

Mail Application To: New Mexico Environment Department Air Quality Bureau New Source Review Unit 1301 Siler Road, Building B Santa Fe, NM 87507-3113 Phone (505) 476-4300 www.nmenv.state.nm.us/aqb		For Department use only: AIRS #: _____ AI #: _____
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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. For relocation, response to questions with asterisks {*} and section IX (Attachment 5, Public Notice, Section 2a or 2b) do **not** need to be provided unless information in these sections is being changed as well. Posting of public notice (Section 5, #1) is required. Sections VII, VIII, and IX (Attachment 1, Process Flow Sheet) are not required unless equipment has changed since the last submitted list.
- I am submitting this form for **equipment substitutions, removals, or additions**. Sections I, VII, VIII, and IX.1 are required in addition to the certification form on page 9. 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 enclosed a check for the **initial registration fee (\$3,640) or the relocation fee (\$364)**. For facilities qualifying as a "small business" under 20.2.75.7.F NMAC, these fees are \$1,820 and \$182 respectively, **provided** that NMED has a Small Business Certification Form from your company on file. This form can be found at: http://www.nmenv.state.nm.us/aqb/permit/app_form.html
Provide your Check Number: and Amount: .
- 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 meets the applicable requirements in 20.2.75 NMAC to register as a Small Business.

I Company Information			
1	a) Company name:	b) Date appl. notarized:	
2	a) Facility name:	*b) 4 digit SIC 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: <input type="checkbox"/> Stationary <input type="checkbox"/> Portable	
8	Will this facility operate in conjunction with other air regulated parties on the same property? <input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> No <input type="checkbox"/> Yes
2*	Is your facility listed under a NESHAP or MACT?		<input type="checkbox"/> No <input type="checkbox"/> Yes
3	Will your facility mine and/or process radioactive materials?		<input type="checkbox"/> No <input type="checkbox"/> Yes
4	Will your facility mine and/or process materials that include any listed Hazardous Air Pollutants (HAPs)?		<input type="checkbox"/> No <input type="checkbox"/> Yes
5	Will your facility mine and/or process nonmetallic minerals used as fuels (such as coal)?		<input type="checkbox"/> No <input type="checkbox"/> Yes
6	Will your facility manufacture cement?		<input type="checkbox"/> No <input type="checkbox"/> Yes
7	Will your facility mine and/or process potash or humate?		<input type="checkbox"/> No <input type="checkbox"/> Yes
8	Will your facility process slag, asbestos tailings, or asbestos containing waste materials?		<input type="checkbox"/> No <input type="checkbox"/> Yes
9	Is your facility subject to 20.2.72 NMAC, Subpart IV, <i>Permitting for Toxic Air Pollutants</i> ?		<input type="checkbox"/> No <input type="checkbox"/> 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.nmenv.state.nm.us/aqb/modeling/class1areas.html		<input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> No <input type="checkbox"/> 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 <i>Construction Permits</i> .			
12	Will your facility meet the location requirements as described in Sections III.C. and III.E. of this general construction permit?		<input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> No <input type="checkbox"/> 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)		<input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> No <input type="checkbox"/> 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)?		<input type="checkbox"/> No <input type="checkbox"/> Yes
19	Will your facility operate no more than 4,380 hours per year?		<input type="checkbox"/> No <input type="checkbox"/> Yes
20	Will your facility operate during daylight hours only?		<input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> No <input type="checkbox"/> 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 <i>Construction Permits</i> .			
III Current Facility Status			
1*	Has this facility previously been issued a general construction permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, the registration No. is:
2*	Has this facility already been constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is it currently operating in New Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No
3*	Does this facility currently have a construction permit (20.2.72 NMAC, Section 200.A or 200.B)? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Condition IV.C.1.b. <input type="checkbox"/> Yes <input type="checkbox"/> No		

IV Facility Location Information

Please use Montana's Graphical Locator to convert Lat/Long to UTM systems, found at: <http://www.esg.montana.edu/gl/trs-data.html> .

