

RECEIVED

CONCRETE BATCHING PLANT AIR GENERAL PERMIT REGISTRATION FORM

FEB 24 2010

Part II. Notification to Permitting Office

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

Bureau of Environmental Protection
& Mobile Sources

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)

0710022-003

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.)

WILLIAMSON & SONS MARINE

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.)

WILLIAMSON & SONS MARINE

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

Street Address: 2411 PINE ISLAND ROAD

City: CAPE CORAL

County: LEE

Zip Code: 33991-1282

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

N/A, EXISTING FACILITY

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: ROBERTA WILLIAMSON TREASURER

Owner/Authorized Representative Mailing Address

Organization/Firm: WILLIAMSON & SONS MARINE

Street Address: 2411 PINE ISLAND ROAD

City: CAPE CORAL

County: LRE

Zip Code: 33991

Owner/Authorized Representative Telephone Numbers

Telephone: (239) 283-0341

Fax: (239) 283-1168

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: SAME AS AUTHORIZED REPRESENTATIVE

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.

Roberta Williamson
Signature

2/19/2010
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 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**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 UP ROADS WEEKLY
USE WATER ON STOCK PILES AND ROADS

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.

READY MIX CONCRETE BATCH PLANT FOR
MARINE INSTALLATION OF PRECAST SEAWALL &
SLABS AND SEAWALL CAPS
2 SILOS WITH BAG HOUSE ON TOP
OF EACH SILO

* NEED EQUIPMENT DETAIL

BAG HOUSES

MER

MODEL #

FILTER TYPE - BAG, CARTRIDGE

TRUCK LOAD OUT

SHROUD?

DROP TUBE?

SPRAY RING?



VISIBLE EMISSION OBSERVATION FORM

SOURCE NAME WILLIAMSON & SONS		
ADDRESS 2411 Pine Island Rd.		
CITY SMALL SILO TO NORTH		
CITY CAPE CORAL	STATE FL	ZIP 33991
PHONE (239) 283-0341	SOURCE ID NUMBER 710022	

PROCESS EQUIPMENT CEMENT SILO	OPERATING MODE LOADING
CONTROL EQUIPMENT BAG HOUSE	OPERATING MODE AUTO

DESCRIBE EMISSION POINT BAG HOUSE VENT	
HEIGHT ABOVE GROUND LEVEL 45'	HEIGHT RELATIVE TO OBSERVER START 35' STOP 35'
DISTANCE FROM OBSERVER START 120' STOP 120'	DIRECTION FROM OBSERVER START 290° STOP 290°

DESCRIBE EMISSIONS	
START NONE	STOP NONE
EMISSION COLOR START NA STOP NA	PLUME TYPE CONTINUOUS <input type="checkbox"/> FUGITIVE <input type="checkbox"/> NA INTERMITTENT <input type="checkbox"/>
WATER DROPLETS PRESENT NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> NA DETACHED <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED START NA STOP NA	

DESCRIBE BACKGROUND	
START SKY	STOP SKY
BACKGROUND COLOR START GRAY STOP GRAY	SKY CONDITIONS START OVERCAST STOP OVERCAST
WIND SPEED START 3 to 5 STOP 3 to 5	WIND DIRECTION START N.E. STOP N.E.
AMBIENT TEMP START 54° STOP 54°	WET BULB TEMP RH, percent

SOURCE LAYOUT SKETCH	Draw North Arrow

COMMENTS 27 TONS OF CEMENT 1/2 IN EACH SILO PUMPING AT 8 TO 10 PSI.

