

**BULK GASOLINE PLANTS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

Facility Identification Number - If known (seven digit number)

0990154 **0990154-005**

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):

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.)
Kirchman Oil Corporation

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.)

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

Street Address: 1201 west canal street north

City: belle glade

County: palm beach

Zip Code: 33430

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

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REVENUE
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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: <u>Tim Kirchman sec/tres</u>		
<u>Facility Contact Telephone Numbers</u> Telephone: <u>561-996-2033</u> Fax: <u>561-992-8994</u> Cell phone: _____ E-mail: <u>tkirchman@msn.com</u>		
<u>Facility Contact Mailing Address</u> Organization/Firm: <u>kirchman oil corporation</u> Mailing Address: <u>po box 1625</u> City: <u>belle glade</u> County: <u>palm beach</u> Zip Code: <u>33430</u>		

Correspondence Contact/Representative (to serve as additional Department contact)

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

Government Facility Code (check only one)

<input checked="" type="checkbox"/> Facility not owned or operated by a federal, state, or local government.
<input type="checkbox"/> Facility owned or operated by the federal government.
<input type="checkbox"/> Facility owned or operated by the state.
<input type="checkbox"/> Facility owned or operated by the county.
<input type="checkbox"/> Facility owned or operated by the municipality.
<input type="checkbox"/> Facility owned or operated by a water management district.

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Throughput Rate

If this is an **initial registration** for bulk gasoline plant operations, provide an estimate of the facility's expected gasoline throughput rate (amount distributed) over a 12-month period. Note: the general permit limits the throughput rate to 6.0 million gallons of gasoline in any consecutive 12 months.

If this is a **re-registration** for gasoline bulk plant operations, provide the highest 12-month gasoline throughput rate for the facility for the previous five years. Indicate the 12-month period over which this usage occurred.

335231 jan-dec 2011

Rule 62-296.418 Applicability

Check one:

- The facility is subject to subsection 62-296.418(1), F.A.C., because it is located in Miami-Dade, Broward, Palm Beach, Orange, Duval, Hillsborough or Pinellas counties; has an annual average daily throughput of more than 2,000 gallons; and began operation prior to August 1, 2007.
- The facility began operation prior to August 1, 2007, but is not subject to subsection 62-296.418(1), F.A.C., because it is not located in one of the seven listed counties, or it does not have an annual average daily throughput of more than 2,000 gallons.
- The facility is subject to subsection 62-296.418(2), F.A.C., because it is located anywhere in the state, has any throughput rate, and began operation on or after August 1, 2007.

Facility Details (Provide information for each bulk gasoline tank at the facility)

Bulk Gasoline Tank Identification	Tank Capacity (gallons)	Submerged Fill	Loading Rack	Vapor Control on Loading Rack
Unleaded	20000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Recreational gas 90 octane	14000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

HANDED TO REVENUE
 2012 OCT 17 AM 10:02
 COUNTY OF MIAMI-DADE
 DEPARTMENT OF REVENUE

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
10/15/2012	Bill		100.00	100.00		100.00
				Check Amount		100.00

10/15/2012

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Bank of Belle Glade

100.00