

CONCRETE BATCHING PLANTS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

JAN 17 2012

Facility Identification Number - If known (seven digit number)

DIVISION OF AIR  
RESOURCE MANAGEMENT

0730052

0730052-004

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):

0730052-003-AG

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.)

Terminal Service 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.)

Cement Plant

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

Street Address: 2778 West Tharpe St.

City: Tallahassee County: Leon

Zip Code: 32303-8614

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

NA

**Facility Contact**

<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: _____ <b>Donald (Donnie) Alford Vice President Operations</b>		
<u>Facility Contact Telephone Numbers</u> Telephone: _____ <b>850-576-1330 ext 305</b> Fax: _____ <b>850-575-7688</b> Cell phone: _____ E-mail: _____ <b>dalford@mckenzie tank.com</b>		
<u>Facility Contact Mailing Address</u> Organization/Firm: _____ <b>Terminal Service Co</b> Mailing Address: _____ <b>2778 West Tharpe St</b> City: _____ <b>Tallahassee</b> County: _____ <b>Leon</b> Zip Code: _____ <b>32303</b>		

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

<u>Name and Position Title</u> Print Name and Title: _____ <b>N/A</b>		
<u>Other Contact/Representative Telephone Numbers</u> Telephone: _____ Fax: _____ Cell phone: _____ E-mail: _____		
<u>Other Contact/Representative Mailing Address</u> Organization/Firm: _____ Mailing Address: _____ City: _____ County: _____ Zip Code: _____		

**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:

<input type="checkbox"/> Pave Roads	<input type="checkbox"/> Pave Parking Areas	<input type="checkbox"/> Pave Yards
<input checked="" type="checkbox"/> Maintain Roads/Parking/Yards	<input type="checkbox"/> Use Water Application	<input type="checkbox"/> Use Dust Suppressant
<input checked="" type="checkbox"/> Remove Particulate Matter	<input type="checkbox"/> Reduce Stock Pile Height	<input type="checkbox"/> Install Wind Breaks

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

<input type="checkbox"/> Spray Bar	<input checked="" type="checkbox"/> Chute	<input type="checkbox"/> Enclosure
	<input type="checkbox"/> Partial enclosure	

**Equipment Details** Provide information for each silo, weigh hopper (batcher), and other enclosed storage and conveying equipment that are limited to a visible emissions of 5 percent opacity pursuant to Rule 62-296.414(1), F.A.C.

PROCESS EQUIPMENT TYPE (silo, weigh hopper, batcher, etc.)	PROCESS EQUIPMENT IDENTIFICATION*	CONTROL DEVICE (baghouse, vent filter, etc.)	CONTROL DEVICE MANUFACTURER	CONTROL DEVICE MODEL NUMBER
Silo No. 1 = North = 250 ton capacity				
Silo No 2 = South = 250 ton capacity				
Silo No 3 = West = 170 ton capacity				
01	Ultra Ind. Model Kleen BV 1658 baghouse, Rail car to silos 1 & 2.			
02	Belgrade Steel model PE 37 baghouse, Silos 1, 2 & 3 to truck loading			
03	Con-E-Co model 30-250 baghouse, Rail car to Silo 3 loading			

\* If there are multiple pieces of the same types of process equipment (more than one silo, etc), provide an identifier (location, numeric designation, capacity or product) specific to each piece of equipment.

**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 type of concrete product(s) manufactured, all air pollutant-emitting processes, and identify any air pollution control measures used. Mobile source equipment information is not needed (eg.: trucks, bulldozers, front-end loaders, etc.)

Cement is received in rail cars and pneumatically transferred by a Fuller auger/air pump into three (3) silos. The cement is then loaded into tanker trucks and distributed to the cement users. Particulate emissions for silo one (1) and two (2) are controlled by a baghouse manufactured by Ultra, Ind., Inc. model Kleen BV 1658. Silo three (3) has a filter baghouse Manufactured by Con-E-Co model 30-250. The silo to truck transfer has an additional filter baghouse manufactured by Belgrade Steel model 37.



Specializing In Tank Trailer Manufacturing and Repair

"We're Committed to Quality"

January 10, 2012

Department of Environmental Protection  
Receipts  
Post Office Box 3070  
Tallahassee, Florida 32315-3070

RECEIVED

JAN 17 2012

DIVISION OF AIR  
RESOURCE MANAGEMENT

Re: 0730052-003-AG

Attached is a completed Registration Worksheet containing the necessary information to renew our Air General Permit. Records indicate it is set to expire March 6, 2012.

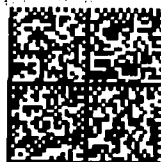
Should you have any questions or need additional information please contact me at the information below.

Regards:  
Donnie Alford  
V. P. Operations  
Terminal Service Company  
2778 West Tharpe Street  
Tallahassee, FL 32303  
850-576-1330 ext 305  
[dalford@mckenzie-tank.com](mailto:dalford@mckenzie-tank.com)

**Sorry the check was omitted from the worksheet sent yesterday.**



2778 WEST THARPE ST.  
TALLAHASSEE, FLORIDA 32303



02 1A \$ 00.64<sup>0</sup>  
0004333894 JAN 12 2012  
MAILED FROM ZIP CODE 32304

**FDEP Receipts**  
**Post Office Box 3070**  
**Tallahassee, Florida**  
**32315-3070**

323153070





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**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: \_\_\_\_\_ Donald (Dennie) Dalford Vice President Operations

Facility Contact Telephone Numbers

Telephone: \_\_\_\_\_ 850-576-1330 ext 305 Fax: \_\_\_\_\_ 850-575-7688

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ dalford@mckenzie tank.com

Facility Contact Mailing Address

Organization/Firm: \_\_\_\_\_ Terminal Service Co

Mailing Address: \_\_\_\_\_ 2778 West Tharpe St

City: \_\_\_\_\_ Tallahassee

County: \_\_\_\_\_ Leon

Zip Code: \_\_\_\_\_ 32303

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

Name and Position Title

Print Name and Title: \_\_\_\_\_ Charles Jayar X 396

Other Contact/Representative Telephone Numbers

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Contact/Representative Mailing Address

Organization/Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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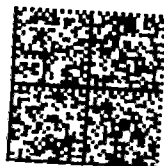
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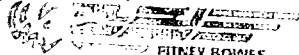


2778 WEST THARPE ST.  
TALLAHASSEE, FLORIDA 32303

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**P.O. Box 3070**  
**Tallahassee, Florida 32315-**  
**3070**

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