



July 2, 2001

Division of Air Resource Management, Permitting Section
Florida Department of Environmental Protection
3804 Coconut Palm Drive
Tampa, Florida 33619-8318

**RE: Permit Renewal Application for an Air Pollution Source
Robbins Manufacturing Company
Tarrytown, Sumter County
Wood Fired Boiler (Permit No. 119001-001-AO)**

Dear Sir/Madam:

Please find enclosed the application to renew Robbins Manufacturing Company's (Robbins) air operation permit for the wood-fired boiler in Sumter County. Additionally, find enclosed the renewal fee to cover processing of the application.

No changes to the current permit conditions are requested.

Please contact this office or Mr. Jay Robbins at (813-971-3030) should you have questions concerning this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Cory A. Hochin".

Cory A. Hochin
Project Manager

Enclosure w/ Check No. 291564

cc: Jay Robbins, Robbins Manufacturing Company

D.E.P.
JUL 05 2001
Southwest District Tampa

**Department of
Environmental Protection**

**DIVISION OF AIR RESOURCES MANAGEMENT
APPLICATION FOR AIR PERMIT - SHORT FORM**

I. APPLICATION INFORMATION


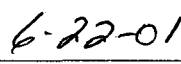
Identification of Facility Addressed in This Application

1. Facility Owner/Company Name : Robbins Manufacturing Company	
2. Site Name : Saw Mill	
3. Facility Identification Number :	1190011 [] Unknown
4. Facility Location : Robbins Manufacturing Company Street Address or Other Locator : SR 50 and CR 471 City : Tarrytown County : Sumter Zip Code : 33597	
5. Relocatable Facility? [] Yes [X] No	6. Existing Permitted Facility? [X] Yes [] No

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I. Part 1 - 1

Owner/Authorized Representative or Responsible Official

1. Name and Title of Owner/Authorized Representative or Responsible Official :	
Name :	Michael Daniels
Title :	Saw Mill Manager
2. Owner or Authorized Representative or Responsible Official Mailing Address :	
Organization/Firm :	Robbins Manufacturing Company
Street Address :	P.O. Box 17939
City :	Tampa
State :	FL
Zip Code :	33682
3. Owner/Authorized Representative or Responsible Official Telephone Numbers :	
Telephone :	(813)971-3030
Fax :	
4. Owner/Authorized Representative or Responsible Official Statement :	
<p><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></p>	
	
Signature	Date

* Attach letter of authorization if not currently on file.

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type
001	Wood Fired Boiler	AO2B

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 :

Operation permit to be revised :

Air operation permit renewal.

Operation permit to be renewed :
1190011-001-AO

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Application Processing Fee

Check one :

[X] Attached - Amount : \$1000.00 [] Not Applicable.

Construction/Modification Information

1. Description of Alterations : Not Applicable
2. Date of Commencement of Construction :

Application Contact

<p>1. Name and Title of Application Contact :</p> <p style="text-align: center;">Name : Cory A. Houchin Title : Project Manager</p>
<p>2. Application Contact Mailing Address :</p> <p style="text-align: center;">Organization/Firm : Environmental Sciences Group, Inc. Street Address : P.O. Box 7495 City : Tampa State : FL Zip Code : 33673</p>
<p>3. Application Contact Telephone Numbers :</p> <p style="text-align: center;">Telephone : (813)930-9074 Fax : (813)935-1167</p>

Application Comment

Renewal application only. No changes to permit are requested.

Facility Regulatory Classifications

1. Small Business Stationary Source?	U
2. Title V Source?	N
3. Synthetic Non-Title V Source by Virtue of Previous Air Construction P Construction Permit Number/Issue Date :	N
4. One or More Emission Units Subject to NSPS?	Y
5. Facility Regulatory Classifications Comment :	

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II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility, Location, and Type

1. Facility UTM Coordinates :					
Zone :	17	East (km) :	396.70	North (km) :	5158.89
2. Facility Latitude/Longitude :					
Latitude (DD/MM/SS) :		Longitude (DD/MM/SS) :			
3. Governmental Facility Code :	4. Facility Status Code :	5. Facility Major Group SIC Code :	6. Facility SIC(s) :		
0	A	24	2411 2421		
7. Facility Comment :					

