

**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)

7775575-002

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 # 7775575-001 (sn R2721549)

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

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: <u>Cindy Reed, Sales Operation Manager</u>		
Owner/Authorized Representative Mailing Address Organization/Firm: <u>Peninsula Equipment, LLC</u> Street Address: <u>4245 Drane Field Road</u> City: <u>Lakeland</u> County: <u>Polk</u> Zip Code: <u>33811</u>		
Owner/Authorized Representative Telephone Numbers Telephone: <u>863-619-7500</u> Fax: <u>863-619-7016</u> 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: <u>Cindy Reed, Sales Operation Manager</u>		
Facility Contact Mailing Address Organization/Firm: <u>Peninsula Equipment, LLC</u> Street Address: <u>4245 Drane Field Road</u> City: <u>Lakeland</u> County: <u>Polk</u> Zip Code: <u>33811</u>		
Facility Contact Telephone Numbers Telephone: <u>863-619-7500</u> Fax: <u>863-619-7016</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.

C. Reed _____ Date 11/2/09

Signature Date

Type of Facility

Check one: <input type="checkbox"/> Stationary Facility <input checked="" type="checkbox"/> 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 checked="" 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

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 Air General Permit Registration for Metso Mobile Screen, Model ST272, Serial No. 2721501 Non Metallic Mineral Double Deck Screen. It has a design capacity of 250 TPH.

It is powered by a Duetz 170 HP engine Model No. TCD2013LO42V.

The conveyors consist of a fines conveyor and two side conveyors. This machine will be used to process concrete, various aggregates, recycled building materials and miscellaneous products. It may or may not be used in conjunction with a mobile crusher or various conveyors, depending on the job requirements.

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.

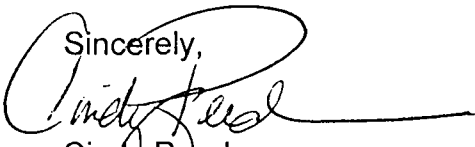
Please return all documents to my attention at the following address:

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

Peninsula Equipment LLC
4245 Drane Field Road
Lakeland FL 33811



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