

RECEIVED

BULK GASOLINE PLANT
AIR GENERAL PERMIT REGISTRATION FORM

MAR 10 2010

Part II. Notification to Permitting Office

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

BUREAU OF AIR MONITORING
& 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(4)(o), F.A.C. (\$100 as of the effective date of this form)

1090452-002

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.

General Facility Information

AIR ID 1090452 ARM 10001

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Coomes oil & supply

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: SHARTSHORN ST

City: ST AUGUSTINE FL County: ST JOHN

Zip Code: 32084 - 3412

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

Facility Identification Number (DEP Use ONLY - do not fill in):

DEP
NORTHEAST DISTRICT
RECEIVED
2010 MAR -2 PM 3:4

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: J B Coomes president

Owner/Authorized Representative Mailing Address
 Organization/Firm:
 Street Address: 8 Hurlbourn St
 City: ST Augustine, FL County: ST John Zip Code: 32084

Owner/Authorized Representative Telephone Numbers
 Telephone: 904 829 2251 Fax:
 Cell phone (optional):
 Email: coomes@bellsouth.net

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):
 Email:

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.

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.

J B Coomes
 Signature Date: 12/20/09

Throughput Rate

If this is an initial registration for bulk gasoline plant operations, provide an estimate of the facility's expected gasoline throughput rate (amounts received and distributed) over a 12-month period. Note: the general permit limits the throughput rate to 6.0 million gallons of gasoline in any consecutive 12 months.

If this is a re-registration for gasoline bulk plant operations, provide the highest 12-month gasoline throughput rate for the facility for the previous five years. Indicate the 12-month period over which this usage occurred.

3,630,900 gallons

Rule 62-296.418 Applicability

Check one:

- The facility is subject to subsection 62-296.418(1), F.A.C., because it is located in Miami-Dade, Broward, Palm Beach, Orange, Duval, Hillsborough or Pinellas counties; has an annual average daily throughput of more than 2,000 gallons; and began (or will begin) operation prior to August 1, 2007.
- The facility began (or will begin) operation prior to August 1, 2007, but is not subject to subsection 62-296.418(1) because it is not located in one of the seven listed counties, or it does not have an annual average daily throughput of more than 2,000 gallons.
- The facility is subject to subsection 62-296.418(2), F.A.C., because it is located anywhere in the state, has any throughput rate, and began (or will begin) operation on or after August 1, 2007.

Description of Facility

Below, or as an attachment to this form, provide a description of the bulk gasoline 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. Include the capacity of all gasoline storage tanks at the facility and note whether each such tank is equipped for submerged filling. Also, note whether the loading racks are equipped with a vapor collection and control system, and provide a description of any such system.

CL AREA **NED**

CRAF006A

Logged Total **\$40,732.42**

Collection Point Log Remittance

Remittance ID	670021	Type *	CP	Received Date *	03/02/2010	Status	RETURNED
System Receipt	696772	PNR		Check # *	25881	Amount *	100.00
SSN/FEID		Name *	COOMES OIL & SUPPLY INC				
First		Middle		Title		Suffix	
Address1	P O BOX 175						
Address2							
City	ST AUGUSTINE	ST	FL	Zip	32085	0175	
Country		Short Comments	MR/AV/WRONGDISTRICT-TALLY				

PAYMENT(S)

Payment ID	CL Area	Code/Description	Payment Amount	Reference#	Appl	Fund *	Grant *	Status
	NED							

COMMIT FREQUENTLY

\$0.00

Payment Total

Remittance Return

CL AREA **NEO**

CRAF019

Remittance **870021**

Received Date **03/02/2010**

Receipt # **696772**

Check Number **25801**

DEP DDN

Amount **100.00**

Status **RETURNED**

SSN/FEI

First

Middle

Name **COOMES OIL & SUPPLY INC**

Title

Suffix

Address1 **PO BOX 175**

Address2

City **ST AUGUSTINE**

ST **FL**

ZIP **32086**

0175

Country

LETTER ID **00010088**

Return Reason(s) *

Referral Area **000003**

000010

WRONG DISTRICT

Northeast District Office

Date Requested **03/03/2010**

Date Printed **03/03/2010**



Florida Department of Environmental Protection

Northeast District Office
7825 Baymeadows Way, Suite 200B
Jacksonville, Florida 32256-7590

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

March 03, 2010

COOMES OIL & SUPPLY INC
PO BOX 175
ST AUGUSTINE FL 32085-0175

Dear Sir/Madam:

Your check number 25881 for \$100.00, is being returned for the following reason(s):

***APPLICATION WAS MAILED TO WRONG DISTRICT. FORWARDED
TO: Dick Dibble (Division of Air Resources Mgmt.) MS# 5510.
(850) 921-9586 (AIR General Permit Registration Form)**
For more program specific information, please contact:

Leslie Maybin Phone: 904-807-3242
Department of Environmental Protection
Northeast District Office
7825 Baymeadows Way, Suite B-200
Jacksonville FL 32256-7590

Sincerely,


Arlene S. Wilkinson
Department of Environmental Protection

RCT_Ret_R/ 10069

Enclosure(s)

COOMES OIL & SUPPLY INC.

