



**Minnesota Pollution Control Agency**

AIR QUALITY  
520 LAFAYETTE ROAD NO., ST. PAUL, MN 55155-4194

PART 70 REISSUANCE FORM - **CP-01-R**  
**PART 70 REISSUANCE APPLICATION**  
**COVER PAGE**  
DRAFT 4/02/01

- 1a) AQ Facility ID No.: 12300019
- 1b) AQ File No.: 1353
- 2) Facility Name: Gopher State Ethanol
- 3) Part 70 Permit Expiration Date April 15, 2003
- 4) Application Due Date (6 months prior to Permit Expiration Date) October 15, 2002, due date extended to April 15, 2003 by Consent Decree, Civil Action No. 02-3793 DSD/SRN
- 5) **Confidentiality** -- This application contains material which is claimed to be confidential under Minnesota Statutes Chapter 13 and Section 116.075 and Minn. Rules pt. 7000.1300.
- YES - Confidentiality Certification (Form CR-03-R) is included       NO

**NOTE: If a complete application for reissuance of your Part 70 permit is received by the application due date, your existing permit will not expire until the new permit is either issued or denied, except as noted in Minn. R. 7007.0450, subp. 3.**

**If a complete application is not received by the application due date, continuation of your existing permit is not guaranteed under any Minnesota rule or policy.**

Questions? Call the Customer Assistance Center at (651)282-5844 or (800) MINN-AIR (800-646-6247).



MINNESOTA POLLUTION CONTROL AGENCY  
 AIR QUALITY  
 520 LAFAYETTE ROAD  
 ST. PAUL, MN 55155-4194

PART 70 REISSUANCE FORM **CR-01-R**  
**CERTIFICATION**  
 DRAFT 4/20/01

- 1) AQ Facility ID No.: 12300019
- 2) Facility Name: 1353

### CERTIFICATION

I certify under penalty of law that the enclosed documents and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I also certify, in accordance with Minnesota Rules 7007.0500, subp. 2 (K)(2) and subp. 2 (K)(3), that I have reviewed the procedures implemented by my facility to maintain compliance and that those procedures are, to the best of my knowledge and belief, reasonable to maintain compliance with all applicable requirements, including those that will become applicable during the term of the permit.

**Owner:**

Mr./Ms. \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Operator:**

Mr./Ms: James F. Freeman, III  
 Title: CEO/COO  
 Signature: *James F. Freeman III*  
 Date: April 10, 2003



**Minnesota Pollution Control Agency**

AIR QUALITY  
520 LAFAYETTE ROAD NO., ST. PAUL, MN 55155-4194

PART 70 REISSUANCE FORM - **GI-01-I**  
**SUPPLEMENTAL FACILITY**  
**INFORMATION**  
DRAFT 4/02

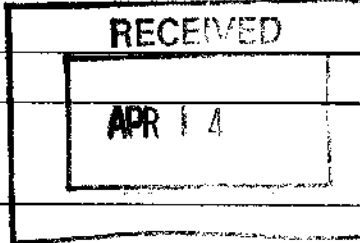
1) AQ Facility ID No. (first 8 digits of permit number): 12300019

2) Facility Name: Gopher State Ethanol

3) **Corporate/Company Owner:**

Name: Gopher State Ethanol, LLC

Mailing Address: 882 W. 7<sup>th</sup> Street



City: St. Paul State: MN ZIP Code: 55102

Owner Classification:  Private  Local Govt  State Govt.  Fed. Govt.  Utility

4) **Corporate/Company Operator** (if different than owner):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

5) **Co-permittee** (if applicable):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

6) **Legally responsible official** for this permit/facility -- this must be a person meeting the criteria for signing the application (defined in Minn. R. 7007.0100, subp. 22), which is the person who performs policy or decision making functions for the company. (A delegate may be allowed in some cases. Please refer to the rule section listed above.)

Mr./Ms: James F. Freeman, III Phone: 651-290-8200

Title: CEO/COO Fax: 651-290-8220

At (check one):  Owner Address  Operator Address  Emission Facility Address

Other (specify) \_\_\_\_\_

7) **Permit contact person** - this is the person the MPCA should call if there are questions about anything in the application.

Mr./Ms: Susie Johnson Phone: 651-290-8234

Title: Safety & Health Director Fax: 651-290-8220

At (check one):  Owner Address  Operator Address  Emission Facility Address

Other (specify) \_\_\_\_\_