220 W. Main Street, Suite A1 Owosso Michigan 48867 Office: (989) 277-7477 Fax: (989) 725-8000 mahanna@shianet.org

December 14, 2015

VIA US-MAIL

Julie L. Brunner, P.E.
Michigan Department of Environmental Quality
Air Quality Division, Lansing District Office-MDEQ
Constitutional Hall
525 W. Allegan,
1st Floor-South
P. O. Box 30242
Lansing, MI 48909-7742

DEQ-AQD LANSING D.O.

DEC 16 2015

RE:

Air Quality

Fuoss Gravel Company

777 Busha Road, Owosso, MI

And

2638 W. Grand River Road, Owosso, MI

Dear Ms. Brunner (Julie):

Fuoss Gravel, my client is in receipt of your violation notice, and for its response:

Permits:

Please find attached two permit applications, one for each of the unpermitted oil burners, for each of the referenced properties.

Used Oil Furnaces:

Please be advised that Fuoss Gravel has made a business practice decision to discontinue the purchase of offsite used oil, effective December 10, 2015 for both plants.

Conclusion:

Should you have any questions or comments, please advise.

Thank you.

∕Mark A. Hanna, Esq.

Cc: Jim Fuoss

Encl.:

DEQ

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR QUALITY DIVISION

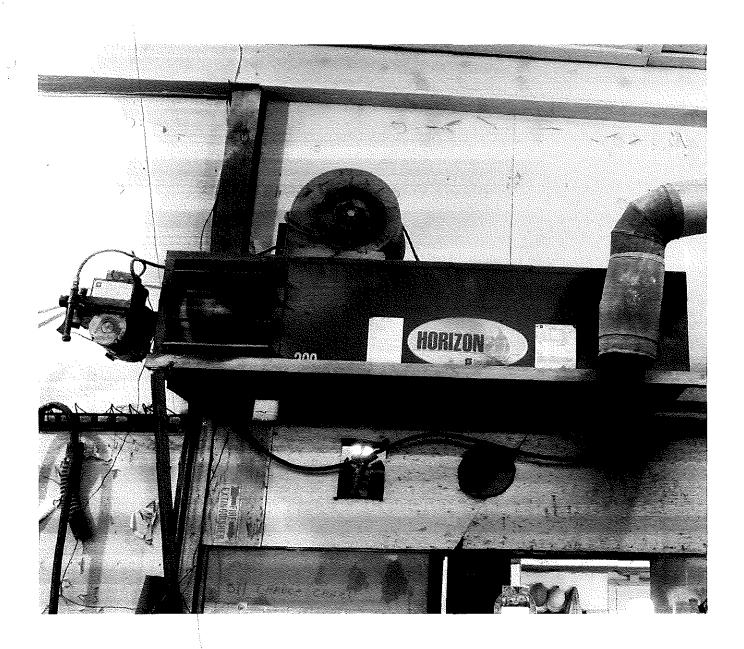
PERMIT TO INSTALL APPLICATION

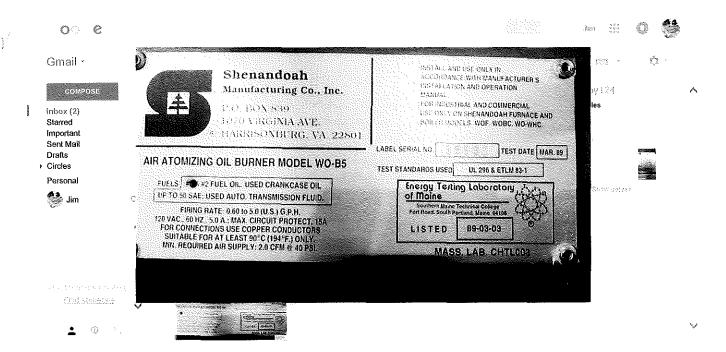
FOR DEQ USE
APPLICATION NUMBER

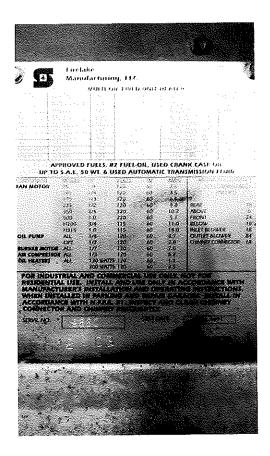
For authority to install, construct, reconstruct, relocate, or modify process, fuel-burning or refuse burning equipment and/or control equipment. Permits to install are required by administrative rules pursuant to Section 5505 of 1994 PA 451, as amended.

