29 2000 04:15AM Iron City Enterprises 19068637595

IRON CITY ENTERPRISES, INC.

Menominee, MI 49858

Phone # (906) 863-5987 Fax # (906) 863-7595

Received EGLE/AQD
SEP 21 2020
Maers

Fax Cover Sheet

Date: 9-21-20

Attn:
Company Name: Marquette District
Fax Number: 906-228-4940
of Pages (including cover sheet): 8
Comments: Appliquation for Nonmetalic
mineral Crushing
- from Iron City Enterprises (Birch Creek mining)

MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES AND ENERGY PERMIT TO INSTALL APPLICATION INSTRUCTIONS

INFORMATION:

A permit to install is required to install, construct, reconstruct, relocate, or modify any process or process equipment, including control equipment pertaining thereto, which may emit an air contaminant (R 336.1201). A process is an action, operation, or a series of actions or operations at a source that emits or has the potential to emit an air contaminant. Process equipment is all equipment, devices, and auxiliary components, including air pollution control equipment, stacks, and other emission points, used in a process. An emission unit is any part of a stationary source that emits or has the potential to emit an air contaminant. Air pollution control equipment is any method, process, or equipment that removes, reduces, or renders less noxious air contaminants discharged into the atmosphere. An application may be submitted for one or more interrelated processes at a source.

ADDITIONAL REQUIREMENTS:

An administratively complete application must include reasonable responses to all requests for information on the application form and in these instructions. Additional detailed information may be attached to the application form and must be submitted in duplicate. In addition to the general information requested on the application form, the following information must be included for the application to be considered administratively complete:

- A. Process Description In addition to the general process description which must be included in Item 6 on the application form, attach a written description in appropriate detail of each process covered by this application. State the size and type along with the make and model (if known) of the proposed process equipment, including any air pollution control equipment. Create a unique descriptive identifier (Emission Unit ID) for each emission unit. Specify the proposed operating schedule of the process equipment in hours per day, days per week, and weeks per year. Provide details of the type and feed rate of each material used in or produced by the process, in pounds per hour or similar measure. Describe any fuels and associated firing devices used in the process. Describe any waste generated by the process or equipment and methods of disposal or treatment. Applications for complex or multiple processes should also include a block diagram showing the flow of materials and intermediate and final products.
- B. Regulatory Discussion Describe all federal, state, or local air pollution control regulations which you believe are applicable to the proposed process or process equipment. Include a discussion of how you believe the proposed process or process equipment complies with these regulations.
- C. Control Technology Analysis Describe how the air contaminant emissions from the proposed process equipment will be controlled or otherwise minimized. Provide sufficient control method detail to show the extent and efficiency of any air pollution control devices. Air pollution control includes pollution prevention or other methods which result in reduced emissions from the process.
- D. Emissions Summary and Calculations Explain clearly and in appropriate detail the nature, quantity (both controlled and uncontrolled), concentration, particle size, pressure, temperature, etc. of all air contaminants, including all toxic air contaminants, that are reasonably anticipated to be discharged to the atmosphere due to the operation of the source. Summarize these emissions calculations in tabular form for all equipment covered by the application and for each stack/vent.
- E. Stack/Vent Parameters For each stack or vent related to the proposed process equipment provide the following information (including ranges if appropriate): the minimum height above the ground, maximum internal diameter or dimensions, discharge orientation (e.g., vertical, horizontal), maximum exhaust volume flow rate in cubic feet per minute (indicate actual or standard), maximum exhaust gas temperature, a description of any rain protection device, and location of any stack testing ports.
- F. Site Description and Process Equipment Location Drawings Submit legible scale drawings which show a plan view of the owner's property to the boundary lines. Locate and identify the proposed equipment. Locate and identify all adjacent properties, include outline and height of all structures within 150 feet of proposed equipment and show any fence lines. Locate and identify all stacks/vents or other emission points related to the proposed process equipment and indicate the distance to the nearest property line. Indicate the scale of the plan and north direction on the drawing.

Additional information beyond that identified above may be required to complete the technical review of any individual application. Further information or clarification concerning permits to install, including the document "Information Required for an Administratively Complete Application," can be obtained from the address listed below, the Internet, or by calling (517) 284-6804.

