FEA RECEIPT

CONCRETE BATCHING PLANT
AIR GENERAL PERMIT REGISTRATION FORM

Part II. Notification to Permitting Office
(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local size. Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form) クノく入り合く・ハ

Registration Type		0/30000 0
Check one:		
INITIAL REGISTRATION - Notification Construct and operate a proposed new Operate an existing facility not current air operation permit to an air general	w facility. ntly using an air general	l permit (e.g., a facility proposing to go from an
RE-REGISTRATION (for facilities curr Continue operating the facility after a Continue operating the facility after a Make an equipment change requiring other change not considered an admir	expiration of the current a change of ownership. a re-registration pursuan	t term of air general permit use. It to Rule 62-210.310(2)(e), F.A.C., or any
Surrender of Existing Air Operation Per	mit(s) - For Initial Reg	gistrations Only
or operator upon the effective date of this ai operation permits being surrendered. If no	ir general permit. In suc air operation permits are this facility are hereby	ch permit(s) must be surrendered by the owner ch case, check the first box, and indicate the held by the facility, check the second box. surrendered upon the effective date of this air
No air operation permits currently ex	ist for this facility.	
General Facility Information		
Facility Owner/Company Name (Name of coperates, controls, or supervises the facility. Oldcastle Coastal, Inc.		individual owner who or which owns, leases,
Site Name (Name, if any, of the facility site		olis Plant, etc. If more than one facility is
owned, a registration form must be complet	ed for each.)	
Coral Rock Block, FACILITY ID: 015008		
Facility Location (Provide the physical loca Street Address: 41451 Cook & Brown Road		necessarily the mailing address.)
City: Punta Gorda, southeast of	County: Charlotte	Zip Code: 33982
Facility Start-Up Date (Estimated start-up d N/A	ate of proposed new fac	cility.)(N/A for existing facility)

OMMENVERING INC. WEDS COCHERS								
Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use the air general permit.)								
Print Name and Title: Billy Paul Bras	well, Vice President of Operations							
Owner/Authorized Representative Ma	iling Address							
Organization/Firm:Oldcastle Coastal,								
Street Address: 9009 Corporate Lake I								
City:Tampa, FL	County:Hillsborough	Zip Code:33634						
Owner/Authorized Representative Tel	ephone Numbers							
Telephone:813-367-9780	Fax:813-3	367-9787						
Cell phone (optional):								
• • • •		<u> </u>						

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Charlie W. Brown - Operations Manager

Facility Contact Mailing Address
Organization/Firm:Oldcastle Coastal, Inc.

Street Address: 41451 Cook & Brown Road
City: Punta Gorda County: Charlotte Zip Code: 33982

Facility Contact Telephone Numbers
Telephone: (941) 543-5070 Fax: (941) 543-8920

Cell phone (optional):

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative
I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form as as to comply with all applicable standards for control of air pullutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereaf.

I will promptly notify the Department of any changes to the information contained in this registration form.

Signature

11/8/07

Date

Type of Facility		
Check one:		
⊠ Stationary Facility	Relocatable Facility	
Type(s) of Reasonable Precautions Used	to Prevent Unconfined Emissions	
Check all precautions to be used for the n	nanagement of roads, parking areas,	stock piles and yards:
⊠ Pave Roads	Pave Parking Areas	☑ Pave Yards
Maintain Roads/Parking/Yards	Use Water Application	Use Dust Suppressant
Remove Particulate Matter	Reduce Stock Pile Height	☐ Install Wind Breaks
Check all precautions to be used for the n	nanagement of drop points to trucks:	
Spray Bar	Chute	☐ Enclosure
	Partial enclosure	
Description of Reasonable Precautions		
Below, or as an attachment to this form, prounconfined emissions at the facility.	ovide details of all types of reasonable	le precautions to be used to prevent
unconfined emissions at the facility.		
This facility is provided with an extensive	stormwater/wastewater drainage syst	em which is designed to flush
particulate matter from the paved yard and		
fugitive emissions. Aggregate stockpiles in		
	•	

Description of Facility

Below, or as an attachment to this form, provide a description of the concrete batching plant operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used. Concrete Block Manufacturing Plant: - A single-compartment cement silo (with a BHA "Pulse-Pleat' four-cartridge dust collector). - A cement weigh hopper/mixer machine* (with a BHA "Pulse-Pleat" two-cartridge dust collector). * The weigh hopper/mixer machine is fully enclosed within the block plant building and does not require annual visible emission testing.

