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)

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) Whotification 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): AIRS # 0710027

No air operation permits currently exist for this facility.

Genera	l Fa	cility	Infor	mation

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

SCHWAB READY MY 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.)

SCHWAB REASIMIX ALICO RD, SOUTH PLANT Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: 1) 40 ALICO RD

City: FORTMYERS

Zip Code: 33 9 12

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

FACILITY CURRENTLY USING AIR GENERAL PERMIT
AIRS # 0710027

ype of Facility	•			
Check one:				
Stationary Facility	Relocatable Facil	ity		
				
ype(s) of Reasonable Precautio				
Check all precautions to be use Pave Roads Maintain Roads/Parking/Ya Remove Particulate Matter	Pave Parking Areas	Pave Yards cation Use Dust Sup	<u>}</u>	re
Check all precautions to be use				
Spray Bar	Chute:			
Spray Dar	Partial enclosure	EXHAUS	COLECT	, dy House
escription of Reasonable Preca	utions			
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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

Owner/Authorized Representative			
Name and Position Title (Person who,	by signing this form b	pelow, certifies t	hat the facility is eligible to use this
air general permit.)			
Print Name and Title:	Oi		
KEVIN KENNEDY	1 AWT	MALAG	<u>er</u>
Owner/Authorized Representative Mai	ling Address		
Organization/Firm: SOHWAB	REDDY MIX	4	-2Q12
Street Address: 6707-41 DAVIE	LRI, FOIT	MYERS	33912
Organization/Firm: SCHWAB Street Address: 6700-4 DANIER City: FORTMYERS	County:	- 8	Zip Code:
MININE S	ح بـــ	٠. ك	·,
Owner/Authorized Representative Tele			
Telephone: (339) 561-	Q534	Fax: [239]	561-1943
Cell phone (optional):		ι	
Facility Contact (If different from Ov	ner/Authorized Rep	oresentative)	
Name and Position Title (Plant manage			day-to-day operations at the facility.)
Print Name and Title:			
5/3	IME		
Facility Contact Mailing Address			
Organization/Firm:		·	. *
Street Address:			•
City:	County:		Zip Code:
Facility Contact Telephone Numbers			
Telephone:	¥	Fax:	
Cell phone (optional):	·		
Con phone (optional):			
Owner/Authorized Representative Sta	·		
This statement must be signed and date	d by the person name	d above as owne	er or authorized representative
I, the undersigned, am the owner o	or authorized represe	ntative of the ow	ener or operator of the facility
addressed in this Air General Peri			
belief formed after reasonable inq			
use of this air general permit and			
and complete. Further, I agree to			
so as to comply with all applicable			
of the State of Florida and rules of			
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I will promptly notify the Departm	ent of any changes to	the information	contained in this registration
form.			· ·
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Kenned	·		0/2/0/
Signature	1	Date	

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5 YEARS AGO WHEN PERMIT WAS ISSUED LAST.

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AND A DUST COLECTING EXHAUST TO BAG

HOUSE

BAG HOUSE 15 A-STEVENS MODEL SOSGIOO SER. # 15 661600

VISIBLE EMISSION OBSERVATION FORM

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DAVID JONES 315 ROSC BLUD, WAPLES FL34119





FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION RECEITTS P.O. BOX 3070 TALLA HASSEE FL. 32315-3070

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