

PLEASE COMPLETE BOTH PAGES 1 & 2 OF THIS APPLICATION. PRINT OR TYPE. The Department requires use of this form for any application filed pursuant to Chapter 30, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Personally identifiable information on this form will not be used for any other purpose, but it must be made available to requesters under Wisconsin's open records law [s. 19.31-19.39, Wis. Stats.].

1. Applicant (Individual or corporate name) HUNGRY RUN CRANBERRY, LLC. KEVIN GRIFFIN		2. Agent/Contractor (firm name) SAME AS 1.	
Address 23108 ASPEN AVE		Address	
City, State, Zip Code WARRENS, WI 54666		Fire Number	
Telephone No. (Include area code) 608 378-4985		Tax Parcel Number 024-0077-00000	
3. If applicant is not owner of the property where the proposed activity will be conducted, provide name and address of owner and include letter of authorization from owner. Owner must be the applicant or co-applicant for structure, diversion and stream realignment activities.			
Owner's Name SAME AS 1.		Address	
		City, State, Zip Code	
4. Is the applicant a business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, is the permit or approval you are applying for necessary for you to conduct this business in the State of Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please explain why (attach additional sheets if necessary): CRANBERRY PRODUCTION RESULTANT POND UTILIZED FOR CRANBERRY NEEDS			
5. Project Location Address _____ Village/City/Town LINCOLN Fire Number _____ Tax Parcel Number 024-0077-00000 Waterway MILL CREEK County MONROE Govt. Lot OR SW 1/4, NW 1/4, of Section 32, Township 19 North, Range 1 (East) (West)			
6. Adjoining Riparian (Neighboring Waterfront Property Owner) Information			
Name of Riparian #1 BARBARA MATHISON		Address NOT FOUND	
Name of Riparian #2 HUNGRY RUN CRANBERRY		Address 23108 Aspen Ave	
		City, State, Zip Code Warren, WI 54666	

7. Project Information (Attach additional sheets if necessary)

(a) Describe proposed activity (include how this project will be constructed)

SEE NARRATIVE

(b) Purpose, need and intended use of project

EXCAVATE SAND FOR SALE AS FRAC. SAND RESULTANT POND FOR CRANBERRY NEEDS.

(c) I have applied for or received permits from the following agencies: (Check all that apply)

Municipal County Wis. DNR Corps of Engineers

(d) Date activity will begin if permit is issued **MAY 1, 2011**; be completed: **< 5 yrs.**

(e) Is any portion of the requested project now complete?

Yes No

If yes, identify the completed portion on the enclosed drawings and indicate here the date activity was completed:

I hereby certify that the information contained herein is true and accurate. I also certify that I am entitled to apply for a permit, or that I am the duly authorized representative or agent of an applicant who is entitled to apply for a permit. Any inaccurate information submitted may result in permit revocation, the imposition of a forfeiture(s) and requirement of restoration.

Signature of Applicant(s) or Duly Authorized Agent

Kevin Griffin

Date Signed

10-21-11

LEAVE BLANK - FOR RECEIVING AGENCY USE ONLY

Corps of Engineers Process No.	Wisconsin DNR File No.	
Received By	Date Received	Date Application Was Complete

Air Pollution Control Type A Registration Construction and Operation Permit Application

Form 4530-156 (R 08/16)

Page 9 of 13

Section 2: Eligibility Questions (continued)

10. What is your maximum controlled annual emission rate of particulate matter? 4.41 ton/yr

- If your answer is less than or equal to 5 tons per year, you have finished the application.
- If your answer is greater than 5 tons per year, an air quality dispersion modeling analysis must be performed for your facility.
- If you meet all the stack requirements in Question 9, you can use the modeling request form to provide information to the DNR, and we will model for you, or you can submit air quality dispersion modeling results with your signed Registration Permit Application. Note, units in which maximum controlled emissions of each criteria pollutant are less than 1 ton per year are considered insignificant and do not need to be included in the modeling. Your application will not be complete until a modeling request form or modeling results are received.

