

**RECIPROCATING INTERNAL COMBUSTION ENGINES
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

Facility Identification Number - If known (seven digit number)

| | |
|---------------------|-------------|
| 94084482 | 1010512-201 |
|---------------------|-------------|

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

| | | |
|---|--|--|
| <p><u>Facility Owner/Company Name</u> (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.) _____ VLOC Incorporated</p> | | |
| <p><u>Site Name</u> (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.) _____ Port Richey Foundry</p> | | |
| <p><u>Facility Location</u> (Physical location of the facility, not necessarily the mailing address.) Street Address: <u>6716 Industrial Drive</u> City: <u>Port Richey</u> County: <u>Pasco</u> Zip Code: <u>34668</u></p> | | |
| <p><u>Facility Start-Up Date</u> (Estimated start-up date of proposed new facility.)(N/A for existing facility.) <u>N/A</u></p> | | |

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>Bruce Glick, Operations Support Manager</u> | | |
| <u>Facility Contact Telephone Numbers</u> Telephone: <u>(727) 372-4929</u> Fax: <u>(727)375-3500</u> Cell phone: <u>(727) 247-3728</u> E-mail: <u>BGlick@VLOC.com</u> | | |
| <u>Facility Contact Mailing Address</u> Organization/Firm: <u>VLOC, Inc.</u> Mailing Address: <u>7826 Photonics Drive</u> City: <u>New Port Richey</u> County: <u>Pasco</u> Zip Code: <u>34655</u> | | |

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

| | | |
|--|--|--|
| <u>Name and Position Title</u> Print Name and Title: <u>Steve Sacone, General Manager</u> | | |
| <u>Correspondence Contact/Representative Telephone Numbers</u> Telephone: <u>(727) 375-8562</u> Fax: <u>(727)375-3500</u> Cell phone: _____ E-mail: <u>SSacone@VLOC.com</u> | | |
| <u>Correspondence Contact/Representative Mailing Address</u> Organization/Firm: <u>VLOC, Inc.</u> Mailing Address: <u>7826 Photonics Drive</u> City: <u>New Port Richey</u> County: <u>Pasco</u> Zip Code: <u>34655</u> | | |

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. |

COMPRESSION IGNITION INTERNAL COMBUSTION ENGINES SUBJECT TO 40 CFR PART 60

SUBPART IIII:

Stationary compression ignition internal combustion engines manufactured after April 1, 2006 and are not fire pump engines, or engines that are modified or reconstructed after July 11, 2005, may be subject to 40 CFR Part 60 Subpart IIII, Standards of Performance for Stationary Compression Ignition Internal Combustion Engines.

| MANUFACTURER | SERIAL NUMBER/MODEL NUMBER | EMERGENCY ENGINE* | MANUFACTURER CERTIFICATION | DISPLACEMENT (liters per cylinder) |
|--------------|----------------------------|--|--|------------------------------------|
| | | <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 | |

*Emergency engine as defined at 40 C.F.R. Part 60, Subpart IIII

SPARK IGNITION INTERNAL COMBUSTION ENGINES SUBJECT TO 40 CFR PART 60 SUBPART

JJJJ:

Stationary spark ignition internal combustion engines, greater than or equal to 500 horsepower and manufactured on or after July 1, 2007, less than 500 horsepower and manufactured after July 1, 2008, or engines that begin modification or reconstruction after June 12, 2006 may be subject to 40 CFR Part 60 Subpart JJJJ, Standards of Performance for Stationary Spark Ignition Internal Combustion Engines.

| MANUFACTURER | SERIAL NUMBER/MODEL NUMBER | EMERGENCY ENGINE** | MANUFACTURER CERTIFICATION | RATED CAPACITY (horsepower) |
|--------------|----------------------------|--|--|-----------------------------|
| | | <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 | |

**Emergency engine as defined at 40 C.F.R. Part 60, Subpart JJJJ

**COMPRESSION IGNITION INTERNAL COMBUSTION ENGINES SUBJECT TO 40 CFR PART 63
SUBPART ZZZZ:**

Existing stationary compression ignition internal combustion engines may be subject to 40 CFR Part 63 Subpart ZZZZ, National Emission Standards for Hazardous Air Pollutants for Reciprocating Internal Combustion Engines.

| MANUFACTURER | SERIAL NUMBER/MODEL NUMBER | EMERGENCY ENGINE*** | LIMITED USE† | DISPLACEMENT (liters/cylinder) | RATED CAPACITY (horsepower) |
|-------------------|----------------------------|---|---|--------------------------------|-----------------------------|
| Cummins Diesel | 33139116 / KTTA50-G2 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 4 | 2220 |
| Mitsubishi Diesel | S16R-11033 / S16R | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 4 | 2150 |
| | | <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 | | |

*** Emergency engine as defined at 40 C.F.R. Part 63, Subpart ZZZZ

† Limited use stationary engine as defined at 40 C.F.R. Part 63, Subpart ZZZZ

SPARK IGNITION INTERNAL COMBUSTION ENGINES SUBJECT TO 40 CFR PART 63 SUBPART ZZZZ:

Existing stationary spark ignition internal combustion engines may be subject to 40 CFR Part 63 Subpart ZZZZ, National Emission Standards for Hazardous Air Pollutants for Reciprocating Internal Combustion Engines.

| MANUFACTURER | SERIAL NUMBER/MODEL NUMBER | EMERGENCY ENGINE*** | LIMITED USE† | ENGINE TYPE†† (2SLB, 4SLB, or 4SRB) | RATED CAPACITY (horsepower) |
|--------------|----------------------------|--|--|-------------------------------------|-----------------------------|
| | | <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 | | |

*** Emergency engine as defined at 40 C.F.R. Part 63, Subpart ZZZZ

† Limited use stationary engine as defined at 40 C.F.R. Part 63, Subpart ZZZZ

†† Two stroke lean burn (2SLB) or four stroke lean burn (4SLB) or four stroke rich burn (4SRB)

Fuel Consumption

If this is an **initial registration** for reciprocating internal combustion engine operations, provide an estimate of the total amount of fuel expected to be consumed over a 12-month period. *

If this is a **re-registration** for reciprocating internal combustion engine operations, provide the highest 12-month total fuel consumption amount, in appropriate units, for the last five years. Indicate the 12-month period over which this fuel consumption occurred.

1200 Gallons: 1 January to 31 December 2009

***Note:** the general permit limits fuel consumption by all reciprocating internal combustion engines at the facility to 20,000 gallons per year of gasoline, 250,000 gallons per year of diesel fuel, 1.15 million gallons per year of propane, 40 million standard cubic feet per year of natural gas, or an equivalent prorated amount if multiple fuels are used

Helpful Definitions

“Department” or “DEP” - The State of Florida Department of Environmental Protection.

“Emissions Unit” - Any part or activity of a facility that emits or has the potential to emit any air pollutant.

“Facility” - All of the emissions units which are located on one or more contiguous or adjacent properties, and which are under the control of the same person (or persons under common control).

“Owner” or “Operator” - Any person or entity who or which owns, leases, operates, controls or supervises an emissions unit or facility.