

**CONCRETE BATCHING PLANTS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

RECEIVED

Facility Identification Number - If known (seven digit number)

1050406

1050406-002

JUN 18 2012

DIVISION OF AIR
RESOURCE MANAGEMENT

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.)

DAVIS CONCRETE

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.)

LAKE LAND PLANT

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

Street Address: 4433 DRAVE FIELD ROAD

City: LAKE LAND

County: POLK

Zip Code: 33811-1214

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

JULY 15 2007

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: D RANDALL DAVIS PRESIDENT

Facility Contact Telephone Numbers

Telephone: _____
Cell phone: _____
E-mail: _____
300-204-0201
727 233 3141

Facility Contact Mailing Address

Organization/Firm: DAVIS CONCRETE
Mailing Address: 1670 SUNSHINE DR
City: CLEAR WATER County: Pinellas Zip Code: 34698

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

Name and Position Title
Print Name and Title: DEREMY DAVIS UP

Correspondence Contact/Representative Telephone Numbers

Telephone: 727 233 3141 Fax: _____
Cell phone: _____
E-mail: _____

Correspondence Contact/Representative Mailing Address

Organization/Firm: _____
Mailing Address: SAME
City: _____ County: _____ Zip Code: _____

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 management district.

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 type="checkbox"/> Remove Particulate Matter	<input checked="" 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	N/

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	NA	Bag House	STEPHENS	SU170

* 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.)

NO MIXING DONE ON SITE,
 OPEN STORAGE OF ROCK AND SAND.
 350 BBL CEMENT SILO