



Department of Environmental Protection

Division of Air Resources Management

APPLICATION FOR NON-TITLE V AIR PERMIT RENEWAL

See Instructions for Form No. 62-210.900(4)

I. APPLICATION INFORMATION

Identification of Facility

1. Facility Owner/Company Name: Buddy Z. Burkhead Burkhead GIP CO	
2. Site Name: 225 NORTH MAGNOLIA ST	
3. Facility Identification Number: 002701	4. Facility Status Code: "A"

Application Contact

1. Name and Title of Application Contact: Buddy Z. Burkhead BURKHEAD GIP CO OWNER	
2. Application Contact Mailing Address: Organization/Firm: BURKHEAD GIP CO Street Address: P.O. BOX 69 225 NORTH MAGNOLIA ST City: JAX State: FL Zip Code: 32565	
3. Application Contact Telephone Numbers: Telephone: (850) 675-4636 Fax: (850) 675-4402	

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	
2. Permit Number:	

RECEIVED

MAR 12 1999

NORTHWEST FLORIDA
DEP

Owner/Authorized Representative

1. Name and Title of Owner/Authorized Representative: <u>Buddy Z. Burkhead</u> <u>Owner</u>
2. Owner/Authorized Representative Mailing Address: <u>Burkhead GIN CO</u> Organization/Firm: Street Address: <u>P.O. Box 69</u> City: <u>JAY</u> State: <u>FL</u> Zip Code: <u>32565</u>
3. Owner/Authorized Representative Telephone Numbers: Telephone: <u>(850) 675-4636</u> Fax: <u>(850) 675-4402</u>
4. Owner/Authorized Representative Statement: <i>I, the undersigned, am the owner or authorized representative* of the facility addressed in this Application for Air Permit. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described in this application 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 understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.</i> <div style="display: flex; justify-content: space-between;"><div>Signature <u>Buddy Z. Burkhead</u></div><div>Date <u>3/12/99</u></div></div>

* Attach letter of authorization if not currently on file.

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
01	RAW COTTON		
02	SEED COTTON CLEANING		
03	LINT COTTON		
04	TRASH REMOVAL		

Application Processing Fee

Check one: ☒ Attached - Amount: \$ 1,000.⁰⁰ ☐ Not Applicable

Application Comment

UPGRADED CYCLONES USING TEXAS AM
DATA TO PROPERLY SIZE CYCLONES

II. FACILITY INFORMATION

Facility Contact

1. Name and Title of Facility Contact: <i>Buddy Z. Buckhead</i>			
2. Facility Contact Mailing Address:			
Organization/Firm: <i>SAME</i>			
Street Address:		City:	
State:		Zip Code:	
3. Facility Contact Telephone Numbers:			
Telephone: () -		Fax: () -	

Facility Supplemental Requirements

1. Area Map Showing Facility Location: <i>SEE FILE</i>	
<input type="checkbox"/> Attached, Document ID: _____	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Facility Plot Plan: <i>SEE FILE</i>	
<input type="checkbox"/> Attached, Document ID: _____	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
3. Process Flow Diagram(s): <i>SEE FILE</i>	
<input type="checkbox"/> Attached, Document ID: _____	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter:	
<input checked="" type="checkbox"/> Attached, Document ID: _____	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested

Facility Comment

<i>Installed plenum upstream of cyclones to reduce load on cyclones and reduce fugitive emissions.</i>
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Emissions Unit ID _____

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section must be completed for each emissions unit addressed in this Application for Non-Title V Air Permit Renewal. If submitting the form in hard copy, indicate, in the space provided at the top of each page, the Emissions Unit ID of the emissions unit addressed on the page, as given in the unit's most current air operation permit.

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters): Consider ONE EMISSION UNIT with 4-POINTS	
2. Emissions Unit Status Code:	3. Long-Term Reserve Shutdown Date:
4. Control Equipment Method/Description (limit to 200 characters per device or method): Cyclones plus plenum	

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:	mmBtu/hr	
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate:		
4. Maximum Production Rate:	20 Boles/Hr	
5. Requested Maximum Operating Schedule: SEASONAL = 3 Mo/Hr		
OCT	22 hours/day	7 days/week
NOV		
DEC	20 weeks/year	2016 hours/year



7. 2. 1

NATURAL GAS

[illegible]



Jeb Bush
Governor

Department of Environmental Protection

FILE COPY

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794

David B. Struhs
Secretary

February 16, 1999

Buddy Z. Burkhead
P O Box 69
Jay Fl 32565

Dear Mr. Burkhead:

Per your request of February 11, the form for renewing the Air Operating Permit for your Cotton Ginning Facility is enclosed. The fee for the five year permit is \$1000. We plan on improving the wording of specific condition No. 5 requiring an annual VE test. Due to the short seasonal operation of cotton gins, the VE should be scheduled and conducted within the first thirty days of each ginning season.

Please give me a call at (850) 595-8364, if you have questions or suggested improvements to the wording of your permit.

Sincerely,

Andrew S. Allen
Air Permitting Supervisor

ASA:aac

Enclosure