1	a) Section:	b) Range:	c) Township:	d) County:	e) Elevation (ft):
2	a) UTM Zone: <input type="checkbox"/> 12 or <input type="checkbox"/> 13	b) UTME (to nearest 0.01 km):		c) UTMN (to nearest 0.01 km):	
	d) Specify Easting and Northing Coordinates as NAD 27: _____ or NAD 83: _____				
AND	Latitude (deg., min., sec.):		Longitude (deg., min., sec.):		
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	Direction and distance to the nearest occupied structure from the perimeter of the Area of Operations:				
6	Land Status of Facility (check one): <input type="checkbox"/> Private <input type="checkbox"/> Indian/Pueblo <input type="checkbox"/> Government <input type="checkbox"/> BLM <input type="checkbox"/> Forest Service <input type="checkbox"/> Military				
7	Name and county of the nearest Class I Area and its direction from the facility:				
8	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 ($\frac{\text{hours}}{\text{day}}$):	($\frac{\text{days}}{\text{week}}$):	($\frac{\text{weeks}}{\text{year}}$):	($\frac{\text{hours}}{\text{year}}$):	OR
				<input type="checkbox"/> Daylight hours only	
2	Facility's maximum daily operating schedule? Start:			<input type="checkbox"/> AM <input type="checkbox"/> PM	End: <input type="checkbox"/> AM <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	<p>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:</p> <p>“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, such as rugged physical terrain with steep grade that would require special equipment to traverse. If a large property is completely enclosed by fencing, a restricted area within the property may be identified with signage only. Public roads cannot be part of a Restricted Area.</p>				
6	<p>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:</p> <p>The GCP-2 permit Table III.F.1 (p. 11) Fugitive Emissions Control Requirements for Haul Road for this facility layout are:</p> <input type="checkbox"/> Water <input type="checkbox"/> Water plus base course application <input type="checkbox"/> Surfactant application according to the manufacturer's instructions <input type="checkbox"/> Paved and sweeping				

7

During Malfunctions, Start up, 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.

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 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, include an 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:

- Certification by the Facility's owner or operator, or authorized representative before a notary public that all of 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).

