

NON-METALLIC MINERAL PROCESSING APPLICATION INSTRUCTIONS

How to Complete this Application

- The application must be filled out completely for all items that are applicable, except where noted as optional. A site map, process flow diagram, specification sheets for each emission unit (EU), and an Emissions Calculations Spreadsheet must be attached as supplemental documents. Mapping instructions can be found ([here](#)), a flow diagram example can be found ([here](#)) and the Emissions Calculations Spreadsheet can be found ([here](#)).
- The application must have an **original wet-ink signature** by the Responsible Official. Responsible Official is defined in [DBOH Regulations Governing Air Quality Management 010.1305](#):
“a Corporation’s Chairman, Chief executive officer, president, vice president in charge of a principal business function, secretary, treasurer or designated environmental representative of a corporation responsible for overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and approved in advance by the Control Officer; a general partner in a partnership; the proprietor of a sole-proprietorship; or the principal executive officer or ranking elected official of a public agency. For sources subject to Title IV of the act, the responsible official shall be the representative who meets the requirements promulgated in 40 CFR Part 72.”
- The application and payment should be hand delivered to the AQMD drop box located ([here](#)), or mailed to:
NNPH, AQMD
1001 E. Ninth Street, Suite B171
Reno, NV 89512
- **More detailed instructions can be found on page 6.**

Portable Facilities

A *Portable Source Permit Move Notification* must be submitted to the AQMD prior to relocating portable equipment. This includes relocating the equipment to storage or back to a rental company.

- A portable source may not operate in a single location for more than 12 months, following the date of initial operation. The equipment may not be moved, then returned to the same location in an attempt to circumvent the time requirement.
- A Visible Emissions Observation (VEO) must be conducted by an individual with a current EPA Method 9 certification where any crushing operations occur.
 - The AQMD must be notified at least (7) days prior to the scheduled VEO observation. Notifications can be emailed to AQMDCompliance@NNPH.org.
 - The VEO report must be submitted to AQMDCompliance@NNPH.org within (10) days of the observation. The current EPA Method 9 certification for the individual that completed the observation must be included with the report.

Fees and Payments

- An application fee must be submitted with this application. The Air Quality Management Division fee schedule can be found here: <https://www.washoecounty.gov/health/resources/fees/air-quality-management-fees.php>
- The application fee invoice must be paid in full before the application is processed.
- All outstanding invoices for the facility and associated with the parent company of the facility must be paid in full; otherwise, the AQMD cannot issue the facility any permits. This includes the invoice for the permit fees resulting from this application.
- Invoices must be paid by check, money order, or credit card. Make checks and money orders payable to Northern Nevada Public Health, Air Quality Management Division or NNPH, AQMD. For payment with a credit card, the applicant will be notified by email once the invoice is ready for payment. Payment may be made with a credit card by following the instructions ([here](#)), or by calling the AQMD at 775.784.7200 Option 0 Monday-Friday 8am-4pm.

Assistance and Resources

The Business Environmental Program, operated through the University of Nevada, is a free and confidential program designed to help small businesses in Washoe County comply with local and federal environmental regulations. This service may be contacted at 800.882.3233 or help@unrbep.org. The Business Environmental Program may provide information on completing this air quality application. They can also provide assistance in reviewing options for emission control equipment and submitting annual emissions.



Visit this link to learn more about working with BEP: <https://unrbep.org/about-bep/working-with-bep/>

- District Board of Health Regulations Governing Air Quality Management: <https://www.washoecounty.gov/health/programs-and-services/air-quality/regulations/index.php>
- The Air Quality Management Division Permitting Department can be contacted at 775.784.7200 Option 6 or AQMDPermitting@NNPH.org.

