

# Techni-Comp Composting Specialist, Inc.

4152 Dove Rd.  
Port Huron, Mi. 48060  
Phone (810)364-5460 Fax (810)364-4762

July 02, 2021

To whom it may concern,

It has come to our attention that we need a permit to operate our crusher, after a complaint was made on June 29, 2021. Since learning of the requirements for said permits I have completed and submitted a Permit to Install Application and a General Air Permit to Install Application. It is my understanding this will cover the current location we are crushing at in Croswell, I have enclosed a copy of the permits that I have applied for. If there are any additional permits that are required please contact Melanie at my office 810-364-5460.

We intend to maintain compliance in the future. Please feel to contact my office with any and all additional issues or questions.

Regards,

*Edward L. Forton*  
Owner/Operator

DEQ-AQD

JUL 06 2021

SAGINAW BAY

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JUL 06 2021

SAGINAW BAY



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF  
ENVIRONMENT, GREAT LAKES, AND ENERGY  
BAY CITY DISTRICT OFFICE



LIESL EICHLER CLARK  
DIRECTOR

July 1, 2021

Ed Furton  
Techni-Comp Environmental  
4200 Dove Road  
Port Huron, Michigan 48060

SRN: U762103183, St. Clair County

Dear Mr. Furton:

**VIOLATION NOTICE**

On June 29, 2021, the Department of Environment, Great Lakes, and Energy (EGLE), Air Quality Division (AQD), verified crushing activities by Techni-Comp Environmental located at Parcel ID No. 310-220-003-015-00, Croswell, Michigan. The purpose of the follow up activities were to verify compliance with the requirements of the federal Clean Air Act; Part 55, Air Pollution Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451); the Air Pollution Control Rules; and investigate a recent call which was received on June 28, 2021, regarding onsite crushing operations.

Staff determined the following:

Process Description	Rule/Permit Condition Violated	Comments
Crusher	Rule 201	Operating without a permit to install

A call was received on June 28, 2021, regarding crushing operations at a site located in Croswell, Michigan. In subsequent phone conversations, it was noted that Techni-Comp Environmental had located and commenced operation of unpermitted crushing equipment at this facility. The AQD staff advised Techni-Comp Environmental on June 29, 2021, that this is a violation of Rule 201 of the administrative rules promulgated under Act 451.

A program for compliance may include a completed Permit to Install (PTI) application for the crusher process equipment. An application form is available by request, or at the following website: [www.michigan.gov/air](http://www.michigan.gov/air) (in the shaded box on the upper right-hand side of the page).

Be advised that Rule 201 requires that a permit be obtained prior to installation, construction, operation, reconstruction, relocation, or alteration of any process or process equipment which may be a source of an air contaminant.

Ed Furton  
Techni-Comp Environmental  
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July 1, 2021

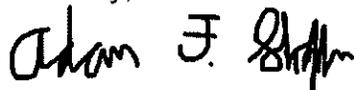
Please initiate actions necessary to correct the cited violation and submit a written response to this Violation Notice by July 22, 2021 (which coincides with 21 calendar days from the date of this letter). The written response should include: the dates the violation occurred; an explanation of the causes and duration of the violation; whether the violation is ongoing; a summary of the actions that have been taken and are proposed to be taken to correct the violation and the dates by which these actions will take place; and what steps are being taken to prevent a reoccurrence.

Please submit the written response to EGLE, AQD, Bay City District, at 401 Ketchum Street, Suite B, Bay City, Michigan 48708 and submit a copy to Ms. Jenine Camilleri, Enforcement Unit Supervisor at EGLE, AQD, P.O. Box 30260, Lansing, Michigan 48909-7760.

If Techni-Comp Environmental believes the above observations or statements are inaccurate or do not constitute violations of the applicable legal requirements cited, please provide appropriate factual information to explain your position.

Thank you for your attention to resolving the violation cited above and for the cooperation that was extended to me during my follow with Techni-Comp Environmental. If you have any questions regarding the violation or the actions necessary to bring this facility into compliance, please contact me at the number listed below.

Sincerely,



Adam Shaffer  
Environmental Quality Analyst  
Air Quality Division  
989-225-4789

cc: Ms. Mary Ann Dolehanty, EGLE  
Dr. Eduardo Olaguer, EGLE  
Ms. Jenine Camilleri, EGLE  
Mr. Christopher Ethridge, EGLE  
Mr. Chris Hare, EGLE  
Mr. Samuel Moore, City of Croswell  
Mr. Ryan Bauer, Boddy Construction Company, Inc.



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY  
AIR QUALITY DIVISION

For EGLE Use Only Permit Number
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**GENERAL AIR PERMIT TO INSTALL APPLICATION**

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)	<input type="text"/>	North American Industry Classification System (NAICS)	<input type="text"/>
2. APPLICANT NAME (Business license name of the corporation, partnership, individual or government agency that owns the facility) Techni-Comp Composting Specialist			
3. APPLICANT MAILING ADDRESS (Street Address or P.O. Box Number) 4200 Dove			
CITY Port Huron	STATE MI	ZIP CODE 48060 -	
4. AUTHORIZED EMPLOYEE Edward Forton	TITLE Owner	PHONE NO. (Include Area Code) - -	
5. CONTACT: (If different than Authorized Employee - for questions regarding this application) Melanie Hines		PHONE NO. (Include Area Code) - -	
6. EQUIPMENT OR PROCESS LOCATION (Number and street, if different than mailing address) 4152 Dove Rd			
CITY Port Huron	ZIP CODE 48060 -	COUNTY St Clair County	
7. THE EQUIPMENT IDENTIFIED IN THE APPLICATION IS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> EXISTING - DATE INSTALLED: 12/22/2020			
8. IS THERE AN EXISTING PERMIT TO INSTALL FOR ANY EQUIPMENT IDENTIFIED IN THIS APPLICATION? <input type="checkbox"/> YES <input checked="" 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 the 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) c0ba84e3-6ba3-41c4-bd76-7585642e0d28	DATE 07/02/2021	E-MAIL ADDRESS Edforton@comcast.net
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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

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



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

FOR EGLE 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. Please call the AQD at 517-899-6252. 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)
2. APPLICANT NAME: (Business License Name of Corporation, Partnership, Individual Owner, Government Agency) Techni-Comp Composting Specialist
3. APPLICANT ADDRESS: (Number and Street) 4200 Dove Rd
4. EQUIPMENT OR PROCESS LOCATION: (Number and Street - if different than Item 3) 261 Mills Rd
5. GENERAL NATURE OF BUSINESS: Crushing Concrete
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.) Crushing Concrete for the City of Croswell
7. REASON FOR APPLICATION: (Check all that apply.)
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)?
10. AUTHORIZED EMPLOYEE: Edward Forton
11. CONTACT: (If different than Authorized Employee. The person to contact with questions regarding this application) Melanie Hines
12. IS THE CONTACT PERSON AUTHORIZED TO NEGOTIATE THE TERMS AND CONDITIONS OF THE PERMIT TO INSTALL?
FOR EGLE USE ONLY - DO NOT WRITE BELOW
DATE OF RECEIPT OF ALL INFORMATION REQUIRED BY RULE 203:
DATE PERMIT TO INSTALL APPROVED:
DATE APPLICATION / PTI VOIDED:
DATE APPLICATION DENIED:

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