October 19, 2010

Mr. Darrell Hall
Air Permit Engineer
City of Jacksonville
Environmental and Compliance
Environmental Quality
Air Quality Branch
117 W. Duval Street, Suite 225
Jacksonville, Florida 32202

RE: Operation Permit Application for TRANSFLO Terminal Services, Inc., Jacksonville, Florida Operations, FDEP Facility Id. 0310325

Dear Mr. Hall:

The enclosed permit application is submitted on behalf of TRANSFLO Terminal Services, Inc., (TRANSFLO) for their Jacksonville, Florida facility. This application is submitted to incorporate the terms and provisions of Construction Permit Number 0310325-010AC. No changes are requested to the terms and provisions of the Construction Permit as these terms are incorporated into the facility's operating permit. Because this Construction Permit was issued to change operational permit limits as opposed to the installation or modification of equipment, a date of installation or modification is not required with this operating permit application. FDEP permit application forms are included as Attachment 1. Attachment 2 contains recent operational records from TRANSFLO's custom environmental compliance reporting database. A check for the $250 is included as Attachment 3.

404 Sebastian Square, St. Augustine, Florida 32095
(904) 494-4200

Should you have any questions on this additional information or on the permit application, please contact Dr. Mitchell Hait at (904) 494-4200 or by e-mail at haitinc@gmail.com. Ms. Lisa Wiedemann, TRANSFLO Environmental Project Manager, may be reached at (904) 279-6337 or by e-mail at lwiedemann@transflo.net. We appreciate your continued assistance in the air quality permitting of this facility.

Sincerely,

Mitchell J. Hait, P.E., Ph.D.
Principal / Senior Engineer

Attachments

Attachment 1 FDEP Permit Application Forms
Attachment 2 Compliance Database Reports (October 2009 through September 2010)
Attachment 3 Permit Application Fee ($250)

Attachment 1:

FDEP Permit Application Forms

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: **TRANSFLO TERMINAL SERVICES, INC.**	
2. Site Name: **TRANSFLO TERMINAL SERVICES, INC. – JACKSONVILLE TERMINAL**	
3. Facility Identification Number: **0310325** [ ] Unknown	
4. Facility Location: Street Address or Other Locator: **116 RAILROAD – DRUID STREET** City: **JACKSONVILLE** County: **DUVAL** Zip Code: **32226**	
5. Relocatable Facility? [ ] Yes [**X**] No	6. Existing Permitted Facility? [**X**] Yes [ ] No

Application Contact

1. Name and Title of Application Contact: **MS. JAN M. BARNES**
2. Application Contact Mailing Address: Organization/Firm: **TRANSFLO TERMINAL SERVICES, INC.** Street Address: **6735 SOUTHPOINT DRIVE SOUTH** City: **JACKSONVILLE** State: **FL** Zip Code: **32216**
3. Application Contact Telephone Numbers: Telephone: (**904**)**279-6323** Fax: (**904**) **245-2257**

Application Processing Information (DEP Use)

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

Purpose of Application

Air Operation Permit Application

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

[ ] 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:_____

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

Current construction permit number:_____031025-010 AC _____

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:
Ms. Jan Barnes, Director Health Safety And Environmental And Quality

2. Owner/Authorized Representative Mailing Address:
Organization/Firm: **TRANSFLO Terminal Services**
Street Address: **6735 Southpoint Drive South**
City: **Jacksonville** State: **FL** Zip Code: **32216**

3. Owner/Authorized Representative Telephone Numbers:
Telephone: **(904)279-6323** Fax: **(904)245-2257**

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.*

Jan M. Barnes 10/14/10

Signature Date

* Attach letter of authorization if not currently on file.

Professional Engineer Certification

1. Professional Engineer Name: **Mitchell Jay Hait**
Registration Number: **0052281**

2. Professional Engineer Mailing Address:
Organization/Firm: **Mitchell J. Hait, Ph.D., P.E., Inc. ****
Street Address: **404 Sebastian Square**
City: **Saint Augustine** State: **FL** Zip Code: **32095**

3. Professional Engineer Telephone Numbers:
Telephone: **(904) 494-4200** Fax:

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 10/19/2010

(seal)

* Attach any exception to certification statement.

** **Board of Professional Engineers Certificate of Authorization # 28219**

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
003	**Bulk Liquids Transfer**	**AOMM**	**$ 250**

Application Processing Fee

Check one: [**X**] Attached - Amount: $ **250** [ ] Not Applicable

Construction/Modification Information

1. Description of Proposed Project or Alterations: **See enclosed letter for additional details. Provides for incorporation of changes in liquid material loading rates as authorized by permit Number 010-AC.**
2. Projected or Actual Date of Commencement of Construction: **N/A**
3. Projected Date of Completion of Construction: **N/A**

Application Comment

See enclosed cover letter.

