



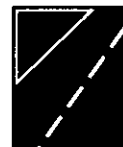
**APAC-Florida, Inc.**

**Macasphalt Division**

P.O. Box 1819

Winter Haven, FL 33882-1819

Office 941/967-0646 ■ Fax 941/967-6829



Macasphalt  
Division

Certified Mail

June 11, 1998

Florida Department of  
Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400  
Attn: Mr. Wilbert Hanks

0550012 -002-A0

RE: Request Modification of Air Permit, Relocate Existing Source

Dear Mr. Hanks:

Enclosed please find a request for modification of existing operating permit. The purpose of this request is to relocate existing asphalt plant currently in Osceola County to Highlands County. To replace existing asphalt plant currently at Highlands County the existing asphalt plant will be disposed of. We have already received operating permit for replacement asphalt plant for Osceola County and upon completion of construction the existing asphalt plant will be transported to Highlands County to replace outdated asphalt plant currently permitted in that county. Both operating permits are active and enclosed for your review and consideration.

A complete request has also been forwarded to the South District DEP to the attention of Mr. Art Lyle along with a copy of this cover letter. It is our intent to start the relocation sometime in mid September 1998 if possible. This request is being submitted to upgrade our existing source at both locations. We have met with local agencies and residents to discuss our intent and have answered their concerns. Approval of this request will result in a decrease in emissions and improve our status with all concerned.

Should there be any additional information needed regarding this request, please do not hesitate to contact me at (941) 967-0646 or fax (941) 967-6829.

Sincerely,

  
Ken Dalton  
EHS Director

**RECEIVED**

JUN 16 1998

BUREAU OF  
AIR REGULATION

CC: South District DEP( Mr. Art Lyle)



EQUAL  
OPPORTUNITY  
EMPLOYER

**APPLICATION FOR AIR PERMIT - SHORT FORM**

See Instructions for Form No. 62-210.900(2)

**I. APPLICATION INFORMATION**

This section of the Application for Air Permit form identifies the facility and provides general information on the scope of this application and the purpose for which this application is being submitted. This section also includes information on the owner or authorized representative of the facility and the necessary statements for the applicant and professional engineer, where required, to sign and date for formal submittal of the Application for Air Permit to the Department. If the application form is submitted to the Department using ELSA, this section of the Application for Air Permit must also be submitted in hard-copy.

**Identification of Facility Addressed in This Application**

Enter the name of the corporation, business, governmental entity, or individual that has ownership or control of the facility; the facility site name, if any; and the facility's physical location. If known, also enter the facility identification number.

1. Facility Owner/Company Name:		APAC-Florida, Inc., Macasphalt Division	
2. Site Name:		Kissimmee Asphalt Plant	
3. Facility Identification Number:		0970030	<input type="checkbox"/> Unknown
4. Facility Location: Street Address or Other Locator:		Zip Code:	
City: Kissimmee		County: Osceola	
5. Relocatable Facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. Existing Permitted Facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Application Processing Information (DEP Use)**

1. Date of Receipt of Application:	June 16, 1998
2. Permit Number:	0550012-002-A①

**Owner/Authorized Representative**

**1. Name and Title of Owner/Authorized Representative:**

R. Lewis Tillery  
Division President

**2. Owner/Authorized Representative Mailing Address:**

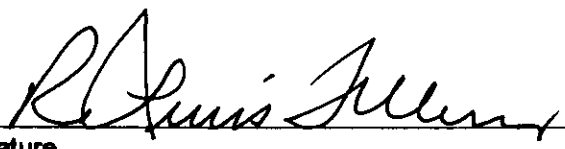
**Organization/Firm:** APAC-Florida, Inc.  
**Street Address:** 1445 42nd Street N.W.  
**City:** Winter Haven                      **State:** Florida                      **Zip Code:** 33881

**3. Owner/Authorized Representative Telephone Numbers:**

**Telephone:** (941)967-0646                      **Fax:** (941)967-6829

**4. Owner/Authorized Representative Statement:**

*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.*



Signature

Date

6/4/98

\*Attach letter of authorization if not currently on file.

