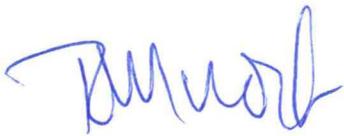


In regards to the dust on site roadways and the plant yard not being controlled as required, as this plant is not operating at an Elmer's property where a water truck would be available, we have coordinated with St. Mary's Cement a better method of communicating when water is needed and will have their water truck spray the area as needed to meet the opacity limit of five percent.

In summary, the plant was out of compliance with its permit due to a number of factors including multiple moves, the addition of conveyors in response to facility size and an array of aggregate products being produced, short operating windows with many down days due to employee availability, breakdowns and maintenance, and general delays in administrative action due to COVID-19 disruptions.

Sincerely,



Tom Wolf
Compliance Manager
Team Elmer's
231-590-9269

cc: Jenine Camilleri



3600 Rennie School Road
Traverse City, MI 49685
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July 29, 2022

Shane Dixon
MDNRE - Cadillac
120 W. Chapin St.
Cadillac, MI 49601

RE: Test Notification and Protocol for EPA - NSPS OOO, Permit #20-21

Dear Mr. Dixon:

As part of NSPS requirements coinciding with the recently submitted Air Use Permit to Install we will be performing a visual emissions test according to the following protocol:

1. Testing for components: conveyors #1128, 1167, 2102, 2103 and crusher/screen 2100/2101
 - a. Contacts: Tom Wolf at PO Box 6150 Traverse City, MI 49696
Phone: (231) 590-9269
 - b. Non-metallic mineral crushing facility
 - c. 10,000 tons max of raw material (based on 10-hr day)
 - d. Some speed variance if crusher stops and starts
 - e. Process is regulated by raw bank material (prior to the crusher/wash plant and wet material (after processing through the crusher/wash plant)
 - f. Rate Capacity: 500 TPH
 - g. Permit #20-21
2. Control Device(s): water suppression (spray bars on screens only)
3. Measured pollutant is visual emissions
5. US EPA Test Method 9 requires reading taken every 15 seconds, averaging 24 readings over a 6 minute period. During the observation for dust generation of the various components of a crushing facility, a certified US EPA Test Method 9 reader can reduce the observation time from 3 hours to 1 hour (ten, 6 minute averages) in the following situations:
 - a. If no individual opacity readings are > 15% crushers, 10% for screens and conveyors, and
 - b. There are no more than three recorded opacity readings of said percents in a 1 hour period.
6. One piece of equipment will be tested at a time, with the exception of up to two conveyors.
9. Operation will be an average of 500 tons per hour.
15. Testing will be performed at St. Mary's Cement, Charlevoix MI on **August 12, 2022 at 10 AM** by Tom Wolf, certified on 3/31/2022.

Testing will be performed at "worst case" conditions. Test results will be submitted within 45 days of completion. If you have any questions or comments, please feel free to contact me.

Sincerely,

Tom Wolf
Compliance Manager, Elmer's Crane & Dozer, Inc.



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

GENERAL PERMIT TO INSTALL APPLICATION

FOR EGLE USE ONLY
PERMIT NUMBER 20-21

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) <u>P11196</u>		2. MINE/QUARRY NAME MCCLOSKEY 5165	
SECTION 33	TOWNSHIP T27N	RANGE R11W	3. AMOUNT PROCESSED AT THIS SITE (tons per year) 50,000
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) NONMETALLIC MINERAL MINING, PORTABLE PLANT			
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.) IMPACT CRUSHER		DEVICE ID (Assign an identification number for this device) 2100	
MAKE AND MODEL MCCLOSKEY 5165		SERIAL NUMBER 2021-0123	MANUFACTURED DATE (year) 05/2021
MAXIMUM RATED CAPACITY (tons per hour) 500	CONTROL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE WATER SPRAY BAR		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 1/1/0101 <input type="checkbox"/> NO, REASON NOT SUBJECT TEST DATE TBD ONCE OPERATIONAL 5/19/22			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) SCREEN		DEVICE ID (Assign an identification number for this device) 2101	
MAKE AND MODEL MCCLOSKEY 7' X 24'		SERIAL NUMBER 2021-0130	MANUFACTURED DATE (year) 05/2021
MAXIMUM RATED CAPACITY (tons per hour) 500	CONTROL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE WATER SPRAY BAR		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 1/1/0101 <input type="checkbox"/> NO, REASON NOT SUBJECT TEST DATE TBD ONCE OPERATIONAL 5/19/22			

