

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

December 6, 2007

Mr. Robert Richards Jan Stone, Incorporated 135 Bargain Barn Road Davenport, Florida 33837

Dear Mr. Richards:

This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on November 2, 2007. We have assigned ARMS Number 1050411-001 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,

Sandra F. Veazey, Chief Bureau of Air Monitoring and Mobile Sources

SFV/pg

cc: Mr. Christopher Bradley, Southwest District

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 1030 711 - 001	
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).	المناسبة المناسبة
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	
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.)	
Robert Richards / JAN Stone 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: City: Daverport County: Polk Zip Code: 33837	
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility) $02/19/2007$	

DEP Form No. 62-210.920(2)(b) Effective: January 10, 2007

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.)	President
Print Name and Title: Chad Richards	rresi auni
Owner/Authorized Representative Mailing Address	
Organization/Firm:	
Street Address:	72837
Street Address: City: Daven Ovr County:	33837. Zip Code: 33837.
Owner/Authorized Representative Telephone Numbers Telephone: 863 - 422 - 7369 office	Fax: 863-419-9213
Telephone: 863-422-7369 0414	Fax: 863-71 / 1013
Cell phone (optional): 321 - 624 - 9066 cell	
The state of the s	D
Facility Contact (If different from Owner/Authorized I	
Name and Position Title (Plant manager or person to be co	ontacted regarding day-to-day operations at the facility.)
Frint Name and Title.	
Facility Contact Mailing Address	
Organization/Firm:	
Street Address:	
City: County:	Zip Code:
City.	p
Facility Contact Telephone Numbers	•*
<u>Facility Contact Telephone Numbers</u> Telephone:	Fax:
	<u>.</u>
Telephone: Cell phone (optional):	_
Telephone:	_
Telephone: Cell phone (optional):	Fax:
Telephone: Cell phone (optional): Owner/Authorized Representative Statement This statement must be signed and dated by the person nature of the person of t	Fax:
Telephone: Cell phone (optional): Owner/Authorized Representative Statement This statement must be signed and dated by the person nar I, the undersigned, am the owner or authorized representative Statement	Fax: med above as owner or authorized representative sentative of the owner or operator of the facility
Telephone: Cell phone (optional): Owner/Authorized Representative Statement This statement must be signed and dated by the person nar I, the undersigned, am the owner or authorized representative addressed in this Air General Permit Registration For	Fax: med above as owner or authorized representative sentative of the owner or operator of the facility rm. I hereby certify, based on information and
Telephone: Cell phone (optional): Owner/Authorized Representative Statement This statement must be signed and dated by the person nar I, the undersigned, am the owner or authorized representations addressed in this Air General Permit Registration For belief formed after reasonable inquiry, that the facility	Fax: med above as owner or authorized representative sentative of the owner or operator of the facility rm. I hereby certify, based on information and y addressed in this registration form is eligible for
Telephone: Cell phone (optional): Owner/Authorized Representative Statement This statement must be signed and dated by the person nat I, the undersigned, am the owner or authorized representative statement Registration For belief formed after reasonable inquiry, that the facility use of this air general permit and that the statements in the statements of the statement of the	Fax: med above as owner or authorized representative sentative of the owner or operator of the facility rm. I hereby certify, based on information and y addressed in this registration form is eligible for made in this registration form are true, accurate
Telephone: Cell phone (optional): Owner/Authorized Representative Statement This statement must be signed and dated by the person nat I, the undersigned, am the owner or authorized representation addressed in this Air General Permit Registration For belief formed after reasonable inquiry, that the facility use of this air general permit and that the statements and complete. Further, I agree to operate and maintain.	Fax: med above as owner or authorized representative sentative of the owner or operator of the facility rm. I hereby certify, based on information and y addressed in this registration form is eligible for made in this registration form are true, accurate ain the facility described in this registration form so
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Telephone: Cell phone (optional): Owner/Authorized Representative Statement This statement must be signed and dated by the person nair I, the undersigned, am the owner or authorized representative Air General Permit Registration For belief formed after reasonable inquiry, that the facility use of this air general permit and that the statements and complete. Further, I agree to operate and maintain as to comply with all applicable standards for control the State of Florida and rules of the Department of En	Fax: med above as owner or authorized representative sentative of the owner or operator of the facility rm. I hereby certify, based on information and waddressed in this registration form is eligible for made in this registration form are true, accurate ain the facility described in this registration form so of air pollutant emissions found in the statutes of avironmental Protection and revisions thereof.
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Type of Facility	
Check one:	
Stationary Facility	Relocatable Facility
Type(s) of Reasonable Precautions Used	
Check all precautions to be used for the m Pave Roads	nanagement of roads, parking areas, stock piles and yards: 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 m	nanagement of drop points to trucks:
☐ Spray Bar	☐ Chute ☐ Enclosure
	Partial enclosure
Description of Reasonable Precautions	
	ovide details of all types of reasonable precautions to be used to prevent
unconfined emissions at the facility.	, ,
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Cement Silos	la la la la Portland
we have Two Ce	ment siles that hold Portland
Cement	
Clment	0.746
#1 White Portland #2 Gray Portland	28 10N3
+ > 1 care partlano	A 40 1019
7 2 67 49 7017	

