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| **Mail To:**  New Mexico Environment Department  Air Quality Bureau Permit Program Manager 525 Camino de los Marquez, Suite 1  Santa Fe, New Mexico, 87505  Phone (505) 476-4300  Fax (505) 476-4375  [www.env.nm.gov/air-quality/](http://www.env.nm.gov/air-quality/) | | | | | | | | | **NMED ColorLogo-Seal** | | | | | | | | | | | For Department use only: | | | | | | | | | | | | | |
| General Construction Permit (GCP*-*2)  Multi-Form for Quarrying, Crushing, and Screening Facilities  (Locating outside of Bernalillo County and Tribal Communities)  Use this form for any combination of the following permitting activities: **Initial registration** of a facility for a GCP-2 permit, GCP-2 facility **relocations**, GCP-2 **substitution of equipment** notification, and reporting of **additional equipment** for GCP-2 facilities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acknowledgements (Mark all that apply): I am submitting this form for an initial GCP-2 registration. **I am submitting this form for relocation. A complete form is required for all relocations, including the equipment list.**  **I am submitting this form for equipment substitutions, removals, or additions.** Sections I, VII, VIII, and Attachment #1 are required in addition to the Certification Form (Section XI). Applicable provisions of the GCP-2 may require compliance tests for equipment installed following this notification. Include other sections if information is changing that should be reported in those sections.  I acknowledge that a pre-application meeting is available to me upon request. **I have sent a copy of this application to the nearest Department Field Office (required for initial registrations only).**  **Public notice was posted prior to submitting this form to NMED.**  **I have published the public notice required by Condition II.B.1 of GCP-2 (required for initial registrations only).**  **This facility qualifies to receive assistance from the Small Business Environmental Assistance program (SBEAP) and qualifies for 50% of the current application and permit fees.** To see if you qualify for SBEAP assistance and a fee reduction go to [www.env.nm.gov/air-quality/small-biz-eap-2/](http://www.env.nm.gov/air-quality/small-biz-eap-2/).  **This facility qualifies to receive assistance from the Small Business Environmental Assistance Program (SBEAP) but does not qualify for 50% of the current application and permit fees.**  **I have enclosed a check for the required fee:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Registration Fees | Initial Registration | Relocation | Small Business\* Initial Registration | Small Business\* Relocation | | Beginning 1/1/2024 | $5,100 | $510 | $2,550 | $255 | | Beginning 1/1/2025 | $5,230 | $523 | $2,615 | $262 |   There is an annual fee in addition to the registration fee: [www.env.nm.gov/air-quality/permit-fees-2/](http://www.env.nm.gov/air-quality/permit-fees-2/).  \* For facilities qualifying as a “small business” under 20.2.75.7.F NMAC the reduced fee may be used if NMED has a Small Business Certification Form from your company on file: [www.env.nm.gov/forms/](http://www.env.nm.gov/forms/).  **Provide your Check Number**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **and Amount**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Company Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | a) Company name: | | | | | | | | | | | | | | | | b) Date appl. notarized: | | | | | | | | | | | | |
| 2 | | | | | a) Facility name: | | | | | | | | | | b) 4-digit SIC code: | | | | | | | | | | | c) 6-digit NAICS code: | | | | | | | |
| 3 | | | | | Company mailing address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | For facilities with permits (or NPR or NOI), provide your Permit #: | | | | | | | | | | | | | | | | AI # (if known): | | | | | | | | | | | | |
| 5 | | | | | a) Contact person: | | | | | | | | | | | | | | | | b) Title: | | | | | | | | | | | | |
| 6 | | | | | a) Phone No: | | | | | | b) Fax No: | | | | | | | | | | c) e-mail: | | | | | | | | | | | | |
| 7 | | | | | Type of material processed by the Facility: | | | | | | | | | | | | | | | | This facility is:  Stationary  Portable | | | | | | | | | | | | |
| 8 | | | | | Will this facility operate in conjunction with other air regulated parties on the same property?  **No  Yes**  If yes, what is the name and permit number (if known) of the other facility? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | a) If you have hired a consultant, provide name and contact info: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | a) Phone No: | | | | | | b) Fax No: | | | | | | | | | | c) e-mail: | | | | | | | | | | | | |
| II Applicability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | Does your facility have Emissions Units subject to any New Source Performance Standard (NSPS) other than 40 CFR 60 Subpart OOO and/or Subpart IIII? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 2 | | | | Is your facility listed under a NESHAP or MACT? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 3 | | | | Will your facility mine and/or process radioactive materials? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 4 | | | | Will your facility mine and/or process materials that include any listed Hazardous Air Pollutants (HAPs)? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 5 | | | | Will your facility mine and/or process nonmetallic minerals used as fuels (such as coal)? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 6 | | | | Will your facility manufacture cement? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 7 | | | | Will your facility mine and/or process potash or humate? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 8 | | | | Will your facility process slag, asbestos tailings, or asbestos containing waste materials? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 9 | | | | Is your facility subject to 20.2.72 NMAC, Subpart IV, *Permitting for Toxic Air Pollutants?* | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 10 | | | | Will this facility be located less than three (3) miles from a Class I (Wilderness) area? See AQB Modeling website for a map of Class I areas at: http://www.env.nm.gov/aqb/modeling/class1areas.html | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 11 | | | | Will this facility use any fuels other than natural gas, liquefied petroleum gas (LPG)/propane, gasoline, and # 2 diesel fuel with a sulfur content greater than 0.05% by weight? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| If you answered ***Yes*** to any of questions 1-11, your facility **does not** qualify for this general construction permit. You need to submit an application for a regular permit under 20 NMAC 2.72 *Construction Permits*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | Will your facility meet the location requirements as described in Sections III.C. and III.E. of this general construction permit? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 13 | | | | Is your facility’s primary purpose to produce, process, crush, screen, and /or process any of the listed materials per Condition I.A.1 of the general construction permit? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 14 | | | | Is your facility’s Maximum Production less than or equal to 600 Tons Per Hour? (Required by Condition III.A.4. of this General Construction Permit) | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 15 | | | | Does your facility include any combination of the Emissions Units listed in Section I.A.3. of the general construction permit, and no others? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 16 | | | | Can your facility comply with all of the applicable state and federal regulations listed in Section III.B. of the general construction permit? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 17 | | | | Will the perimeter of the Area of Operations of your facility be located more than one-quarter mile (1/4) from an existing recreation area, private residence, office building, school, or other occupied structure? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 18 | | | | Will the minimum distance between any emission source of the permitted Facility and the perimeter of the Restricted Area (except where the haul road crosses the Restricted Area perimeter) be at least 10 meters (11 yards)? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 19 | | | | Will your facility operate **no more** than 4,380 hours per year? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 20 | | | | Will your facility operate during daylight hours only? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| 21 | | | | Will the haul road control measures meet or exceed the requirements as described in Section III.F. and Table III.F.1 of this general construction permit? | | | | | | | | | | | | | | | | | | | | | | | | | | **No  Yes** | | | |
| If you answered ***NO*** to any of questions 12-21, your facility **does not** qualify for this general construction permit. You need to submit an application for an individual permit under 20.2.72 NMAC *Construction Permits*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III Current Facility Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | Has this facility previously been issued a general construction permit? Yes No | | | | | | | | | | | | | | | | | | | | If yes, the registration No. is: | | | | | | | | | | | |
| 2 | | | Has this facility already been constructed? Yes No | | | | | | | | | | | If yes, is it currently operating in New Mexico? Yes No | | | | | | | | | | | | | | | | | | | | |
| 3 | | | Does this facility currently have a construction permit (20.2.72 NMAC, Section 200.A or 200.B)? Yes No | | | | | | | | | | | | | | | | If yes, the permit No., and whether it will remain active or not | | | | | | | | | | | | | | | |
| 4 | | | Is this application in response to a Notice of Violation (NOV)?  Yes No If so, provide current permit #: | | | | | | | | | | | | | If yes, NOV date: | | | | | | | | | | | NOV Tracking No. | | | | | | | |
| 5 | | | This Facility is submitting this application as a Small Business and will operate under the small business product limitation in the GCP, Section II.D.2 – *Fees*. Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | This Facility will operate as a Small Business under Condition II.D. I understand that additional reporting requirements are necessary prior to operating over the 760,000 TPY limit as required in Co0ndition IV.C.1.b. **☐** Yes **☐** No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV Facility Location Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please use Montana’s Graphical Locater to convert Lat/Long to UTM systems, found at: <http://rcn.montana.edu/resources/converter.aspx> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | a) Latitude (decimal degrees): | | | | b) Longitude (decimal degrees): | | | | | | | | | | | | | | | | | | c) County: | | | d) Elevation (ft): | | | |
| 2 | | | | | | a) UTM Zone: 12 or 13 | b) UTME (to nearest 0.01 km): | | | | | | | | | | | | | | c) UTMN (to nearest 0.01 km): | | | | | | | | | | | | | |
|  | | | | | | d) Specify which datum is used:  NAD 83  WGS 84  See this link for more info. <http://en.wikipedia.org/wiki/North_American_Datum> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | Name and zip code of nearest New Mexico town and/or tribal community: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | Detailed Driving Instructions including direction and distance from nearest NM town and/or tribal community (attach a road map if necessary). If there is no street address, provide public road mileage marker: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | The facility is       (distance) miles       (direction) of       (nearest town). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | Direction and distance to the nearest occupied structure from the perimeter of the Area of Operations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | Land Status of Facility (check one):  Private  Indian/Pueblo  Government  BLM  Forest Service  Military | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | Name and county of the nearest Class I Area and its direction from the facility: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | Shortest distance from the facility to the boundary of the nearest Class I Area (to the nearest 1 km): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V Proposed Operating Schedule | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | Facility **maximum** operating (): | | | | | | | | | | (): | | | | | | (): | | | | | | | ():       OR  Daylight hours only | | | | | | | | | |
| 2 | | Facility’s maximum daily operating schedule? Start: | | | | | | | | | | | | | | | | | | | | AM  PM | | End: | | | | | | | | AM  PM | | |
| 3 | | Month and year of anticipated startup of new or modified facility: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | Month and year of anticipated completion date at this proposed site: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | Will this facility operate at this site for more than one year? Yes No | | | | | | | | | | | | | | | | | | | If yes, give number of years, months, permanent etc. | | | | | | | | | | | | | |
| VI Other Facility Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | Maximum proposed production | |  | | | | | tons/hr | | 3 | | Total miles of haul road (one way) | | | | | | | | | | | |  | | | | miles | |
| 2 | | | | | Area of storage pile & operations | |  | | | | | acres | | 4 | | Estimated Number of Haul truck trips per day (round trip) | | | | | | | | | | | |  | | | | trips/day | |
| 5 | | | | | a) **Restricted Area**: Provide a written description of the method(s) to be used to restrict public access to the restricted area.  Method(s) used to delineate the Restricted Area:  **Restricted Area** is an area to which public entry is effectively precluded. Effective barriers include continuous fencing, continuous walls, or other continuous barriers approved by the Department on a case by case basis, such as rugged physical terrain with steep grade that would require special equipment to traverse. If a very large property is completely enclosed by fencing, a restricted area within the property may be identified with single wire fencing or signage only if approved by the Department. Public roads cannot be part of a Restricted Area. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | Describe the control measures that will be used on haul roads to meet the fugitive emission requirements described in Section III.F. of this General Construction Permit:  The GCP-2 permit Table III.F.1 (p. 11) Fugitive Emissions Control Requirements for Haul Road for this facility layout are:  Water  Water plus base course application  Surfactant application according to the manufacturer’s instructions  Paved and sweeping | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | **During Malfunctions, Startup, Shutdown, and Scheduled Maintenances and weather exceedances the plant will shut down until it can operate without exceedances.**  Either check the option above or provide a preliminary operational plan(s) defining the measures to mitigate source emissions during:  1) Facility malfunctions, start up, shutdown, scheduled maintenance as defined in 20.2.7 NMAC **AND**  2) weather conditions that would cause an exceedance of the visible emission requirement in Section III.A.6. of the permit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| VII Process Equipment Information (use additional sheets if necessary)List all equipment and emissions sources at the facility, not only what is being substituted, added or removed | | | | | | | |
| **Unit Number** | **Component Description (or unit’s function) For each crusher, designate as primary or secondary** | **Manufacturer** | **Manufacture Date** | **Model Number** | **Equipment Size, Capacity1 or Maximum Process Rate (for generator sets, report the rated horsepower)** | **Manufacturers Emission Factors for Regulated Air Pollutants (for engines or generators)2** | **Date of Most Recent Compliance Test in New Mexico**  **(or “None”)** |
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1 To properly account for power conversion efficiencies, generator set rated capacity shall be reported as the rated capacity of the engine in horsepower, not the kilowatt capacity of the generator set.

