CONCRETE BATCHING PLANTS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

| Facility Identification Number - If known (seven digit number) |
|---|
| 1150028-004 |
| 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. |
| 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.) ——————————————————————————————————— |
| 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.) |
| |
| Facility Location (Physical location of the facility, not necessarily the mailing address.) Street Address: 1701 MYRTCE 51 |
| Street Address: 1701 MYRTCE ST City: SARASOTA Zip Code: 34334 |
| Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.) |
| |
| RESOURCE MANAGEMENT |

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| racility Contact | | | | | |
|---|--|--|--|--|--|
| Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: GREG SEEVERS, PLANT MANAGER | | | | | |
| Facility Contact Telephone Numbers Telephone: 941 355 2988 Fax: 941-351-3765 Cell phone: 941 302 6174 E-mail: 95 EEVERS @ AHLANTIC TRG. COM | | | | | |
| Facility Contact Mailing Address Organization/Firm:ATLANTC TNG LCC Mailing Address: PO BOY 729 City: SARASNTA County: Zip Code: 34230 | | | | | |
| Correspondence Contact/Representative (to serve as additional Department contact) | | | | | |
| Name and Position Title Print Name and Title: DALE ABRAHAM, OFF MGR | | | | | |
| Correspondence Contact/Representative Telephone Numbers Telephone: 941 355-2988 Fax: Cell phone: E-mail: DABRAHAM @ ATLANTICTUG. COM | | | | | |
| Correspondence Contact/Representative Mailing Address Organization/Firm:ATZANTIC TWG LLC Mailing Address:POBOX 729 City: SALAKOTA County: Zip Code: 34234 | | | | | |
| Government Facility Code (check only one) | | | | | |
| Facility not owned or operated by a federal, state, or local government. | | | | | |
| Facility owned or operated by the federal government. | | | | | |
| Facility owned or operated by the state. | | | | | |
| Facility owned or operated by the county. | | | | | |
| Facility owned or operated by the municipality. | | | | | |
| Facility owned or operated by a water management district. | | | | | |

| Check one: Stationary Facility | | ☐ Relocatable Facility | | |
|---|--|---|--|--|
| Type(s) of Reasona | ble Precautions Used to | Prevent Unconfined En | nissions | |
| Pave Roads Maintain Roa | | nagement of roads, parkir Pave Parking Areas Use Water Application Reduce Stock Pile Ho | Pave Yard Use Dust S | s uppressant |
| Check all precaution | | nagement of drop points t Chute Partial enclosure | o trucks: | |
| conveying equipmer F.A.C. | nt that are limited to a vis | each silo, weigh hopper (ible emissions of 5 percer | t opacity pursuant to Rul | e 62-296.414(1), |
| PROCESS EQUIPMENT TYPE (silo, weigh hopper, batcher, etc.) | PROCESS EQUIPMENT IDENTIFICATION* | CONTROL DEVICE (baghouse, vent filter, etc.) | CONTROL DEVICE MANUFACTURER | CONTROL DEVICE MODEL NUMBER |
| Cement Silo | PLANT 1 | BAGHOUSE | Merits | N/A |
| CEMENT SILO | PLANT2 * | BAGHOUSE | MERITS | N/A |
| , | | | | |
| | | | | |
| Description of Facil Below, or as an attact facility in sufficient a basis for tracking a manufactured, all air source equipment in | lity chment to this form, providetail to demonstrate the my future equipment or propollutant-emitting processor formation is not needed (| ide a description of the cofacility's eligibility for us rocess changes at the facisses, and identify any air eg.: trucks, bulldozers, from to the cofacility. From to the complex exercises. | ncrete batching plant ope e of this air general perm lity. Describe type of con pollution control measure ont-end loaders, etc.) | erations at the it and to provide increte product(s) es used. Mobile |
| Sanitary A | nd Storm St | fructures' | | |



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