DEP Form No. 62-210.920(2)(b) Effective: January 10, 2007

	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.							
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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 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

62-4.050, F.A.C. (\$100 as of the effective date of this form)	N /
62-4.050, F.A.C. (\$100 as of the effective date of this form) Registration Type 1050 411-00)/
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.	S. M.
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 heing 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.) Robert Richards / JAN Stone 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.) \[\int \lambda \text{V} \text{Daveac} + \]	
Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)	
Street Address: 135 Bangain Ban Rd City: Davenport County: Polk Zip Code: 33837	
Facility Stort-I in Date (Estimated start-up date of proposed new facility.) N/A for existing facility) 02/19/2007	

DEP Form No. 62-210.920(2)(b) Effective: January 10, 2007

Owner/Authorized Repr	esentative	
Name and Position Title (I	Person who, by signing this form below	, contifies that the facility is eligible to use this
f gir general mermit \		_
Print Name and Title:	had Richards Pres	sident
Owner/Authorized Repres		
Organization/Firm: 74P	Stone Inc	Downport fl 33836)
Street Address: 135 Box	goin Born Rd (Y.V. Doy) !!!	
City: Davenport	County: Polk	Zip Code: 33837
Owner/Authorized Repres	entative Telephone Numbers	11.0 0212
Telephone:	763-422-7369 PAIL Pa	e: 863-419 -9213
Cell phone (optional):	321-624-9066 cell	_
Facility Contact (If differ	reut from Owner/Authorized Represe	ontative)
Name and Position Title (F	lant manager or person to be contacted	regarding day-to-day operations at the facility.)
Print Name and Title:	•	o and any age and any and and any,
Facility Contact Mailing A	ddress	
Organization/Firm:		
Street Address:		
City:	County:	Zip Code:
Pacility Contact Telephone	Numbers	
Telephone:	Pax	. • •
Cell phone (optional):		
Owner/Authorized Repre		<u>a</u>
		ve as owner or authorized representative
L the undersigned, am	the owner or authorized representative	of the owner or operator of the facility
addressed in this Air G	General Permit Registration Form. I ha	reby certify, based on information and
belief formed after rea	sonable inquiry, that the facility addres	sed in this registration form is eligible for
		this variety at farm and their second
use of this air general j	permit and that the statements made in	ne regarmon form ure true, accurate
use of this air general j and complete. Further	permit and that the statements made in r. I agree to operate and maintain the fa	cility described in this registration from an
use of this air general j and complete. Further as to comply with all a	r, I agree to operate and maintain the fa pplicable standards for control of air p	cility described in this registration form so ollutant emissions found in the statutes of
use of this air general j and complete. Further as to comply with all a	r. I agree to operate and maintain the fa	cility described in this registration form so ollutant emissions found in the statutes of
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Stationary Facility	Relocatable Facility	
pe(s) of Reasonable Precautions Use		
Check all precautions to be used for the Pave Roads Maintain Roads/Parking/Yards Remove Particulate Matter	management of roads, parking areas Pave Parking Areas Ilse Water Application Reduce Stock Pile Height	s, stock piles and yards; Pave Yards Use Dust Suppressant Install Wind Breaks
Check all precautions to be used for the Spray Bar	management of drop points to truck Chute Partial enclosure	s: S. Enclosure
escription of Reasonable Precentious dow, or as an attachment to this form, p confined emissions at the facility.	rovide details of all types of reasona	ble precautions to be used to prev
Cement Silos we have Two Co cement #1 white portla # 2 Gray Portla		hold Portland
that is totally en	ement is augered aclosed, and then a totally enclosed ixer and then he	d. The aggregate

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.

