

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 D.2} do not need to be provided unless information in these sections is being changed as well; sections VII, VIII, and IX{attachment A} are not required unless equipment has changed since the last submitted list. Posting of public notice is required.
- I am submitting this form for **equipment substitutions, removals, or additions**. Sections I, VII, and VIII 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 NMED has a Small Business Certification Form on file, which can be found at: http://www.nmenv.state.nm.us/aqb/permit/app_form.html . These fees are effective 1/1/2009, and will change on 1/1/2010 per 20.2.75.11.F NMAC. Provide your Check No.: _____ and Amount: _____
- I have sent a copy of this application to the nearest Department Field Office (required for initial registrations only).
- I have initiated the public notice **required** by Condition ILB.1 of GCP-2 (required for initial registrations).
- 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	Permit # (unless this is a new facility):	AI # (unless this is a new facility):	
5	a) Contact person:	b) Title:	
6	a) Phone No:	b) Fax No:	c) e-mail:
7	Type of material processed by the Facility:		
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?		

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 – <i>Fees</i> . <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				
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: On Attachment C (page 6) required map, indicate (circle) all residences within ¼ mile of area of operations.	
6	Status of land at which the facility is to be located (check one): <input type="checkbox"/> Private <input type="checkbox"/> Indian/Pueblo <input type="checkbox"/> Government	
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 ($\frac{\text{hours}}{\text{day}}$): _____	($\frac{\text{days}}{\text{week}}$): _____
	($\frac{\text{weeks}}{\text{year}}$): _____	($\frac{\text{hours}}{\text{year}}$): _____
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	Amount of area with restricted public access in acres and the methods used to restrict public access:	
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:	

7	<p>Provide a preliminary operational plan(s) defining the measures to mitigate source emissions during:</p> <ol style="list-style-type: none">1) Facility malfunctions, start up, shutdown, scheduled maintenance as defined in 20.2.7 NMAC or2) weather conditions that would cause an exceedance of the visible emission requirement in Section III.A.6. of the permit.
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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.	Materials Stored	Date Installed (MM/DD/YY)	Capacity (bbl)	Capacity (M ³)	Diameter (M)	Height (M)	True Vapor Pressure (kPa)	Annual Through-puts (gal)	Annual Turnovers

IX Required Attachments

The following Attachments are required. Please label each accordingly. A complete application shall include:

*Attachment A A process flow sheet and/or block diagram indicating the individual equipment, all emission points and types of control applied to those points. Numbering system should cross reference with Attachment B.

Attachment B A plot plan drawn to scale, showing the Area of Operations, emissions points, structures, tanks, and fences of the Restricted Area, and the Property Boundary owned, leased, or under direct control of the applicant and/or owner or operator.

Attachment C A map such as a 7.5 minute United States Geological Survey (USGS) topographic quadrangle showing the proposed location of the Facility. The map shall also include the following:

Access and haul roads
A minimum radius around the plant of 5km (3.1 miles), showing any Class 1 areas
Topographic features of the area
The name of the map
A graphic scale
An indicator showing which direction is north
The UTM or Longitudinal coordinate system on both axes
Any co-located particulate sources
Include facility property boundaries, perimeter of the area of restricted public access (fenceline), area of operations boundary, & location of the primary crusher.
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.
Show the nearest occupied structure, indicating 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.

Attachment D Documentation that public notice has been initiated

1) Include the General Posting of Notice-Certification including location of posted notice along with the posted sample; date of posting, and name of person posting the notice.
2a) {*} 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) {*} 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 E A written description of the methods by which public access is limited to the Restricted Area

Certification X 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 (see attached copy in Part IV of this registration form).

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 at the facility 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}

X 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

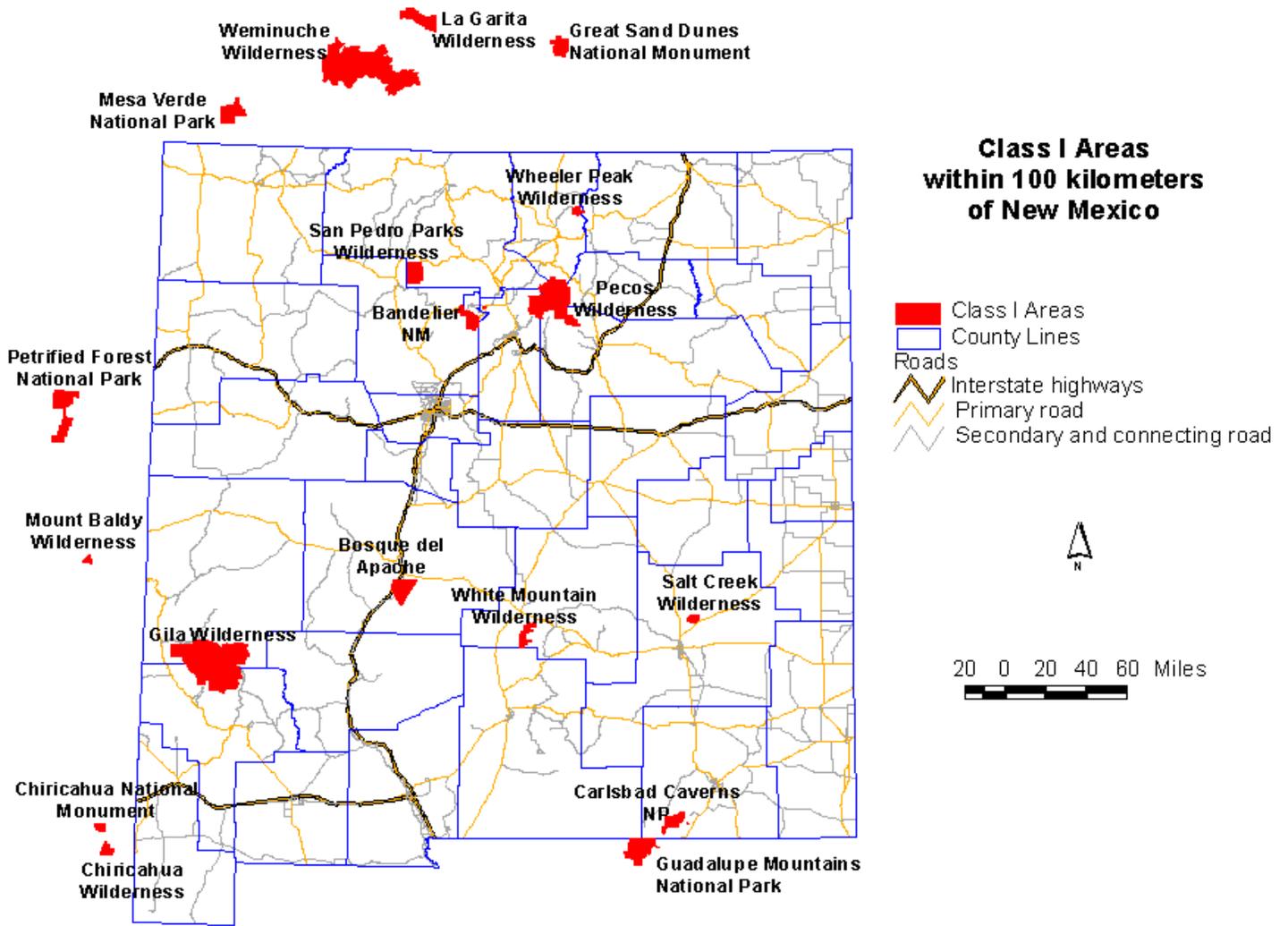


Figure 1