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JUL 23 2013

SECONDARY ALUMINUM SWEAT FURNACES
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

DIVISION OF AIR
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0571393

0571393-002-AG

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.)

— Arthur Fortson - Owner / Fortson Salvage

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.)

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

Street Address: 2217 Holloman Rd.
City: Plant City, FL County: Hillsborough Zip Code: 33567

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

— N/A

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>Arthur Fortson - Owner</u>	
<u>Facility Contact Telephone Numbers</u> Telephone: <u>813 708-3626</u> Fax: <u>N/A</u> Cell phone: <u>N/A</u> E-mail: <u>N/A</u>	
<u>Facility Contact Mailing Address</u> Organization/Firm: <u>Fortson Salvage</u> Mailing Address: <u>22 McMillan Rd</u> County: <u>Hillsborough</u> Zip Code: <u>33567</u> City: <u>Plant City, FL</u>	

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

<u>Name and Position Title</u> Print Name and Title: <u>N/A</u>	
<u>Correspondence Contact/Representative Telephone Numbers</u> Telephone: _____ Fax: _____ Cell phone: _____ <u>N/A</u> _____ E-mail: _____	
<u>Correspondence Contact/Representative Mailing Address</u> Organization/Firm: _____ Mailing Address: _____ <u>N/A</u> _____ City: _____ County: _____ Zip Code: _____	

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.

Facility Description and Comments

Number of secondary aluminum sweat furnace units on site: 1 *ONE*

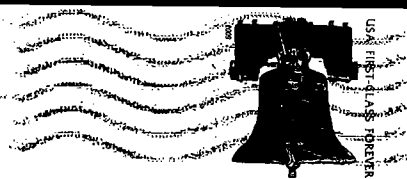
List and briefly describe all other process operations at the site that may emit air pollutants (for example, scrap shredders, degreasers, paint shops, boilers, emergency generators, etc.). Add any comments about the facility that would be helpful to the Department in understanding the nature of your operation (for example, describe the products made, amount of materials used, air pollution control equipment employed, and hours of operation).

*Scrap Metal yard,
Cutting Scrap with Torch cleaning Aluminum
With Torch, NO Shredders, degreasers, paint shops,
no use Boilers, Generators, Nothing of that nature
are only Scrap yard*

FORTSON'S SALVAGE

2217 Holloman Road
Plant City, Florida 33567

TAMPA FL 335
SAINT PETERSBURG FL
APR 13 2013 PM 5 1



Department of Environmental Protection
Receipts
PO Box 3070
Lalohassee, Florida 32315-3070

32315307070