**Scope of Application**

This Application for Air Permit addresses the following emissions unit(s) at the facility. An Emissions Unit Information Section (a Section III of the form) must be included for each emissions unit listed.

Emissions Unit ID	Description of Emissions Unit	Permit Type
001	Single Point Stack	

**Purpose of Application**

This Application for Air Permit is submitted to obtain (check one):

- Initial air operation permit for one or more existing, but previously unpermitted, emissions units.
- Initial air operation permit for one or more newly constructed or modified emissions units.

Current construction permit number: \_\_\_\_\_

- Air operation permit revision to address one or more newly constructed or modified emissions units.

Current construction permit number: AC 49-102883

Operation permit to be revised: 0970030-001-A0

- Air operation permit renewal.

Operation permit to be renewed: \_\_\_\_\_

**Application Processing Fee**

Check one:

Attached - Amount: \$ 250.00

Not Applicable.

**Construction/Modification Information**

**1. Description of Alterations:**

Request modifications to allow relocation of entire source to Highlands County UTM Coordinates: Zone 17 East (KM) 451.13 North (KM) 3050.00 Latitude 27° 34' 28" Longitude 81° 29' 42". To replace existing Asphalt Plant Permit Number A028-224935.

Upon completion of relocation to Highlands County the existing Asphalt Plant A028-224935 will be dismantled and sold for scrap material.

**2. Date of Commencement of Construction:**

September 15, 1998

**Professional Engineer Certification**

1. Professional Engineer Name: Registration Number: <i>n/a</i>	
2. Professional Engineer Mailing Address: Organization/Firm: Street Address: City: State: Zip Code:	
3. Professional Engineer Telephone Numbers: Telephone: Fax:	
4. Professional Engineer Statement: <i>I, the undersigned, hereby certify, except as particularly noted herein*, that:</i>  <i>(1) To the best of my knowledge, there is reasonable assurance that the air pollutant emissions unit(s) and the air pollution control equipment described in this Application for Air Permit, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in the Florida Statutes and rules of the Department of Environmental Protection; and</i>  <i>(2) To the best of my knowledge, any emission estimates reported or relied on in this application are true, accurate, and complete and are either based upon reasonable techniques available for calculating emissions or, for emission estimates of hazardous air pollutants not regulated for any emissions unit addressed in this application, based solely upon the materials, information and calculations submitted with this application.</i>  <i>If the purpose of this application is to obtain an initial air operation permit or operation permit revision for one or more newly constructed or modified emissions units (check here <input type="checkbox"/> if so), I further certify that, with the exception of any changes detailed as part of this application, each such emissions unit has been constructed or modified in substantial accordance with the information given in the corresponding application for air construction permit and with all provisions contained in such permit.</i>  _____ Signature Date  (seal)	

\*Attach any exception to certification statement.

**Application Contact**

**1. Name and Title of Application Contact:**

Ken Dalton  
EHS Director

**2. Application Contact Mailing Address:**

**Organization/Firm:** APAC-Florida, Inc.  
**Street Address:** 1445 42nd Street N.W.  
**City:** Winter Haven      **State:** Florida      **Zip Code:** 33881

**3. Application Contact Telephone Numbers:**

**Telephone:** 941) 967-0646      **Fax:** 941) 967-6829

**Application Comment**

**II. FACILITY INFORMATION****A. GENERAL FACILITY INFORMATION****Facility Location and Type**

1. Facility UTM Coordinates: Zone: 17				East (km): 461.0	North (km): 3132.7
2. Facility Latitude/Longitude: Latitude (DD/MM/SS): 28° 19' 17" N				Longitude (DD/MM/SS): 81° 23' 50" W	
3. Governmental Facility Code:	4. Facility Status Code: A	5. Facility Major Group SIC Code: 16	6. Facility SIC(s): 2951		
7. Facility Comment (limit to 500 characters):					

