

RECEIVED DEP SECRETARY OFFICE
SEP 27 2011

EXPIRED: 8/10/2011
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CONCRETE BATCHING PLANT
AIR GENERAL PERMIT REGISTRATION FORM

SEP 28 2011
DIVISION OF AIR
RESOURCE MANAGEMENT

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)

0951232-005

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 PRECAST 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.)

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

Street Address: 690 WEST TAFT-VINELAND RD.

City: ORLANDO

County: ORANGE

Zip Code: 32824-8007

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

~~SEP~~ 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: **MICHAEL S. KOVALICK - MANAGER**

Owner/Authorized Representative Mailing Address:
 Organization/Firm: **OLDCASTLE PRECAST, INC**
 Street Address: **690 W. TAFT WINDLAND ROAD**
 City: **ORLANDO, FL** County: **ORANGE** Zip Code: **32824**

Owner/Authorized Representative Telephone Numbers:
 Telephone: **407-855-7580** Fax: **407-851-4829**
 Cell phone (optional):

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Person 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, as 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 pollutants 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] _____ Date: 9/22/11

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.

THE ROADS, PARKING AREA, AND YARD IS
ALL PAVED. AREA IS ALL CLEANED
ON A REGULAR BASIS
AS SAND AND STONE IS BROUGHT IN IT IS
CONVEYORED UP IN TO AGGREGATE BINS.

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.

SILD: ONE SPLIT COMPARTMENT SILD 850 BBL.
3400 CU. FT.

POLLUTION CONTROL EQUIPMENT

ONE C+W MFR, CENTRAL DUST COLLECTOR
WITH POLYESTER CARTRIDGES PROVIDING 610 SQ.
FT. OF CLOTH AREA TO HANDLE 3000 ACFM

CONNECTIONS BOTH SILD COMPARTMENTS,
CEMENT BATCHER & MIXER ARE VENTED TO
DUST COLLECTOR USING INTERCONNECTING
DUCKWORK,

LOADING RATE MAXIMUM LOADING AT 25 TONS
PER HOUR FROM TRUCKS USING A 600-750
CCFM BLOWER

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DIVISION OF AIR
RESOURCE MANAGEMENT

TO, PERMITTING
FROM, DAVID JONES
VISIBLE EMISSION OBSERVER

I FILLED OUT THIS PERMIT,
IF YOU HAVE ANY QUESTIONS
OR CONCERNS PLEASE CALL ME
239 - 564-8780

THANK YOU

David Jones

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SEP 27 2011

DEP SECRETARY



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Date Accepted 9-26-11	Scheduled Date of Delivery Month 9 Day 27	Return Receipt Fee \$	
Mo. Day Year	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Time Accepted 10:10 AM	Military	Total Postage & Fees \$ 16.15	
Flat Rate <input type="checkbox"/> or Weight lbs. 3 ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Int'l Alpha Country Code	Acceptance Emp. Initials T.M.L.

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Delivery Date	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day Year		<input checked="" type="checkbox"/> PM	

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WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

PRESS HARD. YOU ARE MAKING 3 COPIES.

FROM: (PLEASE PRINT) PHONE ()

DAVID W JONES
315 ROSE BLVD.
NAPLES FL. 34119

TO: (PLEASE PRINT) PHONE ()

FL. DEPARTMENT OF ENVIRONMENT & PROTECTION
3900 COMING WEAVER BLVD.
MAIL STATION 49
TALLAHASSEE FL. 32399

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Place