



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

May 2, 2008

Mr. Joseph Shuler
C.W. Roberts Contracting, Incorporated
160 Industrial Park Road
Freeport, Florida 32439

Dear Mr. Shuler:

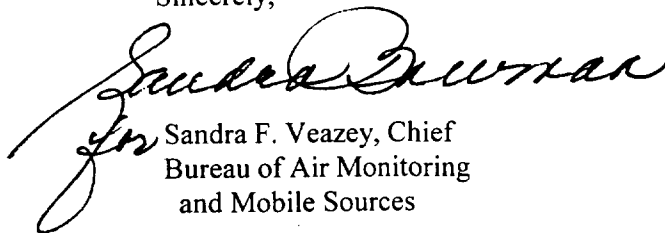
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on March 25, 2008. We have assigned ARMS No. 7775155-003 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Armando Sarasua, Northwest District

NONMETALLIC MINERAL PROCESSING PLANTS (CRUSHERS) AIR GENERAL PERMIT REGISTRATION FORM

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

7775155-003

Bureau of Air Management & Mobile Sources

MAR 31 2008

RECEIVED

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
Operate an existing 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).

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., or 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 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. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):
No air operation permits currently exist for this facility.

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.)

C.W. Roberts Contracting, 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 registration form must be completed for each.) RAP crusher No. 1 and 7775155

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

Street Address: 160 Industrial Park Road
City: Freeport County: Walton Zip Code: 32439

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

N/A

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: **Charles W. Roberts, President**

139029

Owner/Authorized Representative Mailing Address

Organization/Firm: **C. W. Roberts Contracting, Inc.**

Street Address: **3372 Capital Circle NE**

City: **Tallahassee**

County: **Leon**

Zip Code: **32308**

Owner/Authorized Representative Telephone Numbers

Telephone: **(850) 385-5060**

Fax: **(850) 385-5420**

Cell phone (optional):

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: **Joseph Shuler, Company Administrator**

Facility Contact Mailing Address

Organization/Firm: **C. W. Roberts Contracting, Inc.**

Street Address: **P. O. Box 188**

City: **Hosford**

County: **Liberty**

Zip Code: **32334**

Facility Contact Telephone Numbers

Telephone: **850-379-8116**

Fax: **850-379-8188**

Cell phone (optional): **N/A**

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

I will promptly notify the Department of any changes to the information contained in this registration form.


Signature

3/24/08
Date

Type of Facility

Check one:

Stationary Facility Relocatable Facility

Type(s) of Precautions Used to Prevent Unconfined Emissions

Check all that apply for the management of roads, parking areas, stock piles and yards:

Maintain Roads/Parking/Yards Use Water Application Use Dust Suppressant
 Remove Particulate Matter Reduce Stock Pile Height Install Wind Breaks

Check the location of spray bars at the nonmetallic mineral processing plant:

Feeders Entrance to "Crusher" Exit of "Crusher"
 Classifier Screens Conveyor Drop Points

Description of Reasonable Precautions

Below, or as an attachment to this form, provide details of all types of reasonable precautions to be used to prevent unconfined emissions at the facility.

Prevention of unconfined particulate emission measure is applied to suppress wind-blow dust as required by F.A.C. rule.

Description of Facility

Below, or as an attachment to this form, provide a description of the nonmetallic mineral processing 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 all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

This general permit for the portable RAP Crushing Unit will be used to allow operation at locations other than C.W. Roberts, Hosford. (Facility IDs: Tallahassee-7770100, Hosford-7774811, Freeport-7775118, Panama City-7770062, Wildwood-7775176).

The crusher system consists of an Inertia Machine 2001 unit that precedes a Powerscreen unit. In order of crushing operation, the Inertia unit consists of an 8-ton hopper, 150 ton-per-hour crusher, 24" x 40 foot conveyor belt. All units are powered by a John Deere 275 HP engine. Undersized material from the hopper and crushed material are carried by the conveyor belt to the Powerscreen unit. The Powerscreen unit consists of a 6-ton hopper, 24" x 10 foot undersize conveyor belt, 24" x 40 foot conveyor belt, screen, and 28" x 36 foot conveyor belt. All units are powered by a Deutz, 37 HP engine. Screened material is carried by a 28" x 36 foot conveyor belt to material stockpiles. Table 1 Equipment List is included for your records.