**Facility Contact**

1. Name and Title of Facility Contact: Randy Gaines Plant Superintendent			
2. Facility Contact Mailing Address: Organization/Firm: APAC-Florida, Inc. Street Address: 1445 42nd Street N.W. City: Winter Haven State: Florida Zip Code: 33881			
3. Facility Contact Telephone Numbers: Telephone: (941) 967-0646 Fax: (941) 967-6829			



**Facility Regulatory Classifications**

1. Small Business Stationary Source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
2. Title V Source? <input checked="" type="checkbox"/> No
3. Synthetic Non-Title V Source by Virtue of Previous Air Construction Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Construction Permit Number/Issue Date: _____
4. One or More Emission Units Subject to NSPS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Facility Regulatory Classifications Comment (limit to 200 characters)

**B. FACILITY SUPPLEMENTAL INFORMATION**

This subsection of the Application for Air Permit form provides supplemental information related to the facility as a whole. (Supplemental information related to individual emissions units within the facility is provided in Subsection III-B of the form.) Supplemental information must be submitted as an attachment to each copy of the form, in hard-copy or computer-readable form.

**Supplemental Requirements for All Applications**

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

**III. EMISSIONS UNIT INFORMATION**

A separate Emissions Unit Information section (including subsections A and B) must be completed for each emissions unit addressed in this Application for Air Permit. If submitting the application form in hard copy, indicate, in the space provided at the top of each page, the number of this Emissions Unit Information Section and the total number of Emissions Unit Information Sections submitted as part of this application.

**A. GENERAL EMISSIONS UNIT INFORMATION**

**Type of Emissions Unit Addressed in This Section**

Check one:

- This Emissions Unit Information Section addresses, as a single emissions unit, a single process or production unit, or activity, which produces one or more air pollutants and which has at least one definable emission point (stack or vent).
- This Emissions Unit Information Section addresses, as a single emissions unit, a collectively-regulated group of process or production units and activities which has at least one definable emission point (stack or vent) but may also produce fugitive emissions.
- This Emissions Unit Information Section addresses, as a single emissions unit, one or more process or production units and activities which produce fugitive emissions only.

**Emissions Unit Description and Status**

<b>1. Description of Emissions Unit Addressed in This Section (limit to 60 characters):</b> Single Point Stack For Asphalt Plant	
<b>2. Emissions Unit Identification Number:</b> 001 <input type="checkbox"/> No Corresponding ID <input type="checkbox"/> Unknown	
<b>3. Emissions Unit Status Code:</b> A	<b>4. Emissions Unit Major Group SIC Code:</b> 3-05-002-05
<b>5. Emissions Unit Comment (limit to 500 characters):</b> This source does include a Diesel powered generator however, upon relocation power source will be changed to local electrical service.	

**Emissions Unit Control Equipment**

**A.**

**1. Description (limit to 200 characters):**

Astec Industries Baghouse, Model #SBH42 with a gas flow of 37,421 CFM, air to cloth ratio of 5.26 to 1, 99.9% collection efficiency.

Fabric Filter Medium Temperature (180 F < T < 250F)

**2. Control Device or Method Code:** 017

**B.**

**1. Description (limit to 200 characters):**

**2. Control Device or Method Code:**

**C.**

**1. Description (limit to 200 characters):**

**2. Control Device or Method Code:**

**Emissions Unit Details**

1. Initial Startup Date:			
2. Long-term Reserve Shutdown Date:		N/A	
3. Package Unit: Manufacturer: Astec Industries		Model Number:	
4. Generator Nameplate Rating:		N/A	MW
5. Incinerator Information:			
		Dwell Temperature:	°F
		Dwell Time: N/A	seconds
		Incinerator Afterburner Temperature:	°F

**Emissions Unit Operating Capacity**

1. Maximum Heat Input Rate:		75.6	mmBtu/hr
2. Maximum Incineration Rate:		N/A	lb/hr tons/day
3. Maximum Process or Throughput Rate: 220 TPH			
4. Maximum Production Rate:		220 TPH	
5. Operating Capacity Comment (limit to 200 characters):			

**Emissions Unit Operating Schedule**

Requested Maximum Operating Schedule:			
	hours/day	days/week	
	weeks/year	hours/year	2,400

**B. EMISSIONS UNIT SUPPLEMENTAL INFORMATION**

This subsection to the Application for Air Permit form provides supplemental information related to the emissions unit addressed in this Emissions Unit Information Section. Supplemental information must be submitted as an attachment to each copy of the form, in hard-copy or computer-readable form.