ADDITIONAL REQUIREMENTS FOR USE OF ELECTRONIC APPLICATION:

The electronic version of the Permit to Install Application is a WORD template. This template may be downloaded and completed electronically. The department is <u>not</u> accepting electronic submittal of the application. Create three (3) paper copies of the application. Mail three (3) copies of this application along with two (2) copies of any plans, specifications, or drawings required by the above instructions to the address below. The application must include the original signature of an authorized employee of the applicant certifying the truth of the information in the application. Applicant should retain a copy of the application.

MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES AND ENERGY, AIR QUALITY DIVISION – PERMIT SECTION P.O. BOX 30260 LANSING. MI 48909-7760

For Priority/Express Mail:
MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES AND ENERGY, AIR QUALITY DIVISION –
PERMIT SECTION CONSTITUTION HALL, 2nd FLOOR SOUTH 525 W ALLEGAN STREET LANSING, MI 48933-1502

EGLE

MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES AND ENERGY

PERMIT TO INSTALL APPLICATION

For authority to install, construct, reconstruct, relocate, or modify process, fuel-burning or refuse burning equipment and/or control equipment. Permits to install are required by administrative rules pursuant to Section 5505 of 1994

FOR EGLE USE APPLICATION NUMBER

Please type or print clearly. The "Application Instructions" and "Information Required for an Administratively Complete Permit to Install Application" are available on the Air Quality Division (AQD) Permit Web Page at www.deq.state.ml.us/aps/nsr_information.shtml. Please call the AQD at 517-284-6804 if you have not been contacted within 15 days of your application submittal.

1. FACILITY CODES: State Registration Number (SRN) and North America	1. FACILITY CODES: State Registration Number (SRN) and North American Industry Classification System (NAICS)		٠ · · · · · · · · · · · · · · · · · · ·			
SRN NAICS						
2. APPLICANT NAME: (Business License Name of Corporation, Partnershi)	p, Individual Owi	ner, Government Agency)	-			
Iron City Enterprises J	inc.					
3. APPLICANT ADDRESS: (Number and Street)		MAJL CODE:				
<u> </u>						
CITY: (City, Village or Township)	STATE:	ZIP CODE:	COUNTY:			
4. EQUIPMENT OR PROCESS LOCATION: (Number and Street – if difference)	nt than Item 3)	49858	I menominee.			
()						
CITY: (City, Village or Township)		ZIP CODE:	COUNTY:			
5. GENERAL NATURE OF BUSINESS:		<u> </u>				
8. EQUIPMENT OR PROCESS DESCRIPTION: (A Description MUST Be P	rovided Here. I	nclude Emission Unit IDs. At	tach additional sheets if necessary; number			
and date each page of the submittal.)						
Portable gravel Crushi	ng Eg	Lucoment	t			
.) ئے) \				
		· ·				
7. REASON FOR APPLICATION: (Check all that apply.) INSTALLATION / CONSTRUCTION OF NEW EQUIPMENT OR PRO	೧೭೯೪೪					
RECONSTRUCTION / MODIFICATION / RELOCATION OF EXIST		T OR PROCESS DATE IN	STALLED:			
OTHER - DESCRIBE						
8. IF THE EQUIPMENT OR PROCESS THAT WILL BE COVERED BY THIS LIST THE PTI NUMBER(S):	PERMIT TO IN	STALL (PTI) IS CURRENTL	Y COVERED BY ANY ACTIVE PERMITS,			
9. DOES THIS FACILITY HAVE AN EXISTING RENEWABLE OPERATING	PERMIT (ROP)	NOT APPLICABLE	PENDING APPLICATION YES			
PENDING APPLICATION OR ROP NUMBER:	, L . a (10.)		THE PERSON AND PERSON			
10. AUTHORIZED EMPLOYEE:	TITLE:		PHONE NUMBER: (Include Area Code)			
Tom Vemetz	Pre	sident	906-863-5987			
SIGNATURE	DATE		E-MAIL ADDRESS:			
The Henry	9-19	૧-ત૦	croncityenterors @yakocom			
11. CONTACT: (if different than Authorized Employee. The person to conta	ct with questions	s regarding this application)	PHONE NUMBER: (Include Area Code)			
CONTACT AFFILIATION:			E-MAIL ADDRESS;			
12. IS THE CONTACT PERSON AUTHORIZED TO NEGOTIATE THE TERM	MS AND CONDI	TIONS OF THE PERMIT TO	INSTALL? X YES NO			
DATE OF RECEIPT OF ALL INFORMATION REQUIRED BY RULE 203:	7. A 条件 2. Z 7. 3. 3.	是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"。"是"14"	是一个人的时间,就是一个人的时间,但是一个人的时候,他们就是一个人的时候,他们就是一个人的时候,他们就是一个人的时候,他们就是一个人的时候,他们就是一个人的时候 第一个人的时间,我们就是一个人的时候,我们就是一个人的时候,我们就是一个人的时候,我们就是一个人的时候,我们就是一个人的时候,我们就是一个人的时候,我们就是一个			
DATE PERMIT TO INSTALL APPROVED:	SIGNATUR	E:				
DATE APPLICATION / PTI VOIDED:	SIGNATUR	E:				
DATE APPLICATION DENIED:	SIGNATUR	= :				
	en tiegu se					

