



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: Riverside Cement Company
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800182
3. Owner's Business Name (only if different from Business Name of Operator): N/A

Section B: Equipment Location

4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site
1500 Rubidoux Boulevard
Street Address
Riverside CA, 92509
City State Zip Code
County: Los Angeles Orange San Bernardino Riverside
Contact Name: Jean Brewster
Contact Title: Sr. Environmental Engineer Phone: (760) 245-5321
Fax: (760) 243-3567 E-Mail: mbrewster@txi.com

Section C: Permit Mailing Address

5. Permit and Correspondence Information:
[] Check here if same as equipment location address
19409 National Trails Highway
Street Address
Oro Grande CA, 92368
City State Zip Code
Contact Name: Jean Brewster
Contact Title: Sr. Environmental Engineer Phone: (760) 245-5321
Fax: (760) 243-3567 E-Mail: mbrewster@txi.com

Section D: Application Type The facility is in RECLAIM Title V RECLAIM & Title V Program (please check if applicable)

6. Reason for Submitting Application (Select only ONE):
New Construction (Permit to Construct)
Equipment Operating Without A Permit or Expired Permit*
Administrative Change
Equipment On-Site But Not Constructed or Operational
Title V Application (Initial, Revisions, Modifications, etc.)
Compliance Plan
Facility Permit Amendment
Registration/Certification
Streamlined Standard Permit
Permitted Equipment Altered/ Modified Without Permit Approval*
Proposed Alteration/Modification to Permitted Equipment
Change of Condition For Permit To Operate
Change of Condition For Permit To Construct
Change of Location—Moving to New Site
Existing Or Previous Permit/Application Number: (If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY):
8. Description of Equipment: See Attachment A
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No Yes
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 0
11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) No Yes
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? No Yes If yes, provide NOV/NC #: See Atch B

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Portland Cement Manufacturing
14. What is your business primary NAICS Code (North American Industrial Classification System)? 32731
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No Yes

Section F: Authorization/Signature I hereby certify that all information contained herein and information submitted with this application is true and correct.

17. Signature of Responsible Official: Steve Matheny
18. Title: OPERATIONS MANAGER Interim Plant Manager
19. Print Name: Steve Matheny
20. Date: 9-29-09
Check List
[] Form(s) signed and dated by authorized official
[] Supplemental Equipment Form (400-E-XX or 400-E-GEN)
[] CEQA Form (400-CEQA) attached
[] Payment for permit processing fee attached
Your application will be rejected if any of the above items are missing.

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING # (502763), TYPE (B C D), EQUIPMENT CATEGORY CODE: (515002), FEE SCHEDULE: \$, VALIDATION (10/1/09 LA), ENG. A R, DATE, CLASS (I III IV), ASSIGNMENT (Unit D Engineer RWH), CHECK/MONEY ORDER (#31794), AMOUNT (1916.59), Tracking #

Handwritten notes: 27 23515

S. D. A. M. E.
ENGINEERING

09 SEP 31 A9:38

9 SEP 30 P3:37

S. C. A. O. M. D.
REVENUE RECEIVING



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): Riverside Cement Company
2. Valid AQMD Facility ID (Available on Permit or Invoice Issued by AQMD): 800182
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).

Signature of Responsible Official: Steve Matheny
Date: 9-29-09
Type or Print Name of Responsible Official: Steve Matheny
Phone: (951) 774-2502
Title of Responsible Official: OPERATIONS MANAGER
Fax: (951) 774-2597
Address of Responsible Official: 1500 Rubidoux Boulevard
City: Riverside
State: CA
Zip Code: 92509

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

Acid Rain facilities must certify their compliance status of the devices subject to applicable requirements under Title IV by an individual who meets the definition of Designated (or Alternate) Representative in 40 CFR Part 72.

Section III - Designated Representative Certification Statement			
<p>1. <i>For Acid Rain Facilities Only.</i> I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.</p>			
Signature of Designated Representative or Alternate			Date
N/A			
Type or Print Name of Designated Representative or Alternate			Phone
Title of Designated Representative or Alternate			Fax
Address of Designated Representative or Alternate		City	State Zip Code