

# ADEQ

Arkansas Department of Environmental Quality

## AIR DIVISION

# NOTICE OF INTENT FOR GENERAL OPERATING PERMIT FOR ROCK CRUSHING FACILITIES

Permit #:1916-AGP-000

**GENERAL OPERATING PERMIT FOR ROCK CRUSHING FACILITIES  
APPLICATION FORM**

<b>Facility Physical Information</b>		<b>Facility and Invoice Information</b>	
Facility Name		Organization Name	
Physical Address or Location		Mailing Address	
City, County, Zip		City, State, Zip	
Contact Name and Position		Contact Name and Position	
Phone and Fax Number		Phone and Fax Number	

Please check the box which appropriately describes the legal organization of the applicant.

Solely Owned Proprietorship		Corporation		Limited Partnership	
General Partnership		OTHER:		Please Specify:	

If the applicant is corporation, indicate if it is a domestic (Arkansas) corporation or a foreign (chartered outside of Arkansas ) corporation. Domestic \_\_\_\_\_, Foreign \_\_\_\_\_

If the applicant is a corporation is it currently registered to do business with the Arkansas Secretary of State? Yes \_\_\_\_\_, No \_\_\_\_\_

Please indicate the UTM coordinates for the facility to the nearest tenth of a kilometer:  
(If the UTM is not known, indicate the latitude and longitude for the facility)

Does the facility operate any stationary equipment other than aggregate crushing, screening and conveying equipment at the site which has the potential to produce air pollution? Yes \_\_\_\_\_, No \_\_\_\_\_  
(If yes, attach a list of equipment and indicate the applicable air permit number, if any.)

Does the facility use wet suppression to control particulate emissions? Yes \_\_\_\_\_, No \_\_\_\_\_  
(If no, this facility is not eligible for this general permit.)

Will natural gas and/or No. 2 fuel oil be the only fuels used in stationary sources at this facility? Yes \_\_\_\_\_, No \_\_\_\_\_  
(If no, this facility is not eligible for this general permit)

Attach a list of all emission sources located at the site. This list should include the manufacturers name and model number for each source.

Attach a scale diagram of the facility which clearly indicates all process emission sources and the fenceline of the plant. Identify on this map the approximate center of the process emission sources as the point from which the fenceline distance is measured.

Indicate the minimum distance from the center of the plant (as identified on the plant diagram) to the nearest fence line. \_\_\_\_\_ ft.

Has a Disclosure Statement been submitted to the Department previously? Yes \_\_\_\_\_, No \_\_\_\_\_ (If no, please attach a disclosure statement)

Please submit these completed forms to: Arkansas Department of Environmental Quality, Air Division – Permits Branch, 5301 Northshore Drive, North Little Rock, AR 72118-5317

Be sure to include a check for the \$200 permit fee when submitting this Notice of Intent

# CERTIFICATION OF APPLICATION

"Responsible official" means one of the following:

- 1) For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
  - (i) the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or
  - (ii) the delegation of authority to such representative is approved in advance by the permitting authority;
- (2) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
- (3) For a municipality, State, Federal, or other public agency: either a principal executive officer or ranking elected official. For the purposes of this part, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA).

I certify under penalty of law that this application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure 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 the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
typed/printed name of responsible official

\_\_\_\_\_  
title

\_\_\_\_\_  
signature of responsible official

\_\_\_\_\_  
date

\_\_\_\_\_  
typed/printed name of person preparing application

\_\_\_\_\_  
firm or company

\_\_\_\_\_  
address of preparer's firm

\_\_\_\_\_  
telephone number (including area code)

