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**NONMETALLIC MINERAL PROCESSING PLANTS (CRUSHERS) 12 2009**  
**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)

**7775504-002**

**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.

Facility ID No. # 7775504

(sn 72980)

**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.)

Peninsula Equipment, LLC

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.)

Peninsula Equipment, LLC

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

Street Address: 4245 Drane Field Road

City: Lakeland

County: Polk

Zip Code: 33811

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

N/A

**Owner/Authorized Representative**

<u>Name and Position Title</u> (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.) Print Name and Title: <b>Cindy Reed, Sales Operations Manager</b>		
<u>Owner/Authorized Representative Mailing Address</u> Organization/Firm: <b>Peninsula Equipment, LLC</b> Street Address: <b>4245 Drane Field Road</b> City: <b>Lakeland</b> County: <b>Polk</b> Zip Code: <b>33811</b>		
<u>Owner/Authorized Representative Telephone Numbers</u> Telephone: <b>863 619-7500</b> Fax: <b>863-619-7016</b> Cell phone (optional):		

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


<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: <b>Cindy Reed, Sales Operations Manager</b>		
<u>Facility Contact Mailing Address</u> Organization/Firm: <b>Peninsula Equipment, LLC</b> Street Address: <b>4245 Drane Field Road</b> City: <b>Lakeland</b> County: <b>Polk</b> Zip Code: <b>33811</b>		
<u>Facility Contact Telephone Numbers</u> Telephone: <b>863 619-7500</b> Fax: <b>863 619-7016</b> 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.*

Signature:  Date: **11/2/09**

**Type of Facility**

Check one:

Stationary Facility

Relocatable Facility

**Type(s) of Precautions Used to Prevent Unconfined Emissions**

Check all that apply for the management of roads, parking areas, stock piles and yards:

Maintain Roads/Parking/Yards

Use Water Application

Use Dust Suppressant

Remove Particulate Matter

Reduce Stock Pile Height

Install Wind Breaks

Check the location of spray bars at the nonmetallic mineral processing plant:

Feeders

Entrance to "Crusher"

Exit of "Crusher"

Classifier Screens

Conveyor Drop Points

**Description of Reasonable Precautions**

Below, or as an attachment to this form, provide details of all types of reasonable precautions to be used to prevent unconfined emissions at the facility.

*Water will be used as a dust suppressant when necessary.*

**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.

This is an application for registration for a Metso Model LT1110, Serial No. 72980 Non Metallic Mineral Crushing Machine. It has a design capacity of 330 TPH. The crusher has a design capacity of 300 TPH, and utilizes three spraybars, one at the crusher entrance, one at the crusher exit and one at the main conveyor. There is one screen at the feeder grizzly. The machine is powered by a Caterpillar C-9 engine manufactured in April of 2006. The conveyors are manufactured by Metso, the main conveyor is a model H10 x 10, and the side conveyor is a model H5 x 5. The machine will be used to process concrete, asphalt, assorted building materials, limestone, granite and other aggregate products.

This machine is owned by Peninsula Equipment and is intended to be used as lease equipment. Peninsula Equipment, Inc. will not be operating or overseeing the operation of this machine.

THE BEST FOR YOUR INDUSTRY

# peninsula Equipment

November 2, 2009

Florida Department of Environmental Protection  
Receipts  
Post Office Box 3070  
Tallahassee, Florida 32315-3070

To Whom It May Concern,

The attached documents are to reregister our equipment with the state. Our company has been purchased and has new ownership. Our name has changed from Peninsula Equipment, Inc. to Peninsula Equipment, LLC.

Enclosed please find a check in the amount of \$1,200.00 to cover the cost for the 12 units to be registered under the new name.


Please return all documents to my attention at the following address:

Peninsula Equipment, LLC  
4245 Drane Field Road  
Lakeland, Florida 33811

If you have any questions or concerns, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Sincerely,



Cindy Reed  
Sales Operations Manager

Enclosure

Post Office Box 6009      Lakeland, FL 33807-6009  
Toll Free: (888) 387-6500      Phone: (863) 619-7500      Fax: (863) 619-7016  
[www.peninsulaequipment.com](http://www.peninsulaequipment.com)

Peninsula Equipment LLC  
4245 Drane Field Road  
Lakeland FL 33811



FDEP  
Receipts  
P.O. Box 3070  
Tallahassee FL 32315-3070