II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Location and Type

1. Facility UTM Coordinates: Zone: **17** East (km): **430.73** North (km): **3355.15**			
2. Facility Latitude/Longitude: Latitude (DD/MM/SS): **30˚ 19` 35" N** Longitude (DD/MM/SS): **81˚ 43` 13"W**			
3. Governmental Facility Code: **(0) NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVERNMENT**	4. Facility Status Code: **ACTIVE**	5. Facility Major Group SIC Code: **(47) TRANSPORTATION SERVICES**	6. Facility SIC(s): **4789**
7. Facility Comment (limit to 500 characters): The NAISC code is 488210; Support Activities for Rail Transportation.			

Facility Contact

1. Name and Title of Facility Contact: **Mr. Matt Maschman, Terminal Manager**
2. Facility Contact Mailing Address: Organization/Firm: **Jacksonville TRANSFLO Terminal** Street Address: **116 Railroad – Druid Street** City: **Jacksonville** State: **FL** Zip Code: **32226**
3. Facility Contact Telephone Numbers: Telephone: (**904**) **332-3745** Fax: (**904**) **332-3747**

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): **Per current permit, facility is classified as minor source as PTE is less than 100 tons per year (Title V major source thresholds for criteria pollutants).**	

Rule Applicability Analysis

See enclosed cover letter for 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		

No Emission Limited Pollutants at a Facility Level

C. FACILITY SUPPLEMENTAL INFORMATION

Supplemental Requirements

1. Area Map Showing Facility Location: [ ] Attached, Document ID:_____ [**X**] Not Applicable [ ] Waiver Requested
2. Facility Plot Plan: [ ] Attached, Document ID:_____ [**X**] Not Applicable [ ] Waiver Requested
3. Process Flow Diagram(s): [ ] Attached, Document ID: _____ [X] Not Applicable [ ] Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: [ ] Attached, Document ID:_____ [**X**] Not Applicable [ ] Waiver Requested
5. Supplemental Information for Construction Permit Application: [ ] Attached, Document ID:_____ [**X**] Not Applicable
6. Supplemental Requirements Comment: **Items 1, 2, and 4 were submitted in January 2008, and no changes have occurred since the prior submittal that would require revision.** **Item 3 was previously submitted in November 2008, and not changes have occurred since the prior submittal that would require revision.**

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.

[X] 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):
Bulk Liquids Transfer Operations

3. Emissions Unit Identification Number:
ID: **003**

[ ] No ID
[ ] ID Unknown

4. Emissions Unit Status Code:	5. Initial Startup Date:	6. Emissions Unit Major Group SIC Code:
A – ACTIVE		**47**

7. Emissions Unit Comment: (Limit to 500 Characters)
Transloading of liquid materials between rail cars, trucks, and containers.

Emissions Unit Information Section 1 of 1

Pollutant Detail Information Page 1 of 2

Emissions Unit Control Equipment

1. Control Equipment/Method Description (limit to 200 characters per device or method): **Vapor balance recovery system – vapor recovery used for volatile organic compounds with a vapor pressure of at least 0.9 psia.**
2. Control Device or Method Code(s): 096 Vapor Balance

Emissions Unit Details

1. Package Unit: Manufacturer:	Model Number:	
2. Generator Nameplate Rating:	MW	
3. Incinerator Information: Dwell Temperature:		°F
Dwell Time:		seconds
Incinerator Afterburner Temperature:		°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:		
8 hours/day		**7** days/week
52 weeks/year		**8,760** hours/year
6. Operating Capacity/Schedule Comment (limit to 200 characters):		

Emissions Unit Information Section 1 of 1

Pollutant Detail Information Page 1 of 2

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: **4 – No true emission point (fugitive)**	
3. Descriptions of Emission Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point): **n/a**		
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): **Fugitive emissions only.**		

Emissions Unit Information Section 1 of 1

Pollutant Detail Information Page 1 of 2

C. SEGMENT (PROCESS/FUEL) INFORMATION

Segment Description and Rate: Segment **1** of **1**

1. Segment Description (Process/Fuel Type) (limit to 500 characters): **Bulk transfer of liquids, rail, truck, and containers.**		
2. Source Classification Code (SCC): **40600198**	3. SCC Units: **1,000 GALLONS PETROLEUM LIQUID TRANSFERRED**	
4. Maximum Hourly Rate: **78**	5. Maximum Annual Rate: **219,000**	6. Estimated Annual Activity Factor: **25,000**
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters): **Transfer of bulk liquids.** **Estimated actual activity factor is based on recent (CY 2008 through 2009) transfer data**.		