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 5/19/22
--------------------------------------	------------------------

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 2021

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.) CONVEYOR		DEVICE ID (Assign an identification number for this device) 2103	
MAKE AND MODEL MCLOSKEY 48" X 75'		SERIAL NUMBER 2021-4875	MANUFACTURED DATE (year) 05/2021
MAXIMUM RATED CAPACITY (tons per hour) 500	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 1/1/0101 <input type="checkbox"/> NO, REASON NOT SUBJECT TEST DATE TBD ONCE OPERATIONAL 8/10/22			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) CONVEYOR		DEVICE ID (Assign an identification number for this device) 2102	
MAKE AND MODEL MCLOSKEY 36" X 65'		SERIAL NUMBER 2021-3665	MANUFACTURED DATE (year) 05/2021
MAXIMUM RATED CAPACITY (tons per hour) 500	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 1/1/0101 <input type="checkbox"/> NO, REASON NOT SUBJECT TEST DATE TBD ONCE OPERATIONAL 8/10/22			

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, DATE TEST SCHEDULED <input type="checkbox"/> 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 (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, DATE TEST SCHEDULED <input type="checkbox"/> 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 (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, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			



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) P 1 1 9 6		2. MINE/QUARRY NAME MCCLOSKEY 5165 #2100	
SECTION 33	TOWNSHIP T27N	RANGE	3. AMOUNT PROCESSED AT THIS SITE (tons per year) R11W
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) NONMETALLIC MINERAL MINING, PORTABLE PLANT			
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 type="checkbox"/> NEW GENERAL PERMIT <input checked="" type="checkbox"/> MODIFICATION TO EXISTING GENERAL PERMIT - PERMIT NO.		20-21	
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 checked="" 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.) 30" X 60' CONVEYOR		DEVICE ID (Assign an identification number for this device) 986	
MAKE AND MODEL ELMER'S		SERIAL NUMBER CB986	MANUFACTURED DATE (year) 1996
MAXIMUM RATED CAPACITY (tons per hour) 750	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input checked="" type="checkbox"/> YES, DATE TEST PASSED 11/6/1996 <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) 36" X 125' CONVEYOR		DEVICE ID (Assign an identification number for this device) 1128	
MAKE AND MODEL SUPERIOR		SERIAL NUMBER 516425	MANUFACTURED DATE (year) 2014
MAXIMUM RATED CAPACITY (tons per hour) 750	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 8/12/2022 <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	DATE
----------------------------------	------

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.) 36" X 50' CONVEYOR		DEVICE ID (Assign an identification number for this device) 1134	
MAKE AND MODEL GOODFELLOW		SERIAL NUMBER	MANUFACTURED DATE (year) 2016
MAXIMUM RATED CAPACITY (tons per hour) 750	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input checked="" type="checkbox"/> YES, DATE TEST PASSED 10/11/2016 <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) 36" X 50' CONVEYOR		DEVICE ID (Assign an identification number for this device) 1136	
MAKE AND MODEL ELMER'S		SERIAL NUMBER CB1136	MANUFACTURED DATE (year) 1996
MAXIMUM RATED CAPACITY (tons per hour) 750	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input checked="" type="checkbox"/> YES, DATE TEST PASSED 5/12/2017 <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) 36" X 125' CONVEYOR		DEVICE ID (Assign an identification number for this device) 1167	
MAKE AND MODEL SUPERIOR		SERIAL NUMBER 1420791	MANUFACTURED DATE (year) 2019
MAXIMUM RATED CAPACITY (tons per hour) 1000	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 8/12/2022 <input type="checkbox"/> 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 (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, DATE TEST SCHEDULED <input type="checkbox"/> 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 (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, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			



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August 15, 2022

Shane Dixon
MDNRE - Cadillac
120 W. Chapin St.
Cadillac, MI 49601

RE: Rescheduled Test Notification and Protocol for EPA - NSPS OOO, Permit #20-21

Dear Mr. Dixon:

As part of NSPS requirements coinciding with the recently submitted Air Use Permit to Install we will be performing a visual emissions test according to the following protocol:

1. Testing for components: conveyors #1128, 1167, 2102, 2103 and crusher/screen 2100/2101
 - a. Contacts: Tom Wolf at PO Box 6150 Traverse City, MI 49696
Phone: (231) 590-9269
 - b. Non-metallic mineral crushing facility
 - c. 10,000 tons max of raw material (based on 10-hr day)
 - d. Some speed variance if crusher stops and starts
 - e. Process is regulated by raw bank material (prior to the crusher/wash plant and wet material (after processing through the crusher/wash plant)
 - f. Rate Capacity: 500 TPH
 - g. Permit #20-21
2. Control Device(s): water suppression (spray bars on screens only)
3. Measured pollutant is visual emissions
5. US EPA Test Method 9 requires reading taken every 15 seconds, averaging 24 readings over a 6 minute period. During the observation for dust generation of the various components of a crushing facility, a certified US EPA Test Method 9 reader can reduce the observation time from 3 hours to 1 hour (ten, 6 minute averages) in the following situations:
 - a. If no individual opacity readings are > 15% crushers, 10% for screens and conveyors, and
 - b. There are no more than three recorded opacity readings of said percents in a 1 hour period.
6. One piece of equipment will be tested at a time, with the exception of up to two conveyors.
9. Operation will be an average of 500 tons per hour.
15. Testing will be performed at St. Mary's Cement, Charlevoix MI on **Thursday August 25th at 10 AM** by Tom Wolf, certified on 3/31/2022.

Testing will be performed at "worst case" conditions. Test results will be submitted within 45 days of completion. If you have any questions or comments, please feel free to contact me.

Sincerely,

Tom Wolf
Compliance Manager, Elmer's Crane & Dozer, Inc.



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

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.

FOR EGLE USE ONLY
PERMIT NUMBER 20-21

1. FACILITY CODE STATE REGISTRATION NUMBER (SRN) <u>MI11116</u>		2. MINE/QUARRY NAME MCCLOSKEY 5165	
SECTION 33	TOWNSHIP T27N	RANGE R11W	3. AMOUNT PROCESSED AT THIS SITE (tons per year) 50,000
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) NONMETALLIC MINERAL MINING, PORTABLE PLANT			
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.) IMPACT CRUSHER		DEVICE ID (Assign an identification number for this device) 2100	
MAKE AND MODEL MCCLOSKEY 5165		SERIAL NUMBER 2021-0123	MANUFACTURED DATE (year) 05/2021
MAXIMUM RATED CAPACITY (tons per hour) 500	CONTROL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE WATER SPRAY BAR		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED <u>1/1/0101</u>			
<input type="checkbox"/> NO, REASON NOT SUBJECT TEST DATE TBD ONCE OPERATIONAL			

8/25/22

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) SCREEN		DEVICE ID (Assign an identification number for this device) 2101	
MAKE AND MODEL MCCLOSKEY 7' X 24'		SERIAL NUMBER 2021-0130	MANUFACTURED DATE (year) 05/2021
MAXIMUM RATED CAPACITY (tons per hour) 500	CONTROL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CONTROL TYPE WATER SPRAY BAR		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED <u>1/1/0101</u>			
<input type="checkbox"/> NO, REASON NOT SUBJECT TEST DATE TBD ONCE OPERATIONAL			

8/25/22

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 knowing violations.