Shale aggregate is looded into Z Hopper inside building. There it is weighted and dropped into Mixor. Then water is added to the aggregate, At that time Cement is weighted in encksed weight. Then dropped into running mixer. There is not much dust created in this process. There are two siles that have air indussed Baghows.

Dibble, Dickson

From:

Dibble, Dickson

Sent:

Tuesday, November 13, 2007 5:18 PM

To:

'chadrichards@jnstoneinc.com'

Cc:

Bowman, Sandy

Subject:

Concrete Batching Plant Air General Permit Registration Form

Attachments: 1050411-001.pdf

Tracking:

Recipient

Delivery

Read

'chadrichards@jnstoneinc.com'

Bowman, Sandy.

Delivered: 11/13/2007 5:18 PM Read: 11/14/2007 6:33 AM

Mr. Chad Richards:

Attached you will find a .pdf file with a copy of the subject item which you have submitted for the purpose of obtaining an entitlement to operate your Concrete Batching pre-cast facility.

I mentioned during our conversation today that there were portions of your application that were left blank and are needed to complete the registration process. I highlighted each of those deficient areas, but unfortunately the highlight does not show. I will attempt to describe the areas where the needed information is missing.

Page 7 - Site Name - Need a site name, even if it is the same as the Company name.

Page 7 – Facility Location – actual street address location of the physical facility

Page 8 – Owner/Authorized Representative Mailing Address – Organization/Firm name needed

Page 8 - Owner/Authorized Representative Mailing Address - need street or P.O. address

Page 9 – Check ✓ each of the reasonable precautions used to prevent unconfined emissions

Page 9 – Check ✓ each precaution to be used for the management of drop points to trucks, if any

Page 9 – Description of Reasonable precautions box – place all associated CCB plant processing equipment in box on Page 10 and use this box to describe in more detail the reasonable precautions to be used to prevent unconfined emissions at your facility.

Page 10 – Describe your concrete batching operations, equipment etc., according to the question on Page 10.

You may FAX the completed form to me at (850) 922-6979, or if you have scanning capability, you may return it to me the same way I sent it to you. I will attach it as an addendum to your original application.

Thank you for your cooperation. Your thirty (30) day review process began on the date of receipt of your application and application fee, which was 11/02/2007.

If you have any future questions or concerns, please call or e-mail me.

Dickson E. Dibble

Dickson E. Dibble

FL Dept of Environmental Protection Div. of Air Resource Management Bureau of Air Monitoring & Mobile Sources Air General Permit Program (850) 921-9586 SunCom 291-9586

ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

Florida Department of Environmental Protection Cash Receiving Application (CRA) Cashlisting by Deposit #: 281260 thru 281260 Printed: 11/2/2007 4:30:36 PM - Page 14

Cashlisting: Deposit No:

64927 281260

Cashlist Area: Date Deposited: 11/02/2007

3755

Description: DIV OF AIR RESOURCES MGMT.

Contact: PATTY ADAMS

	Transmittal 45494 45494 45496	Dep DDN 477819 477821	Receipt Number 605165 605167 605174	Pre- Numbered <u>Receipt</u>	Name J & N STONE, INC RINALDI PRINTING E HILL CONTRACTOR	Check Number 5575 287153 042697	Payment Amount \$100.00 \(\) \$100.00 \(\) \$100.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Payment Number 846355 846359 846362	Remittance Number 753778 753780 753787	Fund PFTF PFTF PFTF
					Object Code 002272 Subtotal:		\$300.00			•	
002278	45494	477813 477814	605159 605160 605161		ENVIRONMENTAL MITIGATION SVCS ENVIRONMENTAL MITIGATION SVCS ENVIRONMENTAL MITIGATION SVCS	2172	\$900.00 \$100.00 \$200.00	40659	846350 846351 846352	753772 753773 753774	APCTF APCTF
	45494	477815	603161		Object Code 002278 Subtotal:	-	\$1,200.00				
r					Cashlisting 64927 Total:		\$1,500.00				

J & N°STONE, INC. PO BOX 1199 DAVENPORT, FL 33836



\$0.410 US POSTAGE FIRST-CLASS FROM 33837 OCT 30 2007 stamps

11.D., 11.D., 110.D., 11.D., 11.D., 110.D., 11.D., 11.D.,

FDEP Receipts PO Box 3070 Tallahassee FL 32315-3070

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J & N Stone, Inc.

FL DEPT OF ENVIORNMENTAL PROTECTION

10/30/2007

5.575

100.00

