



January 13, 2011

Division of Air Resource Management, Permitting Section
Florida Department of Environmental Protection
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Dept. Of Environmental Protection
JAN 18 2011
Southwest District

**RE: Permit Renewal Application for an Air Pollution Source
Robbins Manufacturing Company
Tarrytown, Sumter County
Saw Mill - Permit No. 119001-006-AO**

Dear Sir/Madam:

Please find enclosed the application to renew the air operation permit for the wood-fired boilers, kilns and storage silos at Robbins Manufacturing Company's (Robbins) saw mill in Sumter County. No changes to the current permit conditions are requested at this time. Additionally, find enclosed the renewal fee to cover processing of the application. Please advise this office if the fee has been calculated in error and we apologize for any inconvenience.

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

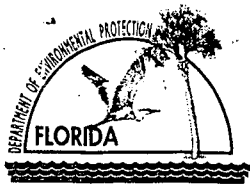
Sincerely,

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

Cory A. Houchin
Project Manager

Enclosure w/ Check No. 442761

cc: Jay Robbins, Robbins Manufacturing Company



Department of Environmental Protection

Division of Air Resources Management

Dept. Of Environmental Protection

JAN 18 2011

Southwest District

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: ROBBINS MANUFACTURING COMPANY	
2. Site Name: SAWMILL	
3. Facility Identification Number: 1190011	4. Facility Status Code:

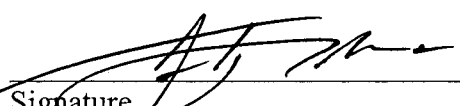
Application Contact

1. Name and Title of Application Contact: CORY A. HOUCHIN, PROJECT MANAGER
2. Application Contact Mailing Address: Organization/Firm: ENVIRONMENTAL SCIENCES GROUP, INC. Street Address: P.O. BOX 7495 City: TAMPA State: FL Zip Code: 33673
3. Application Contact Telephone Numbers: Telephone: (813) 930 - 9074 Fax: (813) 935 - 1167

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	1-18-11
2. Permit Number:	1190011-007-A0

Owner/Authorized Representative

1. Name and Title of Owner/Authorized Representative: JEROME G. ROBBINS, II VICE PRESIDENT
2. Owner/Authorized Representative Mailing Address: Organization/Firm: ROBBINS MANUFACTURING COMPANY Street Address: P.O. BOX 17939 City: TAMPA State: FL Zip Code: 33682
3. Owner/Authorized Representative Telephone Numbers: Telephone: (813) 971 - 3030 Fax: () - EMAIL: JROBBINS@ROBBINSLUMBER.COM
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>  Signature _____ Date <u>1-13-11</u>

* Attach letter of authorization if not currently on file.

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
001	ABCO BOILER		\$1,000.00
002	HURST BOILER		* NA
003	KILN NO. 1		\$750.00
004	KILN NO. 2		* NA
005	SAWDUST STORAGE SILO		\$750.00
006	PLANER SHAVINGS STORAGE BIN		* NA

Application Processing Fee

Check one: Attached - Amount: \$ 2,500.00 Not Applicable

Application Comment

* Similar Source

II. FACILITY INFORMATION

Facility Contact

1. Name and Title of Facility Contact: JEROME G. ROBBINS, II VICE PRESIDENT
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: () -

Facility Supplemental Requirements

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

Facility Comment

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): ABCO INDUSTRIES 260 HP WOOD FIRED BOILER	
2. Emissions Unit Status Code: A	3. Long-Term Reserve Shutdown Date:
4. Control Equipment Method/Description (limit to 200 characters per device or method): 9400 ACFM S & S CONSTRUCTION COMPANY CYCLONE	

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:	13.1	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate:	1,875	LB/HR
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:		
	24 hours/day	7 days/week
	52 weeks/year	8,760 hours/year

Emissions Unit ID 0

Emissions Unit Supplemental Requirements

1. Fuel Analysis or Specification <input checked="" type="checkbox"/> Attached, Document ID: <u>COMMENT</u> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Compliance Test Report <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Previously submitted, Date: <u>06/30/2010</u>
3. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
4. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
5. Other Information Required by Rule or Statute <input checked="" type="checkbox"/> Attached, Document ID: <u>DEC LOG</u> <input type="checkbox"/> Not Applicable

Emissions Unit Comment

BTU VALUE ASSUMED 7,000 BTU/LB

Emissions Unit ID 002

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): HURST FIREBOX 260 HP WOOD FIRED BOILER	
2. Emissions Unit Status Code: A	3. Long-Term Reserve Shutdown Date:
4. Control Equipment Method/Description (limit to 200 characters per device or method): 6650 ACFM HURST MULTICYCLONE COLLECTOR	

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:	13.1	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate:	1,875	LB/HR
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:		
	24 hours/day	7 days/week
	52 weeks/year	8,760 hours/year

Emissions Unit Supplemental Requirements

1. Fuel Analysis or Specification [X] Attached, Document ID: <u>COMMENT</u> [] Not Applicable [] Waiver Requested
2. Compliance Test Report [] Attached, Document ID: _____ [X] Not Applicable* [] Previously submitted, Date: _____
3. Procedures for Startup and Shutdown [] Attached, Document ID: _____ [] Not Applicable [X] Waiver Requested
4. Operation and Maintenance Plan [] Attached, Document ID: _____ [] Not Applicable [X] Waiver Requested
5. Other Information Required by Rule or Statute [X] Attached, Document ID: <u>DEC LOG</u> [] Not Applicable

Emissions Unit Comment

BTU VALUE ASSUMED 7,000 BTU/LB *HURST BOILER HAS NOT OPERATED IN MORE THAN A YEAR. LAST COMPLIANCE TEST – 05/20/2009

Emissions Unit Supplemental Requirements

1. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Compliance Test Report <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Previously submitted, Date: _____
3. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
4. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
5. Other Information Required by Rule or Statute <input checked="" type="checkbox"/> Attached, Document ID: <u>DEC LOG</u> <input type="checkbox"/> Not Applicable

Emissions Unit Comment

Emissions Unit Supplemental Requirements

1. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Compliance Test Report <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Previously submitted, Date: _____
3. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
4. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
5. Other Information Required by Rule or Statute <input checked="" type="checkbox"/> Attached, Document ID: <u>DEC LOG</u> <input type="checkbox"/> Not Applicable

Emissions Unit Comment