II. Part 1 - 1

DEP Form No. 62-210.900(2) - Form

Effective : 3-21-96

II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Contact

1. Name and Title of Facility Contact :	
Jerome Robbins, II Vice President/Secretary	
2. Facility Contact Mailing Address :	
Organization/Firm :	Robbins Manufacturing Company
Street Address :	P.O. Box 17939
City :	Tampa
State :	FL
Zip Code :	33682
3. Facility Contact Telephone Numbers :	
Telephone :	(813)971-3030
Fax :	

II. Part 1 - 2

DEP Form No. 62-210.900(2) - Form

Effective : 3-21-96

B. FACILITY SUPPLEMENTAL INFORMATION

Supplemental Requirements for All Applications

1. Area Map Showing Facility Location :	Waived
2. Facility Plot Plan :	Waived
3. Process Flow Diagram(s) :	Waived
4. Precautions to Prevent Emissions of Unconfined Particulate Matter :	Waived

A. GENERAL EMISSIONS UNIT INFORMATION

Type of Emissions Unit Addressed in This Section

- 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

1. Description of Emissions Unit Addressed in This Section : Wood Fired Boiler	
2. Emissions Unit Identification Number : 001 [] No Corresponding ID [] Unknown	
3. Emissions Unit Status Code : A	4. Emissions Unit Major Group SIC Code : 24
5. Emissions Unit Comment :	

Emissions Unit Information Section 1

Wood Fired Boiler

Emissions Unit Control Equipment 1

1. Description : Not Applicable

2. Control Device or Method Code :

**C. EMISSIONS UNIT DETAIL INFORMATION
(Regulated Emissions Units Only)**

Emissions Unit Information Section 1
Wood Fired Boiler

Emissions Unit Details

1. Initial Startup Date :		
2. Long-term Reserve Shutdown Date :		
3. Package Unit :		
Manufacturer :	ABCO Industries	Model Number :
4. Generator Nameplate Rating :		
	MW	
5. Incinerator Information :		
Dwell Temperature :		Degrees Fahrenheit
Dwell Time :	/	Seconds
Incinerator Afterburner Temperature :		Degrees Fahrenheit

Emissions Unit Operating Capacity

1. Maximum Heat Input Rate :	105 10.5	mmBtu/hr
2. Maximum Incinerator Rate :	lb/hr	tons/day
3. Maximum Process or Throughput Rate :	1875	lb wood/hr
4. Maximum Production Rate :		
5. Operating Capacity Comment :		

Emissions Unit Operating Schedule

Requested Maximum Operating Schedule :		
	24 hours/day	7 days/week
	52 weeks/year	8,760 hours/year

B. EMISSIONS UNIT SUPPLEMENTAL INFORMATION

Supplemental Requirements for All Applications

1. Process Flow Diagram :	Waived
2. Fuel Analysis or Specification :	Waived
3. Detailed Description of Control Equipment :	Waived
4. Description of Stack Sampling Facilities :	Waived
5. Compliance Test Report :	Attachment
6. Procedures for Startup and Shutdown :	NA
7. Operation and Maintenance Plan :	NA
8. Other Information Required by Rule or Statue :	NA



July 2, 2001

Division of Air Resource Management, Compliance Section
Florida Department of Environmental Protection
3804 Coconut Palm Drive
Tampa, Florida 33619-8318

**RE: Visible Emission Observation Testing Results
Robbins Manufacturing Company
Tarrytown, Sumter County
Wood Fired Boiler (Permit No. 119001-001-AO)**

CERTIFIED MAIL - Article #7000 0520 0016 5354 9821

Dear Sir/Madam:

Please find enclosed the results of the visible emissions observation test performed at Robbins Manufacturing Company's Sumter County facility on the referenced source on May 31, 2001.

Please contact this office or Mr. Jay Robbins at (813-971-3030) should you have questions concerning these results.

Sincerely,

A handwritten signature in black ink that reads 'Cory A. Houchin'.

