

FIRST SUBMITTAL RECEIVED  
OCT 27, 2009

THIS WAS PREVIOUSLY A/R'S  
ID # 0830160

RE-REGISTER  
AS A RELOCATABLE

ADDENDUM TO ORIGINAL OUTDATED FORM  
**NONMETALLIC MINERAL PROCESSING PLANTS (CRUSHERS) AIR GENERAL PERMIT REGISTRATION FORM**

RECEIVED  
OCT 29 2009  
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)

7770160-002

**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.

**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.)  
Glenn Counts (owner) Counts Construction Company

**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.)  
441 mine

**Facility Location** (Provide the physical location of the facility, not necessarily the mailing address.)  
Street Address: 6175 North US 441  
City: Ocala County: MARION Zip Code: 34475

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

**Owner/Authorized Representative**

<b>Name and Position Title</b> (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.) Print Name and Title: <u>Glenn Counts</u> <u>Owner</u>		
<b>Owner/Authorized Representative Mailing Address</b> Organization/Firm: <u>Counts Construction</u> Street Address: <u>3021 N.W. 21st Street</u> City: <u>Ocala</u> County: <u>Marion</u> Zip Code: <u>34475</u>		
<b>Owner/Authorized Representative Telephone Numbers</b> Telephone: <u>352-629-3506</u> Fax: <u>352-629-1334</u> Cell phone (optional):		

**Facility Contact (If different from Owner/Authorized Representative)**

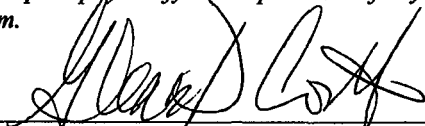
<b>Name and Position Title</b> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: <u>Randy Bullock - Purchasing, Permitting</u>		
<b>Facility Contact Mailing Address</b> Organization/Firm: <u>Counts Construction</u> Street Address: <u>3021 N.W. 21st Street</u> City: <u>Ocala</u> County: <u>Fl. Marion</u> Zip Code: <u>34475</u>		
<b>Facility Contact Telephone Numbers</b> Telephone: <u>352-629-3506</u> Fax: <u>352-629-1334</u> 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.

 10.28.09  
Signature Date



**Description of Facility**

Below, or as an attachment to this form, provide a description of the nonmetallic mineral processing 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.

We produce lime rock for road base, we use excavators to dig the rock with and then run the lime rock thru the crusher. A lot of the rock now is underwater rock so it has a lot of moisture in it, so no dust gets into the air.

**Affected Facilities Description**

Affected Facility	Manufacturer	Date of Manufacture	Model Number	Identifier & Serial Number	Size (TPH, hp, kW, etc.)	Subject to 40 CFR Part 60, Subpart OOO	
						Yes	No
Primary Crusher(s)	R+R Equipment	2006	CRUSK King 4054	APS4054-231	750 TPH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secondary Crusher(s)					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Tertiary Crusher					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Grinding Mill(s)					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Bucket Elevator(s)					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Screening Operation(s)					FT <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Bagging Operation					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Storage Bin(s)					TONS	<input type="checkbox"/>	<input type="checkbox"/>
Enclosed Truck or Railcar Loading Station					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Crusher Engine	John Deere	2006	6125HF070	RG6125H052785	300HP	<input type="checkbox"/>	<input type="checkbox"/>
Auxiliary Generator(s)					KW	<input type="checkbox"/>	<input type="checkbox"/>
Belt Conveyor(s)	Excel				36 IN.	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
Comments: <i>Its a portable unit</i>							



10/27/09 \* IN CORRECT FORM - OUTDATED; AWAITING CORRECT FORM.

10/29/09 - CORRECT FORM REC'D

\*SEE ATTACHED FORM AS AN ADDENDUM

NONMETALLIC MINERAL PROCESSING PLANT  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

OCT 27 2009

Bureau of Air Monitoring

Part III. Notification of Intent to Use Air General Permit & Mobile Sources

(Submit this Part to the appropriate permitting office and keep copy of completed form onsite. Instructions follow.)

**Instructions to Owner or Operator:** To give notice to the Department of an eligible facility's intent to use the nonmetallic mineral processing plant air general permit, the owner or operator of the facility must detach and complete Part III of this Nonmetallic Mineral Processing Plant Air General Permit Notification Form and submit it to the appropriate Department of Environmental Protection district office or local air pollution control program office which has been delegated permitting authority. Please type or print clearly all information and enclose the appropriate general permit processing fee pursuant to Rule 62-4.050(4)(o), F.A.C. Please note, the form will not be considered complete unless: 1) the processing fee is attached; 2) if the facility is new, initial visible and particulate matter emissions testing was conducted before beginning commercial operation and the test results have already been submitted to the appropriate permitting authority or accompany the form; and, 3) if the facility is existing, visible and particulate matter emissions testing (initial and renewal) was conducted within 60 days prior to submitting the form and the test results have already been submitted to the appropriate permitting authority or accompany the form. Also, please refer to the instructions for completing Part III of the notification form at the end of the form.

