



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

## RENEWABLE OPERATING PERMIT APPLICATION C-001: CERTIFICATION

*This information is required by Article II, Chapter 1, part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in civil and/or criminal penalties. Please type or print clearly.*

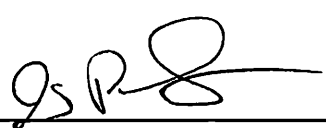
**This form is completed and included as part of Renewable Operating Permit (ROP) initial and renewal applications, notifications of change, amendments, modifications, and additional information.**

Form Type C-001	SRN N5940
-----------------	-----------

Stationary Source Name PotlatchDeltic Land & Lumber, LLC - Gwinn Lumber	
City Gwinn	County Marquette

<b>SUBMITTAL CERTIFICATION INFORMATION</b>	
1. Type of Submittal <i>Check only one box.</i>	
<input type="checkbox"/> Initial Application (Rule 210)	<input checked="" type="checkbox"/> Notification / Administrative Amendment / Modification (Rules 215/216)
<input type="checkbox"/> Renewal (Rule 210)	<input type="checkbox"/> Other, describe on AI-001
2. If this ROP has more than one Section, list the Section(s) that this Certification applies to _____	
3. Submittal Media <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> FTP <input type="checkbox"/> Disk <input checked="" type="checkbox"/> Paper	
4. Operator's Additional Information ID - Create an Additional Information (AI) ID that is used to provide supplemental information on AI-001 regarding a submittal.	
AI	

<b>CONTACT INFORMATION</b>	
Contact Name Amy Benson	Title Environmental Manager
Phone number (906) 346-8205	E-mail address Amy.Benson@potlatchdeltic.com

<b>This form must be signed and dated by a Responsible Official.</b>				
Responsible Official Name James Pearson			Title Mill Manager	
Mailing address 650 Avenue A				
City Gwinn	State MI	ZIP Code 49841	County Marquette	Country USA
<b>As a Responsible Official, I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this submittal are true, accurate and complete.</b>				
 _____ Signature of Responsible Official			1-3-2024 _____ Date	



## RENEWABLE OPERATING PERMIT

### M-001: RULE 215 CHANGE NOTIFICATION

### RULE 216 AMENDMENT/MODIFICATION APPLICATION

*This information is required by Part 55, Air Pollution Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and the Federal Clean Air Act of 1990. Failure to obtain a permit required by Part 55 may result in penalties and/or imprisonment.*

1. SRN    N5940	2. ROP Number    MI-ROP-N5940-2019a	3. County    Marquette
4. Stationary Source Name    PotlatchDeltic Land & Lumber, LLC - Gwinn Lumber		
5. Location Address    650 Avenue A		6. City    Gwinn
<p>7. Submittal Type - <i>The submittal must meet the criteria for the box checked below. Check only one box. Attach a mark-up of the affected ROP pages for applications for Rule 216 changes.</i></p> <p><input type="checkbox"/> Rule 215(1) Notification of change. <i>Complete Items 8 – 10 and 14</i></p> <p><input type="checkbox"/> Rule 215(2) Notification of change. <i>Complete Items 8 – 10 and 14</i></p> <p><input type="checkbox"/> Rule 215(3) Notification of change. <i>Complete Items 8 – 11 and 14</i></p> <p><input type="checkbox"/> Rule 215(5) Notification of change. <i>Complete Items 8 – 10 and 14</i></p> <p><input checked="" type="checkbox"/> Rule 216(1)(a)(i)-(iv) Administrative Amendment. <i>Complete Items 8 – 10 and 14</i></p> <p><input type="checkbox"/> Rule 216(1)(a)(v) Administrative Amendment. <i>Complete Items 8 – 14. Results of testing, monitoring &amp; recordkeeping must be submitted. See detailed instructions.</i></p> <p><input type="checkbox"/> Rule 216(2) Minor Modification. <i>Complete Items 8 – 12 and 14</i></p> <p><input type="checkbox"/> Rule 216(3) Significant Modification. <i>Complete Items 8 – 12 and 14, and provide any additional information needed on ROP application forms. See detailed instructions.</i></p> <p><input type="checkbox"/> Rule 216(4) State-Only Modification. <i>Complete Items 8 – 12 and 14</i></p>		
8. Effective date of the change. (MM/DD/YYYY) <i>See detailed instructions.</i> <u>12</u> / <u>15</u> / <u>2023</u>		9. Change in emissions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>10. Description of Change - <i>Describe any changes or additions to the ROP, including any changes in emissions and/or pollutants that will occur. If additional space is needed, complete an Additional Information form (AI-001).</i></p> <p style="text-align: center;">Incorporate PTI into ROP Renewal</p>		
11. New Source Review Permit(s) to Install (PTI) associated with this application? If Yes, enter the PTI Number(s) <u>145 - 23</u> -    -    -    -		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Compliance Status - <i>A narrative compliance plan, including a schedule for compliance, must be submitted using an AI-001 if any of the following are checked No.</i></p> <p>a. Is the change identified above in compliance with the associated applicable requirement(s)?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>b. Will the change identified above continue to be in compliance with the associated applicable requirement(s)?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>c. If the change includes a future applicable requirement(s), will timely compliance be achieved?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
13. Operator's Additional Information ID - <i>Create an Additional Information (AI) ID for the associated AI-001 form used to provide supplemental information.</i>		AI
14. Contact Name Amy Benson	Telephone No. (906) 346-8205	E-mail Address Amy.Benson@potlatchdeltic.com
15. This submittal also updates the ROP renewal application submitted on <u>12</u> / <u>12</u> / <u>2023</u> <i>(If yes, a mark-up of the affected pages of the ROP must be attached.)</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A

**NOTE: A CERTIFICATION FORM (C-001) SIGNED BY A RESPONSIBLE OFFICIAL MUST ACCOMPANY ALL SUBMITTALS**

For Assistance  
Contact: 800-662-9278

www.michigan.gov/egle

EQP 5775 (Rev.04-2019)