

IRON CITY ENTERPRISES, INC.

N 2404 HWY 41

Menominee, MI 49858

Phone # (906) 863-5987

Fax # (906) 863-7595

Received EGLE/AQD	
SEP 21 2020	
Maces _____	Maers _____
File _____	
CC _____	

Fax Cover Sheet

Date: 9-21-20

Attn: _____

Company Name: Marquette District

Fax Number: 906-228-4940

of Pages (including cover sheet): 8

Comments: Application for Nonmetallic
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 not 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

Michigan Department Of Environment, Great Lakes, and Energy

Air Quality Division



GENERAL PERMIT TO INSTALL APPLICATION

FOR EGLE USE ONLY
PERMIT NUMBER

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 STATE REGISTRATION NUMBER (SRN) <input type="text"/>		2. MINE/QUARRY NAME <u>Berch Creek Mining</u>	
SECTION	TOWNSHIP	RANGE	3. AMOUNT PROCESSED AT THIS SITE (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) <u>It's a portable unit</u>			
5. DOES THIS FACILITY HAVE ANY OUTSTANDING UNRESOLVED AIR VIOLATIONS?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. ARE THE CRUSHER(S) LOCATED A MINIMUM OF 500 FEET FROM ALL RESIDENTIAL OR COMMERCIAL ESTABLISHMENTS OR PLACES OF PUBLIC ASSEMBLY?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7. WAS THIS FACILITY PREVIOUSLY PERMITTED PURSUANT TO RULE 201? IF YES, PERMIT NO.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. APPLICATION IS FOR <input checked="" type="checkbox"/> NEW GENERAL PERMIT <input type="checkbox"/> MODIFICATION TO EXISTING GENERAL PERMIT - PERMIT NO.			
9. FOR A MODIFICATION: IS THE FACILITY CURRENTLY IN COMPLIANCE WITH ALL CONDITIONS OF THE EXISTING GENERAL PERMIT, INCLUDING BUT NOT LIMITED TO THE TESTING OF ALL NSPS SUBJECT EQUIPMENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Instructions for completing the following items: Each piece 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, conveyor, drill, etc.) <u>Crusher-Jaw model 24-36</u>		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL <u>model 24-36 - Lippman Jaw</u>		SERIAL NUMBER <u>554074</u>	MANUFACTURED DATE (year) <u>1969</u>
MAXIMUM RATED CAPACITY (tons per hour) <u>250</u>	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) <u>ALLs cone</u>		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL <u>45 hydro</u>		SERIAL NUMBER <u>5856076</u>	MANUFACTURED DATE (year) <u>1981</u>
MAXIMUM RATED CAPACITY (tons per hour) <u>260</u>	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input checked="" type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> 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 <u>[Signature]</u>	DATE <u>9-19-20</u>
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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 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. Use 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 DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Allis Jaw		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL Allis 2448 RT Jaw		SERIAL NUMBER S#54074	MANUFACTURED DATE (year) 1990
MAXIMUM RATED CAPACITY (tons per hour) 300	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Roll King Crusher		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL Lippman Jaw		SERIAL NUMBER 890323	MANUFACTURED DATE (year) 1989
MAXIMUM RATED CAPACITY (tons per hour) 400	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Lippman Roll		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL Lippman - Rolls		SERIAL NUMBER 880346	MANUFACTURED DATE (year) 1990
MAXIMUM RATED CAPACITY (tons per hour) 400	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Allis Roll		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL Allis Roll - 4132		SERIAL NUMBER 529725	MANUFACTURED DATE (year) 1972
MAXIMUM RATED CAPACITY (tons per hour) 175	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Conveyor		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL Shop Built 24-40		SERIAL NUMBER 27	MANUFACTURED DATE (year) 1983
MAXIMUM RATED CAPACITY (tons per hour) 250	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> 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 1004 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and/or 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. Use 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 DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Conveyor		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL 30x60 Shop Built		SERIAL NUMBER 14	MANUFACTURED DATE (year) 1970
MAXIMUM RATED CAPACITY (tons per hour) 300	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Conveyor		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL Shop Built 30x35		SERIAL NUMBER 4	MANUFACTURED DATE (year) 1983
MAXIMUM RATED CAPACITY (tons per hour) 200	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Conveyor		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL Shop Built 30x40		SERIAL NUMBER 5	MANUFACTURED DATE (year) 1983
MAXIMUM RATED CAPACITY (tons per hour) 200	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Conveyor		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL Shop Built 30x50		SERIAL NUMBER 6	MANUFACTURED DATE (year) 1983
MAXIMUM RATED CAPACITY (tons per hour) 250	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) Conveyor		DEVICE ID (Assign an identification number for this device)	
MAKE AND MODEL Shop Built 36x60		SERIAL NUMBER 15	MANUFACTURED DATE (year) 1981
MAXIMUM RATED CAPACITY (tons per hour) 400	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> 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/or 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. Use 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 DESCRIPTION (crusher-type, screen, conveyor, drill, etc.)		DEVICE ID (Assign an identification number for this device)	
Conveyor			
MAKE AND MODEL		SERIAL NUMBER	MANUFACTURED DATE (year)
Shop Built 30 x 60		Stocker	1983
MAXIMUM RATED CAPACITY (tons per hour)	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
400	CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS?			
<input type="checkbox"/> YES, HAS DEVICE BEEN TESTED?		<input type="checkbox"/> YES, DATE TEST PASSED	
<input type="checkbox"/> NO, REASON NOT SUBJECT		<input type="checkbox"/> NO, DATE TEST SCHEDULED	

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.)		DEVICE ID (Assign an identification number for this device)	
Conveyor			
MAKE AND MODEL		SERIAL NUMBER	MANUFACTURED DATE (year)
Shop Built 30 x 30		7	1981
MAXIMUM RATED CAPACITY (tons per hour)	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
200	CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS?			
<input type="checkbox"/> YES, HAS DEVICE BEEN TESTED?		<input type="checkbox"/> YES, DATE TEST PASSED	
<input type="checkbox"/> NO, REASON NOT SUBJECT		<input type="checkbox"/> NO, DATE TEST SCHEDULED	

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.)		DEVICE ID (Assign an identification number for this device)	
Conveyor			
MAKE AND MODEL		SERIAL NUMBER	MANUFACTURED DATE (year)
Shop Built 30 x 35		8	1985
MAXIMUM RATED CAPACITY (tons per hour)	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
175	CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS?			
<input type="checkbox"/> YES, HAS DEVICE BEEN TESTED?		<input type="checkbox"/> YES, DATE TEST PASSED	
<input type="checkbox"/> NO, REASON NOT SUBJECT		<input type="checkbox"/> NO, DATE TEST SCHEDULED	

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 (tons per hour)	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS?			
<input type="checkbox"/> YES, HAS DEVICE BEEN TESTED?		<input type="checkbox"/> YES, DATE TEST PASSED	
<input type="checkbox"/> NO, REASON NOT SUBJECT		<input type="checkbox"/> NO, DATE TEST SCHEDULED	

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 (tons per hour)	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS?			
<input type="checkbox"/> YES, HAS DEVICE BEEN TESTED?		<input type="checkbox"/> YES, DATE TEST PASSED	
<input type="checkbox"/> NO, REASON NOT SUBJECT		<input type="checkbox"/> NO, DATE TEST SCHEDULED	

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

For EGLE Use Only
Permit Number



GENERAL PERMIT TO INSTALL APPLICATION GENERAL INFORMATION

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.

1. FACILITY CODES State Registration Number (SRN):			North American Industry Classification System (NAICS)		
2. APPLICANT NAME (Business license name of the corporation, partnership, individual or government agency that owns the facility) <u>Iron City Enterprises Inc.</u>					
3. APPLICANT MAILING ADDRESS (Street Address or P.O. Box Number) <u>N 2404 Hwy 41</u>					
CITY <u>Menominee</u>		STATE <u>mi</u>		ZIP CODE <u>49858</u>	
4. AUTHORIZED EMPLOYEE <u>Tom Nemetz</u>			TITLE <u>President</u>		PHONE NO. (Include Area Code) <u>906-863-5987</u>
5. CONTACT: (if different than Authorized Employee - for questions regarding this application)				PHONE NO. (Include Area Code)	
6. EQUIPMENT OR PROCESS LOCATION (Number and street, if different than mailing address)					
CITY		ZIP CODE		COUNTY	
7. THE EQUIPMENT IDENTIFIED IN THE APPLICATION IS <input checked="" type="checkbox"/> NEW <input type="checkbox"/> EXISTING - DATE INSTALLED:					
8. IS THERE AN EXISTING PERMIT TO INSTALL FOR ANY EQUIPMENT IDENTIFIED IN THIS APPLICATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INCLUDE PERMIT TO INSTALL NUMBER(S)					
9. DOES THIS SOURCE HAVE AN EXISTING RENEWABLE OPERATING PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE IF YES, INCLUDE RENEWABLE OPERATING PERMIT NUMBER:					
10. IS ANY OF THE EQUIPMENT INCLUDED IN AN OUTSTANDING CONSENT ORDER OR CONSENT JUDGMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
11. THE FOLLOWING FORMS ARE ATTACHED AS PART OF THIS PERMIT APPLICATION (check all that apply)					
<input type="checkbox"/> PROCESS INFORMATION (EQP _____) (Complete the appropriate form for the process or equipment to be installed and insert the form number in the space provided.)					
<input type="checkbox"/> ADDITIONAL INFORMATION (EQP5729)					

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 (Person identified in item 4) <u>[Signature]</u>	DATE <u>9-19-20</u>	E-MAIL ADDRESS <u>ironcityenterprises@yahoo.com</u>
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Submit original completed application and all attachments to:

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

EGLE USE ONLY - DO NOT WRITE BELOW	
DATE APPLICATION COMPLETE	
DATE GENERAL PERMIT TO INSTALL GRANTED	SIGNATURE
DATE GENERAL PERMIT TO INSTALL VOIDED	SIGNATURE