General Facility Information

0830160-002

Facility Owner/Company Name (Name of corporation, agency, or individual owner): Counts Construction Company		
Site Name (For example, plant name or number): 441 mine #0830160		
Facility Location: Street Address: City: Ocala	County: MARION	Zip Code: 34475
Facility Start-Up Date: Sept 29 2004		
Relocatable: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

Notification Type

Check one:

NEW: Notification of a proposed new nonmetallic mineral processing plant.

EXISTING: Notification of an existing nonmetallic mineral processing plant.

RENEWAL: Notification for permit renewal of an existing nonmetallic mineral processing plant.

Owner/Authorized Representative

Name and Title: Glen Counts, Owner		
Owner/Authorized Representative Mailing Address: Organization/Firm: Counts Construction Company Street Address: 3021 N.W 21st Street City: Ocala    County: MARION    Zip Code: 34475		
Owner/Authorized Representative Telephone Number: Telephone: (352) 629-3506    Fax: (352) 629-1334		

**Facility Contact (If different from Owner/Authorized Representative)**

Name and Title: <b>RANDY Bullock</b>		
Facility Contact Mailing Address: Organization/Firm: <b>Counts Construction Co.</b> Street Address: <b>3021 N.W. 21st Street</b> City: <b>Ocala</b> County: <b>MARION</b> Zip Code: <b>34475</b>		
Facility Contact Telephone Number: Telephone: <b>(352) 629-3506</b> Fax: <b>(352) 629-<sup>1334</sup><del>3506</del></b>		

**Facility Comments**

**Material to be Processed and Plant Capacities**

Material to be Processed	Capacity of Plant	Yes	No
<input type="checkbox"/> Concrete	>150 tons/hour (relocatable)	<input type="checkbox"/>	<input type="checkbox"/>
	>25 tons/hour (stationary)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recycled asphalt pavement	>150 tons/hour (relocatable)	<input type="checkbox"/>	<input type="checkbox"/>
	>25 tons/hour (stationary)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Crushed and broken stone, including limestone, dolomite, traprock, sandstone, quartz, quartzite, slate, shale, or oilshale	>150 tons/hour (relocatable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	>25 tons/hour (stationary)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sand, shell or gravel	>150 tons/hour (relocatable)	<input type="checkbox"/>	<input type="checkbox"/>
	>25 tons/hour (stationary)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Common clay	>10 tons per hour	<input type="checkbox"/>	<input type="checkbox"/>
Facility will be located at mines or quarries and used to process <b>only</b> material from onsite natural deposits: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Comments: <b>USED IN A LIMESTONE QUARRY</b>			



**Surrender of Existing Air Permit(s) except Air General Permits (do not complete for renewal notifications)**

Check one:

- I hereby surrender all existing air permits authorizing operation of the facility\* indicated on this form; specifically permit number(s) \_\_\_\_\_.
- No air permits currently exist for the operation of the facility indicated on this form.

\* Except a regular air permit containing a relocatable nonmetallic mineral processing plant as an emissions unit.

**Owner/Authorized Representative Statement**

*I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Notification Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the facility and any air pollution control equipment described in this notification so as to comply with all applicable standards and requirements 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 notification.*

Signature

Date

**Affected Facilities Description**

Affected Facility	Manufacturer	Date of Manufacture	Model Number	Identifier & Serial Number	Size (TPH, hp, kW, etc.)	Subject to 40 CFR Part 60, Subpart OOO	
						Yes	No
Primary Crusher(s)	R+R Equipment	2006	Crush King	Ap 4054231	750 TPH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secondary Crusher(s)					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Tertiary Crusher					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Grinding Mill(s)					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Bucket Elevator(s)					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Screening Operation(s)					FT <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Bagging Operation					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Storage Bin(s)					TONS	<input type="checkbox"/>	<input type="checkbox"/>
Enclosed Truck or Railcar Loading Station					TPH	<input type="checkbox"/>	<input type="checkbox"/>
Crusher Engine	John Deere				300 HP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Auxiliary Generator(s)					KW	<input type="checkbox"/>	<input type="checkbox"/>
Belt Conveyor(s)	Excel	UNKNOWN	UNKNOWN	UNKNOWN	36x60 IN.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

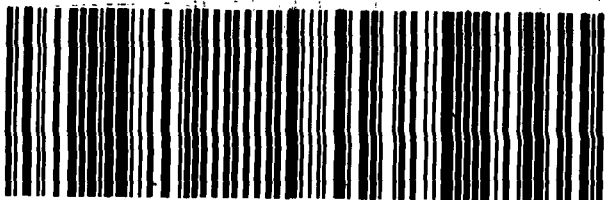
FedEx  
TRK# 8693 4767 1191  
0215

TUE - 27 OCT A2  
STANDARD OVERNIGHT

32399  
FL-US  
TLH

XH TLHA

RT 46 6 B  
FZ B02 1191  
10.27



8693 4767 1191

Emp# 268196 26OCT89 OCFA

fedex.com 1.800.GoFedEx 1.800.463.3339

RECIPIENT: PEEL HERE

Date 10.26.09 FedEx Tracking Number 869347671191

Sender's Name GINA SHUTTERS Phone 352 629-3504

Company COUNTS CONSTRUCTION

Address 3021 NW 21ST ST Dept./Floor/Suite/Room

City DADELA State FL ZIP 34475-4100

**2 Your Internal Billing Reference**

**3 To**  
 Recipient's Name DIVISION of Air Resources Phone - Dick Ribble  
 Company FDEP  
 Recipient's Address 111 S Magnolia Dr. Suite 73 Dept./Floor/Suite/Room  
 We cannot deliver to P.O. boxes or P.O. ZIP codes.  
 Address Tallahassee State FL ZIP 32399

