Department of Environmental Protection

Division of Air Resources Management

APPLICATION FOR AIR PERMIT - NON-TITLE V SOURCE

See Instructions for Form No. 62-210.900(3)

I. APPLICATION INFORMATION

Identification of Facility

1. Facility Owner/Company Name: G.A.C. Contractors, Inc. d/b/a Gulf Asphalt	
2. Site Name: Gulf Asphalt	
3. Facility Identification Number: 0050008 [ ] Unknown	
4. Facility Location: 4116 N. Highway 231 Street Address or Other Locator: City: Panama City County: Bay Zip Code: 32404	
5. Relocatable Facility? [ ] Yes [xx] No	6. Existing Permitted Facility? [xx] Yes [ ] No

Application Contact

1. Name and Title of Application Contact: Richard M. Dodd, President
2. Application Contact Mailing Address: Organization/Firm: G.A.C. Contractors, Inc., d/b/a Gulf Asphalt Street Address: 4116 N. Highway 231 City: Panama City State: Florida Zip Code: 32404
3. Application Contact Telephone Numbers: Telephone: (850) 769 - 3477 Fax: (850) 769 - 3456

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	
2. Permit Number:	

RECEIVED

JUN 11 1999

NORTHWEST FLORIDA

Purpose of Application

Air Operation Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

[xx] Initial non-Title V air operation permit for one or more existing, but previously unpermitted, emissions units.

[ ] Initial non-Title V air operation permit for one or more newly constructed or modified emissions units.

Current construction permit number:_____

[ ] Non-Title V air operation permit revision to address one or more newly constructed or modified emissions units.

Current construction permit number:_____

Operation permit number to be revised:_____

[ ] Initial non-Title V air operation permit under Rule 62-210.300(2)(b), F.A.C., for an existing facility seeking classification as a synthetic non-Title V source.

Current operation/construction permit number(s):

_____

[ ] Non-Title V air operation permit revision for a synthetic non-Title V source. Give reason for revision; e.g., to address one or more newly constructed or modified emissions units.

Operation permit number to be revised:_____

Reason for revision:_____

Air Construction Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

[ ] Air construction permit to construct or modify one or more emissions units.

[ ] Air construction permit to make federally enforceable an assumed restriction on the potential emissions of one or more existing, permitted emissions units.

[ ] Air construction permit for one or more existing, but unpermitted, emissions units.

Owner/Authorized Representative

1. Name and Title of Owner/Authorized Representative:
   Richard M. Dodd, President

2. Owner/Authorized Representative Mailing Address:
   Organization/Firm: G.A.C. Contractors, Inc. d/b/a Gulf Asph alt
   Street Address: 4116 N. Highway 231
   City: Panama City State: Florida Zip Code: 32404

3. Owner/Authorized Representative Telephone Numbers:
   Telephone: (850) 769 - 3477 Fax: (850) 769 -3456

4. Owner/Authorized Representative Statement:

   I, the undersigned, am the owner or authorized representative of the facility addressed in this application. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof. I understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.*

   Signature Date 6/7/99

* Attach letter of authorization if not currently on file.

Professional Engineer Certification

1. Professional Engineer Name: Richard M. Dodd, P.E.
   Registration Number: 46579

2. Professional Engineer Mailing Address:
   Organization/Firm:
   Street Address: 4116 N. Highway 231
   City: Panama City State: Florida Zip Code: 32404

3. Professional Engineer Telephone Numbers:
   Telephone: (850) 769 - 3477 Fax: (850) 769 -3456

4. Professional Engineer Statement:

I, the undersigned, hereby certify, except as particularly noted herein, that:*

(1) To the best of my knowledge, there is reasonable assurance that the air pollutant emissions unit(s) and the air pollution control equipment described in this Application for Air Permit, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in the Florida Statutes and rules of the Department of Environmental Protection; and

(2) To the best of my knowledge, any emission estimates reported or relied on in this application are true, accurate, and complete and are either based upon reasonable techniques available for calculating emissions or, for emission estimates of hazardous air pollutants not regulated for an emissions unit addressed in this application, based solely upon the materials, information and calculations submitted with this application.

If the purpose of this application is to obtain an air construction permit for one or more proposed new or modified emissions units (check here [ ], if so), I further certify that the engineering features of each such emissions unit described in this application have been designed or examined by me or individuals under my direct supervision and found to be in conformity with sound engineering principles applicable to the control of emissions of the air pollutants characterized in this application.

If the purpose of this application is to obtain an initial air operation permit or operation permit revision for one or more newly constructed or modified emissions units (check here [ ], if so), I further certify that, with the exception of any changes detailed as part of this application, each such emissions unit has been constructed or modified in substantial accordance with the information given in the corresponding application for air construction permit and with all provisions contained in such permit.

