



# 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.)**

**Current Facility Information**

1. Facility ID: <b>ARMS 0251343-001</b>	2. Permit /Project Number: FDOT Project ID 251156-3-52-01
3. Facility Owner or Operator: Bouygues Civil Works Florida/Nicholson Construction Company	
4. Facility Name: Port of Miami Tunnel Project - Nicholson Temporary Grout Plant	
5. Current or Most Recent Facility Street Address or Location Description: Watson Island construction site	
6. City: Miami	7. County: Miami-Dade
8. Shutdown Date at This Location: May 12, 2012	

**Proposed New Facility Location**

1. Facility Street Address or Location Description (do not enter a post office box number): <b>Dodge Island Construction Yard</b>									
2. City: Miami	3. County: Miami-Dade								
4. List other air permitted operations at this location (if any):									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: left;">Facility ID</td> <td style="width: 50%; text-align: left;">Permit/Project Number</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Facility ID	Permit/Project Number	_____	_____	_____	_____	_____	_____	
Facility ID	Permit/Project Number								
_____	_____								
_____	_____								
_____	_____								
5. Startup Date at New Location: 05/21/2012									
6. Facility Comment: Temporary facility to be used on the construction site for about 2 months.									

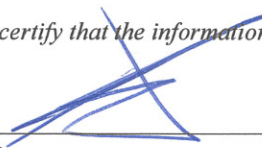
**Owner/Authorized Representative or Responsible Official**

Name and Title of Owner/Authorized Representative or Responsible Official: Louis Brais - Project Executive		
Organization/Firm: Bouygues Civil Works Florida		
Street Address or P. O. Box: 1050 MacArthur Causeway		
City: Miami	State: Florida	Zip: 33132
Telephone: (305) 894-1800	Fax: (305) 374-8692	

**Facility Contact**

Name and Title of Facility Contact: Larry Goff - Construction Manager		
Organization/Firm: Nicholson Construction Company		
Street Address or P. O. Box: 1050 MacArthur Causeway		
City: Miami	State: Florida	Zip: 33132
Telephone: (412) 848-0917	Fax: (305) 374-8692	

**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>	
 _____ Signature	<u>5/9/12</u> 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.