VISIBLE EMISSION TEST

Method Uses (Circle One) Method 9 203A 202B Repon Sq 0 - V - 1	Observation Date Start Time Stop Time
Method 9 203A 202B Repor 1 0 - V - 1	Kuit in the Kuit of the Kuit o
Company Name Rinker Materials	Sec 0 15 30 45 Sec 0 15 30 45
Facility Name ARS OIFO A SI	1 0 0 0 0 31 Checked
Street Address 41451 Cook Boom Rd	2 0 0 0 0 12 tank
City Funta Good at Fl. 711	
Phone No. (239) 543 - 7020	000000000
Process Linu # Orerating Mode	000000000
Contracte Eu-ol 26.7 Ten	0000000
Cartrige Collector & Psig	0000000000
Describe Emission Point Sile in cupted DC	00000000
Ht of Emis Point 80' Ht Rel to Observer 80'	000000
Distance to Emis, Pt 150. Direction to Emis Pr (Degrees) 294.	00000000
	100000000
244	13 0 0 0 0 0 0 0
Listance and Direction to Class Private Emission Private Consistency	0000000
Describe Emissions	15 0 0 0 0 14 0 0 0 0
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Sufference	Rumber of Readings Above / Average Opacity for / O
Latiuse 47765 Copplings 26.47765 81°46, 222	0
	Conservers Name (Print) William Arlington
Cement 25.41 tons / 57 Min.	Inserior Sagreting College 3/21/07
	A. A. Aciden Environmental Services inc
	Whiticw Enterprises 1/8/07

VISIBLE EMIS	SION	TEST									
Method Leed (Circle One) 203A 203B Report 59 € - V · 2	Observation Date 3 - 2 (- c) 7				Start Fine			Stop Time			
Company Name Rinker Materials	Sec	0	15	30	45	Min Sec	0	15	30	45	
Facility Name AIRS	1	0	0	0	0	31					
Street Address	2	0	0	0	0	32					
City US Cock Brown Ld. City To 6 - 9 c E E C	3	0	0	0	\mathcal{C}	33					
From No.	1 5	0	0	0	0	34 35					
Process Unit # Operating Mode	6	0	0	0	0	36					
Concrete Euror	7	0	0	ت	0	37		ļ			
Cartrige Callectur	-	0	0	0	ن	36		ļ			
	9	12	0	U	0	39		 	<u> </u>	<u> </u>	
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Ostance to Ems. Pt 150' Direction to Ems. Pt (Degrees) 3 0 6'		\circ	0	0	0	41		ļ		,	
	12	0	0	0	0	42					
11.	13	0	0	0	0	43					
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Describe Emissions	15		 	 		45		-		<u> </u>	
Emission Color Water Droplet Plume. Atlasted Detached None K	1.6	}	}	-	}	46	ļ				
Describe Flume Background	17		ļ		ļ <u>.</u>	47				<u> </u>	
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	24	 	 	ļ		54		<u> </u>			
Soservation Point	75		 			55		 			
	2€		-			56					
Foet	27	ļ		<u> </u>		57					
	28	 				58					
Observer's Position Feet	29	<u> </u>	<u> </u>	<u> </u>		39		<u> </u>			
Sing View Slack	30		<u> </u>			50					
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Latitude 47 . 765 Longitude 46-221 Decknation	Miri Observers	s Name (P	Max	VA GUG		2na Higi		ฟะก			
	Observers	Signature	7	$\overline{}$	1.	lingto	on	Date ,			
Comments 1-2 Batches	Organizati	ion C	مرابر ۸ حزام ۸		en	7	<u>ر</u> ماماه	Jane 3/1	7		
	Centified E						ntal S	Service Date			
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APAC, Inc. • 900 Ashwood Parkway • Suite 700 • Atlanta, Georgia 30338-4780 • (770) 392-5300 • Fax (770) 392-5418

