

(CHECK REC'D)
02/02/12
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FEB 08 2012

**CONCRETE BATCHING PLANTS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**
DIVISION OF AIR
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0120092
0210092-005

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted 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). 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. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using 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.
- 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 Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

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.)

— Gulfside Construction & Equipment 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 complete registration must be submitted for each.)

— N/A

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 4303 Exchange Ave

City: Naples

County: Collier

Zip Code: 34104 - 7013

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

— N/A

Facility Contact

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

Print Name and Title: Hersnell Stalling Plant Forman

Facility Contact Telephone Numbers

Telephone: (239) 455-3795

Fax: (239) 455-1391

Cell phone: _____

E-mail: _____

Facility Contact Mailing Address

Organization/Firm: GULFSIDE CONSTRUCTION & EQUIPMENT INC

Mailing Address: 4503 EXCHANGE AVE.

City: NAPLES

County: COLLIER

Zip Code: 34104-7013

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: _____

Other Contact/Representative Telephone Numbers

Telephone: _____

Fax: _____

Cell phone: _____

E-mail: _____

Other Contact/Representative Mailing Address

Organization/Firm: _____

Mailing Address: _____

City: _____

County: _____

Zip Code: _____

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 management 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 management of drop points to trucks:

Spray Bar Chute Enclosure
 Partial enclosure

Equipment Details Provide information for each silo, weigh hopper (batcher), and other enclosed storage and conveying equipment that are limited to a visible emissions of 5 percent opacity pursuant to Rule 62-296.414(1), F.A.C.

PROCESS EQUIPMENT TYPE (silo, weigh hopper, batcher, etc.)	PROCESS EQUIPMENT IDENTIFICATION*	CONTROL DEVICE (baghouse, vent filter, etc.)	CONTROL DEVICE MANUFACTURER	CONTROL DEVICE MODEL NUMBER
BATCH/MIXER	WD2 2000			
SILLO	DEL 20FTO 26TONS CAPACITY	Baghouse	DEL 20FTO	

12 BAGS
5' x 8"

* If there are multiple pieces of the same types of process equipment (more than one silo, etc), provide an identifier (location, numeric designation, capacity or product) specific to each piece of equipment.

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 type of concrete product(s) manufactured, all air pollutant-emitting processes, and identify any air pollution control measures used. Mobile source equipment information is not needed (eg.: trucks, bulldozers, front-end loaders, etc.)

THIS IS A SMALL BATCH PLANT AND IS USED TO MANUFACTURE SEPTIC TANKS IT IS CLEANED AND INSPECTED ON A REGULAR BASIS AT THIS TIME IT IS ONLY IN USE 1 OR 2 DAYS A WEEK

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: <u>Hershell STALLING - PLANT FOREMAN</u>		
Owner/Authorized Representative Mailing Address Organization/Firm: <u>GulfSide Construction & Equip inc</u> Street Address: <u>4303 Exchange Ave</u> City: <u>Naples</u> County: <u>Collier</u> Zip Code: <u>34104</u>		
Owner/Authorized Representative Telephone Numbers Telephone: <u>(239) 455-3795</u> Fax: <u>(239) 455-1391</u> 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:		
Facility Contact Mailing Address Organization/Firm: Street Address: City: County: Zip Code:		
Facility Contact Telephone Numbers Telephone: Fax: 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 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 will promptly notify the Department of any changes to the information contained in this registration form.

Signature

1 26 12
Date

Received in F/A
02/01/12

Type of Facility

Check one:
 Stationary Facility Relocatable Facility

0210092-005

Type(s) of Reasonable Precautions Used to Prevent Unconfined Emissions

Check all precautions to be used for the management of roads, parking areas, stock piles and yards:

<input checked="" type="checkbox"/> Pave Roads	<input checked="" type="checkbox"/> Pave Parking Areas	<input checked="" type="checkbox"/> Pave Yards
<input checked="" type="checkbox"/> Maintain Roads/Parking/Yards	<input checked="" type="checkbox"/> Use Water Application	<input type="checkbox"/> Use Dust Suppressant
<input checked="" type="checkbox"/> Remove Particulate Matter	<input checked="" type="checkbox"/> Reduce Stock Pile Height	<input type="checkbox"/> Install Wind Breaks

Check all precautions to be used for the management of drop points to trucks:

<input checked="" type="checkbox"/> Spray Bar	<input checked="" type="checkbox"/> Chute	<input type="checkbox"/> Enclosure
	<input checked="" type="checkbox"/> Partial enclosure	

Description of Reasonable Precautions

Below, or as an attachment to this form, provide details of all types of reasonable precautions to be used to prevent unconfined emissions at the facility.