Cory A. Houchin
Project Manager

Enclosure

cc: Jay Robbins, Robbins Manufacturing Company

Source/Process Information				Opacity Readings									
FACILITY NAME				OBSERVATION				START TIME		STOP TIME			
Robbins Manufacturing Company				5/31/01				0945		1045			
SOURCE NAME		PERMIT NO.		SEC				SEC					
Wood Fired Boiler		1190011-001-40		MIN	0	15	30	45	MIN	0	15	30	45
LOCATION / ADDRESS				1	0	0	0	0	31	0	0	0	0
SR 50 and CR 471, Tarrytown				2	0	0	0	0	32	0	0	0	0
CONTACT		PHONE NO.		3	0	0	0	0	33	0	0	0	0
Jay Robbins		(813) 971-3030		4	0	0	5	5	34	0	0	0	0
PROCESS PRODUCTION RATE				5	5	0	0	0	35	0	0	0	5
See Attached				6	0	0	0	0	36	5	0	0	0
CONTROL EQUIPMENT		OPERATING MODE		7	0	5	5	5	37	0	0	0	0
NA				8	5	5	0	5	38	0	0	0	0
FUEL TYPE/RATE		MATERIAL TYPE/RATE		PERMITTED RATE									
Wood peeling/shavings				1875 lb/hr									
DESCRIBE EMISSION POINT				9	5	5	5	5	39	0	0	0	0
~30" Ø stack				10	5	0	5	0	40	0	0	0	0
HEIGHT ABOVE GROUND LEVEL		HEIGHT RELATIVE TO OBSERVER		11	0	0	0	0	41	0	0	0	0
~30 ft		~25 ft		12	0	0	0	0	42	0	0	0	0

Emissions Description			
DESCRIBE EMISSIONS			
NA			
START		END	
NA		NA	
PLUME COLOR		PLUME TYPE	
WATER DROPLETS PRESENT		IF YES, IS PLUME	
YES <input type="checkbox"/> NO <input type="checkbox"/>		ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/>	

Meteorological Information			
BACKGROUND			
START Sky		END same	
BACKGROUND COLOR		START blue	
		END same	
SKY CONDITIONS & CLOUD COVER		AMBIENT TEMP	
START scattered		END same	
WIND SPEED		WIND DIRECTION	
START ~10-15 mph		START NW	
END same		END same	

Observation Data, Site Diagram			
16	0	0	0
17	0	0	0
18	0	0	0
19	0	0	0
20	0	0	0
21	5	5	0
22	5	0	0
23	0	0	0
24	0	0	0
25	0	0	0
26	0	0	0
27	0	0	5
28	5	0	0
29	0	0	0
30	0	0	0

Compliance Information				Certification Data, Signatures			
PAGE OF OPACITY READINGS				OBSERVER'S NAME			
MAX				Cory A. Howland			
PAGE OF EMISSIONS BY CONSECUTIVE READINGS				OBSERVER'S SIGNATURE			
				Cory A. Howland			
30-TERM AVERAGE DATA				DATE			
				5/31/01			
READING PERIOD				ORGANIZATION			
MINUTES				Environmental Sciences Group Inc			
ACTUAL AVERAGING				CERTIFIED BY			
S				Eastern Technical Assoc			
				DATE			
				2/21/01			
				I HAVE RECEIVED A COPY OF THESE OBSERVATIONS SIGNATURE			
				DATE			
				APIS NUMBER			



Environmental
Sciences
Group

STATEMENT OF PROCESS WEIGHT

Company Name Robbins Manufacturing Company
 Address P.O. Box 17939, Tampa, FL 33682-7939
 Source Identification Wood Fired Boiler
 Source Location Corner of SR 50 and CR 471, Tarrytown, FL
 Date 05/31/01 Sampling Time: 0945 To: 1045

DATA ON OPERATING CYCLE TIME:

Start of Operation, Time _____
 End of Operation, Time _____
 Elapsed Time _____
 Idle Time During Cycle _____

DESIGN PROCESS RATING

Process Weight _____ Product (Output) _____
 Rate (Input) _____

DATA ON ACTUAL PROCESS RATE DURING OPERATION CYCLE

Material wood Rate 1,667 lb/hr
 Material _____ Rate _____
 Material _____ Rate _____

TOTAL PROCESS WEIGHT RATE

Product _____ Rate _____

I certify that the above statement is true to the best of my knowledge and belief.

Signature [Signature]

Title VP & SECRETARY

P.O. Box 7495
 Tampa, Florida 33673-7495
 Telephone: (813) 930-9074
 FAX: (813) 935-1167

D.E.P.
 JUL 05 2001
 Southwest District Tampa