ADDITIONAL INFORMATION: For help in answering this question, see the Registration Permit Application Guide available at DNR's Air Permit options website: <http://dnr.wi.gov/topic/AirPermits/Options.html> or visit DNR's Small Business Environmental Assistance website: <http://dnr.wi.gov/topic/smallbusiness/>

If maximum controlled emissions of particulate matter are greater than 5 tons per year, your facility will need an air quality analysis to ensure that the ambient air quality standards can be met. If you meet all the stack requirements in Question 9, you can request DNR to perform the analysis for you by filling out and attaching the Modeling Assessment Request Form available at DNR's Air Permit options website under the Registration Permit tab at <http://dnr.wi.gov/topic/AirPermits/Options.html>

Just fill out, print and attach to your application for coverage. If you don't meet the stack requirements, you will have to provide the air quality analysis and attach the results to this application. You may use the Modeling Assessment Form available at DNR's Air Permit options website: <http://dnr.wi.gov/topic/AirPermits/Options.html>. If your facility had a modeling analysis done previously and you have not made changes to emission rates or stacks since the analysis was performed, you may attach those results in lieu of submitting or requesting or performing a new analysis.

Comments:

The majority of the PM-10 emissions are fugitive emissions from vehicle travel (OFF-Road Haul Trucks). As indicated on the enclosed emission calculations, the expected facility wide emissions of PM-10 consists of 4.29 tons from fugitive sources (unpaved vehicle travel) and 0.12 tons from loading / unloading activities.

Signature of Responsible Official

STATEMENT OF COMPLETENESS

I have reviewed this application in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this application are true, accurate and complete.

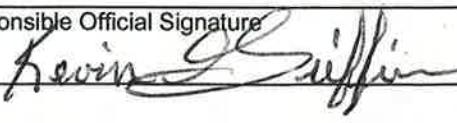

Responsible Official Printed or Typed Name


Title
Member LLC

Kevin Griffin

Date Signed

Responsible Official Signature


Sep. 11-2017

Once the application is completed, print out for the **responsible official** of the facility to sign and date. If needed or required, attach the facility description, any supporting calculations, your air quality analysis or air quality analysis request form and any other supporting documents. Keep a copy of the entire package for your files and mail the original to:

WISCONSIN DEPARTMENT OF NATURAL RESOURCES
BUREAU OF AIR MANAGEMENT
ATTN: REGISTRATION PERMITS
101 S WEBSTER ST
PO BOX 7921
MADISON WI 53707-7921

Notice: Pursuant to ss. NR 406.17(4)(a), and 407.105(4)(a), Wis. Adm. Code, completion of this form is required to apply for coverage under the registration permits. This application is for coverage under the Type A Registration Operation Permit and its companion Type A Registration Construction Permit. These two permits are referred to as the registration permits throughout the rest of this document. Failure to submit complete information as required on the form shall be grounds for denial of the application. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Record Law [ss. 19.31 - 19.39, Wis. Stats.].

To qualify for a registration permit, all existing permits (active and inactive) must be revoked and all applications withdrawn. This registration permit application constitutes your request for those revocations and withdrawals to take place. Before your registration permit application is declared complete, a public written notification of our intent to revoke your previously issued permits will be prepared followed by either a 14 day waiting period for construction permits or a 21 day waiting period for operation permits. After the waiting period is over, your application will be declared complete and the review of your registration permit application will begin. A final decision on registration permit coverage will be made within 15 days of the application being declared complete. If your facility qualifies for coverage, you'll then receive coverage approval under the registration permit, and your previous permits will be formally revoked and any pending air permit applications withdrawn. Be sure to send copies of all calculations with the application.

For help see Instructions starting on page 10.

