

CALL ARMONDO SARASUSA 777 5367
 595 8300 x 1226

**CONCRETE BATCHING PLANT
 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)

0630052-006

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.

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.)

A Materials Group, Inc.

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.)

AMGI Plant #23

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

Street Address: 2316 Hwy 71

City: Marianna

County: Jackson

Zip Code: 32448

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

N/A

RECEIVED
 APR 04 2008
 Bureau of Air Monitoring & Mobile Sources
 RECEIVED
 APR 17 2008
 Bureau of Air Monitoring & Mobile Sources

2008 APR 14 AM 10:07
 ARMONDO SARASUSA
 REVENUE

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 permit.)

Print Name and Title: Mr. Brian P. Schreiber / CEO

Owner/Authorized Representative Mailing Address

Organization/Firm: A Materials Group, Inc.

Street Address: P.O. Box 1829

City: Lake City

County: Columbia

Zip Code: 32056

Owner/Authorized Representative Telephone Numbers

Telephone: (386) 752-7585

Fax: (386) 755-5430

Cell phone (optional):

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: Mr. Casey Peterson / Operations Manager

Facility Contact Mailing Address

Organization/Firm: A Materials Group, Inc.

Street Address: 1800 Brickyard Road East

City: Midway

County: Gadsden

Zip Code: 32343

Facility Contact Telephone Numbers

Telephone: (850) 575-5815

Fax: (850) 575-4854

Cell phone (optional):

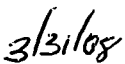
Owner/Authorized Representative Statement

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 form.


Signature


Date

4/24/08 - 11:13 AM
PER TELECON
w/MR. BRIAN
SCHREIBER
D.E.D.

Type of Facility

Check one:

Stationary Facility

Relocatable Facility

Type(s) of Reasonable Precautions Used to Prevent Unconfined Emissions

Check all precautions to be used for the management of roads, parking areas, stock piles and yards:

Pave Roads

Pave Parking Areas

Pave Yards

Maintain Roads/Parking/Yards

Use Water Application

Use Dust Suppressant

Remove Particulate Matter

Reduce Stock Pile Height

Install Wind Breaks

Check all precautions to be used for the management of drop points to trucks:

Spray Bar

Chute

Enclosure

Partial enclosure

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.

The main roads within the facility are paved to prevent unnecessary emissions from truck traffic. In addition, particulate matter that accumulates on the roads will either be swept or wetted as needed to control fugitive emissions. Material stockpiles will be wetted to control emissions.

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.

This facility has an existing AG permit (0630052) under Trinity Materials L.L.C. Plant #33. This facility was sold to A Materials Group, Inc. (AMGI) on 3/8/08. The purpose of this application is to change the permittee to A Materials Group, Inc. This facility will be denoted as AMGI Plant # 23.

This facility is a ready-mix concrete batch plant. The plant will weigh or meter cement and pozzolans, sand, rock, water and admixtures into mixer trucks. The requested operating schedule is 24 hrs/day, 7 days/week and 52 weeks/year. The typical production rate is approximately 95 cubic yards/hour of wet concrete.

The plant was manufactured by Vince Hagen and has two (2) silos for the storage of cement (90 ton silo) and pozzolans (45 ton silo). Each silo is equipped with Con-E-Co Silo Top Dust Collection Baghouses located on the top of each of the silo storage compartments. Emissions during batching are captured by a Con-E-Co vacuum dust collector system. The typical loading rate for the silos will be approximately 25 tons/hr.

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: A MATERIALS GROUP c/o Mr. Brian P. Schreiber, CEO
ADDRESS: POST OFFICE BOX 1829
LAKE CITY, FLORIDA 32056

AMOUNT: \$100.00 CHECK #: 001049 DEPOSIT DATE: 04-15-2008 DEPOSIT: 281589
DOCUMENT NUMBER: SYS RECEIPT#: 622156 PAYMENT#: 870098 REMIT#: 772506
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: DUPLICATE PAYMENT

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

FILED
MAY 07 2008

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim: \$100.00

was originally deposited into the State Treasury,

Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720252600137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720252600137 _____ 0000002200000

CERTIFIED TRUE AND CORRECT this 2nd day of May, 2008.

Rich B. Dille, ES III Becky Jo SMITH
Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCURED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.

Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 281589 thru 281589
Printed: 4/15/2008 3:59:41 PM - Page 6

Cashlisting: **67873** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: **281589** Date Deposited: **04/15/2008** Contact: **E. WALKER**

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund
002272	47915		622185		TSI COMPLIANCE SERVICES	3847	\$100.00		870131	772535	PFTF
	47915		622155		A MATERIALS GROUP	001048	\$100.00		870097	772505	PFTF
	47915		622153		A MATERIALS GROUP	001046	\$100.00		870095	772503	PFTF
	47915		622156		A MATERIALS GROUP	001049	\$100.00		870098	772506	PFTF
	47915		622159		A MATERIALS GROUP	001054	\$100.00		870101	772509	PFTF
	47915		622157		A MATERIALS GROUP	001052	\$100.00		870099	772507	PFTF
	47915		622164		LAKE WALES VETERINARY HOSPITAL	8895	\$100.00		870110	772514	PFTF
	47915		622158		A MATERIALS GROUP	001053	\$100.00		870100	772508	PFTF
	47915		622154		A MATERIALS GROUP	001047	\$100.00		870096	772504	PFTF

Object Code 002272 Subtotal: \$900.00

002278	47915		622163		KIMMINS CONTRACTING	263257	\$300.00	47344	870109	772513	APCTF
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Object Code 002278 Subtotal: \$300.00

Cashlisting 67873 Total: \$1,200.00

REFUND
 AG INACTIV
 PERMITTED
 UNDER
 7775367
 AD

VENDOR NO.	VENDOR NAME	CHECK NUMBER
915	FLORIDA DEPARTMENT OF	1049

TRANSACTION NUMBER	REFERENCE	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	RETAINAGE	PREVIOUS	BALANCE	NET AMOUNT
408 77	040108-4	4/01/08	PERMITS	100.00	0.00	0.00	0.00	0.00	100.00
				GROSS AMOUNT	DISCOUNT	RETAINAGE	PREVIOUS	BALANCE	NET AMOUNT
				915	100.00	0.00	0.00	0.00	100.00