SIGNATURE OF AUTHORIZED EMPLOYEE 	DATE 5/19/2023
--------------------------------------	-------------------

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

FOR EGLE USE ONLY

PERMIT NUMBER

20 21

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		2103	
MAKE AND MODEL		SERIAL NUMBER	MANUFACTURED DATE (year)
MCLOSKEY 48" X 75'		2021-4875	05/2021
MAXIMUM RATED CAPACITY (tons per hour)	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTROL TYPE	
500			
IS DEVICE SUBJECT TO NSPS?			
<input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 1/1/0101			
<input type="checkbox"/> NO, REASON NOT SUBJECT TEST DATE TBD ONCE OPERATIONAL			

5/25/22

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.)		DEVICE ID (Assign an identification number for this device)	
CONVEYOR		2102	
MAKE AND MODEL		SERIAL NUMBER	MANUFACTURED DATE (year)
MCLOSKEY 36" X 65'		2021-3665	05/2021
MAXIMUM RATED CAPACITY (tons per hour)	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTROL TYPE	
500			
IS DEVICE SUBJECT TO NSPS?			
<input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 1/1/0101			
<input type="checkbox"/> NO, REASON NOT SUBJECT TEST DATE TBD ONCE OPERATIONAL			

5/25/22

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, DATE TEST SCHEDULED			
<input type="checkbox"/> 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 (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, DATE TEST SCHEDULED			
<input type="checkbox"/> 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 (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, DATE TEST SCHEDULED			
<input type="checkbox"/> NO, REASON NOT SUBJECT			



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" value="P"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="6"/>		2. MINE/QUARRY NAME MCCLOSKEY 5165 #2100	
SECTION 33	TOWNSHIP T27N	RANGE	3. AMOUNT PROCESSED AT THIS SITE (tons per year) R11W
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) NONMETALLIC MINERAL MINING, PORTABLE PLANT			
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 type="checkbox"/> NEW GENERAL PERMIT <input checked="" type="checkbox"/> MODIFICATION TO EXISTING GENERAL PERMIT - PERMIT NO.			20-21
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 checked="" 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.) 30" X 60' CONVEYOR		DEVICE ID (Assign an identification number for this device) 986	
MAKE AND MODEL ELMER'S		SERIAL NUMBER CB986	MANUFACTURED DATE (year) 1996
MAXIMUM RATED CAPACITY (tons per hour) 750	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input checked="" type="checkbox"/> YES, DATE TEST PASSED 11/6/1996 <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) 36" X 125' CONVEYOR		DEVICE ID (Assign an identification number for this device) 1128	
MAKE AND MODEL SUPERIOR		SERIAL NUMBER 516425	MANUFACTURED DATE (year) 2014
MAXIMUM RATED CAPACITY (tons per hour) 750	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 8/12/2022 <input type="checkbox"/> NO, REASON NOT SUBJECT 8/25/22			

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 knowing violations.

SIGNATURE OF AUTHORIZED EMPLOYEE	DATE
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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.) 36" X 50' CONVEYOR		DEVICE ID (Assign an identification number for this device) 1134	
MAKE AND MODEL GOODFELLOW		SERIAL NUMBER	MANUFACTURED DATE (year) 2016
MAXIMUM RATED CAPACITY (tons per hour) 750	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input checked="" type="checkbox"/> YES, DATE TEST PASSED 10/11/2016 <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) 36" X 50' CONVEYOR		DEVICE ID (Assign an identification number for this device) 1136	
MAKE AND MODEL ELMER'S		SERIAL NUMBER CB1136	MANUFACTURED DATE (year) 1996
MAXIMUM RATED CAPACITY (tons per hour) 750	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input checked="" type="checkbox"/> YES, DATE TEST PASSED 5/12/2017 <input type="checkbox"/> NO, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			

DEVICE DESCRIPTION (crusher-type, screen, conveyor, drill, etc.) 36" X 125' CONVEYOR		DEVICE ID (Assign an identification number for this device) 1167	
MAKE AND MODEL SUPERIOR		SERIAL NUMBER 1420791	MANUFACTURED DATE (year) 2019
MAXIMUM RATED CAPACITY (tons per hour) 1000	CONTROL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CONTROL TYPE		
IS DEVICE SUBJECT TO NSPS? <input checked="" type="checkbox"/> YES, HAS DEVICE BEEN TESTED? <input type="checkbox"/> YES, DATE TEST PASSED <input checked="" type="checkbox"/> NO, DATE TEST SCHEDULED 8/12/2022 <input type="checkbox"/> 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 (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, DATE TEST SCHEDULED <input type="checkbox"/> 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 (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, DATE TEST SCHEDULED <input type="checkbox"/> NO, REASON NOT SUBJECT			