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 http://www.deq.state.mi.us/aps. 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 American Ind	dustry Classificat	ion System (NAICS)			
SRN NAICS			DEQ-AQD LANSING D.O.		
2. APPLICANT NAME: (Business License Name of Corporation, Partnership, Individual Owner, Government Agency)		Government Agency)			
tuoss Gravel Co			DEC 16 2015		
APPLICANT ADDRESS: (Number and Street)		MAIL CODE:	NEC TO SOLD		
11/ Bosha Kd			,,,,		
	STATE:	ZIP CODE: 48867	Shrawassee		
4. EQUIPMENT OR PROCESS LOCATION: (Number and Street – if different the	nan Item 3)				
Same		<u> </u>			
CITY: (City, Village or Township)		ZIP CODE:	COUNTY:		
5. GENERAL NATURE OF BUSINESS:					
Sand & grave!					
6. EQUIPMENT OR PROCESS DESCRIPTION: (A Description MUST Be Provided Here. Include Emission Unit IDs. Attach additional sheets if necessary; number and					
date each page of the submittal.)					
	(W Table			
# see attache	od sl	reets			
See allache					
7. DEACON FOR ADDITION (Observed all the Levely)					
7. REASON FOR APPLICATION: (Check all that apply.) INSTALLATION / CONSTRUCTION OF NEW EQUIPMENT OR PROCE	-ss				
RECONSTRUCTION / MODIFICATION / RELOCATION OF EXISTING EQUIPMENT OR PROCESS - DATE INSTALLED:					
OTHER - DESCRIBE					
8. IF THE EQUIPMENT OR PROCESS THAT WILL BE COVERED BY THIS PERMIT TO INSTALL (PTI) IS CURRENTLY COVERED BY ANY ACTIVE PERMITS,					
LIST THE PTI NUMBER(S):					
ODES THIS FACILITY HAVE AN EXISTING RENEWABLE OPERATING PER	RMIT (ROP)?	NOT APPLICABLE 🎾	PENDING APPLICATION YES		
PENDING APPLICATION OR ROP NUMBER:					
10. AUTHORIZED EMPLOYEE:	TITLE:	. 1	PHONE NUMBER: (Include Area Code)		
James U FJOSS		<u>sident</u>	989-725 2084		
SIGNATURE:	DATE:	16	E-MAIL ADDRESS:		
YNON FOR	12-11.	- / 3	tussquare legancal. cou		
11. CONTACT: (If different than Authorized Employee. The person to contact wi	vith questions reg	arding this application)	PHONE NUMBER: (Include Area Code)		
CONTACT AFFILIATION:	E-MAIL AI	DDRESS:			
12. IS THE CONTACT PERSON AUTHORIZED TO NEGOTIATE THE TERMS A	AND CONDITION	NS OF THE PERMIT TO INS	TALL? YES NO		
FOR DEGUSE ON	LY - DO NOT V	VRITE BELOW			
FOR DEQ USE ONLY - DO NOT WRITE BELOW DATE OF RECEIPT OF ALL INFORMATION REQUIRED BY RULE 203:					
DATE PERMIT TO INSTALL APPROVED:	SIGNATURE:				
DATE ADDITION OF THE VOIDED	CIONATURE				
DATE APPLICATION / PTI VOIDED:	SIGNATURE:				
DATE APPLICATION DENIED:	SIGNATURE:				
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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR QUALITY DIVISION

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 PA 451, as amended.

FOR DEQ 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 http://www.deg.state.mi.us/aps. 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 American Industry Classification System (NAICS) NAICS 2. APPLICANT NAME: (Business License Name of Corporation, Partnership, Individual Owner, Government Agency) tuoss Gravel 3. APPLICANT ADDRESS: (Number and Street) MAIL CODE: BUSHA ZIP CODE: COUNTY-CITY: (City, Village or Township) STATE: $I\!\!I/I$ SHAWassee *ಎ೦५५೦* 4. EQUIPMENT OR PROCESS LOCATION: (Number and Street, - if different than Item 3) / (Grawo COUNTY: ZIP CODE: CITY: (City, Village or Township) WO550 5. GENERAL NATURE OF BUSINESS: 2 Chrave EQUIPMENT OR PROCESS DESCRIPTION: (A Description MUST Be Provided Here. Include Emission Unit IDs. Attach additional sheets if necessary; number and date each page of the submittal.) # see attached sheets 7. REASON FOR APPLICATION: (Check all that apply.) INSTALLATION / CONSTRUCTION OF NEW EQUIPMENT OR PROCESS RECONSTRUCTION / MODIFICATION / RELOCATION OF EXISTING EQUIPMENT OR PROCESS - DATE INSTALLED: M. OTHER - DESCRIBE 8. IF THE EQUIPMENT OR PROCESS THAT WILL BE COVERED BY THIS PERMIT TO INSTALL (PTI) IS CURRENTLY COVERED BY ANY ACTIVE PERMITS, LIST THE PTI NUMBER(S): 9. DOES THIS FACILITY HAVE AN EXISTING RENEWABLE OPERATING PERMIT (ROP)? NOT APPLICABLE PENDING APPLICATION YES PENDING APPLICATION OR ROP NUMBER: 10. AUTHORIZED EMPLOYEE PHONE NUMBER: (Include Area Code) 989-725 SIGNATUR E-MAIL ADDRESS: · 00 6 ament 11. CONTACT: (If different than Authorized Employee. The person to contact with questions regarding this application) PHONE NUMBER: (Include Area Code) CONTACT AFFILIATION: E-MAIL ADDRESS: 12. IS THE CONTACT PERSON AUTHORIZED TO NEGOTIATE THE TERMS AND CONDITIONS OF THE PERMIT TO INSTALL? TYES NO FOR DEQ USE ONLY - DO NOT WRITE BELOW DATE OF RECEIPT OF ALL INFORMATION REQUIRED BY RULE 203: DATE PERMIT TO INSTALL APPROVED: SIGNATURE: DATE APPLICATION / PTI VOIDED: SIGNATURE: DATE APPLICATION DENIED: SIGNATURE:

A PERMIT CERTIFICATE WILL BE ISSUED UPON APPROVAL OF A PERMIT TO INSTALL

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