APPLICATION FOR NON-METALLIC MINERAL PROCESSING (CRUSH / SCREEN)

FOR AQMD USE ONLY

Permit No.:

Facility Information

1. New Permit	Permit Modification	2. Existing facilities only. Permit Number:	
3. Facility Name:		4. NAICS:	
5. Facility Location: Stationary Portable			
6. Facility Address:			APN:
City:	State:	ZIP Code:	
7. Facility latitude and longitude coordinates:			
8. Stationary facilities only. Is the facility located within 1,000 feet of the outer boundary of a school, hospital, or residential area? Yes No			
9. Operating Schedule: Hours Per Day:		Days Per Week:	Weeks Per Year:
10. Portable facilities only. Anticipated start date of operations:			
11. Portable facilities only. Anticipated duration of first project:			
12. Is equipment rented? Yes No		13. Pole Power? Yes No	
If a diesel engine generator will be used, describe the equipment in the "Application Description" section and include a specification sheet as an attachment.			
14. Proposed throughput (tons/yr):			
15. On-Site Contact Name:		Title:	
Phone Number:		Fax Number:	
Email:			

Company Information (all fields must be completed)

16. Existing facilities only. Has the company ownership changed? Yes No N/A If "Yes", submit an <i>Application for Change of Ownership</i> and Fee, in addition to this application.			
17. Legal Company Name (as registered with the State of Nevada):			
18. Mailing Information:			
Mailing Address:			
City:	State:	ZIP Code:	
Permitting Contact Name:		Title:	
Phone Number:		Fax Number:	
Email:			

19. Billing Information:		
Billing Address:		
City:	State:	ZIP Code:
Billing Contact Name:		Title:
Phone Number:		Fax Number:
Email:		
Responsible Official Information		
Name of Responsible Official (as defined in DBOH Regulations Governing Air Quality Management 010.1305):		
Title:		
Phone Number:		Fax Number:
Email:		
Mailing Address:		
City:	State:	ZIP Code:
Facility Manager/Environmental Representative (Optional)		
Name:		Title:
Phone Number:		Fax Number:
Email:		
Mailing Address:		
City:	State:	ZIP Code:
Environmental Consultant Information (Optional)		
By identifying a consultant, the RO consents that such consultant has the authority to communicate directly with the AQMD for the limited purpose of providing supplemental information and comments in support of the information already provided by the RO in the application. The RO acknowledges that any change to, or withdrawal of the application must be done by the RO.		
Name:		Title:
Phone Number:		Fax Number:
Email:		
Mailing Address:		
City:	State:	ZIP Code:

Application Description

Describe all equipment and processes being proposed in the application. Make sure the narrative matches the process flow diagram. For existing facilities, make sure to describe any revisions or modifications being requested, and include any equipment to be removed and/or replaced. Attach a process flow diagram, specification sheets for each emission unit and an Emissions Calculations Spreadsheet as supplemental documents. Reference the instructions on page 6 for more information.

NOTE: Applicant agrees to allow on-site inspection during and after construction by the Air Quality Management Division (AQMD) during working hours and without prior notice. The operator must notify the AQMD when the facility commences and completes construction. An official Permit to Operate will not be issued until a final inspection is made and all required test data has been forwarded to the AQMD showing the equipment meets all district, state, and federal regulations.

This application is submitted in accordance with the provisions of Section 030.000, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

Responsible Official Signature

Date

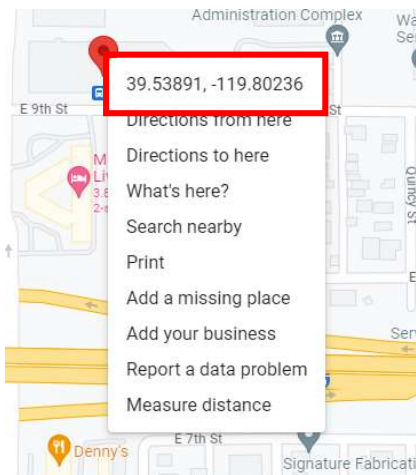
Print Name

Title

DETAILED INSTRUCTIONS

Facility Information

1. Specify if the application is for a new permit or for modification of an existing permit by checking the appropriate box.
2. **Existing facilities only.** Provide the permit number, which can be found at the top of page 1 of the existing Permit to Operate (ex., AAIRXX-XXXX).
3. Provide the facility name as you'd like it to appear on the permit. If a permit already exists for this operation, enter the name as it appears on the existing permit, which can be found at the top of page 1 of the existing Permit to Operate where it says, "Permit Issued To".
4. Provide the North American Industry Classification System (NAICS) code for the company. NAICS is a self-assigned system, meaning no one assigns you a NAICS code. This means that the facility should select the code that best depicts their primary business activity. A listing of NAICS codes can be found at, [census.gov/naics/](https://www.census.gov/naics/).
5. Specify whether the facility is stationary or portable throughout various locations in Washoe County by checking the appropriate box.
6. Provide the address of where the mineral processing plant will be operating. If it is a portable plant, provide the address of the first location. Please include a supplemental map delineating where the equipment will be located and the maximum proposed area for the source's operation. Mapping instructions can be found ([here](#)).
7. Provide the latitude and longitude coordinates for the facility. These coordinates uniquely identify geographic positions. To find these coordinates, go to [Google Maps](https://www.google.com/maps) and search for the address of the facility. Then, right click on the facility location on the map. A box will appear with the facility coordinates as shown below. The values should be written as shown (39.53891, -119.80236). For portable facilities, provide the coordinates for the first location.



