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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | NM-02  Facility Information –  Nonmetallic Mineral Processing General Permit  Air Quality Permit Program  *Doc Type: Permit Application* |

**Instructions on Page 3.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1a) AQ Facility ID No.: | | |  | | 1b) Agency Interest ID number: | | | | | |  | | | |
| 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 | | | | | | | | | | | | | | | |
| Legally responsible official | | | | | | | | | | | | | | |
| Name: | | |  | | | | | Phone: |  | | | | | |
| Title: | | |  | | | | | Fax: |  | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| City: | | |  | | | State: |  | | | Zip code: | | |  | |
| Email address: | | |  | | | | | | | | | | | |
| Indicate ownership interest in percent: | | | | |  |  | | | | | | | | |

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| 5) **Corporate/company operator** (if different than owner) | | | | | | | | | | | |
| Name: |  | | | | | | | | | | |
| Mailing address: |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| City: |  | | State: | |  | | | | Zip: |  | |
| Legally responsible official | | | | | | | | | | | |
| Name: |  | | | | | Phone: |  | | | | |
| Title: |  | | | | | Fax: |  | | | | |
| Mailing Address: |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| City: | |  | | State: |  | | | Zip code: | | |  |
| Email address: | |  | | | | | | | | | |

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| 6) **Additional Corporate/Company owner or operator** (if applicable) | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | |
| Mailing address: |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| City: |  | | State: | | |  | | | | Zip: |  | | |
| Legally responsible official | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: |  | | | | |
| Title: |  | | | | | | Fax: |  | | | | |
| Mailing Address: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| City: |  | | | State: | |  | | | Zip code: | | |  |
| Email address: |  | | | | | | | | | | | |
| If owner, indicate ownership interest in percent: | |  | | |  | | | | | | | |

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| 7) **Does the facility have more Corporate/Company owners and/or operators?**  Yes  No  If yes, attach additional sheets with the information indicated in item 6 for each owner and/or operator not listed above. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8) **Facility contact person for this permit:** | | | | | | | | | |
| Name: | |  | | | | Phone: | |  | |
| Title: | |  | | | | Fax: | |  | |
| Organization: | |  | | | | | | | |
| Mailing Address: | |  | | | | | | | |
| City: | | |  | State: |  | | Zip code: | |  |
|  | Email address: | |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9) All billings for annual fees should be addressed to: | | | | | | | | |
| Name: | |  | | | Phone: | |  | |
| Title: | |  | | | Fax: | |  | |
| Organization: | | |  | | | | | | |
| Mailing Address: | | |  | | | | | | |
| City: | | |  | State: |  | | Zip code: | |  |
|  | | Email address: |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | |
|  | | 1422 | | 212312 | Crushed and Broken Stone, Limestone | | | | |
|  | | 1423 | | 212313 | Crushed and Broken Stone, Granite | | | | |
|  | | 1429 | | 212319 | Crushed and Broken Stone, Not elsewhere classified | | | | |
|  | | 1442 | | 212321 | Sand and Gravel, Construction Sand and Gravel | | | | |
|  | | 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: |  | | | | | | | | | |
| Email address: |  | | | | | | | | | |
| Organization: |  | | | | | | | | | |
| Mailing Address: |  | | | | | | | | |
|  |  | | | | | | | | |
| City: |  | | | State: |  | | | Zip code: |  |
| 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) Agency Interest ID number –** Fill in your agency interest identification (ID) number. This is an ID number assigned to your facility through the Tempo database. 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.

To determine if your facility is in or within one mile of an area of environmental justice concern anywhere in the state, use the MPCA’s environmental justice screening tool, available here <https://arcg.is/vqaGa>.

To proactively consider actions for environmental improvement and community engagement, refer to this resource document <https://www.pca.state.mn.us/sites/default/files/aq1-69.pdf>.

The MPCA’s screening tool will be used to determine if the facility’s location is within or near an area of environmental justice concern. For facilities within or near areas of environmental justice concern, MPCA may request a meeting to discuss environmental justice, if the facility is already incorporating actions to address environmental justice, and voluntary actions the facility could further take. The EPA’s EJScreen tool is available here for additional information on environmental justice indices <https://www.epa.gov/ejscreen>.

**Note:** All owners and operators must be listed on the permit application and are included on the permit.An owner or operator is a corporation, partnership, sole proprietorship, municipality, state, federal or other public agency who owns, leases, operates, controls, or supervises, to any degree, an emissions unit, emission facility or stationary source. For example, if the facility is owned by a partnership, then the second owner's name and information are included at item 6 of this form. Another example is two facilities, owned separately, where one facility exists to support the other; both facilities are subject to one permit, the two owners are listed on the permit, and need to be included on this form, one at item 4 and one at item 6. A legally responsible official needs to be listed for each owner and operator. 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.)

**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. Indicate the ownership interest in percent. All other owners and operators need to be listed in items 5-7 and are “Co-permittees.”

**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." If applicable, fill in name, mailing address, and legally responsible official name, title, phone number, fax number (if applicable), and mailing address. If not applicable, fill in "N/A."

**6)** **Additional Corporate/Company owner or operator (if applicable) –** If the emission facility has more than one owner or one operator, fill in the additional owner or operator name, mailing address, and legally responsible official name, title, phone number, fax number (if applicable), and mailing address. For an owner, indicate the ownership interest in percent; for an operator, fill in "N/A."

**7)** **Does the facility have more corporate/company owners and/or operators?** If you have additional owners or operators attach additional sheets with the information indicated in item 6 for each additional corporate/company owner and/or operator.

**8) Facility contact person for this permit –** Fill in the name, title, organization, mailing address, phone number and fax number (if applicable) of the individual at the facility to whom the permit and other permitting correspondence should be sent. The facility contact person may be the facility site manager or other employee of the facility. The facility contact person is not a consultant.

**9) All billings and annual fees should be addressed to –** Fill in the name, title, organization, mailing address, phone number and fax number (if applicable) of the individual to whom the annual emissions inventory and emissions fee billing should be sent.

**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 email address of the individual filling out this permit application. Include the date of application.