P.O. BOX 175 PH. 904-829-2251
ST. AUGUSTINE, FL 32085-0175

696772

25881

DATE 2/10/10

63-4/630 FL
2480

PAY
TO THE
ORDER OF

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ONE hundred

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DOLLARS

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Features
Details on
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Bank of America



ACH R/T 063100277

FOR

AB COOMES

MP



3-2-10



Florida Department of Environmental Protection

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Northeast District Office
7825 Baymeadows Way, Suite 200B
Jacksonville, Florida 32256-7590

AIR

TRACK A DATA-LOG INVOICE FORM

Received Dated: _____

Type Code: _____ Subcode: _____

Check if: GP EXEMPT TITLE V

Login Processor's Initial: _____

Correct Fee: _____

CRA Entry Initials: _____

Amount Received: \$100.00

SENATE BILL 1780: Small County Waived Fee Rule Change

Additional Fee Due: _____

Refund Amount: _____

COMMENTS:

Send to Air Section in Tallahassee Attn: Dick Dibble
Division of Air Resources Mgmt.
(Magnolia Center) 850-921-9586
MS# 5510

AIR General Permit Registration Form

(Per Leslie Mabin)

PA#: _____

RECEIPT DATE: 3-2-10

RECEIPT #: 696772 3-3-10

Logged Dated: _____

TAR Time Day/days: _____

Check #: 25881

RETURNED LETTER EXPLANATION

Remittance # 870021 LTR# 10069 3-3-10

____ Insufficient fee or _____ no fee was submitted. Correct fee is \$ _____
(The Department amended its permit fee rule, Florida Administrative Code Rule 62-4.050 and 403.087(5)(a), F.A.C.)

____ No fee is required. (Application will be processed.)

____ A _____ application is required (See attached).

____ All checks, cashier checks, and money orders should be made payable to the DEPARTMENT OF ENVIRONMENTAL PROTECTION.

____ Other: _____

Dibble, Dickson

From: Dibble, Dickson
Sent: Wednesday, March 17, 2010 12:42 PM
To: 'coomes@bellsouth.net'
Cc: Ajhar, Rebecca
Subject: Facility ID# 1090452-002, COOMES OIL & SUPPLY dba CHEVRON-HARTSHORN ST FACILITY, 8 HARTSHORN ST, ST AUGUSTINE, FL 32084-3412
Attachments: 1090452-002;CoomesOilSupplydbaChevron_HartshornStFacility.pdf

Good afternoon Mr. Coomes,

It was a pleasure to speak with you today regarding the Bulk Gasoline Plant Air General Permit Registration Form (see attached pdf file) which you submitted and was received in our office on March 5, 2010 for the purpose of renewing your facility's entitlement to operate a bulk gasoline storage facility.

As I mentioned during our telephone conversation there are two areas of concern with the form submitted which need to be addressed before the registration form can be considered complete, and before further processing and review can commence.

- 1) Page seven (7) of the form is actually the first page and it appears to be the original, but pages eight (8) and nine (9) are Xerox copies. I need the page eight (8) (signature page), and page nine (9) originals.
- 2) The last item on Page nine (9) asks for a Description of Facility, specifically the following:

Description of Facility

Below, or as an attachment to this form, provide a description of the bulk gasoline 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. Include the capacity of all gasoline storage tanks at the facility and note whether each such tank is equipped for submerged filling. Also, note whether the loading racks are equipped with a vapor collection and control system, and provide a description of any such system.

The Description of Facility block on your form was left blank and no information was provided. Please provide the information requested and applicable to your specific facility. When determining the capacity of all gasoline storage tanks at the facility, keep in mind that the rule (Rule 62-210.200(149), F.A.C.) definition of "gasoline" is as follows:

(149) "Gasoline" – Any petroleum distillate having a Reid vapor pressure of 4 psia (27.6 kilopascals) or greater.

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

Thank you for your time and attention to this matter.

Have a great day!

Sincerely yours,

Dickson E. Dibble

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources

Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
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

Tracking:

Recipient
'coomes@bellsouth.net'
Ajhar, Rebecca

Delivery

Delivered: 3/17/2010 12:42 PM