November 9, 2007

Florida Department of Environmental Protection Receipts P.O. Box 3070 Tallahassee, FL 32315-3070

Re: Air Permit Transfers

Bureau of Air Monitoring The enclosed check is for Air General Permit transfer for the permits listed below:

> 0810064 BLOCK PLANT REMOULD 1010077 1030139 PLANT REMOUED 1010326 BLOCK 0450009 1310010 0710024 BLOCK 0150086 PLANT REMOVED 0710015 BLOCK 0710229 0710096 0210047 0210032 0910075 7770043 1136024 0050037 0030043 0330266

Thank you in advance for your assistance.

Sincerely,

EHS Manager APAC, Inc.

& Mobile Sources

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: Billy Paul Braswell, Vice President of Operations

Owner/Authorized Representative Mailing Address

Organization/Firm:Oldcastle Coastal, Inc.

Street Address: 9009 Corporate Lake Drive, Suite 165

City: Tampa, FL

County:Hillsborough

Zip Code:33634

Owner/Authorized Representative Telephone Numbers

Telephone:813-367-9780

Fax:813-367-9787

Cell phone (optional):

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Charlie W. Brown - Operations Manager

Facility Contact Mailing Address

Organization/Firm:Oldcastle Coastal, Inc. Street Address: 41451 Cook & Brown Road

City: Punta Gorda

County: Charlotte

Zip Code: 33982

Facility Contact Telephone Numbers

Telephone: (941) 543-5070

Cell phone (optional):

Fax: (941) 543-8920

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so us to comply with all applicable standards for control of air pullutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

I will promptly notify the Department of any changes to the information contained in this registration form.

Signature

11/8/07

Dat

CONCRETE BATCHING PLANT AIR GENERAL PERMIT REGISTRATION FORM

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

Registration Type
Check one:
INITIAL REGISTRATION - Notification of intent to: Construct and operate a proposed new facility. Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).
RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to: Continue operating the facility after expiration of the current term of air general permit use. Continue operating the facility after a change of ownership. Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.
Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only
If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box. All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):
No air operation permits currently exist for this facility.
General Facility Information
Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.) Oldcastle Coastal, Inc.
Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)
Coral Rock Block, FACILITY ID: 0150086
Facility Location (Provide the physical location of the facility, not necessarily the mailing address.) Street Address: 41451 Cook & Brown Road
City: Punta Gorda, southeast of County: Charlotte Zip Code: 33982
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility) N/A

Owner/Authorized Representative	
Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use	this
air general permit.)	
Print Name and Title: Billy Paul Braswell, Vice President of Operations	ļ
Owner/Apthonized Representative Mailing Address	- 1
Organization/Firm:Oldcastle Coastal, Inc.	
Street Address:9009 Corporate Lake Drive, Suite 165	
City: Tampa, Fl. County: Hillsborough Zip Code: 33634	
Owner/Authorized Representative Telephone Numbers	
Telephone. U.S. S. V. V. S.	
Cell phone (optional):	
Facility Contact (If different from Owner/Authorized Representative)	
Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the fat	ility.)
Print Name and Title: Charlie W. Brown - Operations Manager	
Facility Contact Mailing Address	
Organization/Firm:Oldcastle Coastal, Inc.	ļ
Street Address: 41451 Cook & Brown Road	į
City: Punta Gorda County: Charlotte Zip Code: 33982	
Facility Contact Telephone Numbers	
Telephone: (941) 543-5070 Fax: (941) 543-8920	1
Cell phone (optional):	
Owner/Authorized Representative Statement	
This statement must be signed and dated by the person named above as owner or authorized representative	
I, the undersigned, am the owner or authorized representative of the owner or operator of the facility	ĺ
addressed in this Air General Permit Registration Form. I hereby certify, based on information and	
belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for	
use of this air general permit and that the statements made in this registration form are true, accurate	ĺ
and complete. Further, I agree to operate and maintain the facility described in this registration form	٠.
us to comply with all applicable standards for control of air pullutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.	
the State of Florida and rules of the Department of Environmental Friedrich and revisions interests.	}
I will promptly notify the Department of any changes to the information contained in this registration	Í
form.	
Juin.	l L
	Í
11/8/07	

