

F&A RECEIPT # 774063

2012 MAR 15

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MAR 16 2012

RECIPROCATING INTERNAL COMBUSTION ENGINES
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

DIVISION OF AIR
QUALITY MANAGEMENT

Facility Identification Number (if known)

0251231

0251231-002

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted 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). 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. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using 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)(c), 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 Applicable

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 Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

BAPTIST HEALTH SOUTH FLORIDA

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

HOMESTEAD HOSPITAL

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 975 BAPTIST WAY
City: HOMESTEAD County: MIAMI Dade Zip Code: 33053-7600

Facility Start-Up Date (Estimated start-up date of proposed new facility, kN/A for existing facility.)

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility)
Print Name and Title: JOHN RINGWALD DIRECTOR OF FACILITIES

Facility Contact Telephone Numbers
Telephone: 786-243-8527 Fax: 786-243-8012
Cell phone: _____
E-mail: JOHN.R. @ BARTISTHEALTH.NET

Facility Contact Mailing Address HOMESTEAD HOSPITAL
Organization/Firm: 975 BARTIST WAY
Street Address: _____
City: HOMESTEAD County: MIAMI Zip Code: 33033
DADE

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title GARY OWENS ENGINEERING SUPERVISOR
Print Name and Title: _____

Other Contact/Representative Telephone Numbers
Telephone: 786-243-8527 Fax: 786-243-8012
Cell phone: _____
E-mail: GOWENS @ BARTISTHEALTH.NET

Other Contact/Representative Representative Mailing Address HOMESTEAD HOSPITAL
Organization/Firm: _____
Street Address: 975 BARTIST WAY
City: HOMESTEAD County: MIAMI Zip Code: 33033
DADE

Fuel Consumption

If this is an initial registration for reciprocating internal combustion engine operations, provide an estimate of the total amount of fuel expected to be consumed over a 12-month period. *

If this is a re-registration for reciprocating internal combustion engine operations, provide the highest 12-month total fuel consumption amount, in appropriate units, for the last five years. Indicate the 12-month period over which this fuel consumption occurred.

*MAX 12 MONTH PERIOD USE OF FUEL = 5,000 GAL. JUNE 2006 TO
MAY 2007.*

*Note: the general permit limits fuel consumption by all reciprocating internal combustion engines at the facility to 20,000 gallons per year of gasoline, 250,000 gallons per year of diesel fuel, 1.15 million gallons per year of propane, 40 million standard cubic feet per year of natural gas, or an equivalent prorated amount if multiple fuels are used.

Helpful Definitions

"Department" or "DEF" - The State of Florida Department of Environmental Protection.

"Emissions Unit" - Any part or activity of a facility that emits or has the potential to emit any air pollutant.

"Facility" - All of the emissions units which are located on one or more contiguous or adjacent properties, and which are under the control of the same person (or persons under common control).

"Owner" or "Operator" - Any person or entity who or which owns, leases, operates, controls or supervises an emissions unit or facility.