Visible Emissions testing was performed on March 17, 2008. Copies of the results of the visible emissions observations are included with this submittal for your records.

ATTACHMENT 1
EQUIPMENT LIST (TABLE 1)

Table 1. Equipment List
Portable Crusher, Permit No. 7775155-002-AG
C.W. Roberts, Hosford, FL

Equipment	Manufacturer	Date of Manufacture	Model Number	Identifier & Serial Number	Size (TPH, hp, kW, etc.)		Subject to 40 CFR Part 60, Subpart OOO	
					Yes	No	Yes	No
Primary Crusher(s)	Inertia Machine 2001	April, 2000	HS4048	00251033	150	TPH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening Operation(s)	Power Screen	1997	Mark II	GRMK24X8	40	FT ²	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Storage Bin(s)	Powerscreen	1997	Mark II	GRMK24X8	6	TONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crusher Engine	John Deere (Interia unit)	April, 2000	6081A	00251033	275	HP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Screen Engine	Deutz (power screen unit)	April, 2000	F3L1011F		37	HP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Belt Conveyor(s)	Inertia Machine 2001	April, 2000	HS4048	00251033	42	IN.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Belt Conveyor(s)	Power Screen	1997	Mark II	GRMK24X8	24	IN.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Belt Conveyor(s)	Power Screen	1997	Mark II	GRMK24X8	24	IN.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Belt Conveyor(s)	Power Screen	1997	Mark II	GRMK24X8	28	IN.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Comments:								

ATTACHMENT 2

**VISIBLE EMISSION OBSERVATION RESULTS
(COPY)**

SOURCE NAME C.W. Roberts

ADDRESS 1603 Bay Ave
Emmeport FL

CITY panama city STATE FL ZIP _____

PHONE 850-836-3500 SOURCE ID NUMBER 7775118-005-AC

PROCESS EQUIPMENT Crusher OPERATING MODE 150TPH

CONTROL EQUIPMENT _____ OPERATING MODE _____

DESCRIBE EMISSION POINT
START Crusher area STOP Same

HEIGHT ABOVE GROUND LEVEL
START ~15' STOP ~15' HEIGHT RELATIVE TO OBSERVER
START ~10' STOP ~10'

DISTANCE FROM OBSERVER
START ~80' STOP ~80' DIRECTION FROM OBSERVER
START 250' STOP 250'

DESCRIBE EMISSIONS
START Clear STOP Clear

EMISSION COLOR
START Clear STOP Clear

WATER DROPLETS PRESENT:
NO YES

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED
START Top of crusher STOP Same

DESCRIBE BACKGROUND
START Trees STOP Trees

BACKGROUND COLOR
START Tan STOP Tan SKY CONDITIONS
START Clear STOP Clear

WIND SPEED
START 0-5 STOP 0-5 WIND DIRECTION
START N STOP N

AMBIENT TEMP:
START 77 STOP 77 WET BULB TEMP 65 RH.percent 52

Draw North Arrow

COMMENTS

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS
SIGNATURE _____ DATE _____

TITLE _____ DATE _____

OBSERVATION DATE	START TIME				STOP TIME						
	3-17-08				11:30				12:30		
SEC MIN	0	15	30	45	SEC MIN	0	15	30	45		
1	0	0	0	0	31	0	0	0	0		
2	0	0	0	0	32	0	0	0	0		
3	0	0	0	0	33	0	0	0	0		
4	0	0	0	0	34	0	0	0	0		
5	0	0	0	0	35	0	0	0	0		
6	0	0	0	0	36	0	0	0	0		
7	0	0	0	0	37	0	0	0	0		
8	0	0	0	0	38	0	0	0	0		
9	0	0	0	0	39	0	0	0	0		
10	0	0	0	0	40	0	0	0	0		
11	0	0	0	0	41	0	0	0	0		
12	0	0	0	0	42	0	0	0	0		
13	0	0	0	0	43	0	0	0	0		
14	0	0	0	0	44	0	0	0	0		
15	0	0	0	0	45	0	0	0	0		
16	0	0	0	0	46	0	0	0	0		
17	0	0	0	0	47	0	0	0	0		
18	0	0	0	0	48	0	0	0	0		
19	0	0	0	0	49	0	0	0	0		
20	0	0	0	0	50	0	0	0	0		
21	0	0	0	0	51	0	0	0	0		
22	0	0	0	0	52	0	0	0	0		
23	0	0	0	0	53	0	0	0	0		
24	0	0	0	0	54	0	0	0	0		
25	0	0	0	0	55	0	0	0	0		
26	0	0	0	0	56	0	0	0	0		
27	0	0	0	0	57	0	0	0	0		
28	0	0	0	0	58	0	0	0	0		
29	0	0	0	0	59	0	0	0	0		
30	0	0	0	0	60	0	0	0	0		