CLEAN AREA WITH WATER.
REGULAR INSPECTION OF BAG HOUSE

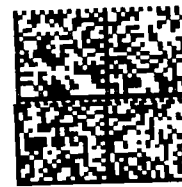
Description of Facility

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.

WDZ 200 BATCH/MIXER
-DEL ZOTTO

DEL ZOTTO SILO
CAPACITY 26 TONS

DEL ZOTTO BAG HOUSE PR37
12^{BAGS} (5 ft by 8 in) Bag Capacity



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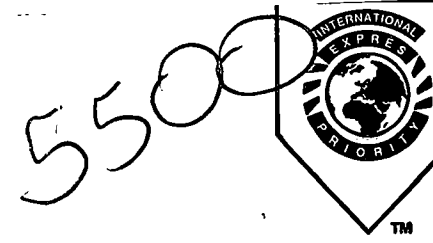


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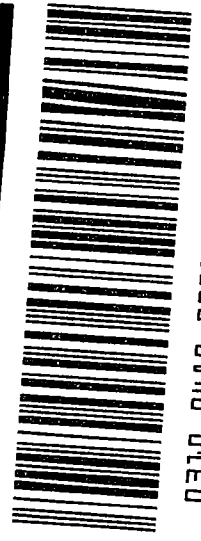
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For
 an

NEW
 2/8/12 - 2/13/12 ✓

From Gulfside Const. Equip
 4503 Exchange Ad.
 Naples, Fl. 34104

TO Dept. of Environmental Protection
 Receipts
 P.O. Box 3070
 Tallahassee, Fl. 32315-3070

Label 228, January 2008

Country of Destination/Pays de destination:



USPS packaging products have been awarded Cradle to Cradle Certification™ for their ecologically-intelligent design. For more information, visit www.cradletogether.com



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FEB 01 2012

DIVISION OF
RESOURCE MANAGEMENT

1/27/12

To: Dept of Environmental Protection,

If you have any questions or concerns,
please call David W. Jones at
239-564-8780.

David W. Jones

Visual Emissions Evaluator

353-1391

VISIBLE EMISSION OBSERVATION FORM

SOURCE NAME
GULFSIDE CONSTRUCTION

ADDRESS
8 EQUIPMENT INC.

CITY
NAPLES STATE
FL ZIP

PHONE
643-7700 SOURCE ID NUMBER

PROCESS EQUIPMENT
CEMENT SILO OPERATING MODE
LOADING

CONTROL EQUIPMENT
BAG HOUSE OPERATING MODE
AUTO

DESCRIBE EMISSION POINT
BAG HOUSE VENT

HEIGHT ABOVE GROUND LEVEL
3 HEIGHT RELATIVE TO OBSERVER
START **3'** STOP **3'**

DISTANCE FROM OBSERVER
START **20'** STOP **20'** DIRECTION FROM OBSERVER
START **267°** STOP

DESCRIBE EMISSIONS

START **NONE** STOP **NONE**

EMISSION COLOR
START **N.A.** STOP **NA** PLUME TYPE CONTINUOUS
FUGITIVE NA INTERMITTENT

WATER DROPLETS PRESENT
NO YES IS WATER DROPLET PLUME
ATTACHED NA DETACHED

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED
START **1' FROM BAG HOUSE VENT** STOP **SAME**