Signature

Date 6/7/99

(seal)

* Attach any exception to certification statement.

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
0050008	Exhaust Stack on Asphalt Plant Bag House		

Application Processing Fee

Check one: [x] Attached - Amount: $ $1,500.00*** [ ] Not Applicable

Construction/Modification Information

1. Description of Proposed Project or Alterations: N/A
2. Projected or Actual Date of Commencement of Construction:
3. Projected Date of Completion of Construction:

Application Comment

II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Location and Type

1. Facility UTM Coordinates: Zone: East (km): North (km):			
2. Facility Latitude/Longitude: Latitude (DD/MM/SS): 30 13'30"N Longitude (DD/MM/SS): 85 34'40"W			
3. Governmental Facility Code: 005008	4. Facility Status Code:	5. Facility Major Group SIC Code:	6. Facility SIC(s):
7. Facility Comment (limit to 500 characters):			

Facility Contact

1. Name and Title of Facility Contact: Richard M. Dodd, President
2. Facility Contact Mailing Address: Organization/Firm: G.A.C. Contractors, Inc. d/b/a Gulf Asphalt Street Address: 4116 N. Highway 231 City: Panama City State: Florida Zip Code: 32404
3. Facility Contact Telephone Numbers: Telephone: (850) 769 - 3477 Fax: (850) 769 - 3456

Facility Regulatory Classifications

Check all that apply:

1. [ ] Small Business Stationary Source?	[ ] Unknown
2. [ ] Synthetic Non-Title V Source?	
3. [ ] Synthetic Minor Source of Pollutants Other than HAPs?	
4. [ ] Synthetic Minor Source of HAPs?	
5. [ ] One or More Emissions Units Subject to NSPS?	
6. [ ] One or More Emission Units Subject to NESHAP Recordkeeping or Reporting?	
7. Facility Regulatory Classifications Comment (limit to 200 characters):	

Rule Applicability Analysis

B. FACILITY POLLUTANTS

List of Pollutants Emitted

1. Pollutant Emitted	2. Pollutant Classif.	3. Requested Emissions Cap		4. Basis for Emissions Cap	5. Pollutant Comment
		lb/hour	tons/year		

C. FACILITY SUPPLEMENTAL INFORMATION

Supplemental Requirements

1. Area Map Showing Facility Location: [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
2. Facility Plot Plan: [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
3. Process Flow Diagram(s): [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
5. Supplemental Information for Construction Permit Application: [ ] Attached, Document ID:_____ [ ] Not Applicable
6. Supplemental Requirements Comment:

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section (including subsections A through G as required) must be completed for each emissions unit addressed in this Application for Air Permit. If submitting the application form in hard copy, indicate, in the space provided at the top of each page, the number of this Emissions Unit Information Section and the total number of Emissions Unit Information Sections submitted as part of this application.

A. GENERAL EMISSIONS UNIT INFORMATION

Emissions Unit Description and Status

1. Type of Emissions Unit Addressed in This Section: (Check one)

[ ] This Emissions Unit Information Section addresses, as a single emissions unit, a single process or production unit, or activity, which produces one or more air pollutants and which has at least one definable emission point (stack or vent).

[ ] This Emissions Unit Information Section addresses, as a single emissions unit, a group of process or production units and activities which has at least one definable emission point (stack or vent) but may also produce fugitive emissions.

[ ] This Emissions Unit Information Section addresses, as a single emissions unit, one or more process or production units and activities which produce fugitive emissions only.

2. Description of Emissions Unit Addressed in This Section (limit to 60 characters):

Exhaust Stack on Asphalt Plant Baghouse

3. Emissions Unit Identification Number:
ID:

[ ] No ID
[ ] ID Unknown

4. Emissions Unit Status Code: 005008	5. Initial Startup Date:	6. Emissions Unit Major Group SIC Code:

7. Emissions Unit Comment: (Limit to 500 Characters)

Emissions Unit Control Equipment

1. Control Equipment/Method Description (limit to 200 characters per device or method):
2. Control Device or Method Code(s):

Emissions Unit Details

1. Package Unit: Manufacturer:	Model Number:	
2. Generator Nameplate Rating:	MW	
3. Incinerator Information: Dwell Temperature: Dwell Time: Incinerator Afterburner Temperature:		 °F seconds °F

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:		mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate:		
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule: hours/day weeks/year		 days/week hours/year
6. Operating Capacity/Schedule Comment (limit to 200 characters):		