2 Include a copy of the manufacturers data sheets specifying the emission factors of the unit. If no manufacturers data are available, please use EPA’s AP-42 emission factors for engines or generators.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VIII Storage Tank Information (Note: this data will be used to determine 40 CFR 60 Subpart Kb applicability) (Use additional sheets if necessary) | | | | | | | | | |
| **Tank**  **No.** | MaterialsStored | DateInstalled **(MM/DD/YY)** | Capacity **(bbl)** | Capacity (M3) | Diameter(M) | Height **(M)** | True Vapor Pressure **(kPa)** | **Annual Through-puts**  **(gal)** | Annual **Turnovers** |
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# IX Required Attachments

The following Attachments are required. Please label each document and verify you have provided the requested information by checking the checkboxes below. A complete application shall include:

**Attachment # 1 Process Flow Sheet:** For **initial** registration applications and for all **substitutions**, removals, and **additions** of equipment applications; include a process flow sheet and/or block diagram indicating:

All regulated eq­uip­ment (Numbering or naming system should cross reference with Attachment #2)

All emission points

Types of control (if any) applied to those points.

**Attachment # 2** **Facility Layout Map:** Provide a satellite photo or commercial scale map) showing the proposed **layout** of the Facility and the surrounding area including at least 0.25-mile (but not greater than 0.5 mile) distance from the Restricted Area in all directions. The map shall also include (show) the following:

Include the label “Facility Layout Map” and the name of the facility

A graphical scale

An indicator showing which direction is north

The UTM coordinates (or Longitudinal coordinate system on both axis)

All emissions units, structures, tanks

The access haul roads from the Area of Operations to the perimeter of the Property Boundary. Label the length.

Any relevant topographic features of the area

Any co-located particulate sources

Facility Property Boundary

The perimeter of the Restricted Area (fence line). For the complete definition, refer to the ‘Definitions’ at the end of the GCP permit). If more than one type of barrier is used, identify the types and locations of each barrier that will be used to restrict access from the public.

The perimeter of the Area of Operations (see ‘Definitions’ at the end of the GCP permit).

Location of state parks, recreation areas, school yards, residences, businesses, schools, or other occupied structures within ¼ mile of the boundary of the area of operations.

If it will fit on this map, identify the Property Boundary owned, leased, or under direct control of the applicant and/or owner or operator (refer to the Definitions at the end of the GCP permit). If it will not fit on this map, show Property Boundary on the Facility Location Map.

Initial location of the primary crusher (or, if no crusher, primary screen,) in the Area of Operations

**Attachment # 3** **Facility Location Map:**  Provide a satellite photo at least 7 miles on each side or commercial scale map such as a 7.5-minute United States Geological Survey (USGS) topographic quadrangle, with the facility shown at or near the center showing the proposed **location** of the Facility. The map shall also include the following:

Include the label “Facility Location Map” and the name of the facility.

A minimum radius around the plant of 5 km (3.1 miles), showing any Class I area(s)

A graphical scale

An indicator showing which direction is north

The UTM coordinates (or Longitudinal coordinate system on both axis)

Any relevant topographic features of the area

Unless indicated on the Facility Layout Map, show and label the nearest occupied structure, indicating and labeling the shortest distance from it to the perimeter of the Area of Operations, unless the distance is greater than 3.1 miles. If greater than 3.1 miles, so indicate on the map.

**Attachment # 4 Public Notice:** Documentation that **public notice** has been initiated

**1)** Include the General Posting of Notice Certification (find the Posting Certification in Part X of this registration form), including location of posted notice, along with the posted sample; date of posting, and name of person posting the notice. **This Posting Certification is required for both initial applications and relocation applications.** Additionally, provide a verbal description the posting location. The posting at the facility **must be readable by the public from the nearest public road without trespassing on private property**. Do not post it behind a locked gate or on the haul road inside private property.

**A newspaper ad is not required for relocation applications**

**2a)** For initial GCP applications, include an original or copy of the actual newspaper advertisement. The original or copy of the advertisement must include the header showing the date and newspaper or publication title.

**OR**

**2b)** For initial GCP applications, includean affidavit from the newspaper or publication stating that the advertisements were published. The affidavit must include the date of the advertisements’ publication, and a legible photocopy of the entire ad.

**Attachment #5 Certification Form:**

Certification by the Facility’s owner or operator, or authorized representative before a notary public that all the information included in the registration form is true and complete to the best of his or her knowledge (find the Certification in Part XI of this registration form).

**Attachment #6 Manufacturers Specification Data Sheet or EPA AP-42 Emission Factors:**

For **initial** registrations and **equipment substitutions**, submit a copy of the manufacturer data sheet specifying the emission factors for each engine or generator listed in Table VII. If no manufacturer data are available, submit data from the appropriate EPA AP-42 chapter.