Signature

Date

Type of Facility		
Check one:		
Stationary Facility	Relocatable Facility	
Type(s) of Reasonable Precautions Used Check all precautions to be used for the		stools miles and smades
Pave Roads	Pave Parking Areas	Pave Yards
Maintain Roads/Parking/Yards	Use Water Application	Use Dust Suppressant
Remove Particulate Matter	Reduce Stock Pile Height	☐ Install Wind Breaks
Check all precautions to be used for the	management of drop points to trucks	:
Spray Bar	☐ Chute	■ Enclosure
	Partial enclosure	
Description of Reasonable Precautions		
Below, or as an attachment to this form, p	rovide details of all types of reasonab	ole precautions to be used to preven
unconfined emissions at the facility.		
This facility is marrided with an automotive	atamayyatan/yyaatayyatan dhaina aa ayaa	tom which is designed to flush
This facility is provided with an extensive particulate matter from the paved yard and		
fugitive emissions. Aggregate stockpiles		
	-	
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Description of Facility

Below, or as an attachment to this form, provide a description of the concrete batching plant operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

Concrete Block Manufacturing Plant:

- A single-compartment cement silo (with a BHA "Pulse-Pleat' four-cartridge dust collector).
- A cement weigh hopper/mixer machine* (with a BHA "Pulse-Pleat" two-cartridge dust collector).

* The weigh hopper/mixer machine is fully enclosed within the block plant building and does not require annual visible emission testing.

VISIBLE EMISSION TEST

VIOIDEL LIVIO					B					
Method Llees (Circle One) Method 1 590 - V - V	Observation	<u> </u>		7	Start Time	0	} -	Stop Time	- 6	2
Company Name Rinker Materials	Sec	0	15	30	45	Sec	0	15	30	45
Facility Name ARS	<u>'</u>	0	0	0	Ü	31	<u> </u>	c_6_4	l	 _
Street Address 41451 Cook Brown Rd	2	0	0	0	0_	32	ta	K		ļ
City, water Good on Fl. 716	3	0	0	0	0	34	0	0	0	0
Phone No. (239) 543 - 7020	5	0	0	0	0	35	0	0	Ü	0
Process Unit Operating Mode		0	0	0	0	36	<u>ت</u>	()	0	0
Control Equipment Operating Mode	7	0	0	ري	U	37	0	O	0	0
Cartrige Collector 885ig	- 5	0	0	U	0	3.5	0	0	0	C
Describe Emission Point Sila Mula ted Di	5	0	 	0	0	35	0	0	0	C
Ht of Emis Froin: 80' Ht Rel to Observer 85'	10	0	0	0	0	40	0	0	0	0
Distance to Emis, Pt 150. Direction to Emis Pt (Degrees)	11	 	0	0	0	41	0	0	Ö	0
Verticle Angle to Obs. Pt. Direction to Cos. H. (Degrees)	1:	0	0	0	0	42	0	 	0	0
Cistance and Orection to Obs. Fit from Enrission Ft	13	0	0	0	 	43	0	0	0	0
Sane	14	0	0	0	0	14	0	0	5	0
Describe Emissions	15	0	0	0		45	0	0	0	0
Emission Color Water Droplet Plume Attached Defective None	15	0	0	0	0	45	0	3	0	0
Describe Plume Background Sicy	17	0	0	0	0	47	0	0	0	5
Background Color blue Sky Conditions Mostly Cles	16	(-	0	10	0	48	0	0	0	0
Wind Speed 15-20 MRU Wind Direction NE	15	0	0	10	0	19	0	0	(2)	0
Ambient Temp. Well Bulb Temp. % RH	2C	0	0	0	0	50	0	0	0	0
Source Layout Draw Noth, Arrow	21	0	0	0	0	5-	0	0	0	0
O' STATE ON	22	0	0	0	10	52	0	0	0	
Barre Distriction	22	0	0	O	0	53				
	24	C	0	O	0	54				
Observation Point	75	0	0	0	0	55				
	ZG	0	0	O	0	56				
Feet	27	0	0	0	0	57				
Observer's Position Feet	28	0	0	0	0	58				
Sine View	29	0	0	0	0	59		ļ		
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	(Sed %)	,	Wh	tiow i	Enter	prises	5	114-	1/8/0	37