Section 1: Facility Information

Facility Name

Hungry Run Cranberry LLC

Mailing Address 23108 Aspen Avenue	City Warrens	State WI	ZIP Code 54666
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Facility Physical Address

None. Located at southwest corner of the intersection of Hwy 12 and Clay Avenue (previously part of 22515 Clay Ave)

<input type="radio"/> City <input type="radio"/> Town <input checked="" type="radio"/> Village of Warrens	County Monroe
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Parent Corporation Name N/A	Country (if not U.S.)		
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Street or Route	City	State	ZIP Code
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Responsible Official Name Kevin Griffin	Title Member LLC
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Phone (include area code) (608) 343-9985	Email kevgriff@centurylink.net
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Street or Route 23108 Aspen Avenue	City Warrens	State WI	ZIP Code 54666
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Permit Contact Person Name Kevin Griffin	Title LLC Member
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Phone (include area code) (608) 343-9985	Fax	Email kevgriff@centurylink.net
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Street or Route 23108 Aspen Avenue	City Warrens	State WI	ZIP Code 54666
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Facility NAICS code description: 212322	Facility Identification Number (FID): Not Yet Assigned		
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General Facility Description:

This facility mines sand. The sand is obtained from the property by using a front end loader. The sand is loaded into off-road haul trucks and transferred to a load out pile. Sand is then loaded to dump trucks and removed from the property.

Provide a Listing and Description of all Air Pollution Sources:

P01-01 Loading of sand to Off-Road Haul Trucks

P01-02 Unloading of sand to load-out pile

P01-03 Loading of sand to Dump Trucks

F-01 (01-04) Fugitive emissions from vehicle travel (haul trucks) on unpaved roads

Star Environmental, Inc.

SOILS AND ENVIRONMENTAL STUDIES

P.O. Box 434 – 705 Third Street
Marathon, WI 54448
(715) 443-6115 – FAX: 1-715-443-6108
Email: starenvironmental@hotmail.com

April 26, 2018

Mr. Kevin Griffin
K & S Cranberry, LLC
23108 Aspen Ave
Warrens, WI 54666

RE: Frac Sand Pit located in the SE1/4, NW1/4, and NE1/4, SW1/4, Section 8, T.19N.-
R1W., Town of Lincoln, Monroe County, Wisconsin.

Mr. Griffin,

Enclosed is a copy of the K & S Cranberry, LLC Reclamation Plan, the Monroe County Application and the Notice of Intent for the Wisconsin Department of Natural Resources for your review. If acceptable please do the following:

- 1) Monroe County Application: Please sign the 2nd page and include the appropriate Fee then return to Star Environmental, Inc. The Fee is based on the area you plan to disturb, or activate, this year.
- 2) Notice of Intent. Please review and sign Page 4 then return to Star Environmental, Inc.

Once we have received the 2 signed documents and associated Fee, we will forward to appropriate agencies on your behalf. If you have any questions please feel free to let me know.

Sincerely,



Brian Camlek
Water Resource Specialist
Recognized USACE & WDNR Wetland Consultant
STAR ENVIRONMENTAL, INC.

Enclosures

Wisconsin White Sand, LLC		
4/26/2017		
Dry Plant Belt Sample		
k&S south		
9:00pm		
Wet Weight	216.8	
Dry Weight	205.5	
Moisture	-5.21	
Start Weight	103.4	
Sieve	Gram	%Total
16	0	0.00%
20	0.1	0.08%
30	1.7	1.40%
35	2.6	2.15%
40	4.2	3.47%
50	17.6	14.53%
60	12.7	10.49%
70	11.5	9.50%
100	30.2	24.94%
140	18.6	15.36%
200	21.6	17.84%
4.4	0.3	0.25%

% Total	100.00%
Weight Total	121.1
% In Size	21.55%
Turbidity	+++++
-20+40	7.02%
-30+50	20.15%
-40+70	34.52%
-70+140	40.30%
-140	0.25%

