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Bureau of Air Management
& Mobile Sources

NONMETALLIC MINERAL PROCESSING PLANTS (CRUSHERS)
AIR GENERAL PERMIT REGISTRATION FORM

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)

7775570-001

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.)

Peninsula Equipment, Inc.

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.)

Sun Recycling

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

Street Address: 6911 Wallis Road

City: West Palm Beach

County: Palm Beach

Zip Code: 33413

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

02-01-08

*SEE ATTACHED ADDENDUM FOR CORRECT INFORMATION
D.D.

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: Cindy Reed, Mobile Equipment Coordinator

Owner/Authorized Representative Mailing Address

Organization/Firm: Peninsula Equipment, Inc.

Street Address: 4245 Drane Field Road

City: Lakeland

County: Polk

Zip Code: 33811

Owner/Authorized Representative Telephone Numbers

Telephone: 863.619.7500

Fax: 863.619.7016

Cell phone (optional):

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: Charles Gusmano

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

Cell phone (optional):

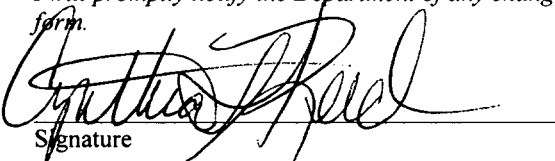
* SEE
ATTACHED
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FOR CORRECT
INFORMATION
D.R.

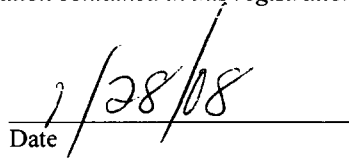
Owner/Authorized Representative Statement

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

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 McCloskey Model 621RELH, Serial No. 12878 Non Metallic Mineral Crushing Machine. The design capacity varies according to the material processed. There is one screen at the feeder grizzly. The machine is powered by a Caterpillar 173 Hp engine manufactured in September of 2007. The conveyors are used at the hopper, main crusher, discharge and side. 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.

* CRUSHER RATED CAPACITY - 360 TPH SAND/GRAVEL

* CATERPILLER MODEL # 3056E CAT
S/N 35605215

* PER TELECON OF 2/4/09 w/ C. REED O/AR.

*** ADDENDUM TO ORIGINAL APPLICATION DATED JAN 26 2008****NONMETALLIC MINERAL PROCESSING PLANTS (CRUSHERS)
AIR GENERAL PERMIT REGISTRATION FORM****Part II. Notification to Permitting Office**

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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.

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, Inc.

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.)
 Lakeland Equipment Yard

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: 33801

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

02-01-08

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: Cindy Reed, Mobile Equipment Coordinator

Owner/Authorized Representative Mailing Address

Organization/Firm: Peninsula Equipment, Inc.

Street Address: 4245 Drane Field Road

City: Lakeland

County: Polk

Zip Code: 33811

Owner/Authorized Representative Telephone Numbers

Telephone: 863.619.7500

Fax: 863.619.7016

Cell phone (optional):

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: Charles Gusmano

Facility Contact Mailing Address

Organization/Firm: 6911 Wallis Road

Street Address: 6911 Wallis Road

City: West Palm Beach

County: Palm Beach

Zip Code: 33413

Facility Contact Telephone Numbers

Telephone: 561.689.4599

Fax: 561.202.2490

Cell phone (optional): 954.868.1339

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.

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Date

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 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:

| | | |
|---|---|---|
| <input type="checkbox"/> Maintain Roads/Parking/Yards | <input type="checkbox"/> Use Water Application | <input type="checkbox"/> Use Dust Suppressant |
| <input type="checkbox"/> Remove Particulate Matter | <input type="checkbox"/> Reduce Stock Pile Height | <input type="checkbox"/> Install Wind Breaks |

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

| | | |
|---|--|--|
| <input type="checkbox"/> Feeders | <input type="checkbox"/> Entrance to "Crusher" | <input type="checkbox"/> Exit of "Crusher" |
| <input type="checkbox"/> Classifier Screens | <input type="checkbox"/> Conveyor Drop Points | |

Description of Reasonable Precautions

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FedEx US Airbill
Express

FedEx Tracking Number 8656 2931 1537

1 From

Date _____

Sender's Name _____ Phone _____

Company _____

Address _____ Dept./Floor/Suite/Room _____

City _____ State _____ ZIP _____

2 Your Internal Billing Reference

3 To

Recipient's Name _____ Phone _____

Company _____

Recipient's Address _____ Dept./Floor/Suite/Room _____

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

Address _____

To request a package be held at a specific FedEx location, print FedEx address here.

City _____ State _____ ZIP _____

fedex.com 1800.GoFedEx 1800.463.3339



8656 2931 1537

0200 Recipient's Copy

4a Express Pack

- FedEx Priority Over**
Next business morning*
Shipments will be delivered unless SATURDAY Deliver
- FedEx 2Day**
Second business day*
Shipments will be delivered unless SATURDAY Deliver
FedEx Envelope rate

4b Express Freight

- FedEx 1Day Freight**
Next business day**
Shipments will be delivered unless SATURDAY Deliver

* Call for Confirmation

5 Packaging

- FedEx Envelope***

6 Special Handl

- SATURDAY Deliv**
Not available for
FedEx Standard Overnight,
FedEx First Overnight, Fe
Saver, or FedEx 3Day Frt

Does this shipment contain dangerous goods (including dry ice)?

- No Yes
As per Shipper

Dangerous goods (including dry ice)

7 Payment Bill:

- Sender**
Acct. No. in Section 1 will be billed.

Total Packages

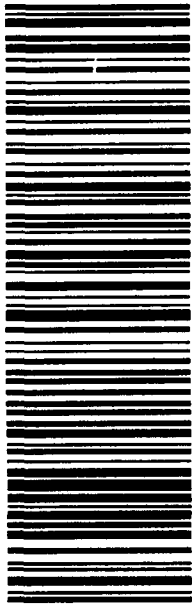
* Our holiday

**MON - 26 JAN A2
PRIORITY OVERNIGHT**

**32399
FL-US
TLH**

**FedEx
TRK# 8656 2931 1537
0200**

XH TLHA



Emp# 7746 23JAN09 FPRA

fedex.com 1800.GoFedEx 1800.463.3339

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.

520