



**Minnesota Pollution  
Control Agency**

520 Lafayette Road North  
St. Paul, MN 55155-4194

**NM-02**

**Facility Information – Nonmetallic Mineral Processing**

**General Permit**

Air Quality Permit Program

**Instructions on Page 3**

- 1a) AQ Facility ID No.: \_\_\_\_\_ 1b) AQ File No: \_\_\_\_\_
- 2) Facility name: \_\_\_\_\_
- 3) Facility location: Information provided on Location Notification Forms (NM-RE - Use one form for each site).
- 4) Corporate/company owner:
- Name: \_\_\_\_\_
- Mailing address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Owner classification: ☐ Private ☐ Local Govt. ☐ State Govt. ☐ Federal Govt. ☐ Utility
- 5) Corporate/company operator (if different than owner):
- Name: \_\_\_\_\_
- Mailing address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 6) Co-permittee (if applicable):
- Name: \_\_\_\_\_
- Mailing address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 7) Legally responsible official for this permit/facility:
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Title: \_\_\_\_\_ Fax: \_\_\_\_\_
- At (check one): ☐ Owner address ☐ Operator address
- ☐ Other address (specify): \_\_\_\_\_
- 8) Contact person for this permit:
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Title: \_\_\_\_\_ Fax: \_\_\_\_\_
- At (check one): ☐ Owner address ☐ Operator address
- ☐ Other address (specify): \_\_\_\_\_
- E-mail address: \_\_\_\_\_
- 9) All billings for annual fees should be addressed to:
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Title: \_\_\_\_\_ Fax: \_\_\_\_\_
- At (check one): ☐ Owner address ☐ Operator address
- ☐ Other address (specify): \_\_\_\_\_

- 10) Standard Industrial Classification (SIC) Code and description for the facility and North American Industry Classification System (NAICS) Code and description: (check primary activity)

Primary SIC code	Primary NAICS code	Description
<input type="checkbox"/> 1422	212312	Crushed and Broken Stone, Limestone
<input type="checkbox"/> 1423	212313	Crushed and Broken Stone, Granite
<input type="checkbox"/> 1429	212319	Crushed and Broken Stone, Not elsewhere classified
<input type="checkbox"/> 1442	212321	Sand and Gravel, Construction Sand and Gravel
<input type="checkbox"/> 1446	212322	Sand and Gravel, Industrial Sand

- 11) Primary product produced (or activity performed) at the facility is: Nonmetallic mineral processing

- 12) Source(s) to be covered by this general permit: ☒ May be stationary/permanent or portable/temporary.

- 13) Check the one that best applies:

- ☐ New facility(ies) planned or under construction
- ☐ Existing facility(ies), currently operating under Air Emission Permit No.(s): \_\_\_\_\_
- ☐ Existing facility(ies), but have never had an Air Emission Permit issued by the MPCA

- 14) Is environmental review required (either an Environmental Assessment Worksheet (EAW) or an Environmental Impact Statement (EIS)) for this facility?

☐ Yes ☐ No

- 15) Are you (or will you be, if this is a new facility) required to submit a Toxics Release Inventory (Form R) under SARA Title 313 for this facility?

☒ No

- 16) Is this facility within 50 miles of another state or the Canadian border? Stationary sources covered by this general permit may operate within 50 miles of Wisconsin, Iowa, South Dakota, North Dakota, and/or Canada.

☐ Yes ☐ No

- 17) Brief description of the facility or proposed facility to be permitted: Nonmetallic mineral processing

- 18) Are you proposing any alternative operating or emissions trading scenarios in this application?

☐ Yes ☒ No

- 19) Person preparing this permit application:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

## Form NM-02 Instructions

- 1a) **AQ Facility ID No.** -- Fill in your Air Quality (AQ) Facility identification (ID) Number (No.). If your facility has never been issued a permit under this program, leave this line blank.
- 1b) **AQ File No.** -- Fill in your AQ File Number. If you have never had an air quality permit or if you don't know this number, leave this line blank.
- 2) **Facility Name** -- Enter your facility name.
- 3) **Facility Location** -- Skip. Information provided on Location Notification Form NM-RE. Complete Form NM-RE for each site.
- 4) **Corporate/Company Owner** -- Fill in the owner name and mailing address. The owner receives the air emission permit from the Minnesota Pollution Control Agency (MPCA). The owner is the "Permittee". Check the one "owner classification box" that most closely describes your facility.
- 5) **Corporate/Company Operator (if different from owner)** -- The operator runs the facility on a day-to-day basis. If a separate management company operates the facility, its name goes here. The operator is also a "Permittee". Fill in if applicable; if not, fill in "N/A".
- 6) **Co-permittee (if applicable)** -- If the emission facility has more than one owner, for example a partnership, then the second owner's name and address go here. Another example is two facilities, owned separately, where one facility exists to support the other; both facilities are subject to one permit and the two owners are considered co-permittees.
- 7) **Legally responsible official for this permit/facility** -- Fill in the name, title, phone number and fax number (if applicable) of the Legally Responsible Official. For the purpose of Form NM-02, the Legally Responsible Official must be a person meeting the criteria for signing the application (defined in Minn. R. 7007.0100, subp. 21), which is the person who performs policy or decision making functions for the company. (A delegate may be allowed in some cases. Please refer to the rule section listed above.)
- Indicate which address applies to this person by checking the appropriate box.
- 8) **Contact-person for this permit** -- Fill in the name, title, phone number and fax number (if applicable) of the individual to whom the permit and other permitting correspondence should be sent. Indicate which address applies to this person by checking the appropriate box. Include the e-mail address at which the contact person can be reached.
- 9) **All billings and annual fees should be addressed to** -- Fill in the name, title, phone number and fax number (if applicable) of the individual to whom the annual emissions inventory and emissions fee billing should be sent. Indicate which address applies to this person by checking the appropriate box.
- 10) **Standard Industrial Classification (SIC) Code and description for the facility** -- Check the appropriate box.
- 11) **Primary product produced (or activity performed) at the facility is** -- Skip. Information filled in.
- 12) **Facility is stationary/portable or permanent/temporary** -- Skip. Information filled in.
- 13) **Facility Status** -- Place a check-mark in the box that most closely describes your facility's permitting status. If this is an existing facility operating under an existing Air Emissions Permit, enter the permit number.
- 14) **Is an environmental review required (either an Environmental Assessment Worksheet [EAW] or an Environmental Impact Statement [EIS])?**
- 15) **Are you required to submit a Toxics Release Inventory (Form R) under SARA Title 313?** - Skip. Checked 'No', because the SIC codes listed in question 10 are not reportable under Toxic Release Inventory.
- 16) **Are you within 50 miles of another state or the Canadian border?** -- Check appropriate box.
- 17) **Brief description of the source or proposed source to be permitted** -- Skip. Primary business activity of your facility is filled in.
- 18) **Are you proposing any alternative operating or emissions trading scenarios in this application?** -- Skip. Answer is checked 'No'. This does not apply to facilities applying for this general permit.
- 19) **Person preparing this permit application** -- Fill in the name, title, company, phone number and fax number (if applicable), and e-mail address of the individual filling out this permit application. Include the date of application.