RECEIVED

FIG 1 2 2010

NONMETALLILC MINERAL PROCESSING PLANTS (CRUSHERS) AIR GENERAL PERMITI 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				
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.				
other shangs not considered an administrative conscious under reals of 270.576(2)(4), 7 miles				
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):				
general permit, specimeany permit number(s).				
☐ No air operation permits currently exist for this facility.				
General Facility Information	1			
Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)				
POWERSCREEN OF FORMA, INC				
Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is	1 10			
owned, a registration form must be completed for each.)	glill' DER			
NA 5125 N. FRONTAGE RO	PER OFR PEROPER PSCHARO			
Facility Location (Provide the physical location of the facility, not necessarily the mailing address.) Street Address:	A A A			
City: N/A / Sip Code: Zip Code:	Ksen			
03070	/ CAPA			
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)	GRADT			
NA RENTAL UNIT AWAITING LEASE				

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 nermit					
Print Name and Title: RICHARA (3	RANT UP				
χ.σ., π.Ξ. υ					
Owner/Authorized Representative Mailir	ng Address	·			
Street Address: Fowth School	of FLORIDA				
City: P.o. BOX 5802 LAKELAND,	F. County: But	Zin Code: 420 -			
CALELAND,	A. Soully. POLK	Zip Code: 33801			
Owner/Authorized Representative Telepl	hone Numbers				
Telephone:	Fax:	863-680-1289			
Cell phone (optional): \$13-687-715					
1 1 7 083-007-70	,				
Facility Contact (If different from Ow					
Name and Position Title (Plant manager	or person to be contacted reg	garding day-to-day operations at the facility.)			
Print Name and Title:					
Facility Contact Mailing Address					
Organization/Firm:		•			
10, 5, 4, 11					
Street Address:					
Street Address: City:	County:	Zip Code:			
	County:	Zip Code:			
	County:	Zip Code:			
City:	County:	Zip Code:			
City: Facility Contact Telephone Numbers Telephone:	•	Zip Code:			
City: Facility Contact Telephone Numbers	•	Zip Code:			
City: Facility Contact Telephone Numbers Telephone:	•	Zip Code:			
City: Facility Contact Telephone Numbers Telephone:	Fax:	Zip Code:			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional):	Fax:				
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated	Fax: tement by the person named above	as owner or authorized representative			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or	Fax: tement by the person named above authorized representative of	as owner or authorized representative The owner or operator of the facility			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi	Fax: tement by the person named above authorized representative of t Registration Form. I herel	as owner or authorized representative The owner or operator of the facility by certify, based on information and			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi belief formed after reasonable inqui	Fax: tement by the person named above authorized representative of t Registration Form. I herely, that the facility addressed	as owner or authorized representative The owner or operator of the facility by certify, based on information and I in this registration form is eligible for			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi belief formed after reasonable inqui use of this air general permit and the	Fax: tement by the person named above authorized representative of t Registration Form. I herel ry, that the facility addressed at the statements made in thi	as owner or authorized representative the owner or operator of the facility by certify, based on information and in this registration form is eligible for s registration form are true, accurate			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to op	Fax: tement by the person named above authorized representative of it Registration Form. I herely, that the facility addressed at the statements made in this perate and maintain the facility	as owner or authorized representative The owner or operator of the facility by certify, based on information and I in this registration form is eligible for s registration form are true, accurate ity described in this registration form so			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star	Fax: tement by the person named above authorized representative of it Registration Form. I herel ry, that the facility addressed at the statements made in this perate and maintain the facilidards for control of air polling	as owner or authorized representative The owner or operator of the facility by certify, based on information and d in this registration form is eligible for s registration form are true, accurate ity described in this registration form so utant emissions found in the statutes of			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to op	Fax: tement by the person named above authorized representative of it Registration Form. I herel ry, that the facility addressed at the statements made in this perate and maintain the facilidards for control of air polling	as owner or authorized representative The owner or operator of the facility by certify, based on information and d in this registration form is eligible for s registration form are true, accurate ity described in this registration form so utant emissions found in the statutes of			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star the State of Florida and rules of the	Fax: tement by the person named above authorized representative of it Registration Form. I herel ry, that the facility addressed at the statements made in this perate and maintain the facility address for control of air poll. Department of Environment.	as owner or authorized representative The owner or operator of the facility by certify, based on information and d in this registration form is eligible for s registration form are true, accurate lity described in this registration form so utant emissions found in the statutes of al Protection and revisions thereof.			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star the State of Florida and rules of the I will promptly notify the Department	Fax: tement by the person named above authorized representative of it Registration Form. I herel ry, that the facility addressed at the statements made in this perate and maintain the facility address for control of air poll. Department of Environment.	as owner or authorized representative The owner or operator of the facility by certify, based on information and d in this registration form is eligible for s registration form are true, accurate ity described in this registration form so utant emissions found in the statutes of			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star the State of Florida and rules of the I will promptly notify the Department form.	Fax: tement by the person named above authorized representative of it Registration Form. I herel ry, that the facility addressed at the statements made in this perate and maintain the facility address for control of air poll. Department of Environment.	as owner or authorized representative The owner or operator of the facility by certify, based on information and d in this registration form is eligible for s registration form are true, accurate lity described in this registration form so utant emissions found in the statutes of al Protection and revisions thereof.			
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi belief formed after reasonable inqui use of this air general permit and the and complete. Further, I agree to of as to comply with all applicable star the State of Florida and rules of the I will promptly notify the Department	Fax: tement by the person named above authorized representative of it Registration Form. I herel ry, that the facility addressed at the statements made in this perate and maintain the facility address for control of air poll. Department of Environment.	as owner or authorized representative The owner or operator of the facility by certify, based on information and d in this registration form is eligible for s registration form are true, accurate lity described in this registration form so utant emissions found in the statutes of al Protection and revisions thereof.			

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	Exit of Ciusiici		
Classifier Screens	Conveyor Drop Tomics			
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. This crusher will be responsible for the immediate area surrounding the portable crusher at above facility location.				
The operator of this unit had agreed to adhere to the procedures and conditions for the use of this Air General Permit Registration.				

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

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 to operate a relocatable non metallic mineral crusher manufactured by BL Pegson on Nov. 2006. It is a Model Pelson XA400. SN 400100 OKXA. The crusher is powered by at CAC-9 325) HP engine at 1800 RPM. The belt is 40' long, 89" wide with a discharge height of 12'10". The design capacity is 200 TPH. There are three spray bars on the crusher, one is located at the in-feed to the crusher, the second bar is located at the out-put and the third bar is located at the end of the product discharge conveyor. Each bar is 48" long.

This unit is owned by Powerscreen of Florida, Inc. and is intended to be used as lease/rental equipment. Powerscreen of Florida, Inc. will not be operating or overseeing the operation of this machine.

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





Inflantifultanifidadilahadilahadilahadilahad