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MAR 30 2011

**RECIPROCATING INTERNAL COMBUSTION ENGINES**  
**AIR GENERAL PERMIT REGISTRATION FORM** **Bureau of Air Monitoring & Mobile Sources**

**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)

**1050498-001****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.)

Carrier Rental Systems

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.)

Carrier Rental Systems

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

Street Address: 2710 S. Combee **Ro**

City: Lakeland

County: Polk

Zip Code: 33803-0001 **7384**

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

April 30, 2011

**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: Alex Jones, Director of Environmental Health and Safety

**Owner/Authorized Representative Mailing Address**

Organization/Firm: Carrier Rental Systems

Street Address: 9655 Industrial Drive

City: Bridgeview

County: Cook

Zip Code: 60455-0001

**Owner/Authorized Representative Telephone Numbers**

Telephone: (773) 847-2220

Fax: (773) 847-7330

Cell phone (optional):

(901) 331-5259

alex.jones@carrier.etc.com

**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.*

*Frank A. Jones*

Signature

03/21/2011

Date

### Fuel Consumption

If this is an **initial registration** for reciprocating internal combustion engine operations, provide an estimate of the total amount of fuel expected to be consumed over a 12-month period. Note: the general permit limits fuel consumption by all reciprocating internal combustion engines at the facility to 20,000 gallons per year of gasoline, 250,000 gallons per year of diesel fuel, 1.15 million gallons per year of propane, 40 million standard cubic feet per year of natural gas, or an equivalent prorated amount if multiple fuels are used

<5,000 gallons diesel

If this is a **re-registration** for reciprocating internal combustion engine operations, provide the highest 12-month total fuel consumption amount, in appropriate units, for the last five years. Indicate the 12-month period over which this fuel consumption occurred.

### Description of Facility

Below, or as an attachment to this form, provide a description of the reciprocating internal combustion engine 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.

Carrier Rental Systems provides portable HVAC equipment to various clients. A 350 kVA diesel generator will be used at the Lakeland facility to provide power for testing/operation of various rental equipment. The generator will be used intermittently, approximately 20 hours per month. Fuel consumption at 100% generator capacity is 22.4 gph, for an estimated monthly consumption of 448 gallons, with an estimated annual usage of 5,376 gallons (approximately 2.1% of the 250,000 gallon limit for diesel).

**\* NEED: ENGINE IDENTIFICATION**

- 1) MAKE
- 2) MODEL
- 3) S/N
- 4) Hp

**\* SEE ATTACHED E-MAIL  
DATED 04/05/11 AS AN  
ADDENDUM TO THIS FORM.**

*Q.*

**Dibble, Dickson**

**From:** Jones, Alex CAR [Alex.Jones@carrier.utc.com]  
**Sent:** Tuesday, April 05, 2011 12:54 PM  
**To:** Dibble, Dickson  
**Cc:** Ajhar, Rebecca  
**Subject:** RE: Facility# 1050438-Reciprocating Internal Combustion Engines Air General Permit Registration

Sorry for the delay in getting back to you had some medical problems yesterday .  
Manufacture is Cummings the model number is 350dfcc-53 Serial # 4990929389 HP: 535

Alex Jones  
EH&S Manager  
Carrier Rental Systems  
901-331-5259

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**From:** Dibble, Dickson [<mailto:Dickson.Dibble@dep.state.fl.us>]  
**Sent:** Friday, April 01, 2011 1:36 PM  
**To:** Jones, Alex CAR  
**Cc:** Ajhar, Rebecca  
**Subject:** Facility# 1050438-Reciprocating Internal Combustion Engines Air General Permit Registration

Dear Mr. Jones,

It was a pleasure to speak with you this afternoon.

I am a bit envious, but I do apologize for interrupting you during your golf outing. I certainly hope that you weren't in a backswing when the phone rang.

To summarize the reason for my call, I am in need of additional information requested on Page seven (7) of the form under the heading of **Description of Facility**.

Specifically it reads as follows:

**Description of Facility**

Below, or as an attachment to this form, provide a description of the reciprocating internal combustion engine 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.

In order to identify and "track" the engine I will need the following:

- 1) Make/manufacturer
- 2) Model/Model #
- 3) S/N
- 4) Hp

You may relay the above information back to me via e-mail and I will simply attach your e-mail as an addendum to your registration form.

Thank you for your attention to this matter and if you have any questions, comments or concerns in the future please e-mail or call.

Have a great weekend, and I hope you were able to come in at "par", or below.

Sincerely yours,

*Dickson E. Dibble*

**Dickson E. Dibble, ES III**

Air General Permit Program  
FL Dept of Environmental Protection  
Div. of Air Resource Management  
Bureau of Air Monitoring & Mobile Sources  
Tel. (850) 717-9071  
FAX (850) 717-9001  
GIC - #59571

**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

*The Department of Environmental Protection values your feedback as a customer. DEP Secretary Herschel T. Vinyard Jr. is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.*

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