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 1 of 1

Pollutant Detail Information Page 1 of 2

D. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION

Potential Emissions

1. Pollutant Emitted: **HAPS – Total Hazardous Air Pollutants**	2. Pollutant Regulatory Code: **EL**	
3. Primary Control Device Code: **96 – VAPOR LOCK BALANCE RECOVERY SYSTEM**	4. Secondary Control Device Code:	5. Total Percent Efficiency of Control: **98.7**
6. Potential Emissions: lb/hour **<0.01** tons/year		7. Synthetically Limited? [**No**]
8. Emission Factor: Reference: **AP-42 SECTION 5.2**		9. Emissions Method Code: **(3) CALCULATED USING A DIRECTLY APPLICABLE EMISSION FACTOR FROM AP-42 OR THE EPA FIRE SYSTEM**
10. Calculation of Emissions (limit to 600 characters): **See emission estimates previously submitted in support of the construction permit application. Vapor balance is not required for low vapor pressure materials.**		
11. Pollutant Potential Emissions Comment (limit to 200 characters): **See emission estimates previously submitted in support of the construction permit application. Vapor balance is not required for low vapor pressure materials.**		

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):	

Emissions Unit Information Section 1 of 1

Pollutant Detail Information Page 2 of 2

D. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION

Potential Emissions

1. Pollutant Emitted: **VOC – Volatile Organic Compounds**	2. Pollutant Regulatory Code: **EL**	
3. Primary Control Device Code: **96 – VAPOR LOCK BALANCE RECOVERY SYSTEM**	4. Secondary Control Device Code:	5. Total Percent Efficiency of Control: **98.7**
6. Potential Emissions: lb/hour **3.0** tons/year		7. Synthetically Limited? [**No**]
8. Emission Factor: Reference: **AP -42 SECTION 5.2**		9. Emissions Method Code: **(3) CALCULATED USING A DIRECTLY APPLICABLE EMISSION FACTOR FROM AP-42 OR THE EPA FIRE SYSTEM**
10. Calculation of Emissions (limit to 600 characters): **See emission estimates previously submitted in support of the construction permit application. Vapor balance is not required for low vapor pressure materials.**		
11. Pollutant Potential Emissions Comment (limit to 200 characters): **See emission estimates previously submitted in support of the construction permit application. Vapor balance is not required for low vapor pressure materials.**		

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: [] Rule [ ] Other
3. Requested Allowable Opacity: Normal Conditions: % Exceptional Conditions: % Maximum Period of Excess Opacity Allowed: min/hour	
4. Method of Compliance:	
5. Visible Emissions Comment (limit to 200 characters):	

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

Attachment 2:

Compliance Database Reports
(October 2009 through September 2010)

TRANSFLO Terminal - JACKSONVILLE , FL

For Dates between 10/1/2009 to 9/30/2010

Rolling Total Transfer/Emission Estimates (Bulk Liquids)

