

RECEIVED

**CONCRETE BATCHING PLANTS  
AIR GENERAL PERMIT  
RE-REGISTRATION INFORMATION**

OCT 17 2011

DIVISION OF AIR  
RESOURCE MANAGEMENT

**Facility Identification Number - If known** (seven digit number)

**1050399-001-AG: Re-registration for this permit, which will expire 11/16/2011.**

**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.

**1050399-002**

**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.)

**Pump-Crete, Inc. NOTE: Please correct the name in ARMS. Correct name is "Pump-Crete, Inc.", Not "Pump Crete, 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.)

**Winter Haven**

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

Street Address: **1443 41st Street NW**

City: **Winter Haven**

County: **Polk**

Zip Code: **33881**

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

**N/A**

**1050399 – Pump-Crete, Inc. – Winter Haven**

**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: **Mr. Danny McKerahan, President**

Facility Contact Telephone Numbers

Telephone: **(863) 551-0980**

Fax: **(863) 965-8056**

Cell phone: \_\_\_\_\_

E-mail: **jananalmaterials@gmail.com**

Facility Contact Mailing Address

Organization/Firm: **Pump-Crete, Inc.**

Mailing Address: **P.O. Box 248**

City: **Auburndale**

County: **Polk**

Zip Code: **33823-0248**

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

Name and Position Title

Print Name and Title: **Mr. Danny Cullifer, Operations Manager**

Other Contact/Representative Telephone Numbers

Telephone: **SAME AS ABOVE**

Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: **dcull5936@yahoo.com**

Other Contact/Representative Mailing Address

Organization/Firm: **SAME AS ABOVE**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**1050399 – Pump-Crete, Inc. – Winter Haven**

**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: **\* See NOTES, below.**

**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
<b>Split Silo Cement Compartment</b>	<b>Cement</b>	<b>** See NOTES below.</b>	<b>** See NOTES below.</b>	<b>** See NOTES below.</b>
<b>Split Silo Fly Ash Compartment</b>	<b>Fly Ash</b>	<b>** See NOTES below.</b>	<b>** See NOTES below.</b>	<b>** See NOTES below.</b>
<b>Weigh Hopper</b>		<b>Baghouse</b>	<b>Stephens</b>	

\* 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 facility is a transit-mixed concrete batch plant.**

**NOTES:**  
**\*Dust associated with the weigh hopper Truck Loadout point is controlled by a Stephens SOS – 3400 Baghouse.**  
**\*\*Cement and Fly Ash split silo compartments are both controlled by one (1) Stephens SOS – 1020 Dust Collector.**

**Visible emissions (VE) observations were performed on December 3, 2010 on the cement/fly ash silos single dust collector and the truck loading baghouse.**

RECEIVED

**Southern Environmental Sciences, Inc.** OCT 17 2011

1204 North Wheeler Street □ Plant City, Florida 33563 □ (813) 752-5014, Fax (813) 752-2475  
DIVISION OF AIR  
RESOURCE MANAGEMENT

October 2011

<b>If by Overnight Delivery (FedEx, etc.):</b> Department of Environmental Protection Receipts 3800 Commonwealth Blvd. Mail Station 77 Tallahassee, FL 32399 Phone: (850) 921-9586	<b>If by regular U.S. Postal Service mail:</b> Department of Environmental Protection Receipts PO Box 3070 Tallahassee, FL 32315-3070
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Re: Air General Permit Re-Registration for Concrete Batching Plant (CBP)  
Current Permit No. 1050399-001-AG, Expires 11/16/2011  
Pump-Crete, Inc.  
Site Name: Winter Haven

Gentlemen:

On behalf of Pump-Crete, Inc., Southern Environmental Sciences, Inc. (SES) is pleased to submit the enclosed Re-Registration Information for the above referenced existing, previously permitted facility. Also enclosed is the \$100.00 fee check.

If you have any questions concerning the permit application please contact me at office phone (813) 752-5014 or email at: [lrobinson@sesfla.com](mailto:lrobinson@sesfla.com).

Sincerely,

SOUTHERN ENVIRONMENTAL  
SCIENCES, INC.



Lynn Robinson, P.E.  
Permitting Manager

Encl: CBP Re-Registration Form and \$100.00 fee check for Air Permit 1050399-001-AG

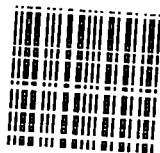
Cc: Mr. Danny McKerahan, President, Email: [jananalmaterials@gmail.com](mailto:jananalmaterials@gmail.com)  
Mr. Danny Cullifer, Operations Manager, Email: [dcull5963@yahoo.com](mailto:dcull5963@yahoo.com)

Pump-Crete, Inc.  
PO Box 248  
Auburndale, FL 33823

**CERTIFIED MAIL™**



7010 3090 0000 0974 0563



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U.S. POSTAGE  
PAID  
BARTOW, FL  
33830  
OCT 11 11  
AMOUNT

\$5.79  
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**RETURN RECEIPT  
REQUESTED**

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

32315307070