0402407034



8693 4767 1191

0215 Recipient's Copy

**4a Express Package Service** Packages up to 150 lbs.

FedEx Priority Overnight Next business morning. \* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight Next business afternoon. \* Saturday Delivery NOT available.

FedEx First Overnight Earliest next business morning delivery to select locations. \* Saturday Delivery NOT available.

FedEx 2Day Second business day. \* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver Third business day. \* Saturday Delivery NOT available.

\* To most locations. FedEx Envelope rate not available. Minimum charge: One-pound rate.

**4b Express Freight Service** Packages over 150 lbs.

FedEx 1Day Freight\* Next business day. \*\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 2Day Freight Second business day. \*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 3Day Freight Third business day. \*\* Saturday Delivery NOT available.

\* Call for Confirmation. \*\* To most locations.

**5 Packaging**

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. \* Declared value limit \$500.

**6 Special Handling** Include FedEx address in Section 3.

SATURDAY Delivery Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.

HOLD Weekday at FedEx Location Not available for FedEx First Overnight.

HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry ice, 9 UN 1845 x kg  Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section I will be billed.  Recipient  Third Party  Credit Card  Cash/Check

Total Packages 1 Total Weight           

Credit Card Auth.

**8 Residential Delivery Signature Options** If you require a signature, check Direct or Indirect.

No Signature Required Package may be left without obtaining a signature for delivery.

Direct Signature Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

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**FedEx** US Airbill  
Express

FedEx Tracking Number

8693 4767 1217

RECIPIENT: PEEL HERE

**1 From** This portion can be removed for Recipient's records.

Date 10/28/07 FedEx Tracking Number 869347671217

Sender's Name GINA SHUTZERE Phone 352 629-3506

Company COUNTS CONSTRUCTION

Address 3021 NW 21ST ST

City OCALA State FL ZIP 34475-4100

**2 Your Internal Billing Reference**

**3 To**  
Recipient's Name DICK DUNN Phone \_\_\_\_\_

Company FDLP - Air General Permits

Recipient's Address 3600 Blank Stone Road

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address Mail Station 5510

City Tallahassee State FL ZIP 32399-2400



8693 4767 1217

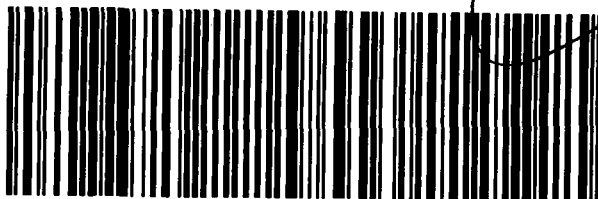
0402407034

**FedEx**  
TRK# 8693 4767 1217  
0215

THU - 29 OCT - A2  
STANDARD OVERNIGHT

**XH TLHA**

**32399**  
FL-US  
TLH



Emp# 268196 28OCT09 OCFA

SPH33  
0215  
Recipient's Copy

**4a Express Package Service**

- FedEx Priority Overnight  
Next business morning. \* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Standard Overnight  
Next business afternoon. \* Saturday Delivery NOT available.
- FedEx First Overnight  
Earliest next business morning delivery to select locations. \* Saturday Delivery NOT available.
- FedEx 2Day  
Shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Express Saver  
Third business day. \* Saturday Delivery NOT available.

**4b Express Freight Service**

- FedEx 1Day Freight\*  
Next business day. \*\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx 2Day Freight  
Second business day. \*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx 3Day Freight  
Third business day. \*\* Saturday Delivery NOT available.

**5 Packaging**

- FedEx Envelope\*
- FedEx Pak\*  
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- FedEx Box
- FedEx Tube
- Other

**6 Special Handling**

- SATURDAY Delivery  
Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
  - HOLD Weekday at FedEx Location  
Not available for FedEx First Overnight.
  - HOLD Saturday at FedEx Location  
Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.
- Does this shipment contain dangerous goods?  
One box must be checked.
- No
  - Yes  
As per attached Shipper's Declaration.
  - Yes  
Shipper's Declaration not required.
  - Dry Ice  
Dry Ice, 9 UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg
  - Cargo Aircraft Only

**7 Payment**

- Sender  
Acct. No. in Section 1 will be billed.
- Recipient
- Third Party
- Credit Card
- Cash/Check

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_  
Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

**8 Residential Delivery Signature Options**

- No Signature Required  
Package may be left without obtaining a signature for delivery.
- Direct Signature  
Someone at recipient's address may sign for delivery. Fee applies.
- Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

**519**

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RT **56**  
FZ **6 B**  
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