Filed: 12/10/2018 1:50:37 PM WEQC



Certification Page Regular and Emergency Rules

Revised September 2016						
1. General Information	ncy Rules (After completing all of Sections 1 through	nh 3, proceed to Section 5 be	low) Regular Rules			
a. Agency/Board Name						
Environmental Quality			11111 5777			
b. Agency/Board Address		c. City	d. Zip Code			
200 W 17th St		Cheyenne	d. Zip Code 1 82001 CRE 1 2014			
e. Name of Agency Liaison Joe Franken		f. Agency Liaison Telephone Number				
g. Agency Liaison Email Address		307-777-7937	WYON OF W			
Joe.franken1@wyo.gov		h. Adopti	ion Date			
i. Program		Novemb	er 6, 2018			
Practice and Procedure 2. Legislative Experiences						
2. Legislative Enactment For purposes of this Section 2, "new" only applies to regular rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a feature.						
previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a rederal mandate. a. Are these rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?						
No. Yes. Please provide the Enrolled Act Numbers and Vests Face 1 + 0.0 d. 4.5.						
No. Yes. Please provide the Enrolled Act Numbers and Years Enacted: 2014 Session Laws Chapter 109 3. Rule Type and Information						
a. Provide the Chapter Number Title, and Proposed Astr. 5						
1. rease use the Additional Rule Infort	mation form for more than 10 chapters and attach it to	this certification)				
Chapter Number:	Chapter Name:		New Amended Repealed			
	General Rules					
Chapter Number:	Chapter Name:		020.0008.1.12032018			
			New Amended Repealed			
Chapter Number:	Chapter Name:	7/10				
	onapidi Name.		New Amended Repealed			
Chartes M. J.						
Chapter Number:	Chapter Name:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N _m D _s			
			New Amended Repealed			
Chapter Number:	Chapter Name:					
			New Amended Repealed			
Chapter Number:						
Onapler Number:	Chapter Name:	200	New Amended Repealed			
			L New Amended Repealed			
Chapter Number:	Chapter Name:					
			New Amended Repealed			
Chapter Number:	Charle M		-			
- rapior ramber.	Chapter Name:		New Amended Repealed			
Chapter Number:	Chapter Name:					
			New Amended Repealed			
Chapter Number:	Chartes News					
	Chapter Name:		New Amended Repealed			
		O andre V andre Noor	00			
			OF WYOMING } *** *** *** *** *** *** *** *** ***			
		Office	of the Secretary			
		Filed the 3	P day of December 1			
2018 at NIA M.						
		1	N			

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3. State Government Notic	e of Intended Rulem	<u>aking</u>			
Poly on which the Proposed Rule Packet (consisting of the Notice of Intent as per W.S. 16-3-103(a), 0.004 (4.9)					
Statement of Principal Reasons, strike and underscore format and a clean copy of each chapter of					
rules were: approved as to form by the Registrar of Rules; and					
provided to the Legislative Service Office and Attorney General:					
4. Public Notice of Intended Rulemaking					
a. Notice was mailed 45 days in advance to all persons with made a timely request for advance made.					
b. A public hearing was held on the proposed rules. No. Mo. Yes. Please complete the boxes below.					
Date: 14 (C/4 C	9:00 a.m.	Cheyenne	Wyoming State Library,		
11/6/18	3.00 a.m.	Ondyonne	2800 Central Avenue		
			wa ²		
			ē		
	The late of the second	of those rules without providing police	e or an opportunity for a public hearing:		
c. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing:					
¥					
5. Final Filing of Rules					
a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature:					
b. Date on which final rules were approved as to form by the Secretary of State and sent to the					
Legislative Service Office:					
c. The Statement of Reasons is a	the second of th				
6. Agency/Board Certification					
The undersigned certifies that the foregoing information is correct.					
Signature of Authorized Individual	1.00	4			
Complete State of Complete Sta	Todd Parfitt				
Printed Name of Signatory	STATION STATES	<u> </u>			
Signatory Title	Director	<u> </u>			
Date of Signature	November	4 7018			
7. Governor's Certification					
I have reviewed these rules and determined that they:					
1. Are within the scope of the statutory authority delegated to the adopting agency,					
 Appear to be within the scope of the legislative purpose of the statutory authority, and, it since generally and that I concur in the finding that they are an emergency. 					
Therefore, I approve the same.					
Governor's Signature		d			
The state of the s		2/2/10			
Date of Signature /2/3//8					