CONCRETE BATCHING PLANTS AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

| Facility Identification Number - If known (seven digit number) |
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| 1270205-001 MAR 15 2012 |
| Registration Type ESCONISION OF AIR |
| 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.) |
| - JAMES EDEN STRONG INC. |
| 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: 416 FIDGEWOOD AVE City: HOLLY HILL County: VOLUSIA Zip Code: 32117-4427 |
| 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 contact Print Name and Title: FELIPE J, PR | • |
| FELIPE U, DR | AUD OPERATIONS MANAGER |
| Facility Contact Telephone Numbers Telephone: Cell phone: _386-527-9262 E-mail: _STRONGGUNITE @ GMAIL COM | Fax: <u>386</u> -258-2867 |
| Facility Contact Mailing Address Organization/Firm: _STRONG INC Mailing Address: City: | County: Zip Code: |
| Other Contact/Representative (to serve as additional Depa | rtment contact) |
| Name and Position Title Print Name and Title: ROSA BRISENO | CONTROLLER |
| Other Contact/Representative Telephone Numbers Telephone: Cell phone: E-mail: | Fax: <u>386</u> -258-2867 |
| Other Contact/Representative Mailing Address Organization/Firm: Mailing Address: City: | County: Zip Code: |

| Stationary Fa | Stationary Facility | | | | |
|--|--|--|--|--------------------------------------|--|
| Type(s) of Reasona | ible Precautions Used t | o Prevent Unconfined En | nissions | | |
| Check all precautions to be used for the ma Pave Roads Maintain Roads/Parking/Yards Remove Particulate Matter | | anagement of roads, parking areas, stock piles and yards: Pave Parking Areas Pave Yards Use Water Application Use Dust Suppressant Reduce Stock Pile Height Install Wind Breaks | | | |
| Check all precautions to be used for the management of the managem | | nanagement of drop points to trucks: Chute Partial enclosure | | ure | |
| | | r each silo, weigh hopper (sible emissions of 5 percer | | | |
| 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 | A-041406 | BALHOUSE | | | |
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| | esignation, capacity or p | es of process equipment (rroduct) specific to each pion | | provide an identifier | |
| facility in sufficient of a basis for tracking a manufactured, all air | detail to demonstrate the any future equipment or pollutant-emitting process. | ride a description of the co facility's eligibility for us process changes at the faci esses, and identify any air (eg.: trucks, bulldozers, fro | e of this air general perm lity. Describe type of co pollution control measure | nit and to provide ncrete product(s) | |
| | | | | | |

STRONG GUNITE 466 RIDGEWOOD AVE., SUITE 3 HOLLY HILL, FL 32117



Department of Environmental Protection Receipts Post office box 3070 Tallahassee, FL 32315-3070

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