



# Department of Environmental Protection

## DIVISION OF AIR RESOURCES MANAGEMENT

### 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: <u>Florida Crushed Stone Company</u>	
2. Site Name: <u>Center Hill Mine</u>	
3. Facility Identification Number: <u>1190018</u> [ ] Unknown	
4. Facility Location: Street Address or Other Locator: <u>State Road 48 West</u> City: <u>Center Hill</u> County: <u>Sumter</u> Zip Code: <u>33514</u>	
5. Relocatable Facility? [ ] Yes      [X] No	6. Existing Permitted Facility? [X] Yes      [ ] No

#### Application Processing Information (DEP Use)

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

RECEIVED  
 JAN 09 1997  
 Department of Environmental Protection  
 SOUTHWEST DISTRICT  
 BY \_\_\_\_\_

**Owner/Authorized Representative**

1. Name and Title of Owner/Authorized Representative: <b>Dennis Kenney, P.G. --Director of Technical Service</b>
2. Owner/Authorized Representative Mailing Address:  Organization/Firm: <b>Florida Crushed Stone Company / Consolidated Minerals, Inc.</b> Street Address: <b>Post Office Box 790</b> 490300 City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34748</b> 9 - 0300
3. Owner/Authorized Representative Telephone Numbers: Telephone: <b>(352) 787-0608</b> Fax: <b>(352) 728-5001</b>
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>1/8/97</u>

\* 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	Limestone Processing Plant	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: **AC60-275098**

- 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: \_\_\_\_\_

**Application Processing Fee**

Check one:


[ ] Attached - Amount: \_\_\_\_\_ [ X ] Not Applicable.  
\*\*\*See Application Comment\*\*\*

**Construction/Modification Information**

1. Description of Alterations:

2. Date of Commencement of Construction: NA

**Professional Engineer Certification**

1. Professional Engineer Name: <b>Steven C. Cullen, P.E.</b>  Registration Number: <b>45188</b>
2. Professional Engineer Mailing Address:  Organization/Firm: <b>Koogler &amp; Associates</b> Street Address: <b>4014 NW 13th Street</b> City: <b>Gainesville</b> State: <b>FL</b> Zip Code: <b>32609</b>
3. Professional Engineer Telephone Numbers: Telephone: <b>(352) 377-5822</b> Fax: <b>(352) 377-7158</b>
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 an 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 [ X ] 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 (seal)  _____ Date <u>1/6/97</u>

\* Attach any exception to certification statement.

**Application Contact**

1. Name and Title of Application Contact: <b>Steve Cullen -- Project Engineer</b>
2. Application Contact Mailing Address:  Organization/Firm: <b>Koogler &amp; Associates</b> Street Address: <b>4014 NW 13th Street</b> City: <b>Gainesville</b> State: <b>FL</b> Zip Code: <b>32609</b>
3. Application Contact Telephone Numbers: Telephone: <b>(352) 377-5822</b> Fax: <b>(352) 377-7158</b>

**Application Comment**

**The applicable \$1,000.00 permit application fee for an air operating permit was submitted with the air construction application.**

## II. FACILITY INFORMATION

### A. GENERAL FACILITY INFORMATION

#### Facility Location and Type

1. Facility UTM Coordinates: Zone: <b>17</b> East (km): <b>401.5</b> North (km): <b>3169.5</b>			
2. Facility Latitude/Longitude: <b>See Field 1</b> Latitude (DD/MM/SS):                                      Longitude (DD/MM/SS):			
3. Governmental Facility Code: <b>0</b>	4. Facility Status Code: <b>A</b>	5. Facility Major Group SIC Code: <b>14</b>	6. Facility SIC(s): <b>1422</b>
7. Facility Comment (limit to 500 characters):			

#### Facility Contact

1. Name and Title of Facility Contact: <b>Dennis Kenney, P.G. -Director of Technical Service</b>		
2. Facility Contact Mailing Address: Organization/Firm: <b>Florida Crushed Stone Company / Consolidated Minerals, Inc.</b> Street Address: <b>Post Office Box 790</b> City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34748</b>		
3. Facility Contact Telephone Numbers: Telephone: <b>(352) 787-0608</b> Fax: <b>(352) 728-5001</b>		

**Facility Regulatory Classifications**

1. Small Business Stationary Source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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>Certain pieces of equipment are <i>affected facilities</i> per NSPS Subpart OOO.</b>

**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 type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested <b>On File with Department</b>
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 <b>On File with Department</b>
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 <b>On File with Department</b>



**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**

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters):	
<b>Limestone Processing Plant</b>	
2. Emissions Unit Identification Number: <b>001</b> <input type="checkbox"/> No Corresponding ID <input type="checkbox"/> Unknown	
3. Emissions Unit Status Code: <b>A</b>	4. Emissions Unit Major Group SIC Code: <b>14</b>
5. Emissions Unit Comment (limit to 500 characters):	

**Emissions Unit Information Section 1 of 1 [001: Limestone Processing Plant]**

**Emissions Unit Control Equipment**

**A. [NA]**

1. Description (limit to 200 characters):
2. Control Device or Method Code:

**B. [NA]**

1. Description (limit to 200 characters):
2. Control Device or Method Code:

**C. [NA]**

1. Description (limit to 200 characters):
2. Control Device or Method Code:

**Emissions Unit Information Section 1 of 1 [001: Limestone Processing Plant]**

**Emissions Unit Details**

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

**Emissions Unit Operating Capacity**

1. Maximum Heat Input Rate: NA	mmBtu/hr
2. Maximum Incineration Rate: NA	lb/hr tons/day
3. Maximum Process or Throughput Rate: <b>1,500 tph</b> <b>3,000,000 tpy</b>	
4. Maximum Production Rate: NA	
5. Operating Capacity Comment (limit to 200 characters): <b>AC60-275098, SC 3</b>	

**Emissions Unit Operating Schedule**

Requested Maximum Operating Schedule:		
	24 hours/day	7 days/week
	52 weeks/year	8760 hours/year

**Emissions Unit Information Section 1 of 1 [001: Limestone Processing Plant]**

**B. EMISSIONS UNIT SUPPLEMENTAL INFORMATION**

This subsection of 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 type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested <b>On File with Department</b>
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: <b>October 25, 1996</b>  <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