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS	
SIGNATURE	DATE
TITLE	

OBSERVATION DATE 2-19-10					START TIME 10:10					STOP TIME 10:38				
SEC MIN	0	15	30	45	SEC MIN	0	15	30	45					
1	0	0	0	0	31									
2	0	0	0	0	32									
3	0	0	0	0	33									
4	0	0	0	0	34									
5	0	0	0	0	35									
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			58									
29					59									
30					60									

AVERAGE OPACITY FOR HIGHEST PERIOD 0	NUMBER OF READINGS ABOVE 0 % WERE 0
RANGE OF OPACITY READINGS MINIMUM 0	MAXIMUM 0

OBSERVER'S NAME (PRINT) David Jones	
OBSERVER'S SIGNATURE <i>David W Jones</i>	DATE 2-19-10
ORGANIZATION DAVID W JONES (239) 564-8780	
CERTIFIED BY <i>Eastern Tec. Co.</i>	DATE 1-6-10
VERIFIED BY	DATE

VISIBLE EMISSION OBSERVATION FORM

SOURCE NAME WILLAMSON & SONS		
ADDRESS 2411 PINE ISLAND RD.		
LARIER SILO TO SOUTH		
CITY CAPE CORAL	STATE FL	ZIP 33991
PHONE 239 282-0341	SOURCE ID NUMBER 710022	

PROCESS EQUIPMENT CEMENT SILO	OPERATING MODE LOADING
CONTROL EQUIPMENT BAG HOUSE	OPERATING MODE AUTO

DESCRIBE EMISSION POINT BAG HOUSE VENT	
HEIGHT ABOVE GROUND LEVEL 55'	HEIGHT RELATIVE TO OBSERVER START 45' STOP 45'
DISTANCE FROM OBSERVER START 120' STOP 120'	DIRECTION FROM OBSERVER START 280° STOP

DESCRIBE EMISSIONS	
START NONE	STOP NONE
EMISSION COLOR START NA STOP	PLUME TYPE CONTINUOUS <input type="checkbox"/> FUGITIVE <input type="checkbox"/> NA INTERMITTENT <input type="checkbox"/>
WATER DROPLETS PRESENT NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	IS WATER DROPLET PLUME ATTACHED <input type="checkbox"/> NA DETACHED <input type="checkbox"/>
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED START NA STOP N.A.	

DESCRIBE BACKGROUND	
START SKY	STOP SKY
BACKGROUND COLOR START BLUE STOP WHITE	SKY CONDITIONS START OVERCAST STOP
WIND SPEED START 365 STOP 365	WIND DIRECTION START N.E. STOP N.E.
AMBIENT TEMP START 55° STOP 55°	WET BULB TEMP RH, percent

SOURCE LAYOUT SKETCH	Draw North Arrow

COMMENTS 27 TONS OF CEMENT IN EACH SILO PUMPING AT 8610 PSI.
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I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS
SIGNATURE
TITLE
DATE

OBSERVATION DATE 2-19-10					START TIME 10:45		STOP TIME 11:05			
SEC MIN	0	15	30	45	SEC MIN	0	15	30	45	
1	0	0	0	0	31					
2	0	0	0	0	32					
3	0	0	0	0	33					
4	0	0	0	0	34					
5	0	0	0	0	35					
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					55					
26					56					
27					57					
28					58					
29					59					
30					60					

AVERAGE OPACITY FOR HIGHEST PERIOD 0	NUMBER OF READINGS ABOVE 0 % WERE 0
RANGE OF OPACITY READINGS	
MINIMUM 0	MAXIMUM 0

OBSERVER'S NAME (PRINT) David Jones	
OBSERVER'S SIGNATURE <i>David W. Jones</i>	DATE 2-19-10
ORGANIZATION DAVID W. JONES (239) 364-8780	
CERTIFIED BY EASTRAD TEL. HS.	DATE 1-6-10
VERIFIED BY	DATE

**Florida Dept. of Environmental Protection
Post Office Box 3070
Tallahassee, FI 32315-3070**

Re:

**Notification of Intent To Use General Permit
Existing General Permit No. ~~A036-260237~~
Concrete Batching Plant
Williamson & Sons Marine
Cape Coral, FI. 33991**

0710022-002

To Whom It May Concern

February 19, 2010

**Enclosed please find a Notification Of Intent To Use General Permit
for a concrete batching plant operated by Williamson & Sons Marine
on Pine Island Road in Cape Coral, Florida.**

**Also enclosed is a copy of the Visibility Emissions Test conducted
by David W. Jones on February 19, 2010.**

If you need anything further or have any questions, please call me.

Sincerely,

David W Jones

**David W. Jones
Visible Emission Evaluator
239-564-8780**

PLEASE PRESS



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02/20/2010

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