EGLE

Michigan Department Of Environment, Great Lakes, and Energy

Air Quality Division

FOR EGLE USE ONLY
PERMIT NUMBER

GENERAL PERMIT TO INSTALL APPLICATION

PROCESS INFORMATION - NONMETALLIC MINERAL CRUSHING (PAGE 1 OF 2)

Authorized under 1994 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and /or criminal penalties for providing false information.

Instructions: Use this form to request authority to install and operate a nonmetallic mineral crushing facility, under the terms and conditions of a general permit to install pursuant to Rule 201a. If two or more primary crushers operate in parallel, each constitutes a separate facility. Complete a separate copy of this form for each facility. Prepare and submit this form with the General Information

form (EQP5727). For a Modification: Complete Items 1 - 9. Identify all existing and new or additional process equipment. Certify and submit pages 1 and 2 of this form to the Permit Section and the appropriate district office. See map for district office locations. 1. FACILITY CODE 2. MINE/QUARRY NAME STATE REGISTRATION NUMBER (SRN) 3. AMOUNT PROCESSED AT THIS SITE SECTION RANGE (tons per year) 4. DESCRIPTION (Brief description of this facility or proposed modification. Attach a detailed site map showing all site characteristics including the location of any residential and/or commercial establishments and places of public assembly located within 1,000 feet of the proposed site) It's a portable unit 5. DOES THIS FACILITY HAVE ANY OUTSTANDING UNRESOLVED AIR VIOLATIONS? YES **Z** NO 6. ARE THE CRUSHER(S) LOCATED A MINIMUM OF 500 FEET FROM ALL RESIDENTIAL OR COMMERCIAL YES ESTABLISHMENTS OR PLACES OF PUBLIC ASSEMBLY? 7. WAS THIS FACILITY PREVIOUSLY PERMITTED PURSUANT TO RULE 201? IF YES, PERMIT NO. ☐ YES KI NO 8. APPLICATION IS FOR NEW GENERAL PERMIT | MODIFICATION TO EXISTING GENERAL PERMIT - PERMIT NO. 9. FOR A MODIFICATION: IS THE FACILITY CURRENTLY IN COMPLIANCE WITH ALL CONDITIONS OF THE EXISTING ☐ YES ☐ NO GENERAL PERMIT, INCLUDING BUT NOT LIMITED TO THE TESTING OF ALL NSPS SUBJECT EQUIPMENT? Instructions for completing the following Items: Each place of equipment must have a unique Identification number (ID). The ID may be any combination of up to 10 letters, numbers or keyboard characters with no spaces between characters. Provide an ID and complete all items for each piece of process equipment at the facility. If equipment is shop built, the manufactured date may be estimated. This data is mandatory. Use as many copies of page 2 as needed to list all process equipment. Use Additional Information form EQP5729 if needed to describe why a device is not subject to NSPS. DEVICE DESCRIPTION (crusher-type, screen, conveyer, drill, etc.) DEVICE ID (Assign an identification number for this device) her-Jaw model ND MODEL 24-36 SERIAL NUMBER MANUFACTURED DATE CONTROL? TYES L <u>554074</u> 1969 MAXIMUM RATED (tons per hour) **CONTROL TYPE** IS DEVICE SUBJECT TO NSPS? YES, HAS DEVICE BEEN TESTED? YES, DATE TEST PASSED NO, DATE TEST SCHEDULED ☐ NO, REASON NOT SUBJECT DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) DEVICE ID (Assign an identification number for this device) SERIAL NUMBER MANUFACTURED DATE 5 85<u>6074</u> (year) CONTROL? (tons per hour) CONTROL TYPE IS DEVICE SUBJECT TO NSPS? YES, HAS DEVICE BEEN TESTED? YES, DATE TEST PASSED NO, DATE TEST SCHEDULED ☐ NO, REASON NOT SUBJECT This page must be certified by an authorized employee Applicant Certification: I certify, under penalty of law, that this permit application and any attachments were prepared by me, or under my direction or supervision in accordance with a system to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. In addition, the equipment described in this application meets the necessary criteria for applicability for a General Permit to Install. Furthermore, I certify that I can and will comply with all conditions outlined in the General Permit to Install. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations. SIGNATURE OF AUTHORIZED EMPLOYEE DATE