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

Printed Name

Title {APPLICANT OR RELATIONSHIP TO APPLICANT}

XI Certification

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

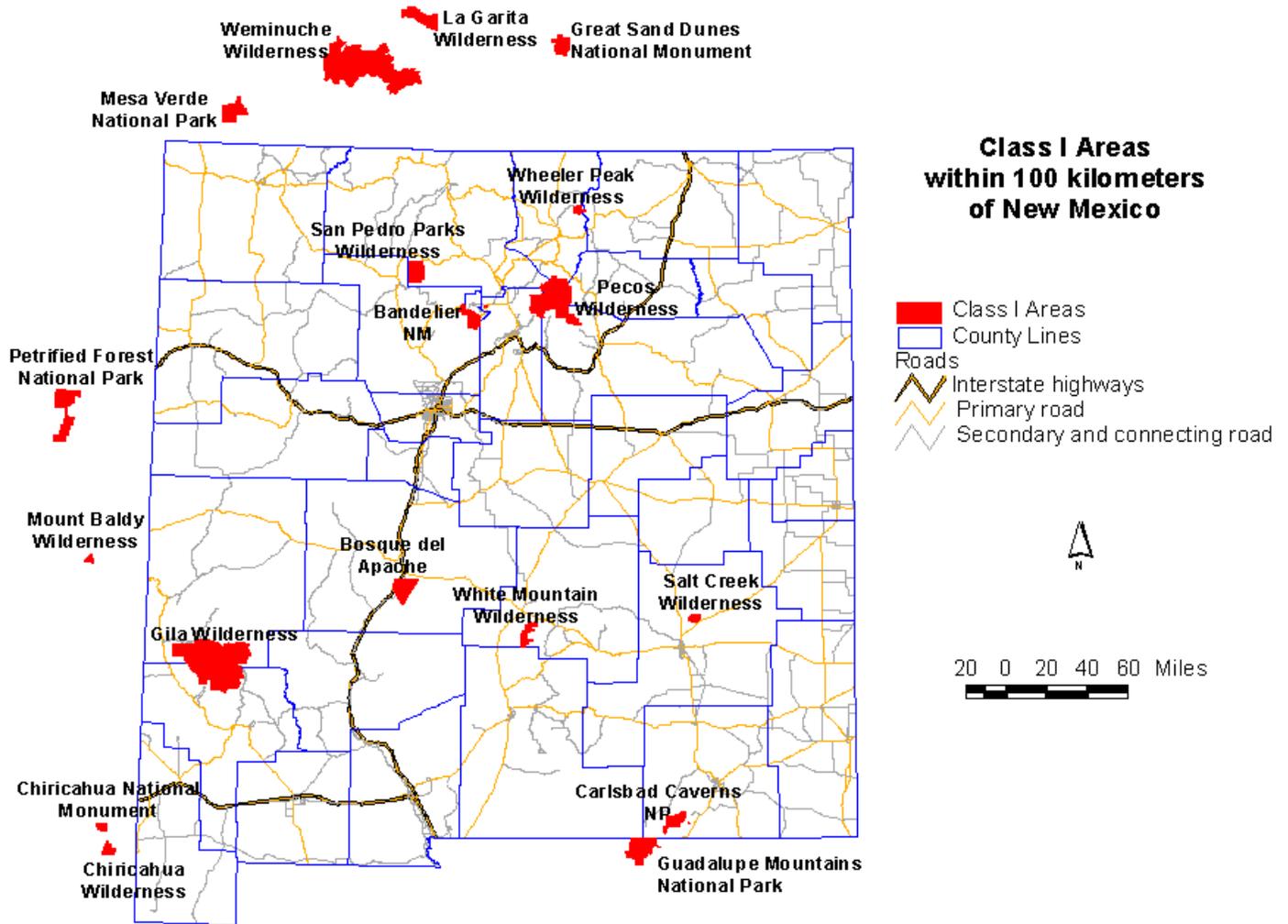
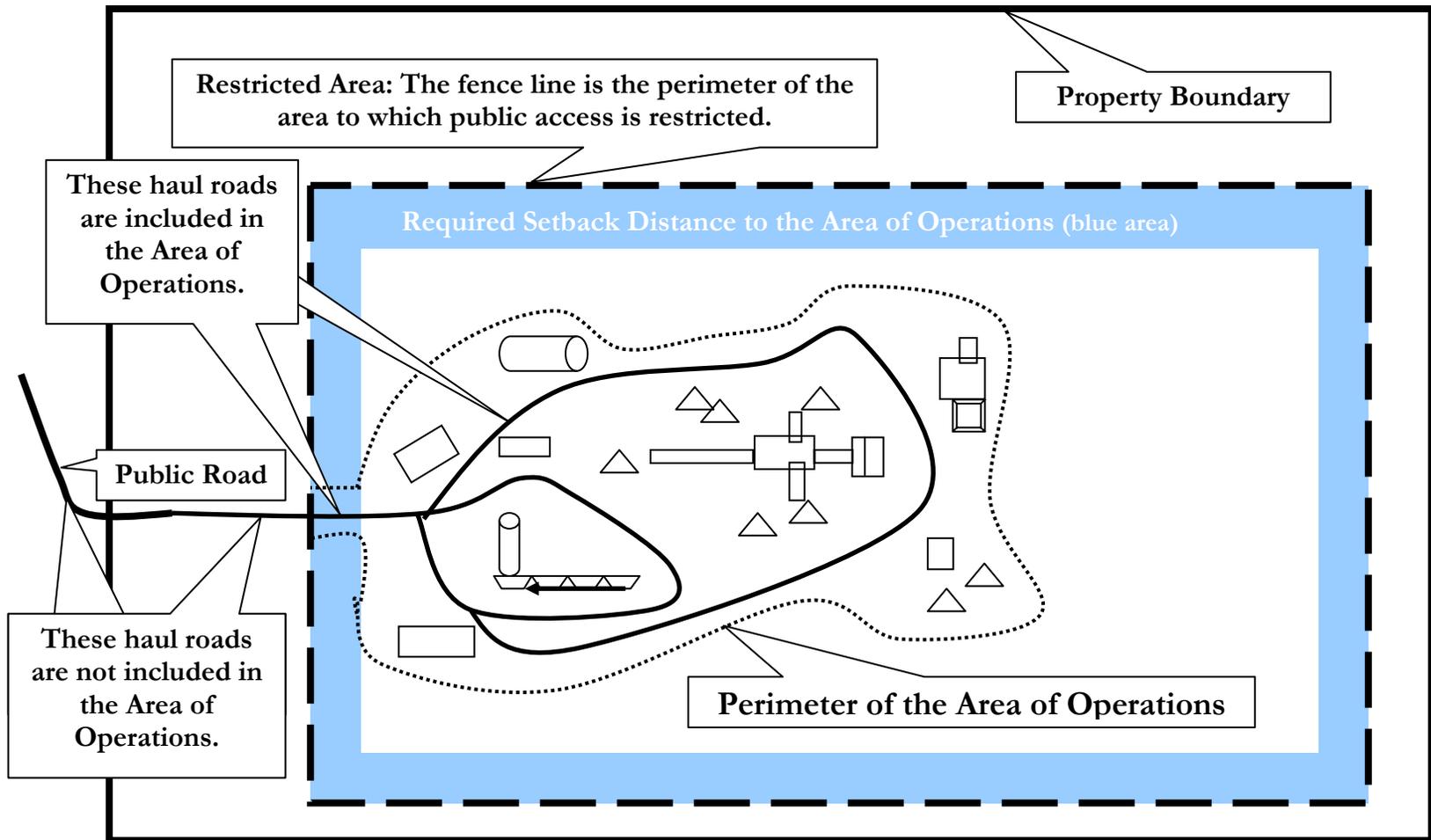


Figure 1

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



The Area of Operations can be repositioned any place within the restricted area (fence line shown as dashed lines), as long as 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.

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