

BEFORE THE ENVIRONMENTAL QUALITY COUNCIL
STATE OF WYOMING

In the Matter of the Appeal)
And Petition for Hearing of:)
Croell Redi-Mix, DEQ AQD Permit) Docket No. 10-2803
Application No. AP-9645)
And DEQ AQD Permit No. MD-9645)
Dated March 17, 2010)

DEQ'S MOTION FOR SUMMARY JUDGMENT

EXHIBIT 28

Permit Notification Letter to Croell

DEQ Bates Nos. 000139 - 000144



Department of Environmental Quality



To protect, conserve and enhance the quality of Wyoming's environment for the benefit of current and future generations.

Dave Freudenthal, Governor

John Corra, Director

March 17, 2010

Ms. Julie Ewing
Health & Safety Director
Croell Redi-Mix, Inc.
PO Box 1352
Sundance, WY 82729

CERTIFIED – RETURN RECEIPT REQUESTED
Air Quality Permit MD-9645

Dear Ms. Ewing:

Enclosed is the air quality permit referenced above to modify the Rogers Rock Pit located in the NW¼NE¼ of Section 25, T52N, R62W, approximately five (5) miles northeast of Sundance, in Crook County, Wyoming. Comments received during the public comment period and public hearing were considered in the final permit. A copy of the Division's decision document for this permit is included. There were changes made to the conditions of the permit as a result of the comments made during the public comment period and the public hearing.

If we may be of further assistance to you, please feel free to contact this office.

Sincerely,

Chad Schlichtemeier
Acting Administrator
Air Quality Division

cc: Tanner Shatto
File: AP-9645

Enclosures

Herschler Building • 122 West 25th Street • Cheyenne, WY 82002 • <http://deq.state.wy.us>

ADMIN/OUTREACH (307) 777-7937 FAX 777-3610	ABANDONED MINES (307) 777-6145 FAX 777-6462	AIR QUALITY (307) 777-7391 FAX 777-5616	INDUSTRIAL SITING (307) 777-7369 FAX 777-5973	LAND QUALITY (307) 777-7756 FAX 777-5864	SOLID & HAZ. WASTE (307) 777-7752 FAX 777-5973	WATER QUALITY (307) 777-7781 FAX 777-5973
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AQD Croell DN 10-2803
000139

7008 0500 0000 5502 0783

US Postal Service
CERTIFIED MAIL RECEIPT
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 For delivery information, visit our website at www.usps.com

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Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here

Send To: Brian Marchant
 Street, Apt. No. or PO Box No. MD-96415
 City, State, ZIP+4

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brian Marchant
 Croell Redi-Mix, Inc.
 PO Box 1352
 Sundance, WY 82729

MD-96415 F&B

2. Article Number: 7008 0500 0000 5502 0783
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Sebera Hughes

B. Received by (Printed Name) R Hughes C. Date of Delivery
MAR 23 2010

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

AQD Croell DN 10-2803
 000140



Department of Environmental Quality



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Dave Freudenthal, Governor

John Corra, Director

March 17, 2010

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Health & Safety Director
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Sundance, WY 82729

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Sincerely,

Chad Schlichtemeier
Acting Administrator
Air Quality Division

cc: Tanner Shatto
File: AP-9645

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AQD Croell DN 10-2803
000141

7008 0500 0000 5502 0776

U.S. Postal Service
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For more information, visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

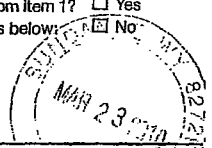
Send To: Roger Croell

Street, Apt. No., or PO Box No. MD-91045

City, State, ZIP+4

PS Form 3811, February 2004 See reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><u>X</u> <u>Roger Croell</u></p> <p>B. Received by (Printed Name) <u>R. Hughes</u></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Roger Croell Croell Redi-Mix, Inc. PO Box 1352 Sundance, WY 82729</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: <u>MD-91045</u></p> <p>(Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



ADD Croell DN 10-2803 000142



Department of Environmental Quality



To protect, conserve and enhance the quality of Wyoming's environment for the benefit of current and future generations.

Dave Freudenthal, Governor

John Corra, Director

March 17, 2010

Ms. Julie Ewing
Health & Safety Director
Croell Redi-Mix, Inc.
PO Box 1352
Sundance, WY 82729

CERTIFIED - RETURN RECEIPT REQUESTED
Air Quality Permit MD-9645

Dear Ms. Ewing:

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AQD Croell DN 10-2803
000143

7008 0500 0000 5502 0769

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only/No Insurance Coverage Provided)</small>	
<small>For delivery information, visit our website at www.usps.com</small>	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	Postmark Here
Sent To Street, Apt. No., or PO Box No. <u>Croell - Julie Ewing</u> City, State, ZIP+4 <u>9045 F.R.</u>	Return Receipt (Form 3811) or Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <u>Julie Ewing</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>R. Hughes</u> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: Julie Ewing Croell Redi-Mix, Inc. PO Box 1352 Sundance, WY 82729	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label) <u>M.D. 91045</u> <u>F.R.</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7008 0500 0000 5502 0769	

MAR 23 2010

AGD Croell DN 10-2803 000144