



GENERAL PERMIT TO INSTALL APPLICATION

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

FOR DEQ USE ONLY
PERMIT NUMBER

Authorized under 1994 P.A. 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 or to modify an existing general permit. If two or more primary crushers operate in parallel, each constitutes a separate facility. Complete a separate form for each facility. Prepare this form together with form EQP5727 and any other forms identified in Item 19 of form EQP5727.

For a Modification: Complete Items 1 - 8. Identify all existing and new or additional process equipment. Submit pages 1 and 2 of this form to the Permit section and the appropriate district office. See district map for office locations.

1. FACILITY CODE STATE REGISTRATION (EMISSION INVENTORY) NO: <input type="text"/>		2. MINE/QUARRY NAME:	
SECTION :	TOWNSHIP:	RANGE:	3. AMOUNT TO BE 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):			
5. Does this facility have any outstanding unresolved air violations? <input type="checkbox"/> YES <input 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 type="checkbox"/> YES <input type="checkbox"/> NO			
7. Was this facility previously permitted pursuant to Rule 201? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Permit Number:			
8a. Application is for a: <input type="checkbox"/> New general permit <input type="checkbox"/> Modification to existing General Permit - General Permit Number:			
8b. 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 Device Identification (ID). These IDs may be any combination of up to 10 letters, numbers or keyboard characters with no spaces between characters. Provide the Device ID and all other information for each piece of process equipment at the facility. Use as many copies of page 2 as needed to list all process equipment.

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.):		DEVICE ID (Assign an identification number for this device):	
MAKE AND MODEL:		SERIAL NUMBER:	MANUFACTURED DATE:
MAXIMUM RATED CAPACITY (tons per hour):	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTROL TYPE:	
NSPS SUBJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF TESTED, DATE TEST PASSED:	

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.):		DEVICE ID (Assign an identification number for this device):	
MAKE AND MODEL:		SERIAL NUMBER:	MANUFACTURED DATE:
MAXIMUM RATED CAPACITY (tons per hour):	CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTROL TYPE:	
NSPS SUBJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF TESTED, DATE TEST PASSED:	

This page must be certified by an authorized company member

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 knowing violations.

Signature of Authorized Company Member:	Date:
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For a new general permit attach this completed form to and submit it with form EQP5727, following the instructions given on EQP5727.



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

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

Instructions for completion of the following items: Page 1 of this form must be completed and certified by an authorized company member. Provide the Device ID and all other information for each piece of process equipment at the facility. Use as many copies of this page as needed to list all process equipment.

For a modification to an existing general permit: 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 district map for office locations.

Form 1: DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.): DEVICE ID (Assign an identification number for this device): MAKE AND MODEL: SERIAL NUMBER: MANUFACTURED DATE: MAXIMUM RATED CAPACITY (tons per hour): CONTROL? YES NO CONTROL TYPE: NSPS SUBJECT? YES NO IF YES, HAS DEVICE BEEN TESTED? YES NO IF TESTED, DATE TEST PASSED:

Form 2: DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.): DEVICE ID (Assign an identification number for this device): MAKE AND MODEL: SERIAL NUMBER: MANUFACTURED DATE: MAXIMUM RATED CAPACITY (tons per hour): CONTROL? YES NO CONTROL TYPE: NSPS SUBJECT? YES NO IF YES, HAS DEVICE BEEN TESTED? YES NO IF TESTED, DATE TEST PASSED:

Form 3: DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.): DEVICE ID (Assign an identification number for this device): MAKE AND MODEL: SERIAL NUMBER: MANUFACTURED DATE: MAXIMUM RATED CAPACITY (tons per hour): CONTROL? YES NO CONTROL TYPE: NSPS SUBJECT? YES NO IF YES, HAS DEVICE BEEN TESTED? YES NO IF TESTED, DATE TEST PASSED:

Form 4: DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.): DEVICE ID (Assign an identification number for this device): MAKE AND MODEL: SERIAL NUMBER: MANUFACTURED DATE: MAXIMUM RATED CAPACITY (tons per hour): CONTROL? YES NO CONTROL TYPE: NSPS SUBJECT? YES NO IF YES, HAS DEVICE BEEN TESTED? YES NO IF TESTED, DATE TEST PASSED:

Form 5: DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.): DEVICE ID (Assign an identification number for this device): MAKE AND MODEL: SERIAL NUMBER: MANUFACTURED DATE: MAXIMUM RATED CAPACITY (tons per hour): CONTROL? YES NO CONTROL TYPE: NSPS SUBJECT? YES NO IF YES, HAS DEVICE BEEN TESTED? YES NO IF TESTED, DATE TEST PASSED:

For a new general permit attach this completed form to and submit it with form EQP5727, following the instructions given on EQP5727.