

FEA RECEIPT # 697261 MAR 05 2010

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#0001

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)

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

**\* NOT ORIGINAL**

AIR5 ID  
1090452

**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 **RECEIVED**

**Owner/Authorized Representative Mailing Address** **MAR 25 2010**  
 Organization/Firm:  
 Street Address: 8 Hartshorn 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:

**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 3/23/10  
J B Coomes 12/20/09  
 Signature Date

8 \* ADDENDUM TO PAGE 8  
FOR ORIGINAL SIGNATURE

**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 Hartsburn 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:

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- 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.*

Signature: J B Coomes Date: 12/20/09

8  
SEE ADDENDUM TO PAGE 8  
FOR ORIGINAL SIGNATURE

**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.

\* SEE ATTACHED E-MAIL AS AN  
ADDENDUM TO THIS FORM FOR DESCRIPTION  
OF FACILITY. 03/23/10.

Dibble, Dickson

**From:** J.B. Coomes [coomes@bellsouth.net]  
**Sent:** Tuesday, March 23, 2010 11:38 AM  
**To:** Dibble, Dickson  
**Subject:** RE: Facility ID# 1090452-002, COOMES OIL & SUPPLY dba CHEVRON-HARTSHORN ST FACILITY, 8 HARTSHORN ST, ST AUGUSTINE, FL 32084-3412

Thank you for your email

Description of facility:

We have 5 - 20,000 gallon storage tanks inside containment. Each tank has pressure vents on the top of them,

We pump into each tank from the bottom of the tanks by the transport trucks.

We top load into the delivery truck from the top with out vapor collection.

If you need more information please let me know

J B Coomes

--- On Tue, 3/23/10, Dibble, Dickson <Dickson.Dibble@dep.state.fl.us> wrote:

**From:** Dibble, Dickson <Dickson.Dibble@dep.state.fl.us>  
**Subject:** RE: Facility ID# 1090452-002, COOMES OIL & SUPPLY dba CHEVRON-HARTSHORN ST FACILITY, 8 HARTSHORN ST, ST AUGUSTINE, FL 32084-3412  
**To:** "J.B. Coomes" <coomes@bellsouth.net>  
**Cc:** "Ajhar, Rebecca" <Rebecca.Ajhar@dep.state.fl.us>  
**Date:** Tuesday, March 23, 2010, 7:06 AM

Dear Mr. Coomes,

Good morning!

There are three options.

- 1) Your reply via e-mail would be acceptable. I will simply attach your e-mail as an addendum to your current submittal, or
- 2) If you prefer, you may add your comments to a copy of the attachment which I sent to you in my previous e-mail and e-mail it back to me, or
- 3) The third option would be to send via US mail to the following address:

FDEP

**ATTN: DICK DIBBLE**  
**AIR GENERAL PERMIT PROGRAM**  
**DARM-BAMMS, MS5510**  
**2600 BLAIR STONE ROAD**  
**TALLAHASSEE, FLORIDA 32399-2400**

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

Thank you and 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](mailto: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

---

**From:** J.B. Coomes [mailto:coomes@bellsouth.net]  
**Sent:** Monday, March 22, 2010 9:01 AM  
**To:** Dibble, Dickson  
**Subject:** Re: Facility ID# 1090452-002, COOMES OIL & SUPPLY dba CHEVRON-HARTSHORN ST FACILITY, 8 HARTSHORN ST, ST AUGUSTINE, FL 32084-3412

is there a mailing address to send the report to is there a blank copy of the report or can i just write over this report jb

--- On Wed, 3/17/10, Dibble, Dickson <Dickson.Dibble@dep.state.fl.us> wrote:

**From:** Dibble, Dickson <Dickson.Dibble@dep.state.fl.us>  
**Subject:** Facility ID# 1090452-002, COOMES OIL & SUPPLY dba CHEVRON-HARTSHORN ST FACILITY, 8 HARTSHORN ST, ST AUGUSTINE, FL 32084-3412  
**To:** "coomes@bellsouth.net" <coomes@bellsouth.net>  
**Cc:** "Ajhar, Rebecca" <Rebecca.Ajhar@dep.state.fl.us>  
**Date:** Wednesday, March 17, 2010, 12:42 PM

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](mailto:Dickson.Dibble@dep.state.fl.us)





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CL AREA **NED**

CRAF006A

Logged Total **\$40,732.42**

**Collection Point Log Remittance**

Remittance ID **878021** 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 **MRAWRONGDISTRICT-TALLY**

**PAYMENT(S)**

Payment ID	CL Area	Code/Description	Distribution Object	Payment Amount	Reference#	Appl	Fund *	Grant *	Status
	<b>NED</b>								

COMMIT FREQUENTLY

**\$00** Payment Total

Remittance Return

CLAREA **NED**

CRAF019

Remittance **878021**

Received Date **03/02/2010**

Receipt # **696772**

Check Number **25681**

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 **32085** **0175**

Country

LETTER ID **00010069**

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

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 Tally Attn: Dick Dibble  
Division of Air Resources Mgmt.  
(Magnolia Center) 850-921-9586  
MS# 5510

AIR  
General  
Permit  
Registration  
Form

(Per  
Leslie  
Maurin)

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

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**Dickson E. Dibble, ES III**

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Bureau of Air Monitoring & Mobile Sources

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FAX (850) 922-6979  
ICG-#345

**Dickson.Dibble@dep.state.fl.us**



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**Tracking:**

**Recipient**  
'coomes@bellsouth.net'  
Ajhar, Rebecca

**Delivery**

**Delivered: 3/17/2010 12:42 PM**

Coomes Oil & Supply Inc  
P.O. Box 175  
St. Augustine, FL  
32085  
904-829-2251

JACKSONVILLE FL 32001

13 MAR 2010 PM 1 T

2010 SENSES  
Mail It Back



FDEP  
Attn Dick DIBBLE  
Air General Permit Program  
Darm-Banno, MS 5516  
2600 Blair Stone Road  
Tallahassee Florida 32399-2414

32399+6542