AVERAGE OPACITY FOR HIGHEST PERIOD _____ NUMBER OF READINGS ABOVE % WERE _____

RANGE OF OPACITY READINGS
MINIMUM 0 MAXIMUM 15

OBSERVER'S NAME (PRINT)
Christian K Enwall

OBSERVER'S SIGNATURE Christian K Enwall DATE 3-17-08

ORGANIZATION **KOGLER AND ASSOCIATES, INC.**

CERTIFIED BY ETA DATE 3-17-08

VERIFIED BY _____ DATE _____



SOURCE NAME: **CW Roberts**

ADDRESS: **US Route 331**
1603 Bay Ave

CITY: **Panama city** STATE: **FL** ZIP: **Emport**

PHONE: **850-835-3500** SOURCE ID NUMBER: **7775118-005-AC**

PROCESS EQUIPMENT: **Crusher Underbelt** OPERATING MODE: **ISOTPH**

CONTROL EQUIPMENT: **✓** OPERATING MODE: **✓**

DESCRIBE EMISSION POINT: **Underbelt area**

HEIGHT ABOVE GROUND LEVEL: START **~5'** STOP **~5'** HEIGHT RELATIVE TO OBSERVER: START **~0'** STOP **~0'**

DISTANCE FROM OBSERVER: START **~80'** STOP **~80'** DIRECTION FROM OBSERVER: START **280°** STOP **280°**

DESCRIBE EMISSIONS: START **Clear** STOP **Clear**

EMISSION COLOR: START **None** STOP **None** PLUME TYPE: CONTINUOUS FUGITIVE INTERMITTENT

WATER DROPLETS PRESENT: NO YES IF WATER DROPLET PLUME: ATTACHED DETACHED

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED: START **Belt Area** STOP **Saw**

DESCRIBE BACKGROUND: START **Area Equip** STOP **Saw**

BACKGROUND COLOR: START **gray** STOP **Saw** SKY CONDITIONS: START **clear** STOP **clear**

WIND SPEED: START **0-5** STOP **0-5** WIND DIRECTION: START **N** STOP **N**

AMBIENT TEMP: START **77** STOP **77** WET BULB TEMP: **65** RH: percent **52**

Draw North Arrow

COMMENTS:

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS SIGNATURE: _____ DATE: _____

TITLE: _____ DATE: _____

CONTINUED ON VEO FORM NUMBER																	
OBSERVATION DATE					START TIME					STOP TIME							
3-17-08					11:30					12:30							
SEC	MIN	0	15	30	45	SEC	MIN	0	15	30	45	SEC	MIN	0	15	30	45
1	0	0	0	0	0	31	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	32	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	33	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	34	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	35	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	36	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	37	0	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	38	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	39	0	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	40	0	0	0	0	0	0	0	0	0	0	0
11	0	0	0	0	0	41	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	42	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	43	0	0	0	0	0	0	0	0	0	0	0
14	0	0	0	0	0	44	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	45	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	46	0	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	47	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	48	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	49	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	50	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	51	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	52	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	53	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	54	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	55	0	0	0	0	0	0	0	0	0	0	0
26	0	0	0	0	0	56	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	57	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	58	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	59	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	60	0	0	0	0	0	0	0	0	0	0	0

AVERAGE OPACITY FOR HIGHEST PERIOD: _____ NUMBER OF READINGS ABOVE % WERE: _____

RANGE OF OPACITY READINGS: MINIMUM **0** MAXIMUM **10**

OBSERVER'S NAME (PRINT): **Christian K Enwig II**

OBSERVER'S SIGNATURE: *Christian K Enwig II* DATE: **3-17-08**

ORGANIZATION: **KOGLER AND ASSOCIATES, INC.**

CERTIFIED BY: **ETA** DATE: **Fall 07**

VERIFIED BY: _____ DATE: _____



SOURCE NAME: CW Roberts

ADDRESS: US Route 331
1603 Bay Ave

CITY: Panama city
STATE: FL
ZIP:
PHONE: 850-835-3500
SOURCE ID NUMBER: 777 5118-005-AC

PROCESS EQUIPMENT: Under-belt to Hopper #2
OPERATING MODE: 150TPH

CONTROL EQUIPMENT:
OPERATING MODE:
DESCRIBE EMISSION POINT:
START: Drop point STOP:
HEIGHT ABOVE GROUND LEVEL: START ~5' STOP ~5'
HEIGHT RELATIVE TO OBSERVER: START ~0' STOP ~0'

DISTANCE FROM OBSERVER: START ~80' STOP ~80'
DIRECTION FROM OBSERVER: START 280° STOP 280°

DESCRIBE EMISSIONS:
START: Clear STOP: Clear

EMISSION COLOR: START: None STOP: None
PLUME TYPE: CONTINUOUS
FUGITIVE INTERMITTENT

WATER DROPLETS PRESENT: NO YES
IF WATER DROPLET PLUME: ATTACHED DETACHED

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED:
START: Top of Drop STOP: 50'

DESCRIBE BACKGROUND:
START: Trees STOP: some

BACKGROUND COLOR: START: Green STOP: Green
SKY CONDITIONS: START: clear STOP: clear

WIND SPEED: START: 0-5 STOP: 0-5
WIND DIRECTION: START: N STOP: N

AMBIENT TEMP: START: 77 STOP: 77
WET BULB TEMP: 65
RH. percent: 52

Draw North Arrow

Comments:

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS
SIGNATURE:
TITLE:
DATE:
CERTIFIED BY: ETA
DATE: Fall 07
VERIFIED BY:
DATE:

CONTINUED ON VEO FORM NUMBER

OBSERVATION DATE		START TIME				STOP TIME					
3-17-08		11:30				12:30					
SEC	MIN	0	15	30	45	SEC	MIN	0	15	30	45
1	0	0	0	0	0	31	0	0	0	0	0
2	0	0	0	0	0	32	0	0	0	0	0
3	0	0	0	0	0	33	0	0	0	0	0
4	0	0	0	0	0	34	0	0	0	0	0
5	0	0	0	0	0	35	0	0	0	0	0
6	0	0	0	0	0	36	0	0	0	0	0
7	0	0	0	0	0	37	0	0	0	0	0
8	0	0	0	0	0	38	0	0	0	0	0
9	0	0	0	0	0	39	0	0	0	0	0
10	0	0	0	0	0	40	0	0	0	0	0
11	0	0	0	0	0	41	0	0	0	0	0
12	0	0	0	0	0	42	0	0	0	0	0
13	0	0	0	0	0	43	0	0	0	0	0
14	0	0	0	0	0	44	0	0	0	0	0
15	0	0	0	0	0	45	0	0	0	0	0
16	0	0	0	0	0	46	0	0	0	0	0
17	0	0	0	0	0	47	0	0	0	0	0
18	0	0	0	0	0	48	0	0	0	0	0
19	0	0	0	0	0	49	0	0	0	0	0
20	0	0	0	0	0	50	0	0	0	0	0
21	0	0	0	0	0	51	0	0	0	0	0
22	0	0	0	0	0	52	0	0	0	0	0
23	0	0	0	0	0	53	0	0	0	0	0
24	0	0	0	0	0	54	0	0	0	0	0
25	0	0	0	0	0	55	0	0	0	0	0
26	0	0	0	0	0	56	0	0	0	0	0
27	0	0	0	0	0	57	0	0	0	0	0
28	0	0	0	0	0	58	0	0	0	0	0
29	0	0	0	0	0	59	0	0	0	0	0
30	0	0	0	0	0	60	0	0	0	0	0

AVERAGE OPACITY FOR HIGHEST PERIOD:
NUMBER OF READINGS ABOVE % WERE:
RANGE OF OPACITY READINGS:
MINIMUM: 0 MAXIMUM: 10

OBSERVER'S NAME (PRINT): Christopher K. Erwall
OBSERVER'S SIGNATURE: [Signature]
DATE: 3-17-08

ORGANIZATION: KOGLER AND ASSOCIATES, INC.

CERTIFIED BY: ETA
DATE: Fall 07
VERIFIED BY:
DATE:



SOURCE NAME: *CW Roberts*

ADDRESS: *US Route 331*

1603 Bay Ave

CITY: *Panama City* STATE: *FL* ZIP: *32301*

PHONE: *850-835-3500* SOURCE ID NUMBER: *777818-005-AC*

PROCESS EQUIPMENT: *Hopper #2 to Stocker #1* OPERATING MODE: *ISOTPH*

CONTROL EQUIPMENT: *-* OPERATING MODE: *-*

DESCRIBE EMISSION POINT
START: *Drop Point* STOP: *Same*

HEIGHT ABOVE GROUND LEVEL
START: *25'* STOP: *25'* HEIGHT RELATIVE TO OBSERVER
START: *0'* STOP: *0'*

DISTANCE FROM OBSERVER
START: *80'* STOP: *80'* DIRECTION FROM OBSERVER
START: *260°* STOP: *260° 320°*

DESCRIBE EMISSIONS
START: *clear* STOP: *clear*

EMISSION COLOR
START: *None* STOP: *None* PLUME TYPE: CONTINUOUS FUGITIVE INTERMITTENT

WATER DROPLETS PRESENT: NO YES IF WATER DROPLET PLUME: ATTACHED DETACHED

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED
START: *Top of Drop* STOP: *Same*

DESCRIBE BACKGROUND
START: *Trees* STOP: *Same*

BACKGROUND COLOR
START: *Green* STOP: *Green* SKY CONDITIONS
START: *Clear* STOP: *Clear*

WIND SPEED
START: *0-5* STOP: *0-5* WIND DIRECTION
START: *N* STOP: *N*

AMBIENT TEMP:
START: *77* STOP: *77* WET BULB TEMP: *66* RH.percent: *52*

Draw North Arrow

Comments: *Plume and Stack 140°*

CONTINUED ON VEO FORM NUMBER

OBSERVATION DATE					START TIME					STOP TIME				
3-17-08					12:31					13:31				
SEC MIN	0	15	30	45	SEC MIN	0	15	30	45	SEC MIN	0	15	30	45
1	0	0	0	0	31	0	0	0	0	0	0	0	0	0
2	0	0	0	0	32	0	0	0	0	0	0	0	0	0
3	0	0	0	0	33	0	0	0	0	0	0	0	0	0
4	0	0	0	0	34	0	0	0	0	0	0	0	0	0
5	0	0	0	0	35	0	0	0	0	0	0	0	0	0
6	0	0	0	0	36	0	0	0	0	0	0	0	0	0
7	0	0	0	0	37	0	0	0	0	0	0	0	0	0
8	0	0	0	0	38	0	0	0	0	0	0	0	0	0
9	0	0	0	0	39	0	0	0	0	0	0	0	0	0
10	0	0	0	0	40	0	0	0	0	0	0	0	0	0
11	0	0	0	0	41	0	0	0	0	0	0	0	0	0
12	0	0	0	0	42	0	0	0	0	0	0	0	0	0
13	0	0	0	0	43	0	0	0	0	0	0	0	0	0
14	0	0	0	0	44	0	0	0	0	0	0	0	0	0
15	0	0	0	0	45	0	0	0	0	0	0	0	0	0
16	0	0	0	0	46	0	0	0	0	0	0	0	0	0
17	0	0	0	0	47	0	0	0	0	0	0	0	0	0
18	0	0	0	0	48	0	0	0	0	0	0	0	0	0
19	0	0	0	0	49	0	0	0	0	0	0	0	0	0
20	0	0	0	0	50	0	0	0	0	0	0	0	0	0
21	0	0	0	0	51	0	0	0	0	0	0	0	0	0
22	0	0	0	0	52	0	0	0	0	0	0	0	0	0
23	0	0	0	0	53	0	0	0	0	0	0	0	0	0
24	0	0	0	0	54	0	0	0	0	0	0	0	0	0
25	0	0	0	0	55	0	0	0	0	0	0	0	0	0
26	0	0	0	0	56	0	0	0	0	0	0	0	0	0
27	0	0	0	0	57	0	0	0	0	0	0	0	0	0
28	0	0	0	0	58	0	0	0	0	0	0	0	0	0
29	0	0	0	0	59	0	0	0	0	0	0	0	0	0
30	0	0	0	0	60	0	0	0	0	0	0	0	0	0

AVERAGE OPACITY FOR HIGHEST PERIOD: _____ NUMBER OF READINGS ABOVE % WERE: _____

RANGE OF OPACITY READINGS: MINIMUM *0* MAXIMUM *10*

OBSERVER'S NAME (PRINT): *Christian K. Erwall*

OBSERVER'S SIGNATURE: *Christian K. Erwall* DATE: *3-17-08*

ORGANIZATION: **KOGLER AND ASSOCIATES, INC.**

CERTIFIED BY: *ETA* DATE: *Fall 07*

VERIFIED BY: _____ DATE: _____



SOURCE NAME: CW Roberts

ADDRESS: US Route 331

1603 Bay Ave

CITY: Panama City, FL

PHONE: 850-835-3500

PROCESS EQUIPMENT: Stack #1 to Screen

CONTROL EQUIPMENT: -

OPERATING MODE: ISOTPIA

DESCRIBE EMISSION POINT: START Screen Area, STOP Same

HEIGHT ABOVE GROUND LEVEL: START ~5', STOP ~5'

HEIGHT RELATIVE TO OBSERVER: START ~0', STOP ~0'

DISTANCE FROM OBSERVER: START ~80', STOP ~80'

DIRECTION FROM OBSERVER: START 260°, STOP 260° 320°

DESCRIBE EMISSIONS: START Clear, STOP Clear

EMISSION COLOR: START None, STOP None

PLUME TYPE: CONTINUOUS FUGITIVE INTERMITTENT

WATER DROPLETS PRESENT: NO YES

IF WATER DROPLET PLUME: ATTACHED DETACHED

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED: START Stack Area, STOP Same

DESCRIBE BACKGROUND: START Rocks, STOP Same

BACKGROUND COLOR: START Grey, STOP Grey

SKY CONDITIONS: START Clear, STOP Clear

WIND SPEED: START 0-5, STOP 0-5

WIND DIRECTION: START N, STOP N

AMBIENT TEMP: START 77, STOP -

WET BULB TEMP: 66

RH. percent: 52

Draw North Arrow

Comments:

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS SIGNATURE: _____ DATE: _____

TITLE: _____ DATE: _____

CONTINUED ON VEO FORM NUMBER _____

OBSERVATION DATE		START TIME				STOP TIME			
3-17-08		12:31				13:31			
SEC MIN	0	15	30	45	SEC MIN	0	15	30	45
1	0	0	0	0	31	0	0	0	0
2	0	0	0	0	32	0	0	0	0
3	0	0	0	0	33	0	0	0	0
4	0	0	0	0	34	0	0	0	0
5	0	0	0	0	35	0	0	0	0
6	0	0	0	0	36	0	0	0	0
7	0	0	0	0	37	0	0	0	0
8	0	0	0	0	38	0	0	0	0
9	0	0	0	0	39	0	0	0	0
10	0	0	0	0	40	0	0	0	0
11	0	0	0	0	41	0	0	0	0
12	0	0	0	0	42	0	0	0	0
13	0	0	0	0	43	0	0	0	0
14	0	0	0	0	44	0	0	0	0
15	0	0	0	0	45	0	0	0	0
16	0	0	0	0	46	0	0	0	0
17	0	0	0	0	47	0	0	0	0
18	0	0	0	0	48	0	0	0	0
19	0	0	0	0	49	0	0	0	0
20	0	0	0	0	50	0	0	0	0
21	0	0	0	0	51	0	0	0	0
22	0	0	0	0	52	0	0	0	0
23	0	0	0	0	53	0	0	0	0
24	0	0	0	0	54	0	0	0	0
25	0	0	0	0	55	0	0	0	0
26	0	0	0	0	56	0	0	0	0
27	0	0	0	0	57	0	0	0	0
28	0	0	0	0	58	0	0	0	0
29	0	0	0	0	59	0	0	0	0
30	0	0	0	0	60	0	0	0	0

AVERAGE OPACITY FOR HIGHEST PERIOD: _____ NUMBER OF READINGS ABOVE % WERE: _____

RANGE OF OPACITY READINGS: MINIMUM 0, MAXIMUM 10

OBSERVER'S NAME (PRINT): Christian K. Enns

OBSERVER'S SIGNATURE: [Signature] DATE: 3-17-08

ORGANIZATION: KOOGLER AND ASSOCIATES, INC.

CERTIFIED BY: ETA DATE: Fall 07

VERIFIED BY: _____ DATE: _____



SOURCE NAME: CW Roberts

ADDRESS: 1603 Bay Ave
OS Route 331

CITY: Parana City STATE: FL ZIP: _____

PHONE: 850-839-3522 SOURCE ID NUMBER: _____

PROCESS EQUIPMENT: Screen to Stack #2 OPERATING MODE: ISOTPH

CONTROL EQUIPMENT: _____ OPERATING MODE: _____

DESCRIBE EMISSION POINT
START: Drop point STOP: same

HEIGHT ABOVE GROUND LEVEL: START ~20' STOP ~20'
HEIGHT RELATIVE TO OBSERVER: START ~15' STOP ~15'

DISTANCE FROM OBSERVER: START ~60' STOP ~60'
DIRECTION FROM OBSERVER: START 250° STOP 325°

DESCRIBE EMISSIONS
START: Clear STOP: same

EMISSION COLOR: START None STOP None
PLUME TYPE: CONTINUOUS FUGITIVE INTERMITTENT

WATER DROPLETS PRESENT: NO YES
IF WATER DROPLET PLUME: ATTACHED DETACHED

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED
START: Drop point STOP: same

DESCRIBE BACKGROUND
START: SLY STOP: SLY

BACKGROUND COLOR: START Blue STOP Blue
SKY CONDITIONS: START Clear STOP Clear

WIND SPEED: START 0-5 STOP 0-5
WIND DIRECTION: START N STOP N

AMBIENT TEMP: START 77 STOP _____
WET BULB TEMP: 66 RH.percent: 52

Draw North Arrow

The diagram shows a vertical stack labeled 'Emission Point' with an 'X' at the top. A horizontal line labeled 'Screen' is attached to the side of the stack. Below the stack, two positions are marked with 'X' and labeled 'Observers Positions'. A dashed line labeled 'Sun Location Line' extends from the stack towards the bottom left. A compass rose indicates the Sun is to the left and the Wind is blowing from the left. A 140-degree angle is marked between the Sun Location Line and the vertical axis of the stack. A north arrow points towards the top right.

COMMENTS: _____

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS
SIGNATURE: _____ DATE: _____

TITLE: _____ DATE: _____

OBSERVATION MIN	OBSERVATION DATE				START TIME				STOP TIME			
	0	15	30	45	0	15	30	45	0	15	30	45
1	0	0	0	0	31	0	0	0	0	0	0	0
2	0	0	0	0	32	0	0	0	0	0	0	0
3	0	0	0	0	33	0	0	0	0	0	0	0
4	0	0	0	0	34	0	0	0	0	0	0	0
5	0	0	0	0	35	0	0	0	0	0	0	0
6	0	0	0	0	36	0	0	0	0	0	0	0
7	0	0	0	0	37	0	0	0	0	0	0	0
8	0	0	0	0	38	0	0	0	0	0	0	0
9	0	0	0	0	39	0	0	0	0	0	0	0
10	0	0	0	0	40	0	0	0	0	0	0	0
11	0	0	0	0	41	0	0	0	0	0	0	0
12	0	0	0	0	42	0	0	0	0	0	0	0
13	0	0	0	0	43	0	0	0	0	0	0	0
14	0	0	0	0	44	0	0	0	0	0	0	0
15	0	0	0	0	45	0	0	0	0	0	0	0
16	0	0	0	0	46	0	0	0	0	0	0	0
17	0	0	0	0	47	0	0	0	0	0	0	0
18	0	0	0	0	48	0	0	0	0	0	0	0
19	0	0	0	0	49	0	0	0	0	0	0	0
20	0	0	0	0	50	0	0	0	0	0	0	0
21	0	0	0	0	51	0	0	0	0	0	0	0
22	0	0	0	0	52	0	0	0	0	0	0	0
23	0	0	0	0	53	0	0	0	0	0	0	0
24	0	0	0	0	54	0	0	0	0	0	0	0
25	0	0	0	0	55	0	0	0	0	0	0	0
26	0	0	0	0	56	0	0	0	0	0	0	0
27	0	0	0	0	57	0	0	0	0	0	0	0
28	0	0	0	0	58	0	0	0	0	0	0	0
29	0	0	0	0	59	0	0	0	0	0	0	0
30	0	0	0	0	60	0	0	0	0	0	0	0

AVERAGE OPACITY FOR HIGHEST PERIOD: _____ NUMBER OF READINGS ABOVE % WERE: _____

RANGE OF OPACITY READINGS: MINIMUM 0 MAXIMUM 10

OBSERVER'S NAME (PRINT): Christian K. Enwall

OBSERVER'S SIGNATURE: _____ DATE: 3-17-08

ORGANIZATION: **KOGLER AND ASSOCIATES, INC.**

CERTIFIED BY: ETA DATE: Fg/10/07

VERIFIED BY: _____ DATE: _____



519-08-04
March 20, 2008



4014 NW 13th STREET
GAINESVILLE, FL 32609-1923
352/377-5822 • FAX/377-7158

Mr. Dickson Dibble
FDEP
Receipts
PO Box 3070
Tallahassee, Florida 32315-3070

SUBJECT: C.W. Roberts Contracting, Inc.
Facility ID 7775155
Renewal Application: Nonmetallic Mineral Processing Plant

Dear Mr. Dibble:

This letter transmits the *Air General Permit Notification Form* for the referenced equipment.

Please note:

- 1) The processing fee is attached; in accordance with Rule 62-4.050(4)(p)(2) F.A.C, the processing fee is **\$100** for a general permit not requiring Professional Engineer Certification.
- 2) Visible emissions observations were conducted on March 17, 2008. A copy of the compliance test report is attached. In addition, the compliance test report was sent to the FDEP Northeast District Air Compliance Section on March 20, 2008.

Please provide written confirmation of coverage under the General Permit. If you have any questions, please call me at 352-377-5822.

Respectfully,

VERONICA Sgarfori

Neil A. Lofgren., P.E.
KOOGLER AND ASSOCIATES, INC

Enc.

Cc: Mr. Charles Roberts, CW Roberts Contracting, Inc.

RECEIVED
MAR 25 2008
Bureau of Air Monitoring
& Mobile Sources

2008 MAR 25 PM 3:08
REVENUE ACCOUNTING

FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

**Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 281547 thru 281547
Printed: 3/26/2008 4:28:11 PM - Page 9**

Cashlisting: 67520 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.
Deposit No: 281547 Date Deposited: 03/26/2008 Contact: E. WALKER

Object	Transmittal	Dep.DDN	Receipt Number	Pre- Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund
002272	47610	481519	619938		STABIL CONCRETE PRODUCTS LLC	1147	\$100.00	7775155-003	866998	770133	PFTF
	47619		620006		C W ROBERTS CONTRACTING	071853	\$100.00	4/2/2008-NMC	867061	770215	PFTF
Object Code 002272 Subtotal:							\$200.00				
002278	47610	481514	619932		LANG ENVIRONMENTAL, INC.	032910	\$200.00	47933	866993	770127	APCTF
Object Code 002278 Subtotal:							\$200.00				
Cashlisting 67520 Total:							\$400.00				

C.W. Roberts Contracting, Inc. 11901 Florida Dept of Environmental P Check No. - 71853
 3372 Capital Circle NE 3900 Commonwealth Blvd. Check Date - 03/25/08
 Tallahassee, FL 32308 Tallahassee FL 32399 Stub 1 of 1
 (850) 385-5060

NOTE: DETACH BEFORE DEPOSITING - THIS IS NOT A CHECK

Invoice Number	Date	Description	Gross Amount	Deductions	Amount Paid
032408	032408	Permit Processing Fe	100.00		100.00
			----- 100.00	-----	----- 100.00