B. EMISSION POINT (STACK/VENT) INFORMATION

Emission Point Description and Type

1. Identification of Point on Plot Plan or Flow Diagram?	2. Emission Point Type Code:	
3. Descriptions of Emission Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point):		
4. ID Numbers or Descriptions of Emission Units with this Emission Point in Common:		
5. Discharge Type Code:	6. Stack Height: feet	7. Exit Diameter: feet
8. Exit Temperature: °F	9. Actual Volumetric Flow Rate: acfm	10. Water Vapor: %
11. Maximum Dry Standard Flow Rate: dscfm	12. Nonstack Emission Point Height: feet	
13. Emission Point UTM Coordinates: Zone: East (km): North (km):		
14. Emission Point Comment (limit to 200 characters):		

C. SEGMENT (PROCESS/FUEL) INFORMATION

Segment Description and Rate: Segment _____ of _____

1. Segment Description (Process/Fuel Type) (limit to 500 characters):		
2. Source Classification Code (SCC):	3. SCC Units:	
4. Maximum Hourly Rate:	5. Maximum Annual Rate:	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):		

Segment Description and Rate: Segment _____ of _____

1. Segment Description (Process/Fuel Type) (limit to 500 characters):		
2. Source Classification Code (SCC):	3. SCC Units:	
4. Maximum Hourly Rate:	5. Maximum Annual Rate:	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):		

Emissions Unit Information Section _____ of _____

Pollutant Detail Information Page _____ of _____

D. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION

Potential Emissions

1. Pollutant Emitted:	2. Pollutant Regulatory Code:	
3. Primary Control Device Code:	4. Secondary Control Device Code:	5. Total Percent Efficiency of Control:
6. Potential Emissions: lb/hour tons/year		7. Synthetically Limited? [ ]
8. Emission Factor: Reference:		9. Emissions Method Code:
10. Calculation of Emissions (limit to 600 characters):		
11. Pollutant Potential Emissions Comment (limit to 200 characters):		

Allowable Emissions Allowable Emissions _____ of _____

1. Basis for Allowable Emissions Code:	2. Future Effective Date of Allowable Emissions:
3. Requested Allowable Emissions and Units:	4. Equivalent Allowable Emissions: lb/hour tons/year
5. Method of Compliance (limit to 60 characters):	
6. Allowable Emissions Comment (Desc. of Operating Method) (limit to 200 characters):	

E. VISIBLE EMISSIONS INFORMATION
(Only Emissions Units Subject to a VE Limitation)

Visible Emissions Limitation: Visible Emissions Limitation _____ of _____

1. Visible Emissions Subtype:	2. Basis for Allowable Opacity: [X] Rule [ ] Other
3. Requested Allowable Opacity: Normal Conditions: 30 % Exceptional Conditions: % Maximum Period of Excess Opacity Allowed: 40% 2 min/hour	
4. Method of Compliance: Visual Inspection by FEDP Representative	
5. Visible Emissions Comment (limit to 200 characters): Our highest visual opacity observed during our 05/06/99 test was 1.46% opacity.	

F. CONTINUOUS MONITOR INFORMATION
(Only Emissions Units Subject to Continuous Monitoring)

Continuous Monitoring System: Continuous Monitor _____ of _____

1. Parameter Code:	2. Pollutant(s):
3. CMS Requirement:	[ ] Rule [ ] Other
4. Monitor Information: Manufacturer: Model Number: Serial Number:	
5. Installation Date:	6. Performance Specification Test Date:
7. Continuous Monitor Comment (limit to 200 characters):	

G. EMISSIONS UNIT SUPPLEMENTAL INFORMATION

Supplemental Requirements

1. Process Flow Diagram [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
2. Fuel Analysis or Specification [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
3. Detailed Description of Control Equipment [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
4. Description of Stack Sampling Facilities [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
5. Compliance Test Report [ ] Attached, Document ID:_____ [ ] Previously submitted, Date:_____ [ ] Not Applicable
6. Procedures for Startup and Shutdown [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
7. Operation and Maintenance Plan [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
8. Supplemental Information for Construction Permit Application [ ] Attached, Document ID:_____ [ ] Not Applicable
9. Other Information Required by Rule or Statute [ ] Attached, Document ID:_____ [ ] Not Applicable
10. Supplemental Requirements Comment:

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  AREA: NWD_______        Cash Receiving Application                    CRAF006A
                        Collection Point Log Remittance      Tot: _____$22,000.00
+-----------------------------------------------------------------------------+
| SYS$REMT: 346668__ Type: C____    Recved Date: 21-JUN-1999  Status: RECEIVED |
| SYS$RCPT: 286325__ PNR: _________ Check #: 10856_____  Amount: ________750.00 |
| SSN/FEI#: __________                Name: GAC_LP_CONTRACTORS_____________    |
|    First: ______________________ Middle: _____  Title:________ Suf: _____    |
| Address1: P.O._BOX_59462_____________________________  Short Comments:       |
| Address2: ____________________________________________ JR_A003-0050008-_____ |
|     City: PANAMA_CITY__________ ST: FL  Zip: 32412-____ Country: ___________ |
+-----------------------------------------------------------------------------+
+--------------------------> P A Y M E N T (S) <-------------------------------+
|          Distr                                                          S   |
|          CL      Object                    Payment                   Applic/  T   |
|SYS$PAYT  Area..  Code/Description.....:    Amount.........  Reference#    Fund  A   |
|363377__  NWD___  002223 AIR_OPERATE____   _______$750.00  005008002_ ARM PFTF__ CO|
|_________ _______ ______ _______________   _______________ ___________ ___ ______ __|
|_________ _______ ______ _______________   _______________ ___________ ___ ______ __|
|_________ _______ ______ _______________   _______________ ___________ ___ ______ __|
|_________ _______ ______ _______________   _______________ ___________ ___ ______ __|
+-----------------------------------------------------------------------------+
 COMMIT FREQUENTLY                        ________$750.00  Payment total
Press_<TAB>_to_accept_Collection_Point_or_enter_F&A._____________________________
Bount: *38          ^ v                                                <Replace>
```

OFFICE: (850) 769-3477
FAX: (850) 769-3456

POST OFFICE BOX 59462
PANAMA CITY, FL 32412-0462

June 7, 1999

Mr. Andrew S. Allen
Florida Department of Environmental Protection
160 Governmental Center
Pensacola, Florida 32501-5794

Dear Mr. Allen:

Enclosed please find an Application Permit to renew our Operating Permit for our asphalt plant on Highway 231.

We greatly appreciate the Department's considering this renewal. If any additional information is required, please don't hesitate to contact us at your convenience.

Sincerely,

Richard M. Dodd, P.E.
President

RMD/krl

Enclosures

RECEIVED
JUN 11 1999
NORTHWEST FLORIDA

Department of
Environmental Protection

Lawton Chiles
Governor

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794

Virginia B. Wetherell
Secretary

PERMIT DATA FORM Date: 6-21-99.

PROJECT SOURCE NAME DAC.

TYPE CODE AO. SUBCODE ZC.

CORRECT FEE 750.00

AMOUNT RECEIVED 750.00.

AMOUNT REFUND _____.

PROCESSOR Kriegel-R.

COMMENTS additional $750.00 fee received 6/21/99 MBC

PERMIT APPLICATION SITE NUMBER 0050008

WAFER SITE NUMBER _____

ARMS SITE NUMBER _____

CASH RECEIVING RECEIPT NUMBER _____

Check Remitted BY: DAC Contractors

Check# 10856

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 _perMits_|__Events_|__Payment_|__Facility_|__partY_|__Reports_|__Help_|__eXit_
--------------------------  _Permitting_Application_  --------------------------
+------------------------------- ARMS Facility -------------------------------+
| Facility Name: GULF_ASPHALT_CORPORATION_____________  AIRS ID: 0050008      |
| County: BAY_________          Owner: G.A.C._CONTRACTORS_INC._______________  |
| Office: NW_Br:_PANAMA_CITY___________       Category: POINT                   |
+---------------------------------- Project ----------------------------------+
|AIR Permit #: _______-___-___       Project #: 001  CRA Reference #: 47217_____|
|Permit Office: NWD_(DISTRICT)_____________________  Agency Action: Pending___|
|Project Name: GAC_CONTRACTORS_DBA_GULF_ASPHT Desc: Gulf_Asphalt_renewal______|
|Type/Sub/Req: AO_/_2A_ Minor_Source_-_Stack_Sample_$1500__ Logged: 14-JUN-1999|
|    Received: 11-JUN-1999_ Issued: _____________ Expires: _____________ OGC: _|
|Fee: ___1500.00 Fee Recd: ___1500.00 Dele: _________ Override: NONE___________|
+------------------------------- Related Party -------------------------------+
|Role: APPLICANT_______    Begin: 14-JUN-1999   End: ___________             |
|Name: DODD,_RICHARD_M._P.E._________ Company: G.A.C._CONTRACTORS,_INC._______|
|Addr: POST_OFFICE_BOX_59462_____________________________________________________|
|City: PANAMA_CITY_____________________ State: FL Zip: 32412-0462 Country: _____|
|Phone: 850-769-3477   Fax: 850-769-3456                                      |
+------------------------------- Processors ----------------------------------+
|Processor: KRIEGEL_R_______________ Y Active: 14-JUN-1999 Inactive: ___________|
+-----------------------------------------------------------------------------+
Enter_Project_Name._____________________________________________________________
Count: *0                                                              <Replace>
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