

POWERSCREEN of Florida[®], Inc.

P.O. Box 5802
Lakeland, FL 33807
863/687-7153

Fax 863-680-1289
Website: www.powerscreenfla.com

FACSIMILE TRANSMITTAL SHEET

TO:

DEPARTMENT OF
ENVIRONMENTAL
PROTECTION

FROM:

RICHARD GRANT

COMPANY:

DIVISION OF AIR RESOURCE
MANAGEMENT

DATE:

2/14/2013

FAX NUMBER:

~~850-717-9001~~
850-412-0455

MY DIRECT FAX NUMBER:

863-680-1289

RE:

FACILITY RELOCATION
NOTIFICATION

TOTAL NO. OF PAGES, INCLUDING COVER:

4

URGENT PLEASE REPLY PLEASE CALL IF YOU RECEIVE A FAULTY OR UNFINISHED FAX

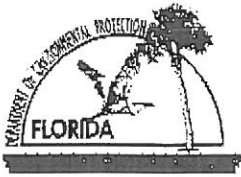
NOTES/COMMENTS:

Re: ~~7775791~~ 7715761

Thanks,

Richard Grant
richard@powerscreenfla.com

 **FAXED**
5/28/13 @ 9:40



Department of Environmental Protection

Division of Air Resource Management

FACILITY RELOCATION NOTIFICATION

Submit to DEP district office or local air program office that has permitting authority for the area in which the facility is to be relocated.

(DEP/Local Note: Update existing facility location data in ARMS. Do not create new facility record.)

7775791

Current Facility Information

1. Facility ID:	7775791	2. Permit /Project Number:	
3. Facility Owner or Operator:	Powerscreen of Florida Inc		
4. Facility Name:	XH320		
5. Current or Most Recent Facility Street Address or Location Description:	2700 N.W. 33 rd ST		
6. City:	BONNAY BEACH	7. County:	BROWARD
8. Shutdown Date at This Location:	4-30-13		

Proposed New Facility Location

1. Facility Street Address or Location Description (do not enter a post office box number):	
8305 BLOUNTS TOWN HWY	
2. City:	3. County:
TALLAHASSEE	LEON
4. List other air permitted operations at this location (if any):	
Facility ID	Permit/Project Number
N/A	
5. Startup Date at New Location:	
6-1-13	
6. Facility Comment:	
CRUSHER RENTAL- VE TESTING TO BE SCHEDULED	

Owner/Authorized Representative or Responsible Official

Name and Title of Owner/Authorized Representative or Responsible Official: <i>RICHARD GRANT</i>		
Organization/Firm: <i>POWERSCREEN OF FLORIDA</i>		
Street Address or P. O. Box: <i>PO Box 5002 C</i>		
City: <i>LARGO</i>	State: <i>FL</i>	Zip: <i>33807</i>
Telephone: <i>863-687-7153</i>	Fax: <i>680-1289</i>	

Facility Contact

Name and Title of Facility Contact: <i>SAM SOLOMON</i>		
Organization/Firm: <i>SOLOMON CONSTRUCTION</i>		
Street Address or P. O. Box: <i>414 SO. CALDWELL ST</i>		
City: <i>QUINCY</i>	State: <i>FL</i>	Zip: <i>32351</i>
Telephone: <i>850-627-8428</i>	Fax:	

Certification

Statement by Owner/Authorized Representative or Responsible Official: <i>I hereby certify that the information given in this report is correct to the best of my knowledge.</i>	
<i>[Signature]</i> Signature	<i>5/28/13</i> Date

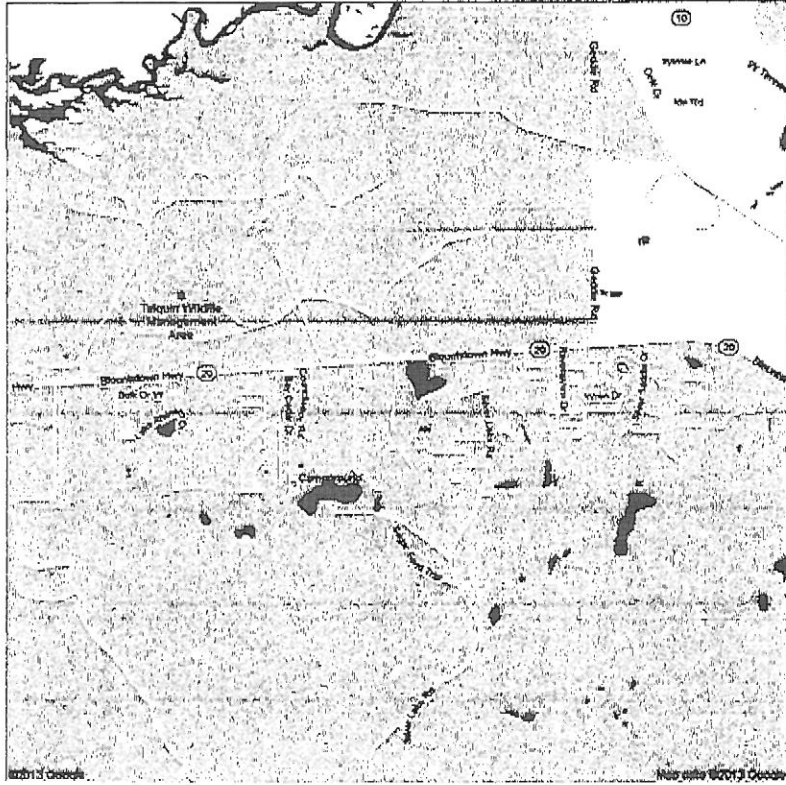
Supplemental Requirements

1. Provide a scale map (e.g., the relevant portion of a USGS topographic map) showing the proposed new location of the facility and points of air pollutant emissions in relation to roads and other features of the surrounding area.
2. If relocating to a different DEP district or local air permitting office area of jurisdiction, provide a copy of the most recent compliance test report.

Google

Address: 8305 Blountstown Hwy
Apalachicola National Forest,
Tallahassee, FL 32310

Get Google Maps on your phone
Text the word "GMAPS" to 466453



ACTIVITY REPORT

TIME : 05/29/2013 16:00
 NAME : FDEP DIVISION OF AIR
 FAX : 8509226979
 TEL : 8504880114
 SER.# : BROG2J568046

NO.	DATE	TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	COMMENT
	05/29	13:17	8636801289	01:33	04	OK	RX ECM

BUSY: BUSY/NO RESPONSE
 NG : POOR LINE CONDITION / OUT OF MEMORY
 CV : COVERPAGE
 POL : POLLING
 RET : RETRIEVAL
 PC : PC-FAX