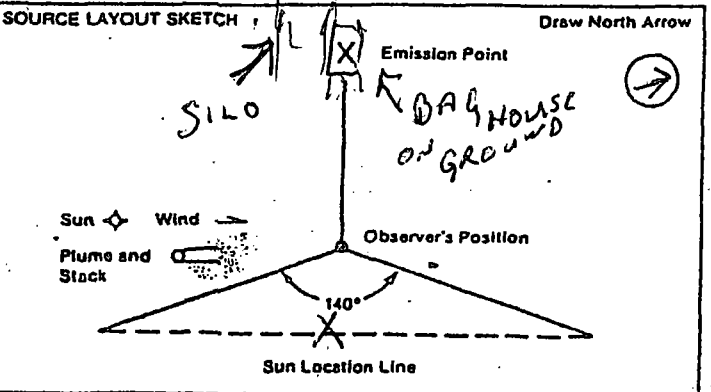
DESCRIBE BACKGROUND

START **CONCRETE YARD** STOP **SAME**

BACKGROUND COLOR
START **CONCRETE** STOP SKY CONDITIONS
START **CLEAR** STOP **CLEAR**

WIND SPEED
START **062** STOP **062** WIND DIRECTION
START **EAST** STOP **EAST**

AMBIENT TEMP
START **60°** STOP **64°** WET BULB TEMP
RH. percent
95%



COMMENTS
25.04 TONS OF CEMENT
Pumping at 8 P.M.

OBSERVATION DATE				START TIME		STOP TIME			
12-22-11				7:42		8:17			
MIN	SEC				MIN	SEC			
	0	15	30	45		0	15	30	45
1	0	0	0	0	31	0	0	0	0
2	0	0	0	0	32	0	0	0	0
3	0	0	0	0	33	0	0	0	0
4	0	0	0	0	34	0	0	0	0
5	0	0	0	0	35	0	0	0	0
6	0	0	0	0	36				
7	0	0	0	0	37				
8	0	0	0	0	38				
9	0	0	0	0	39				
10	0	0	0	0	40				
11	0	0	0	0	41				
12	0	0	0	0	42				
13	0	0	0	0	43				
14	0	0	0	0	44				
15	0	0	0	0	45				
16	0	0	0	0	46				
17	0	0	0	0	47				
18	0	0	0	0	48				
19	0	0	0	0	49				
20	0	0	0	0	50				
21	0	0	0	0	51				
22	0	0	0	0	52				
23	0	0	0	0	53				
24	0	0	0	0	54				
25	0	0	0	0	55				
26	0	0	0	0	56				
27	0	0	0	0	57				
28	0	0	0	0	58				
29	0	0	0	0	59				
30	0	0	0	0	60				

AVERAGE OPACITY FOR HIGHEST PERIOD **0** NUMBER OF READINGS ABOVE **0%** WERE

RANGE OF OPACITY READINGS
MINIMUM **0** MAXIMUM **0**

OBSERVER'S NAME (PRINT)
David Jones

OBSERVER'S SIGNATURE
David Jones DATE
12-22-11

ORGANIZATION
DAVID W JONES 239 564-8780

CERTIFIED BY
Ernest Lee Co. DATE
7-11-11

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS

DELIVERY CONFIRMATION™

LEASE PRESS ^{MAIL} ^{IR} ^{IR}



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TO

FLORIDA DEPARTMENT OF ENVIRONMENTAL
PROTECTION
3900 COMMON WEALTH BLVD,
MAIL STATION #9
TALLASSEE FL 32399

Country of I

Label 228, January 2008



Pacione, Michael

From: Pacione, Michael
Sent: Thursday, February 02, 2012 8:35 AM
To: 'hoodiewho1@aol.com'
Cc: Dibble, Dickson
Subject: RE: Air General Permit Registration

Mr. Jones,
I stand corrected, the 30 day review period has already begun.
Mike

From: Pacione, Michael
Sent: Wednesday, February 01, 2012 12:03 PM
To: 'hoodiewho1@aol.com'
Cc: Dibble, Dickson
Subject: Air General Permit Registration

Mr. Jones,
We received your registration for renewal of your Air general permit along with the processing fee. Per our conversation there are some pages missing from the worksheet you sent. Please fill out all pages of the attached Concrete Batch Plant Registration Worksheet and send to:

Michael Pacione
FDEP-DARM
2600 Blair Stone Rd
MS# 5505
Tallahassee, FL.
32399-2400

Once this is received we can begin the 30-day review period, after which you will receive notice that your Air general permit registration has been renewed. Let me know if there are any questions.

Michael P. Pacione
Environmental Specialist II
FDEP-Office of Permitting and Compliance
Minerals and Metals
Phone 850-717-9032
Fax 850-717-9001