FEA RECEIPT 2010 MAR 8 # 697418

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)

Pagistration Type		
Registration Type	7. 6 7	
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.)		
FLORIDA TUDUS + RIAL PROPERTIES TWO LLC Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is		
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.)		
13050 NW 30 AUE OPALOCKA FLA 3 3054). Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)		
Street Address:		
City: OPALOCKA County: DADE Zip Code: 33054	5030	
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)		

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
I	air general permit.)
I	Print Name and Title:
I	Print Name and Title: + OSE F VEGA · VICE PRESIDENT Owner/Authorized Representative Mailing Address Organization/Firm: FLORIDA FNDUS TRIAL PROPERTIES TWO LLC
I	Owner/Authorized Representative Mailing Address
I	Organization/Firm: FLORIDG FNDUSTRIAL PROPERTIES TWO LLC
l	Street Address: 2/m 10 / 10 11/2 / m .
	p_{H}
ĺ	Owner/Authorized Representative Telephone Numbers
l	Owner/Authorized Representative Telephone Numbers Telephone: 305 6819094 Fax: 305 6819033
	Cell phone (optional):
٦	10 PM 45
	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:
	Facility Contact Mailing Address
i	Organization/Firm:
	Street Address:
	City: County: Zip Code:
	Facility Contact Telephone Numbers
	Telephone: 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

FINANCE CALCOUNTIN

3-3-10

Date

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

Signature

Type of Facility	
Check one:	
Stationary Facility	☑ Relocatable Facility
Type(s) of Precautions Used to Preve	ent Unconfined Emissions
Check all that apply for the managem	nent of roads, parking areas, stock piles and yards:
Wantenin Roads/I alking/ I al ds	ose bust 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 Precaution	ns
Below, or as an attachment to this form	n, provide details of all types of reasonable precautions to be used to
prevent unconfined emissions at the fac	cility.
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	HAR -8 AM 11:07 ANCE & CCOUNTING ANCE & ENDE

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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 used.

* PENDING THIS REQUEST FOR ADD'L INFORMATION.

Dibble, Dickson

From:

Dibble, Dickson

Sent: To: Wednesday, March 17, 2010 8:21 AM 'fvega@oceanictransportation.com'

Cc:

Ajhar, Rebecca

Subject:

Facility ID# 7775621 - Request for missing information on page 10 of the Nonmetallic Mineral

Processing Plant Air General Permit Registration Form

Attachments:

7775621;FloridaIndustrialPropertiesTwoLLC NMMPPlant.pdf

Good morning Mr. Vega,

As I mentioned in yesterday' e-mail below is the Nonmetallic Mineral Processing Plant information that I will need that was omitted from Page ten (10) of the subject item form (see attachment).

In order for your application to be considered complete and eligible for processing and review, I will need the following information as requested on page ten (10) of the form.

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.

In other words I will need the following information:

- 1) Describe your operation (What do you do with this Nonmetallic Mineral Processing Plant? What material(s) will you be crushing/processing?)
- 2) Crusher (identify unit)
 - a) Manufacturer name
 - b) Model number
 - c) Rated capacity of the crusher (T/hr)
 - d) Identify any spray bars and locations on the crusher to control fugitive emissions
 - e) Identify crusher screen(s) if any (size)
 - f) Identify crusher conveyors, number of & location (i.e. Output, side, stacker)
- 3) Identify any stand-alone screening operations and/or conveyors
 - a) Manufacturer name
 - b) Model number
 - c) Rated capacities (T/hr)
 - d) Identify fugitive dust controls (spray bars & locations)
- 4) **Power units** associated with crushers, stand-alone screening operations and conveyors(if a reciprocating internal combustion engine)
 - a) Name of engine manufacturer
 - b) Model of engine
 - c) S/N of engine
 - d) Horsepower
 - e) Fuel source (diesel, gas, LP, NG, etc)

I hope this helps.

If you have any questions, comments or concerns please e-mail or call.

Thank you for your assistance and have a great day!

Sincerely yours,

Dickson E. Dibble

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