VISIBLE EMISSION TEST

VISIBLE CIVILS					Start Time			Stop Time		
Method Ised (Circle One) 203A 203B Report 5 0 - V - 2	3-21-07				12:07			12:10		
Company Name Rinker Materials	Sec	0	15	3.0	45	Sec	0	15	30	45
Facility Name AIRS	1	0	0	0	0	31				
Street Address	2	0	0	0	0	32				
City Cock Brown Rd. City State FL Zip	3	0	0	0	0	33			ļļ	
City State C Zip Frone No.	5	0	0	0	0	34				
Process Unit # Operating Mode	6	0	0	0	0	36		ļ		
Control Equipliment Operating Mode	7	0	0	ت	0	37		.	ļl	
Cartrice Collector	-	0	0	0	0	38				
Describe Emission Point	<u> </u>	(7	0	0	0	39			<u> </u>	
HI of Erns, Point 3.5' HI Rel to Observer 3.5'	10	0	C	0	0	40		ļ		
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11.	13	0	C	0	0	+3		ļ		
Distance and Direction to Otis, Pt from Emission P.	14			<u> </u>		14	}	ļ	ļ	ļ
Describe Emissions	15	├	 	 	 	45		ļ .	ļ	-
Emission Color Water Droplet Plume Attached Detached None K	15	 -	}			46	}	 	 	
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Background Color Sky Conditions	18	-	}	 	 	48	}	-		!
Background Color blue Sky Conditions Mosty Clear Wind Speed Wind Direction if I	19	 		<u> </u>		49	 -		├	
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Antient Temp. 7 o ' P Wet Bulb Temp. % RH	2*	├	-	<u> </u>	-	51	 	-	 	 -
Source Layout Draw North Arrow	27	 	 	1		52	 	 	┼	 -
3,100,1	23	 	-		-	53	 	-	 	<u> </u>
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Observation Point	25	-	 	}	}	55	-	-	 	
	26	\vdash	-		-	56	 	-	 	
Fcet	27	-		 		57	 	 	-	
Observer's Position Feet	28	 	+-		-	58	 	†	 	
Side View	29	<u> </u>				59	 	 	+	
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	Range Min		ly Readi Max	ngs	 ว	Averag	t 6 Min f e Opacil ghest 6	ly for		
Latitude 47 165 Innot tide 46-22L Declination		rs Name (i				rlingt		1711; 1		
Comments 1-2 Batches	Observe	is Signatui	1/	7	la			Date 3	/	7
	Organiza	tien	نریم Arlir			/	ental S		ces, In	
	Certified	Еу				prises		Date	1/8/0	
	L									



UPS CampusShip: View/Print Label

- 1. **Print the label(s):** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
- 2. **Fold the printed label at the dotted line.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS Customers without a Daily Pickup

- Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
- o Hand the package to any UPS driver in your area.
- Take your package to any location of The UPS Store[®], UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot[®] or Staples[®]) or Authorized Shipping Outlet near you. Items sent via UPS Return ServicesSM (including via Ground) are accepted at Drop Boxes.
- To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

Customers with a Daily Pickup

o Your driver will pickup your shipment(s) as usual.

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