FEA RECEIPT #497117 MAY 28 2009

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ureau of Air Monitorini & Mobile Sources

CONCRETE BATCHING PLANT 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)

| Registration Type ////3375 OC | | | |
|---|--|--|--|
| 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.) | | | |
| Oldcastle Coastal, 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.) | | | |
| Portable Tumbler #3 | | | |
| Facility Location (Provide the physical location of the facility, not necessarily the mailing address.) | | | |
| Street Address: 4600 Magnum Drive | | | |
| City:Ft. Pierce County:St. Lucie Zip Code:34981 | | | |
| Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility) 6/15/09 | | | |

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

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Cell phone (optional):

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| Owner/Authorized Representa | ative | | | | |
|---|--------------------------------------|---|--|--|--|
| | who, by signing this form below, cer | rtifies that the facility is eligible to use this | | | |
| air general permit.) | | | | | |
| Print Name and Title: Eric Myers, Environmental Health and Safty Director | | | | | |
| | | | | | |
| Owner/Authorized Representative Mailing Address | | | | | |
| Organization/Firm:Oldcastle (| Coastal, Inc. | | | | |
| Street Address:3749 Copelan | d Road | | | | |
| City:Zepherhills | County:Pasco | Zip Code:33542 | | | |
| | | | | | |
| Owner/Authorized Representation | ve Telephone Numbers | | | | |
| Telephone:(813) 783-1970 x | 209 Fax:(8 | 313) 783-2728 | | | |

Email: eric.myers@oldcastleapg.com

| Facility Contact (If different from | m Owner/Authorized Representativ | (e) | | | |
|--|----------------------------------|----------------|--|--|--|
| Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.) | | | | | |
| Print Name and Title: Mark Law | rence, Plant Manager | | | | |
| | | | | | |
| Facility Contact Mailing Address | | | | | |
| Organization/Firm:Oldcastle Co | astal, Inc. | | | | |
| Street Address: 4600 Magnum I | Drive | | | | |
| City:Ft. Pierce | County:St. Lucie | Zip Code:34981 | | | |
| | , | | | | |
| Facility Contact Telephone Number | ers | | | | |
| Telephone:(772) 429-1100 | Fax: | | | | |
| 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.

| Type of Facility | | | | | |
|---|---|---|--|--|--|
| Check one: | | | | | |
| Stationary Facility | Relocatable Facility | | | | |
| | | | | | |
| Type(s) of Reasonable Precautions Used | I to Prevent Unconfined Emissions | | | | |
| Check all precautions to be used for the | management of roads, parking areas, | stock piles and yards: | | | |
| ☑ Pave Roads☑ Maintain Roads/Parking/Yards☑ Remove Particulate Matter | ☑ Pave Parking Areas☐ Use Water Application☐ Reduce Stock Pile Height | ☑ Pave Yards☐ Use Dust Suppressant☐ Install Wind Breaks | | | |
| Check all precautions to be used for the | management of drop points to trucks: Chute Partial enclosure | : Enclosure | | | |
| 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. | | | | | |
| This is a permit registration for the permitted facilities. Unconfined em the permit for those facilities. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Description of Facility Below, or as an attachment to this form, provide a description of the concrete batching plant 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 a permit registration for a portable paver stone tumbler. The unit is a VENA Tumbler Model #V-48-700, Serial # 2004145. The tumbler is equipped with a Porrit Northern Blower baghouse with six filter cartridges, Model VDC5200. The tumbler has an estimated capacity of 6 cubes/hr.

Dibble, Dickson

From:

Dibble, Dickson

Sent:

Wednesday, June 03, 2009 8:36 AM

To:

'karlington@arlingtonenvironmental.com'

Cc: Subject: Aihar, Rebecca; 'barlington@arlingtonenvironmental.com'

Please return my call, I have two issues to discuss, and they are...

Dear Kaye,

First, on Friday, May 29th I called and left a message on your phone regarding the following facility:

AIRS ID# 0810087 SERVICE CORPORATION INTERNATIONAL MANASOTA CREMATORY 1221 53rd Ave Bradenton, FL 34203

The information on the form which you submitted on their behalf does not match our database. Furthermore, after contacting them (Jan Miller, Crematory Mgr.) the equipment that he says he has at his facility does not match what is on your form or in our database. We need some updated information in order to proceed with the review and renewal processes.

Secondly, you have submitted a partial CCB Plant Air General Permit registration form on behalf of OLDCASTLE COASTAL INC., VENA 3 FORT PIERCE according to your cover letter. The problem is that we are missing the very first page, Page 7 of the form. Your letter was stapled to Page 8, 9, & 10 of the form, but did not include Page 7.

Please help me in correcting these issues so that I don't have to deny the entitlements.

Thank you and have a great day!

Dick

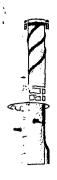
Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure



Arlington Environmental Services, Inc.

"Specializing in Visible Emission and Stack Testing"

May 26, 2009

JUN 0 1 2 3

FDEP Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

Surce. All Workshifts
& Mobile Sources

Re: Oldcastle Coastal, Inc., Vena 3 Fort Pierce AIRS ID PENDING

To Whom It May Concern:

Enclosed are the following items:

- 1. One completed Concrete Batching Plant Air General Registration Form for the above referenced facility.
- 2. Check 875041783 for \$100.00 made payable to the Florida Department of Environmental Protection.

If you have any questions, please feel free to call me at 863/467-0555 or email me at barlington@arlingtonenvironmental.com.

Sincerely,

William D. Arlington

of Cartingles

WDA/dc

Electronic Copy to: Eric Myers, Oldcastle Coastal, Inc.

Arlington Environmental Services, Inc.

Post Office Box 657

Okeechobee, Florida 34973

WEST PALM BEACH FL 334 8 L 26 MAY 2009 PM

FDEP
Receipts
Post Office Box 3070
Tallahassee, Florida 32315-3070

32315+3070