Ranger
Construction
Industries, Inc.
WEST PALM BEACH, FLORIDA

RECEIVED
MAY 02 1996
BUREAU OF
AIR REGULATION

Michael Slade
Executive Vice President
April 25, 1996

Mr. Willard Hanks
Fla. Dept. of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Reference: Permit # 7770253-002-AC
Permit to Construct

Dear Hanks:

Attached you will find the following:

1. **Ranger short form application for permit to operate.**
2. **Visible emissions test result on the crusher unit.**
3. **Visible emissions test result on the crusher diesel engine.**
4. **Visible emissions certification for Dagmar A. Fick.**
5. **Ranger check in the amount of $ 500.00 for application fee.**

We understand the correct application fee is $ 1000.00, but we overpaid the fee required for the permit to construct by $ 500.00. We are requesting this overpayment be applied to this application for permit to operate. Should you have any questions please do not hesitate to contact me. Thank you for all your help and cooperation.

Sincerely,

Michael Slade

Attachments

DATE	INVOICE NO.	DESCRIPTION	OUR NO.	INVOICE AMOUNT	DISCOUNT TAKEN	TOTAL
042496	042496	VENDOR#-0222019- 04 FEES FOR CRUSHER PERMIT		500.00	.00	500.00
		TOTALS:		500.00	.00	500.00

PLEASE PRESENT FOR PAYMENT PROMPTLY DETACH BEFORE DEPOSITING

Ranger Construction Industries, Inc.

RANGER CONSTRUCTION INDUSTRIES
P.O. BOX 15065
West Palm Beach FL 33416-5065

SUNBANK SOUTH FLORIDA, N.A.
WEST PALM BEACH, FL 33401

[redacted]

DATE	CHECK NUMBER	CHECK AMOUNT
4/24/96	47505	********500.00

PAY FIVE HUNDRED DOLLARS AND NO CENTS

VOID AFTER 60 DAYS

TO THE ORDER OF:

DEPT. OF ENVIRONMENTAL PROT.
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

[redacted]

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 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 on diskette, 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 name, if any; and a brief reference to the facility's physical location. If known, also enter the ARMS or AIRS facility identification number. This information is intended to give a quick reference, on the first page of the application form, to the facility addressed in this application. Elsewhere in the form, numbered data fields are provided for entry of the facility data in computer-input format.

Ranger Construction Industries, Inc.
101 Sansbury's Way
West Palm Beach, Florida 33411
(407) 793-9400

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	May 2, 1996
2. Permit Number:	7778253-004-AO(C)

Owner/Authorized Representative

1. Name and Title of Owner/Authorized Representative:

   Michael Slade, Executive Vice President

2. Owner/Authorized Representative Mailing Address:

   Organization/Firm: Ranger Construction Industries, Inc.
   Street Address: 101 Sansbury's Way
   City: W. Palm Beach State: FL. Zip Code: 33411

3. Owner/Authorized Representative Telephone Numbers:
   Telephone: (407) 793-9400 Fax: (407) 790-4332

4. Owner/Authorized Representative Statement:

I, the undersigned, am the owner or authorized representative of the facility (non-Title V source) 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. If the purpose of this application is to obtain an air operation permit or operation permit revision for one or more emissions units which have undergone construction or modification, I 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 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.*

Michael Slade
Signature

4/25/96
Date

* 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
1	Fugitive Emission Source
2	Electric Generator Motor

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.

[x] Initial air operation permit for one or more newly constructed or modified emissions units.

Current construction permit number: 77702 53-002-AC

[ ] 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:

[X] Attached - Amount: $ 1,000.00 [ ] Not Applicable.