Michigan Department Of Environment, Great Lakes, and Energy - Air Quality Division

FOR EGLE USE ONLY

EGLE GENERAL PERMIT TO INSTALL APPLICATION NONMETALLIC MINERAL CRUSHING- (PAGE 2 OF 2)

PERMIT NUMBER

Authorized under 1994 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and for criminal penalties for providing false information.

Instructions: Page 1 of this form must be completed and certified by an authorized employee. Provide an ID and complete all items for each piece of process equipment at the facility. If the equipment is shop built, the manufactured date may be estimated. This data is mandatory. Use as many copies of this page as needed to list all process equipment. Us Additional Information form EQP5729 if needed to describe why a device is not subject to NSPS.

For a Modification: Provide the information for all existing and new or additional process equipment. Submit pages 1 and 2 to the Permit Section and the appropriate district office. See map for district office locations.

remine decision and the appropriate district office. See map for district office locations.						
DEVICE DESCRIPTION (crusher-type, screen, conveyor, dril, etc.) DEVICE ID (Assign an identification number for this device)						
ALLIS Jaw						
MAKE AND MODEL	SERIAL NUMBER	MANUFACTURED DATE				
ALLIS 2448 RT Jaw	5#54674	(year) 1990				
MAXIMUM RATED CAPACITY CONTROL? YES	LINO					
(tons per hour) 300 CONTROL TYPE	bound 110					
IS DEVICE SUBJECT TO NSPS?						
📗 YES, HAS DEVICE BEEN TESTED? 🔲 YES, DATE TEST PA	SSED 🗌 NO, DATE '	TEST SCHEDULED				
☐ NO, REASON NOT SUBJECT						
	and the second s	<u> </u>				
DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.)	DEVICE ID (Assign an identifica	tion number for this device)				
RALL King Crusher						
MAKE AND MODEL	SERIAL NUMBER	MANUFACTURED DATE				
Livours a Tour	890323	(year) 1989				
MAXIMUM RATED CAPACITY CONTROL? YES	□ NO	1-124				
(tons per hour) 400 CONTROL TYPE						
IS DEVICE SUBJECT TO NSPS?						
YES, HAS DEVICE BEEN TESTED? YES, DATE TEST PA	SSED NO, DATE	TEST SCHEDULED				
☐ NO, REASON NOT SUBJECT						
La no, resolution dobbet						
DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.)	DEVICE ID (Assign an identification	tion number for this device)				
		,				
MAKE AND MODEL ROLL	SERIAL NUMBER	MANUFACTURED DATE				
		f				
MAXIMUM RATED CAPACITY CONTROL 2 LL YES	980346	(year) 1996				
1	∐ NO					
IS DEVICE SUBJECT TO NSPS7						
YES, HAS DEVICE BEEN TESTED? YES, DATE TEST PA	SSED LINO, DATE 1	TEST SCHEDULED				
NO, REASON NOT SUBJECT						
DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.)	DEVICE ID (Assign an identification	tion number for this device)				
ALLIS ROLL MAKE AND MODEL						
	SERIAL NUMBER	MANUFACTURED DATE				
Allis Roll - 4132	S <i>a</i> 9125	(year) 1972				
MAXIMUM RATED CAPACITY CONTROL? YES	□NO					
(tons per hour) 175 CONTROL TYPE						
IS DEVICE SUBJECT TO NSPS?						
YES, HAS DEVICE BEEN TESTED? YES, DATE TEST PA	SSED	TEST SCHEDULED				
☐ NO, REASON NOT SUBJECT						
2 10,712 0 01110 1 0 0 0 1						
DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.)	DEVICE ID (Assign an identificat	ion number for this device)				
	, , ,	,				
MAKE AND MODEL	SERIAL NUMBER	MANUFACTURED DATE				
MAXIMUM RATED CAPACITY CONTROLS IT YES	27	(year) 1983				
"CONTROLL LE	∐ NO					
(tons per nour) 250 CONTROL TYPE						
IC DELOCE OF DECAME						
IS DEVICE SUBJECT TO NSPS?						
IS DEVICE SUBJECT TO NSPS? YES, HAS DEVICE BEEN TESTED? YES, DATE TEST PASTED NO, REASON NOT SUBJECT	SSED NO, DATE 1	EST SCHEDULED				

