CONCRETE BATCHING PLANTS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

Facility Identification Number - If known (seven digit number)
0710219 0710219 - 005
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)(e), F.A.C. 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): N/A
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.) Coastal an Oldcastle Company
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.) Lehigh Facility
Facility Location (Physical location of the facility, not necessarily the mailing address.) Street Address: 421 Leonard Blvd. N. City: Lehligh Acres County: Lee Zip Code: 33971
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

Facility Contact				
Name and Position Title (Plant manager or person to be contained Print Name and Title: Chris Lawhon, Plant Manager	acted regarding day-to-day	operations at the facility.)		
Facility Contact Telephone Numbers Telephone: 239 368-9700 Cell phone: 239 368-3924 E-mail:	Fax: 239 368 3633			
Facility Contact Mailing Address Organization/Firm: Coastal an Oldcastle Company Mailing Address: 421 Leonard Blvd. N. City: Lehigh Acres	County: Lee	Zip Code: 33971		
Correspondence Contact/Representative (to serve as additional addi	tional Department contac	t)		
Name and Position Title Print Name and Title: John Widell, EHS Manager				
Correspondence Contact/Representative Telephone Numbers Telephone: 813 367-9780 Cell phone: 813 373-0995 E-mail: john.widell@oldcastle.com	Fax:			
Correspondence Contact/Representative Mailing Address Organization/Firm: Coastal an Oldcastle Company Mailing Address: 4630 Woodland Corporate Blvd., Suite 200 City: Tampa	County: Hillsborough	Zip Code: <u>33614</u>		
Government Facility Code (check only one)				
Facility not owned or operated by a federal, state.	, or local government.			
Facility owned or operated by the federal government.				
Facility owned or operated by the state.				
Facility owned or operated by the county.		[
Facility owned or operated by the municipality.				
Facility owned or operated by a water manageme	nt district.			
L) Facility owned of operated by a water management	ni wiyti itti			

FINALCE & AUCOUNTING

Check one: Stationary Fac	cility	Relocatable Facility		
Check all precaution Pave Roads	ons to be used for the mads/Parking/Yards	Prevent Unconfined Emnagement of roads, parkin Pave Parking Areas Use Water Application Reduce Stock Pile He	ng areas, stock piles and y Pave Yard Use Dust S	s uppressant
Check all precaution Spray Bar	ons to be used for the ma	anagement of drop points to trucks: Chute Partial enclosure		
conveying equipmen F.A.C. PROCESS EQUIPMENT TYPE (silo, weigh hopper,		each silo, weigh hopper (ible emissions of 5 percer CONTROL DEVICE (baghouse, vent filter, etc.)		
patcher, etc.) Plant 2 east 1 silo baghouse	001	Baghouse	N/A	N/A
ant 2 east 2 compartment baghouse	002	Baghouse	N/A	N/A
Plant 1 east 1 silo baghouse	003	Baghouse	N/A	N/A
Plant 1 east 2 silo baghouse	004	Baghouse	N/A	N/A
Plant 1 east 3 silo baghouse	005	baghouse	N/A	N/A
Tumbler dust collector	006	Central Dust Collector	N/A	N/A
ant 2 east 3 compartment baghouse	007	Baghouse	N/A	N/A
Description of Facil Below, or as an attact facility in sufficient of a basis for tracking a manufactured, all air source equipment into Facility is a pave	besignation, capacity or problem. Check to this form, provide tail to demonstrate the my future equipment or propollutant-emitting proceformation is not needed (es of process equipment (roduct) specific to each pictide a description of the cofacility's eligibility for us process changes at the facilisses, and identify any air eg.: trucks, bulldozers, from plant consisting a building, offices and	ece of equipment. Increte batching plant opere of this air general permelity. Describe type of corpollution control measure ont-end loaders, etc.) To of cement storage	erations at the it and to provide increte product(s) es used. Mobile

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