Tested By: Raychel

Wisconsin White Sand, LLC

4/26/2017

Dry Plant Belt Sample

K & S North

9:00pm

Wet Weight	231.4
Dry Weight	216.2
Moisture	-6.57
Start Weight	112.3
Sieve	Gram
16	0.3
20	0.2
30	5.5
35	7.4
40	9.9
50	27.5
60	14.7
70	11.8
100	23.2
140	9.4
200	1.1
4.4	0.1

% Total **100.00%**

Weight Total **111.1**

% In Size **45.27%**

Turbidity +++++

-20+40	20.52%
-30+50	40.32%
-40+70	48.60%
-70+140	29.34%
-140	0.09%

Tested By: Raychel

**Sample Name:****SRR August 2023**

FracTAL Sample ID:

13361

Client Name:

Shiny Rock Resources

Sample Processing:

Washed #200*, dried, cut, analyzed

* Attrition 70% by weight for four minutes

Particle Size/Gradation Analysis

Date Analysis Performed: 8/25/2023

Analyst: JRM

Sieve Size (US Standard)	Sample Retained (%)	Cumulative (%)
25	0.0	0.0
30	0.0	0.0
35	0.0	0.0
40	5.4	5.4
45	9.9	15.3
50	13.4	28.8
60	15.1	43.8
70	13.9	57.7
80	12.8	70.6
100	15.3	85.8
120	10.2	96.0
140	3.9	99.9
200	0.1	100.0
Pan	0.0	100.0
Total	100.0	

In-Size as 40/140=	94.5%
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Mean Diameter (mm): 0.35

Median Diameter (mm): 0.33

Roundness and Sphericity

Sample Processing:	Digital optical method/Visual
Procedure:	Washed, dried, cut, analyzed
Analyst:	JRM
Cluster:	Not Completed
Average Sphericity =	Not Completed
Average Roundness =	Not Completed

**Sample Name:****SRR August 2023**

FracTAL Sample ID:

13361

Client Name:

Shiny Rock Resources

Crush Test

Date Analysis Performed:

Analyst:

JRM

Stress Level (psi)

13K

14K

% Loss

8.7%

10.2%

Bulk Density (pcf)

96.2

ISO 13503-2 B.6- Compressive strength of proppant recorded as maximum stress that material can withstand without exceeding 10% loss after crush

Turbidity

Date Analysis Performed: 8/25/2023

Analyst: JRM

NTU: Not Completed

Acid Solubility

Date Analysis Performed: 8/25/2023

Analyst: JRM

% weight loss Not Completed

Solubility in 15% HCL (0.5 Hour @ 150 ° F)

**Sample Name:****SRR August 2023**

Summit Sample ID:

