	ENG. A R	CLASS I III IV	ASSIGNMENT UNIT <b>D</b>	ENF. SECT. <b>RHH</b>	CHECK/MONEY ORDER AMOUNT <b>012279</b>	AMOUNT <b>2437.28</b>

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

T# 87675