# X Posting Certification

Posting Certification

General Posting of Notices

General Construction Permits (GCPs)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(DATE),** I posted a true and correct copy of the attached Public Notice in a publicly accessible and conspicuous place, visible from the nearest public road, at the entrance of the property on which the facility is, or is proposed to be, located.

Signed this day of , ,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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Printed Name Title {APPLICANT OR RELATIONSHIP TO APPLICANT}

# XI Certification Form

**Company Name:**        \_\_\_\_\_\_\_\_\_

I,       , hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this       day of       , 20       , upon my oath or affirmation, before a notary of the State of       .

**Signature** **Date**

**Printed Name** **Title**

Scribed and sworn before me on this       day of       , 20      .

My authorization as a notary of the State of       expires on the

      day of       , 20      .

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary's Signature** **Date**

**\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary's Printed Name**

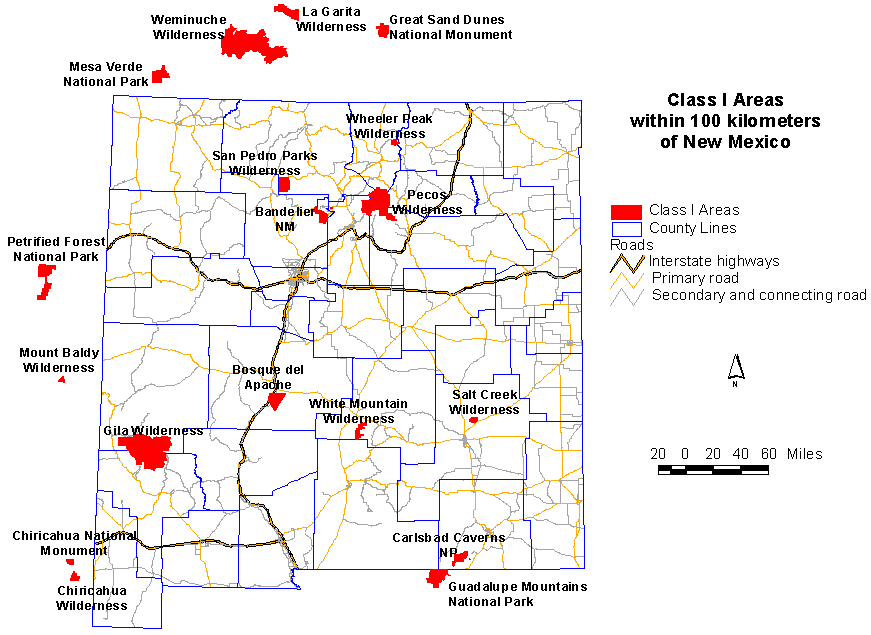


Figure 1

**This drawing is for informational purposes only. Do not submit it with your application.**

**Restricted Area: The fence line is the perimeter of the area to which public access is restricted.**

**Property Boundary**

**The Area of Operations can be repositioned any place within the restricted area (fence line shown as dashed lines), if it also meets all required set back distances set forth in the permit (shown in blue), except where the haul road crosses the fence line, and:**

* **For rock crushers, sand, gravel or asphalt plants, the perimeter of the source’s area of operations would be at least (402.3 meters) one-quarter (1/4) mile from an existing state park, recreation area, school, private residence, office building, or other occupied structure;**
* **For rock crushers, sand, gravel, or asphalt plants, the perimeter of the source’s area of operations would be at least (five (5) kilometers) 3.1 miles from a mandatory federal Class I area;**
* **The Area of Operations also meets all the requirements of the relocation approval for this site.**

**These haul roads are not included in the Area of Operations.**

**These haul roads are included in the Area of Operations.**

**Perimeter of the Area of Operations**

**Required Setback Distance to the Area of Operations (blue area)**

**Public Road**

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Change Log – Do **not** submit this page with your application.

If you are using a form older than the most current form posted on the website, you are required to incorporate the changes listed. Periodically, AQB will announce when older form versions will no longer be accepted.

|  |  |
| --- | --- |
| Version Date | Changes Incorporated |
| 12/14/2021 | Current version of this form. |
| 10/14/2022 | 2023 Fee Updates |
| 07/12/2023 | Removed Section, Township, Range, NAD27, changed lat/long to decimal degrees. Changed to Calibri. |
| 11/13/2023 | 2024 Fee Updates |
| 12/1/2024 | 2025 Fee Updates |