## FEA RECEIVED#502571 NOV 5 2009

## NONMETALLIC MINERAL PROCESSING PLANTS (CRUSHERS) AIR GENERAL PERMIT REGISTRATION FORM 17 1 2 2009

Part II. Notification to Permitting Office

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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) MAMA

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. # 7775570-001 (Sn 13878)
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 fability 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
Street Address: 4245 Drane field Road City: 1 c K 2/2 c County: 0 1/2 Zip Code: 22011
City: Lakeland County: Polk Zip Code: 33811
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)
NA

DEP Form No. 62-210.920(2)(e) Effective: January 10, 2007

	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?				
	Owner/Authorized Representative Mailing Address Organization/Firm: Peninsula Equipment, LLC				
	Owner/Authorized Representative Mailing Address				
	Organization/Firm: Peninsula Campinent, CCC				
	Street Address: 4245 Drane Field Road				
	1 City: Zin Code:				
	Owner/Authorized Representative Telephone Numbers				
	Telephone: Fax:				
	Cell phone (optional): 863 619-7500 863 619-7016				
	Estilitu Contact (If lifform Afron Commulation)				
1	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.)				
	(indu Kela, vales (perations Manager				
	L Facility Contact Mailing Address				
	Organization/Firm: Peninsula Equipment, Lice				
	Street Address: 4245 Drane Field Road				
	Street Address: 4245 Drane Field Road City: Lakeland County: Polk Zip Code: 33811				
	Laneland Folk				
	Facility Contact Telephone Numbers				
	Telephone: Fax:				
	Cell phone (optional): 863 619-7500 863 619-7016				
	000 011 100				
	Owner/Authorized Representative Statement				
	This statement must be signed and dated by the person named above as owner or authorized representative				
į	I, the undersigned, am the owner or authorized representative of the owner or operator of the facility				
i	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				
ı	use of this air general permit and that the statements made in this registration form are true, accurate				
i	and complete. Further, I agree to operate and maintain the facility described in this registration form so				
i	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.				
1	/ /				
	MROLD				
	Signature Date 11/2/04				

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Type of Facility				
Check one:				
Stationary Facility	Relocatable Facility			
Type(s) of Precautions Used to Prevent				
Check all that apply for the management of roads, parking areas, stock piles and yards:				
☐ Maintain Roads/Parking/Yards ☐ Remove Particulate Matter	☐ Use Water Application ☐ Reduce Stock Pile Height	☐ Use Dust Suppressant ☐ 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 Description				
Description of Reasonable Precautions Below, or as an attachment to this form, pr	ovide details of all types of reaconab	le precautions to be used to		
prevent unconfined emissions at the facility		to precautions to be used to		
Water will be used as a dust suppre	scant when necessary			
water will be used as a dust suppre.	ssam whom necessary.			
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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 pollutantemitting processes and equipment at the facility, and identify any air pollution control measures or equipment This is an application for registration for a McCloskey Model 621 RELH, Serial No. 12878 Non Metallic Mineral Crushing Machine. The design capacity varies according to the material processed. There is one screen at the feeder grizzley. The machine is powered by a Caterpillar 173 Hp engine manufacturered 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.



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

Peninsula Equipment LLC 4245 Drane Field Road Lakeland FL 33811

\* \* \* \* PB 8691030 6490 \* 01.510 NOV 03 09 4011 MAILED FROM LAKELAND FL 33811

FDEP Receipts P.O. Box 3070 Tallahassee FL 39315-3070