Michigan Department Of Environment, Great Lakes, and Energy - Air Quality Division EGLE GENERAL PERMIT TO INSTALL APPLICATION NONMETALLIC MINERAL CRUSHING- (PAGE 2 OF 2)

FOR EGLE USE ONLY

PERMIT NUMBER

Authorized under 1994 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and /or criminal pensities for providing tales information.

Instructions: Page 1 of this form must be completed and cartified by an authorized employee. Provide an ID and complete all items for each piece of process equipment at the facility. If the equipment is shop built, the manufactured date may be estimated. This data is mandatory. Use as many copies of this page as needed to list all process equipment. Us Additional Information form EQP5729 if needed to describe why a device is not subject to NSPS. For a Modification: Provide the information for all existing and new or additional process equipment. Submit pages 1 and 2 to the Permit Section and the appropriate district office. See map for district office locations. DEVICE ID (Assign an Identification number for this device) DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) MANUFACTURED DATE SERIAL NUMBER (year) 970 MAXIMUM RATED CAPACIT CONTROL? YES (tons per hour) CONTROL TYPE 300 30366 IS DEVICE SUBJECT TO NSPS? NO, DATE TEST SCHEDULED YES, DATE TEST PASSED YES, HAS DEVICE BEEN TESTED? NO, REASON NOT SUBJECT DEVICE ID (Assign an identification number for this device) DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) onveyor MANUFACTURED DATE SERIAL NUMBER MAKE AND MODEL (year) 1983 <u>30 x 35</u> CONTROL? LYES (tona per hour) CONTROL TYPE IS DEVICE SUBJECT TO NSPS? NO. DATE TEST SCHEDULED ☐ YES, HAS DEVICE BEEN TESTED? ☐ YES, DATE TEST PASSED ■ NO, REASON NOT SUBJECT DEVICE ID (Assign an Identification number for this device) DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) MAKE AND MODEL MANUFACTURED DATE SERIAL NUMBER (year) 983 CONTROL? LYES (tons per hour) CONTROL TYPE 200 IS DEVICE SUBJECT TO NSPS? ☐ YES, HAS DEVICE BEEN TESTED? ■ NO. DATE TEST SCHEDULED YES, DATE TEST PASSED NO, REASON NOT SUBJECT DEVICE DESCRIPTION (crusher-type, acreen, conveyor, drill, etc.) DEVICE ID (Assign an Identification number for this device) MANUFACTURED DATE SERIAL NUMBER 1983 MAXIMUM RATED CAPAC CONTROL? YES (tons per hour) CONTINUL TYPE IS DEVICE SUBJECT TO NSPS? YES, HAS DEVICE BEEN TESTED? YES DATE TEST PASSED ☐ NO, DATE TEST SCHEDULED ☐ NO, REASON NOT SUBJECT DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) DEVICE ID (Assign an Identification number for this device) MAKE AND MODEL SERIAL NUMBER MANUFACTURED DATE (year) 36x60 18 PI CONTROL? | YES U NO (tons per hour) 400 CONTROL TYPE IS DEVICE SUBJECT TO NSPS? YES, HAS DEVICE BEEN TESTED? YES, DATE TEST PASSED O NO, DATE TEST SCHEDULED NO, REASON NOT SUBJECT