Product Name	STCC	CAS Number	% Wt	Molecular Weight lb/lbs-mole	VP (psia)	Density (lb/gal)	Vapor Balance Control	N/A VOC Calc	HAP % wt	Uncontrolled Emission Factor (lbs/1000 gal)	Total Transfers (lbs/12 mo)	Gallons Transferred (gal/12 mo)	VOC Emissions (lbs/12 mo)	HAP Emissions (lbs/12 mo)
50% UREA LIQUOR (2818146)											7,008,780			
Urea		57-13-6	100%		0.000	9.51	☐	☑		0.000000	7,008,780	736,991	0	
CARBON DIOXIDESELF SERVICE (4904509)											1,018,186			
Carbon Dioxide			100%				☐	☑		0.000000	1,018,186			
CRUDE TALL OIL (2861235)											10,103,572			
CRUDE TALL OIL		8002-26-4	100%	250	0.100	7.93	☐	☐		0.000831	10,103,572	1,274,095	1,058	
FERROUS SULFATEFERROUS SULFATE (4932022)											1,036,800			
Ferrous sulfate, Solution		7720-78-7	100%	278	0.330	9.84	☐	☑		0.003048	1,036,800	105,366	0	
FUEL GRADE ETHANOL (4909152)											101,541,600			
Ethanol		64-17-5	95%	46.07	1.401	6.58	☑ 98.7	☐		0.001479	96,464,520	14,660,261	282	
Gasoline		86290-81-5	5%	65	8.720	6.09	☑ 98.7	☐	7.13	0.012986	5,077,080	833,675	141	10.03
H202 50%HYDROGEN PEROXIDE (4918335)											33,396,992			
Hydrogen Peroxide (H202)		7722-84-1	100%	34.01	0.464	9.42	☐	☑		0.000524	33,396,992	3,543,748	0	
HEPTANESHEPTANES (4909190)											245,220			
heptane (n)		142-82-5	100%	100.21	1.045	5.70	☑ 98.7	☐		0.002400	245,220	43,021	1	
LANDMASTER IIHERBICIDE (4963104)											770,240			
LANDMASTER II			100%	99.13	0.007	8.57	☐	☐		0.000021	770,240	89,876	2	
RENOIL 70-W (2911415)											2,221,000			
Petroleum Lubricating Oils		n/a	100%	150	0.001	7.70	☐	☐		0.000005	2,221,000	288,442	1	
TOLUENETOLUENE (4909305)											1,520,180			
Toluene		108-88-3	100%	92.14	0.654	7.26	☑ 98.7	☐	100.00	0.001381	1,520,180	209,391	4	3.76
USED OILUSED OIL (4025129)											2,548,340			
Used Oil			100%	150	0.001	7.70	☐	☐		0.000005	2,548,340	330,953	2	
Rolling 12 Month Total												22,115,819	1,490.89	13.79
													0.75	0.01 tons

Rolling Total HAP Detail Report

Pollutant Name	CAS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total (lbs)	Total (tons)
2,2,4-trimethylpentane	540-84-1	0.10	0.16	0.12	0.10	0.04	0.09	0.05			0.15	0.07	0.12	0.99	0.000
Benzene	71-43-2	0.11	0.19	0.15	0.12	0.04	0.11	0.06			0.18	0.08	0.14	1.18	0.001

Cumene	98-82-8	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.03	0.000
Ethylbenzene	100-41-4	0.01	0.01	0.01	0.01	0.00	0.01	0.00			0.01	0.00	0.01	0.06	0.000
Hexane	110-54-3	0.63	1.04	0.80	0.67	0.25	0.59	0.34			0.98	0.44	0.78	6.52	0.003
Toluene	108-88-3	0.10	0.16	0.46	0.56	0.15	0.55	0.05	0.90	0.45	0.61	0.30	0.44	4.74	0.002
Xylenes	1330-20-7	0.03	0.04	0.03	0.03	0.01	0.03	0.01			0.04	0.02	0.03	0.28	0.000
Rolling Total (lbs)		0.97	1.60	1.58	1.49	0.49	1.37	0.53	0.90	0.45	1.97	0.90	1.53	13.79	
RollingTotal (tons)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.007

Rolling Total Transfer/Emission Estimates (Bulk Solids)

Product Name	STCC	Transfer Equipment	Moisture Content (%)	PM Emission Factor (lbs/ton)	Total Transfers (tons/12 mo)	PM Emitted (lbs/12 mo)	PM Emitted (tons/12 mo)	PM 10 Emission Factor (lbs/ton)	PM 10 Emitted (tons/12 mo)
Lime	3274110	Dry Conveyor	0.10%	0.0604	7,693	464.41	0.2322	0.0304	0.1168
Petroleum Coke	2991315	Dry Conveyor	7.00%	0.0036	1,344	4.81	0.0024	0.0035	0.0024
Plastic Pellets	2821156		0.01%	0.0006	386	0.23	0.0001	0.0006	0.0001
Plastic Pellets	2821139		0.01%	0.0006	129	0.08	0.0000	0.0006	0.0000
ROCK CHIPS VARIOUS	1441210	Dry Conveyor	1.41%	0.0000	1,332	0.03	0.0000	0	0.0000
Rolling 12 Month Total					10,885	469.56	0.2348		0.1193

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Attachment 3:

Permit Application Fee ($250)

MITCHELL J. HAIT Ph.D. P.E. INC.
404 SEBASTIAN SQUARE
SAINT AUGUSTINE, FL 32095

1122

DATE 10/20/2010

63-1392/630
66321

PAY TO THE ORDER OF CITY OF JACKSONVILLE - ENVIRONMENTAL QUALITY $ 250.00

Two Hundred AND FIFTY AND NO/XX DOLLARS

Security Features Details on Back.

Compass Bank
St. Augustine, Florida

FOR TRANSFER JACKSONVILLE PERMIT AP. FEE

MP

[redacted]