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STATE OF WYOMING
 Department of Environmental Quality - Air Quality Division
 Crushing/Screening Operations
 Permit Application Form

(Please submit three (3) copies of the complete application)

Company Name: Croell Pedit Mix Inc.
 Contact: Julie Ewing Title: Health + Safety Director
 Mailing Address: PO Box 1352
 City: Swainston State: WY Zip: 82729
 Phone: 307-283-2221 Fax: 307-283-1450 E-Mail: Croell_julie@orange.net

Initial Location
 Legal Description: 1/4: NW 1/4: NE Section: 25 T: 52 N R: 62 W
 Latitude: _____ Longitude: _____
 County: CROOK

Existing Pit/Quarry: Yes No
 Pit/Quarry Name: _____ Pit/Quarry Owner: _____
 AQD Permit Number: _____

Type of Material Crushed/Screened: Limestone
 Max. Hourly Production: 300 Tons/hr Max. Annual Production: 100,000 Tons per year
 Ave. Hourly Production: 250 Tons/hr
 Hours of Operation: 10 Hours/day 5 Days/week 20 Weeks/year

Equipment/Operation: Crushing Screening
 (mark all that apply) Wet Screening Stock Piling

Is the equipment intended for stationary or portable use: Stationary Portable

- All applications must include:
1. Documentation that the proposed site is located in accordance with proper land use planning as determined by the appropriate state or local agency charged with such responsibility. (Per Chapter 6, Section 2(c)(iv) of the WAGSR.)
 2. A map identifying the location of the site.
 3. A map identifying all haul roads, including county roads and any other unpaved roads, associated with the crushing/screening activities. Please indicate the distance material will be hauled until reaching pavement.
 4. Brief process description with a plot plan depicting site set up with location of controls.

Julie Ewing Health + Safety Director
 Responsible Official Title

I state that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief. The facility will operate in compliance with all Wyoming Air Quality Standards and Regulations.

Signature: Julie Ewing Date: 10/17/06

EXHIBIT
 03-4806
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