Michigan Department Of Environment, Great Lakes, and Energy - Air Quality Division EGLE GENERAL PERMIT TO INSTALL APPLICATION NONMETALLIC MINERAL CRUSHING- (PAGE 2 OF 2)

FOR EGLE USE ONLY PERMIT NUMBER

Authorized under 1994 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and for criminal penalties for providing take information.

Instructions: Page 1 of this form must be completed and certified by an authorized employee. Provide an ID and complete all items for each piece of process equipment at the facility. If the equipment is shop built, the manufactured date may be estimated. This date is mandatory. Use as many copies of this page as needed to list all process equipment. Us Additional information form EQP5729 if needed to describe why a device is not subject to NSPS. For a Modification: Provide the information for all existing and new or additional process equipment. Submit pages 1 and 2 to the Permit Section and the appropriate district office. See map for district office locations. DEVICE ID (Assign en identification number for this device) DEVICE DESCRIPTION (crusher-type, screen, conveyor, dril, etc.) MAKE AND MODEL MANUFACTURED DATE SERIAL NUMBER (year) 983 Stocker CONTROL? LYES (tons per hour) CONTROL TYPE 4150 IS DEVICE SUBJECT TO NSPS? NO, DATE TEST SCHEDULED YES, DATE TEST PASSED YES, HAS DEVICE BEEN TESTED? NO, REASON NOT SUBJECT DEVICE ID (Assign an identification number for this device) DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) SERIAL NUMBER MANUFACTURED DATE (year) 1981 CONTROL? LYES (tons per hour) CONTROL TYPE *200* IS DEVICE SUBJECT TO NSPS? ☐ NO, DATE TEST SCHEDULED ☐ YES, HAS DEVICE BEEN TESTED? ☐ YES, DATE TEST PASSED NO, REASON NOT SUBJECT DEVICE ID (Assign an identification number for this device) DEVICE DESCRIPTION (crushs-type, screen, conveyor, drill, etc.) Conveyor MANUFACTURED DATE SERIAL NUMBER (year) 85 MAXIMUM RATED CAPACITY CONTROL? YES (tons per hour) CONTROL TYPE IS DEVICE SUBJECT TO NSPS? NO, DATE TEST SCHEDULED ☐ YES, HAS DEVICE BEEN TESTED? ☐ YES, DATE TEST PASSED NO, REASON NOT SUBJECT DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) DEVICE ID (Assign an identification number for this device) MAKE AND MODEL SERIAL NUMBER MANUFACTURED DATE (year) MAXIMUM RATED CAPACITY **□ 1/0** CONTROL? YES (tone per hour) CONTROL TYPE IS DEVICE SUBJECT TO NSPS? YES, HAS DEVICE BEEN TESTED? YES, DATE TEST PASSED NO, DATE TEST SCHEDULED NO, REASON NOT SUBJECT DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) DEVICE ID (Assign an Identification number for this device) MAKE AND MODEL SERIAL NUMBER MANUFACTURED DATE (year) MAXIMUM RATED CAPACITY CONTINOL? L YES El No (tons per hour) CONTROL TYPE IS DEVICE SUBJECT TO NSPS? YES, HAS DEVICE BEEN TESTED? YES, DATE TEST PASSED NO. DATE TEST SCHEDULED NO, REASON NOT SUBJECT

EGLE

Michigan Department Of Environment, Great Lakes and Energy

Air Quality Division

GENERAL PERMIT TO INSTALL APPLICATION GENERAL INFORMATION

For EGLE Use Only Permit Number

Authorized under 1994 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and/or criminal penalties for providing false information.

Instructions: Use this form to request authority to install and operate a source, process or process equipment under the terms and conditions of a general permit to install pursuant to Rule 201a. Prepare this form, the appropriate Process Information form(s) and the Additional Information form (if needed). Submit all information, including forms, in duplicate. NOTE: A general permit cannot apply to a source, process, or process equipment, that is covered by a Permit to Install pursuant to Rule 201 and is further referenced in an outstanding consent order or consent judgment.

outstanding consent order or consent judgment.	-			-				
1. FACILITY CODES								
State Registration Number (SRN):	late Registration Number (SRN): North American Industry Classification System (NAICS)							
2. APPLICANT NAME (Business license name of the corpor	•	individual or	govemment	agency !	that owns the f	acility)		
a. APPLICANT MAILING ADDRESS (Street Address of P.O.	Box Number)				· · · · · · · · · · · · · · · · · · ·			
N2404 HW4 41								
1			STATE :		ZIP COD			
4. AUTHORIZED EMPLOYEE			<u></u>		PHONE	NO. (Include A	(rea Code)	
Tom Nemetz			Presid	bnt	_	36.3-59		
5. CONTACT: (If different than Authorized Employee - for quality of the contact o	uestions regarding	this applicati	on)	PI	IONE NO. (Inc			
6. EQUIPMENT OR PROCESS LOCATION (Number and st	reet, if different tha		dress)					
CITY	}	ZIP CODE			COUNTY			
7. THE EQUIPMENT IDENTIFIED IN THE APPLICATION IS	NEW [EXISTIN	G - DATE IN	ISTALLE	D:			
8. IS THERE AN EXISTING PERMIT TO INSTALL FOR AN IF YES, INCLUDE PERMIT TO INSTALL NUMBER(S)	Y EQUIPMENT IDE	NTIFIED IN	THIS APPL	ICATION	1?	X YES	Пио	
9. DOES THIS SOURCE HAVE AN EXISTING RENEWABL	E OPERATING PE	RMIT?		YES	⋉ NO	NOT APP	LICABLE	
IF YES, INCLUDE RENEWABLE OPERATING PERMIT	NUMBER:		•			- 	{	
10. IS ANY OF THE EQUIPMENT INCLUDED IN AN OUTS	TANDING CONSE	NT ORDER	OR CONSE	NT JUDO	SMENT?	YES	ои 🔀	
11. THE FOLLOWING FORMS ARE ATTACHED AS PART	OF THIS PERMIT	APPLICATION	ON (check a	il that app	oly)			
PROCESS INFORMATION (EQP)							
(Complete the appropriate form for the process or	equipment to be in:	stalled and in	sert the for	n numbe	r in the space ;	provided.)		
ADDITIONAL INFORMATION (EQP5729)							- v	
Applicant Certification: I certify, under penalty of law my direction or supervision in accordance with a system submitted. Based on my inquiry of the person or penaltiformation, the information submitted is, to the begruipment described in this application meets the nucertify that I can and will comply with all conditions penalties for submitting false information, including the	om to ensure that sons who managest of my knowled ecessary criteria outlined in the C e possibility of find	qualified p e the syste dge and bu for applica General Pe	ersonnel p m, or those elief, true, ability for a rmit to ins	roperly (e persor accurate Genera tall. I a	gather and events directly restending to the companion of	valuate the insponsible for lete. In ad- nstall, Furth	nformation gathering dition, the nermore, I	
SIGNATURE OF AUTHORIZED EMPLOYEE (Person Identiti	led in item 4)	DATE		E-MAIL	ADDRESS			
La Panot		9-19	1-20	600	<u>cityen</u>	terprise	<u> </u>	
Submit original completed application and all attack	chments to:				•	' yah	oo.com	
MICHIGAN DEPARTMENT AIR QUALITY DIVISION - P P.O. BOX 30260 LANSING, MI 48909-7760			T LAKES	AND EN	IERGY			
DATE APPLICATION COMPLETE	SE ONLY - DO N	IOT WRITE	BELOW					
]	
DATE GENERAL PERMIT TO INSTALL GRANTED	SI	IGNATURE			<u></u>			
DATE GENERAL PERMIT TO INSTALL VOIDED		GNATURE						

800-662-9278