Department of Environmental Protection, Bureau of Air Quality
17 State House Station, Augusta Maine 04333-0017
Phone: 207-287-7688 Fax: 207-287-7641

Form No.	A-L-0030
Effective Date	7/1/2008
Revision No.	04
Last Revision Date	5/5/14
	Page 1 of 1

CHAPTER 149 - NONMETALIC MINERAL PROCESSING PLANTS

GENERAL PERMIT NOTICE OF INTENT TO COMPLY

(Required if equipment Operator is different than equipment Owner.)

Section A: EQUIPMENT INFORMATION

Owner Name (Individual Name or Company Name as Registered with Secretary of State):

General Permit Number: *CIN-*

Section B: OPERATION INFORMATION

Operator Name (Individual Name or Company Name as Registered with Secretary of State):

Operator Contact: Title:

Mailing Address:

City/Town: State: ZIP:

Phone: Fax:

E-mail:

Site Name (where crusher will be operated):

E-911 Site Address:

City/Town: State: ZIP:

Additional Directions:

Date a copy of this notice was sent to City/Town:

Section C: SIGNATORY REQUIREMENT

The following certification must be completed by the Operator:

"I certify that the equipment associated with the Crusher Identification Number (CIN) listed in this application will be operated in compliance with Section 5 (General Permit Conditions for Operators) of 06-096 CMR 149, *General Permit Regulation for Nonmetallic Mineral Processing Plants*."

"I certify under penalty of law that I have personally examined the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the property that is the subject of this application, at reasonable hours, including buildings, structures or conveyances on the property, to determine the accuracy of any information provided herein. I am aware there are significant civil and criminal penalties for submitting false information, including the possibility of fine and imprisonment."

Name (Printed):		Title:	
Signature:		Date:	

For Department Use		
Date Received:	Date Letter Sent:	Initials: