



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

September 12, 2008

Mr. Paul J. Moriarty
Vice President
Quality Enterprises USA, Incorporated
751 East Elkcam Circle
Marco Island, Florida 34145

Dear Mr. Moriarty:


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 August 11, 2008. We have assigned ARMS No. 7775217-002 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. Sherrill Culliver, South District

CONCRETE BATCHING PLANT
AIR GENERAL PERMIT REGISTRATION FORM

RECEIVED
SEP 03 2008
Bureau of Air Monitoring
& Mobile Sources

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)

7775217-002

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):
7775217-001-AG
- 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.)

Quality Enterprises USA, 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.)

Marco Island Fire Station

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

Street Address: 751 East Elkcam Circle

City: Marco Island

County: Collier

Zip Code: 34145

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: Paul J. Moriarty, Vice President

Owner/Authorized Representative Mailing Address

Organization/Firm: Quality Enterprises USA, Inc.

Street Address: 3894 Mannix Drive, Suite 216

City: Naples

County: Collier

Zip Code: 34114

Owner/Authorized Representative Telephone Numbers

Telephone: 239-435-7200

Fax: 239-435-7202

Cell phone (optional): 239-777-4418

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: Same

Facility Contact Mailing Address

Organization/Firm: Same

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

Cell phone (optional):

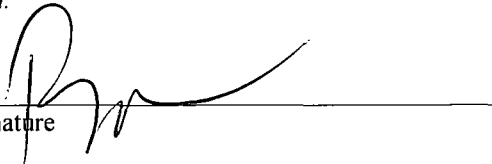
Owner/Authorized Representative Statement

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



Date

8/29/08

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 checked="" type="checkbox"/> Pave Roads	<input checked="" 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 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	

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. Silos come with a pneumatic fill pipe, baghouse for dust control, a full-perimeter safety cage and ladder, manhole and pressure relief valve, and complete air system.

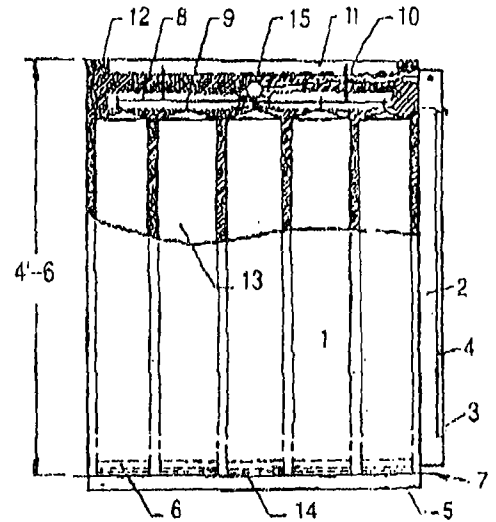
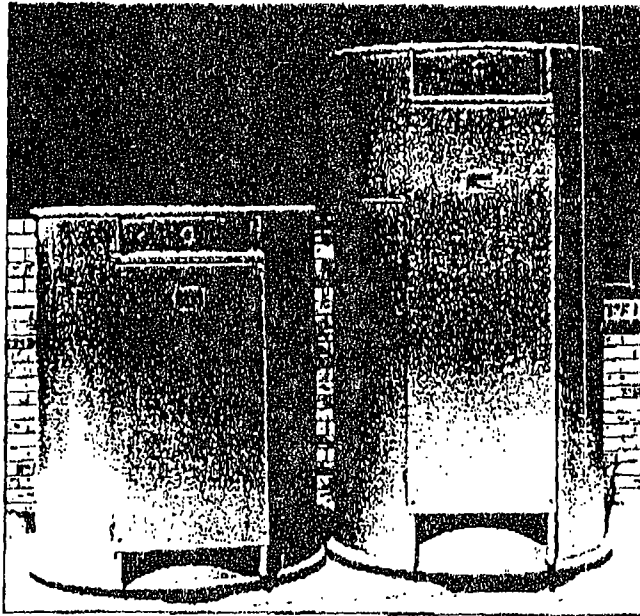
See attached data.

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 all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

See attached information. Silos come with a pneumatic fill pipe baghouse for dust control, a full-perimeter safety cage and ladder, manhole and pressure relief valve, and complete air system. Also, compliance testing is performed on an annual basis to ensure there are no visible emissions.

Mobile Tech Dust Houses



SQUARE FT. BAG AREA CAP. CEMENT

150	375 C.F.M.
225	675 C.F.M.

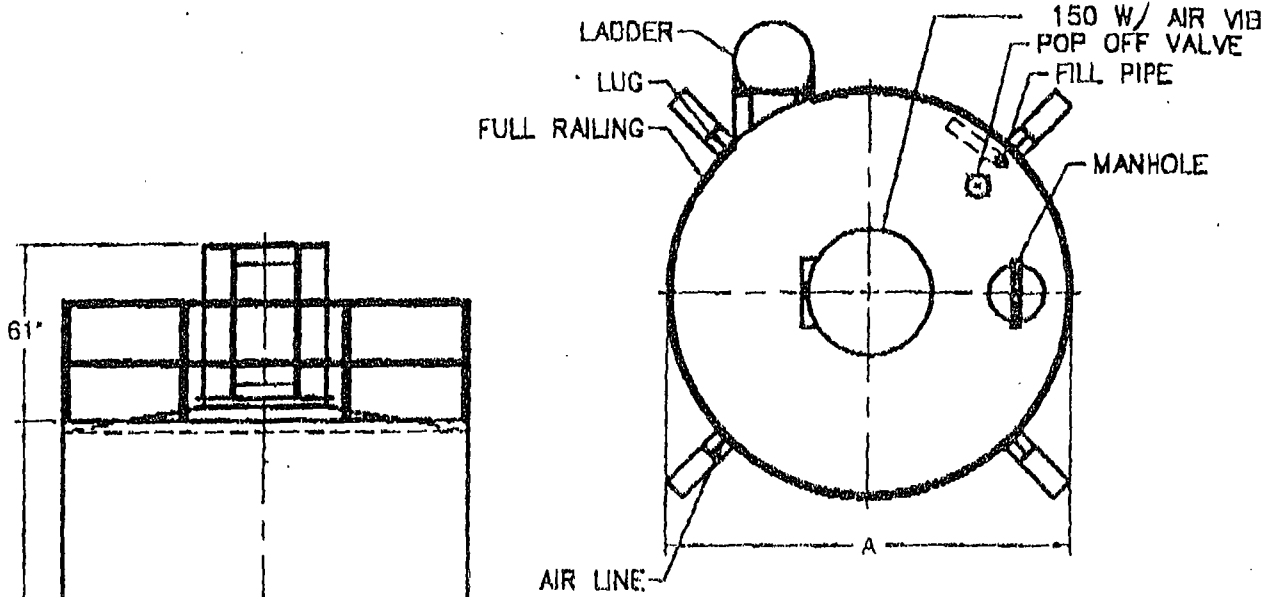
Parts List	150 Sq. Ft.	225 Sq. Ft.
1. Housing	4'6" x 10' x 14 Ga.	6'6" x 10' x 14 Ga.
2. Door Frame	4'4" x 4 1/2" x 12 Ga.	6'4" x 4 1/2" x 12 Ga.
3. Door Frame Screw (2)	2 1/4" x 4 3/4" x 12 Ga.	same
4. Door	42" x 24" x 14 Ga.	60" x 24" x 14 Ga.
5. Mating Flange	2" x 2" x 3/16 Angle 44" Diameter	same
6. Sock Holders	8" Diameter - 18 Pcs.	same
7. Base	48" Dia. x 10 Ga.	same
8. Shaker Plate	36" Dia. x 12 Ga.	same
9. Open Eye Bolt	1/4" x 3" - 18 Pcs.	same
10. Suspension Bolts (4)	3/8" x 5" Hex	same
11. Suspension Bar Ass'm	Angle Iron Support	same
12. Cover	47" Dia. x 14 Ga.	same
13. Polyester Socks	(18) 4' x 8" Dia.	(18) 6' x 8" Dia.
14. Band Clamps	18 Required	same
15. Vibrator	VS 190	same
Opt: Single Phase Electric	Vibrator	

Filter Stock Specifications	
Style	PE 37
Fiber	100% Polyester
Weight	9 oz./Sq. Yd.
Construction	Spun/Spun
Count	100W x 60F
Air Permeability	20-30 C.F.M.
Mullen Burst	500 PSI
Tensile Strength	Warp Direction 300# Fil Direction 275#
Thermal Stability	2% Max. 300 Degrees F
Max Operating Temp	275 Degrees F
Efficiency	99.99%

Operation Recommendations

Air Pressure: Do not run vibrator over 80 PSI. Too low air pressure and lack of adequate air supply (too small line to vib.), however, is one of the primary causes for poor performance of air vibrators. For example, 80 PSI at 50 CFM through 1/2" hose or pipe will lose more than 30 lbs. of pressure due to friction loss. Fittings and bends in the line and other obstructions will also reduce the air pressure. A general rule for estimating compressor output is 5 CFM to 1 HP compressor.

MOBILE
CONCRETE TECHNOLOGIES, Inc.
*a division of **camen tech.***



Standard Equipment

- Legs w/3'6" clearance under discharge
- Outside Ladder w/Cage
Opt. Inside ladder
- Full railing
- 4" Blower pipe w/adaptor
Optional 5" Blower pipe
- 150 Sq. Ft. Dust House
w/air vibrator & pop-off valve
Optional 225 Sq. Ft.
- Vibrator Air Line
- Man hole
- 8 External Air Pads
- Standard Jam Gates
- Sand Blast, Prime and Painted Standard Colors
white-grey-tan-cat yellow

Brrl	A	B	C	D	Wt.
185	8'6"	12'0"	8'6"	7'8"	6000#
270	8'6"	18'0"	8'6"	7'8"	7000#
350	8'6"	24'0"	8'6"	7'8"	9000#
450	10'8"	18'0"	9'10"	9'10"	10000#
550	10'8"	24'0"	9'10"	9'10"	13000#
700	12'0"	24'0"	10'6"	11'0"	15000#
900	12'0"	30'0"	10'6"	11'0"	17000#
1050	12'0"	36'0"	10'6"	11'0"	21000#



RECEIVED
SEP 03 2008
Bureau of Air Monitoring
& Mobile Sources

September 2, 2008

Mr. Dick Dibble
FDEP
DARM-BAMMS
Air General Permit Program
111 South Magnolia Drive
Tallahassee, Florida 32301-2973

VIA FEDERAL EXPRESS
#791129424081

RE: Concrete Batching Plant
Air General Permit Re-Registration

Dear Mr. Dibble:

Pursuant to our previous conversation, enclosed please find the Concrete Batching Plant Air General Permit Registration Form.

Thank you for your assistance in this matter. Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Susie Schultz
Project Administrator

/ss
Enclosures

**Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 291077 thru 291077
Printed: 8/12/2008 8:45:47 AM - Page 12**

Cashlisting: **70249** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: **291077** Date Deposited: **08/11/2008** Contact: **E. WALKER**

*OVERPAYMENT
REFUND REQUEST
MADE FOR \$1500
16679
8/13/08*

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002272	49941	485072	633765		QUALITY ENTERPRISES USE, INC.	103192	\$250.00	7775217-002	895128	792472	PFTF	
<i>PK</i>	49941	485073	633766		MASCHMEYER CONCRETE CO OF FLOR	52410	\$100.00	8/14/2008-CCB	895129	792473	PFTF	
Object Code 002272 Subtotal:							\$350.00					
Cashlisting 70249 Total:							\$350.00					

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: QUALITY ENTERPRISES USA, INC.
ADDRESS: 3894 MANNIX DRIVE, SUITE 216
NAPLES, FLORIDA 34114

AMOUNT: \$150.00 CHECK #: 103192 DEPOSIT DATE: 08-11-2008 DEPOSIT: 291077
DOCUMENT NUMBER: 485072 SYS RECEIPT#: 633765 PAYMENT#: 895128 REMIT#: 792472
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: OVER PAYMENT

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$150.00 was originally deposited into the State Treasury,

Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000002200000

CERTIFIED TRUE AND CORRECT this 13TH day of AUGUST, 2008.

Richard D. Wittle EST III Reli J. Smith
Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.

8/13- SENT TO BECKY ATHAR FOR ADDL SIGNATURE REFUND REQUEST #: 16679

DEP 14-081
DBF AA-4

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THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720252600137 _____ 0000000020000

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3720252600137 _____ 00000022000000

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QE
QUALITY
ENTERPRISES
U.S.A., INC.
3894 Mannix Drive, Suite 216
Naples, FL 34114-5406

CERTIFIED MAIL

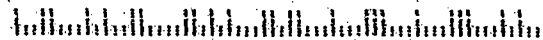


7007 0220 0001 2233 3479

FDEP Receipts
P. O. Box 3070
Tallahassee, FL 32315-3070

UNITED STATES POSTAGE
174 PB3418132
1880 \$05.49⁰ AUG 06 08
9075 MAILED FROM ZIP CODE 34114

32315+3070 8099



QUALITY ENTERPRISES USA, INC.

103192

			Check Date:	Check No.:	
INVOICE NO.	INVOICE DATE	REFERENCE	GROSS	DISCOUNT	NET AMOUNT
	FDEP				\$ 250.00
	Silo Permit Renewal				
	1967/008				