**Supplemental Requirements for All Applications**

1. Process Flow Diagram <input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Waiver Requested
2. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Waiver Requested
3. Detailed Description of Control Equipment <input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Waiver Requested
4. Description of Stack Sampling Facilities <input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Waiver Requested
5. Compliance Test Report <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Previously submitted, Date: <u>4/2/98</u> <input type="checkbox"/> Not Applicable		
6. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable	
7. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable	
8. Other Information Required by Rule or Statute <input type="checkbox"/> Attached, Document ID: _____	<input checked="" type="checkbox"/> Not Applicable	



**APAC-Florida, Inc.**

**Macasphalt Division**

P.O. Box 1819

Winter Haven, FL 33882-1819

Office 941/967-0646 ■ Fax 941/967-6829



June 11, 1998

Florida Department of  
Environmental Protection  
2295 Victoria Avenue, Suite 364  
Ft. Myers, Florida 33901-3881  
Attn: Mr. Art Lyle

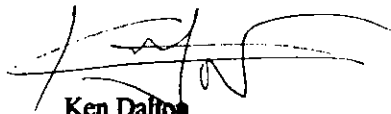
RE: Request Modification of Air Permit, Relocate Existing Source

Dear Mr. Lyle:

Enclosed please find a request for modification of existing operating permit. The purpose of this request is to relocate an existing asphalt plant currently in Osceola County to Highlands County. To replace our existing asphalt plant currently operating in Highlands County. Also enclosed is a copy of the cover letter forwarded to Mr. Wilbert Hanks at the Main Office in Tallahassee. I have had several phone conversations with Mr. Hanks and he has informed me of which steps to take with our request. The application fee of \$250.00 has been forwarded with the request to Tallahassee with the application.

Should there be any additional information needed, please do not hesitate to contact me at (941) 967-0646. And thanks for your assistance in this matter and continued support.

Sincerely,



Ken Dalton  
EHS Director



EQUAL  
OPPORTUNITY  
EMPLOYER

MACASPHALT a Division of APAC — Florida, Inc.

MBO

REMITTANCE ADVICE

46873 L

DATE OR INVOICE NUMBER	AMOUNT	DISCOUNT	NET	CODE	DATE OR INVOICE NUMBER	AMOUNT	DISCOUNT	NET	CODE
RELOCATI	25000		25000	1					
								25000	
								<b>TOTALS</b>	

CODES: 1. INVOICE      2. CREDIT MEMO  
 3. DEBIT MEMO      4. OTHER

46873

**MACASPHALT**

a Division of APAC — Florida, Inc.

P. O. BOX 1819

WINTER HAVEN, FLORIDA 33882-1819

\*\*\*\*\*250\*DOLLARS\*AND\*NO\*CENTS\*\*\*\*\*

73-113  
27093


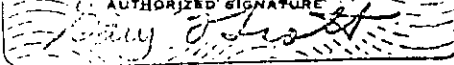
DATE  
6-10-98

NET AMOUNT  
\$250.00\*\*\*

467707

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

PAY TO THE ORDER OF

MACASPHALT  
GENERAL ACCOUNT  
  
 AUTHORIZED SIGNATURE  
  
 AUTHORIZED SIGNATURE

BANK OF ASHLAND  
ASHLAND, KY.

"Void after six (6) Months From Date Of Check"

⑈046873⑈ ⑆042101132⑆ 04 2606 7⑈