13361

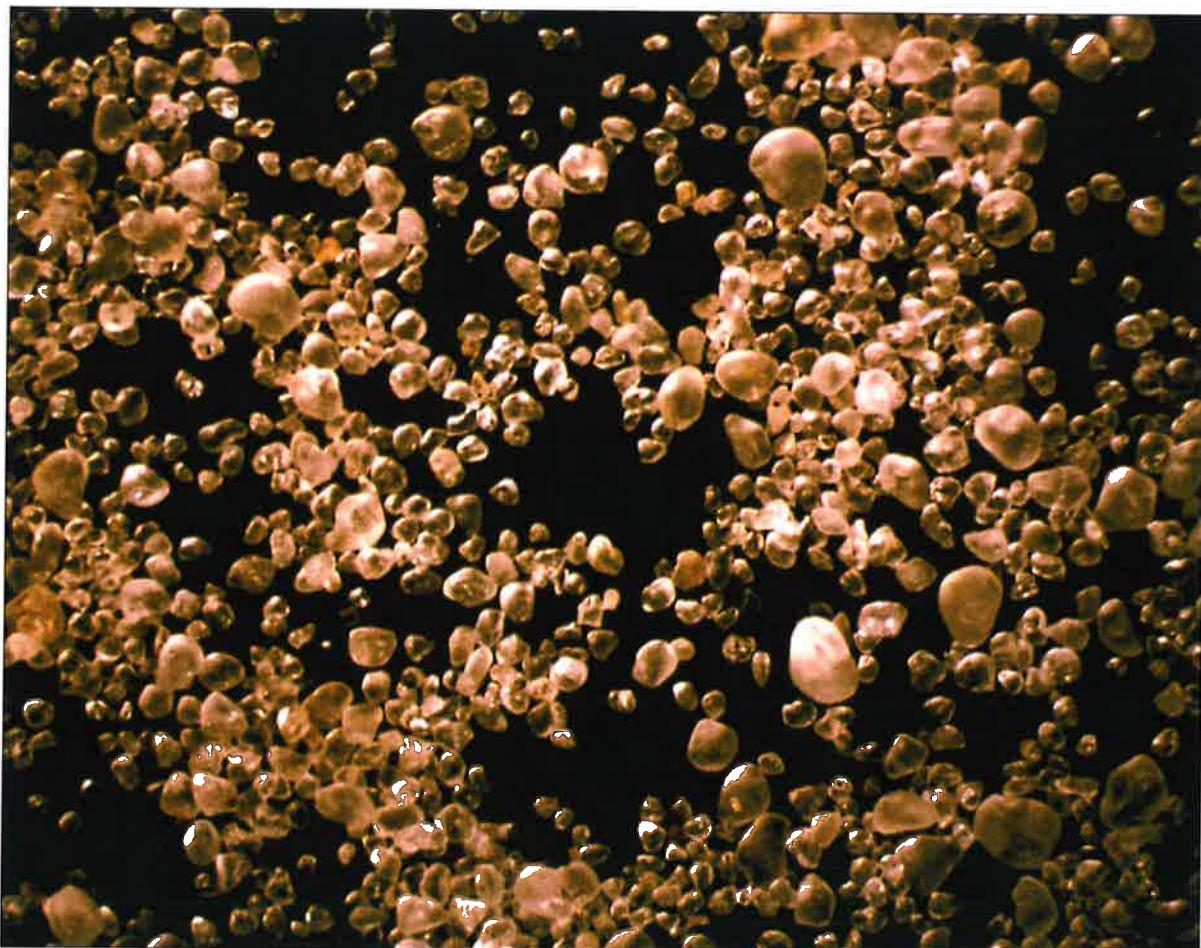
Client Name:

Shiny Rock Resources

Photomicrograph

Date Analysis Performed: 8/25/2023

Analyst: JRM



**CONFIDENTIAL
INFORMATION**

5250 E Terrace Dr. Suite 1
Madison, WI 53718
accounting@firstweber.com



FIRSTWEBER
— R E A L T O R S —
a Berkshire Hathaway affiliate

**CONFIDENTIAL
INFORMATION**

**CREDIT/DEBIT CARD AUTHORIZATION
For First Weber Agent Monthly Bill**

MASTER CARD, VISA or DISCOVER cards only

CARD NUMBER: _____

**EXPIRATION
DATE:** _____

One box

MONTHLY - Check this box to have your First Weber Agent charges applied each month at issuance of bill. (Around the 1st - 3rd of the month)

**MUST be
checked**

2 WEEK - Check this box to have your FW Agent charges applied 2 weeks from issuance of bill if not paid by personal check or commission deductions. (Around the 15th of the month)

YOUR EXACT NAME ON CARD: _____

YOUR FW OFFICE AFFILIATION: _____

Your EXACT BILLING ADDRESS FOR WHICH YOU RECEIVE YOUR CREDIT CARD STATEMENTS:

DATE SIGNED: _____

**SIGNATURE OF
CARD HOLDER:** _____

revised 2/2023 mn

RETURN BY SECURE EMAIL or HAND DELIVER or U.S. MAIL

Secure Email Requirements:

- 1) You must enter the following word in the subject line: "Secure" or "Encrypt"
- 2) Must be sent from a First Weber email account to accounting@firstweber.com