8. **Stationary facilities only.** Specify if the facility is located within 1,000 feet of the outer boundary of a school, hospital, or residential area.
9. Specify the operating schedule of the facility in hours per day, days per week, and weeks per year.
10. **Portable facilities only.** Provide the anticipated start date of operations (ex. 1/1/2022).
11. **Portable facilities only.** Provide the anticipated duration of the first project (ex. 1/1/2022-10/25/2022).
12. Specify if the equipment is rented or not by checking the appropriate box.
13. Specify if pole power will be used to power the equipment by checking the appropriate box. If a diesel engine generator will be used, describe the equipment in the "Application Description" section and include a specification sheet as an attachment.
14. Provide the proposed throughput in tons per year.
15. Provide the on-site contact's name, title, phone and fax numbers, and email.

Company Information. All fields in this section must be completed even if information is the same (ex. billing address is the same as the mailing address).

16. **For existing facilities only.** Specify if the company ownership has changed. If “Yes”, submit an *Application for Change of Ownership* and Fee, in addition to this application.
17. Provide the legal company name, as registered with the State of Nevada. Nevada’s Business Portal, Silver Flume, can be access at <https://www.nvsilverflume.gov/home>.
18. Facility Mailing Information.
Provide the facility mailing address, permitting contact name, title, phone and fax numbers, and email address.
19. Facility Billing Information.
Provide the facility billing address, billing contact name, title, phone and fax numbers, and email address.

Responsible Official Information

Provide the name, title, phone and fax numbers, email, and mailing address of the Responsible Official. A Responsible Official is defined as:

“a Corporation’s Chairman, Chief executive officer, president, vice president in charge of a principal business function, secretary, treasurer or designated environmental representative of a corporation responsible for overall operation of one or more manufacturing, production or operating facilities applying for or subject to a permit and approved in advance by the Control Officer; a general partner in a partnership; the proprietor of a sole-proprietorship; or the principal executive officer or ranking elected official of a public agency. For sources subject to Title IV of the act, the responsible official shall be the representative who meets the requirements promulgated in 40 CFR Part 72.” ([DBOH Regulations Governing Air Quality Management 010.1305](#))

Facility Manager/Environmental Representative Information (Optional)

Provide the name, title, phone and fax numbers, email address, and mailing address for the facility Plant Manager or Environmental Representative.

Environmental Consultant Information (Optional)

By identifying a consultant, the RO consents that such consultant has the authority to communicate directly with the AQMD for the limited purpose of providing supplemental information and comments in support of the information already provided by the RO in the application. The RO acknowledges that any change to, or withdrawal of the application must be done by the RO.

Provide the name, title, phone and fax numbers, email, and mailing address of the Environmental Consultant.

Application Description (Process Narrative)

Describe all equipment being proposed in the application. The narrative should also describe the processes being proposed and any renewal or revision details. Make sure the narrative matches the process flow diagram.

- Specify the location of the source and its parent company if part of a larger business.
- Include information that helps describe what the source does and how it functions.
- Describe the emission units (equipment) used at the source and how they relate to the source functions.
- Characterize all regulated air pollutants that may be emitted by each emission unit.
- If the facility is requesting a revision, explain what is going to change and why it is necessary.
- Outline how and where the source will be monitoring throughputs to show compliance.

Attach the following as supplemental documents:

- A site map delineating where the equipment will be located and the maximum proposed area for the source’s operation. Mapping instructions can be found ([here](#)).
- A process flow diagram that clearly shows all emission units (EU). A unique identification number should be assigned to each EU presented in the flow diagram. An example can be found ([here](#)).
- Specification sheet for each EU.
- Emissions Calculations Spreadsheet, found ([here](#)).