Construction/Modification Information

1. Description of Alterations:

2. Date of Commencement of Construction (DD-MON-YYYY):

Professional Engineer Certification

1. Professional Engineer Name:

   Registration Number: 20020

2. Professional Engineer Mailing Address:

   Organization/Firm: Air Consulting and Engineering, Inc.
   Street Address: 2106 NW 67th Place, Suite 4
   City: Gainesville State: FL Zip Code: 32653

3. Professional Engineer Telephone Numbers:
   Telephone: (352) 335 - 1889 Fax: (352) 335-1891

4. Professional Engineer Statement:

   I, the undersigned, hereby certify, except as particularly noted herein, that:*

   (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

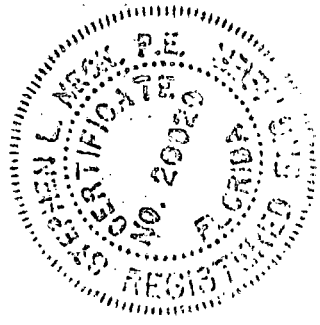
   (2) To the best of my knowledge, any emission estimates reported or relied on in this application are true, accurate, and complete and are either based upon reasonable techniques available for calculating emissions or, for emission estimates of hazardous air pollutants not regulated for an emissions unit addressed in this application, based solely upon the materials, information and calculations submitted with this application.

   Stephen L Neck
   Signature Stephen L. Neck, P.E.

   5/1/96
   Date

   (seal)

* Attach any exception to certification statement.



Application Contact

1. Name and Title of Application Contact:

   Michael Slade, Executive Vice President

2. Application Contact Mailing Address:

   Organization/Firm: Ranger Construction Industries, Inc.
   Street Address: 101 Sansbury's Way
   City: W. Palm Beach State: FL. Zip Code: 33411

3. Application Contact Telephone Numbers:
   Telephone: (407) 793-9400 Fax: (407) 790-4332

Application Comment

II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Name, Location, and Type

1. Facility Owner or Operator: Ranger Construction Industries, Inc.			
2. Facility Name: Portable Crusher			
3. Facility Identification Number:		[x] Unknown	
4. Facility Location Information: N/A Portable Unit Facility Street Address: City:	County:	Zip Code:	
5. Facility UTM Coordinates: N/A Portable Unit Zone:	East (km):	North (km):	
6. Facility Latitude/Longitude: Latitude (DD/MM/SS):	Longitude (DD/MM/SS):		
7. Governmental Facility Code: 0	8. Facility Status Code: A	9. Relocatable Facility? [X] Yes [ ] No	10. Facility Major Group SIC Code: 39
11. Facility Comment: This crusher is a portable RAP crusher that is moved from one recycleable asphalt stock pile to another in the state of Florida. The material crushed has from 2-6% moisture so there is little or not fugitive dust created.			

Facility Contact

1. Name and Title of Facility Contact: Michael Slade, Executive Vice President			
2. Facility Contact Mailing Address: Organization/Firm: Ranger Construction Industries, Inc. Street Address: 101 Sansbury's Way City: W. Palm Beach	State: FL.	Zip Code: 33411	
3. Facility Contact Telephone Numbers: Telephone: (407) 793-9400	Fax: (407) 790-4332		

Facility Regulatory Classifications

1. Small Business Stationary Source? [ ] Yes [x] No [ ] Unknown
2. Title V Source? [x] No
3. Synthetic Non-Title V Source by Virtue of Previous Air Construction Permit? [ ] Yes [x] No Construction Permit Number/Issue Date: _____
4. Facility Regulatory Classifications Comment:

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: Portable Unit [ ] Attached, Document ID:_____ [x] Not Applicable [x] Waiver Requested
2. Facility Plot Plan: [x] Attached, Document ID: 1 [ ] Not Applicable [ ] Waiver Requested
3. Process Flow Diagram(s): [x] Attached, Document ID: 2 [ ] Not Applicable [ ] Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: [ ] Attached, Document ID:_____ [x] Not Applicable [ ] 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

This subsection of the Application for Air Permit form provides general information on the emissions unit addressed in this Emissions Unit Information Section, including information on the type, control equipment, operating capacity, and operating schedule of the emissions unit.

Type of Emissions Unit Addressed in This Section

Check one:

[XX] 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, an individually-regulated emission point (stack or vent) serving a single process or production unit, or activity, which also has other individually-regulated emission points.

[ ] 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 Information Section 1 **of** 2

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section:

Portable Rap Crusher

(Recycleable Asphalt Pavement)

2. ARMS Identification Number: [ ] No Corresponding ID [x] Unknown

3. Emissions Unit Status Code: A

4. Emissions Unit Major Group SIC Code: 39

5. Initial Startup Date (DD-MON-YYYY):

6. Long-term Reserve Shutdown Date (DD-MON-YYYY): N/A

7. Package Unit:
Manufacturer: Astec
Model Number: 45R
Serial Number: 121M 5761

8. Generator Nameplate Rating: MW
N/A

9. Incinerator Information:
Dwell Temperature: N/A °F
Dwell Time: seconds
Incinerator Afterburner Temperature : °F

10. Emissions Unit Comment:

Emissions Unit Information Section 1 of 2

Emissions Unit Control Equipment

1. Description:

   N/A

   There is 2 to 6% of moisture in the product being crushed through this unit.

2. Control Device or Method Code(s): none

Emissions Unit Operating Capacity

1. Maximum Heat Input Rate: mmBtu/hr
   N/A
2. Maximum Incineration Rate: lb/hr tons/day
   N/A
3. Maximum Process or Throughput Rate:
   N/A
4. Maximum Production Rate:
   150 T/Hr.
5. Operating Capacity Comment:
   RAP crusher operates on the average of 80% capacity.

Emissions Unit Operating Schedule

Requested Maximum Operating Schedule:

8	hours/day	5	days/week
52	weeks/year	2,080	hours/year

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 [x] Attached, Document ID: 1 & 2 [ ] Not Applicable [ ] Waiver Requested
2. Fuel Analysis or Specification [ ] Attached, Document ID:_____ [XX] Not Applicable [ ] Waiver Requested
3. Detailed Description of Control Equipment [ ] Attached, Document ID:_____ [XX] Not Applicable [ ] Waiver Requested
4. Description of Stack Sampling Facilities [ ] Attached, Document ID:_____ [XX] Not Applicable [ ] Waiver Requested
5. Compliance Test Report [XX] Attached, Document ID: 3 [ ] Previously submitted, Date:_____ [ ] Not Applicable
6. Procedures for Startup and Shutdown [ ] Attached, Document ID:_____ [X] Not Applicable
7. Operation and Maintenance Plan [ ] Attached, Document ID:_____ [x] Not Applicable
8. Other Information Required by Rule or Statute [ ] Attached, Document ID:_____ [x] Not Applicable

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

This subsection of the Application for Air Permit form provides general information on the emissions unit addressed in this Emissions Unit Information Section, including information on the type, control equipment, operating capacity, and operating schedule of the emissions unit.

Type of Emissions Unit Addressed in This Section

Check one:

[XX] 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, an individually-regulated emission point (stack or vent) serving a single process or production unit, or activity, which also has other individually-regulated emission points.

[ ] 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 Information Section 2 **of** 2

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section: diesel engine to drive crusher operation
2. ARMS Identification Number: [ ] No Corresponding ID [XX] Unknown
3. Emissions Unit Status Code: A 4. Emissions Unit Major Group SIC Code: 39
5. Initial Startup Date (DD-MON-YYYY):
6. Long-term Reserve Shutdown Date (DD-MON-YYYY): N/A
7. Package Unit: Manufacturer: Model Number:
8. Generator Nameplate Rating: MW
9. Incinerator Information: Dwell Temperature: °F Dwell Time: seconds Incinerator Afterburner Temperature : °F
10. Emissions Unit Comment:

Emissions Unit Control Equipment

1. Description:

   Diesel engines which drives the crusher

2. Control Device or Method Code(s): none

Emissions Unit Operating Capacity

1. Maximum Heat Input Rate: N/A mmBtu/hr
2. Maximum Incineration Rate: N/A lb/hr tons/day
3. Maximum Process or Throughput Rate:
   Fuel consumption 8-10 gallons/hr of #2 fuel oil
4. Maximum Production Rate: N/A
5. Operating Capacity Comment:

Emissions Unit Operating Schedule

Requested Maximum Operating Schedule:

8	hours/day	5	days/week
52	weeks/year	2,080	hours/year

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.

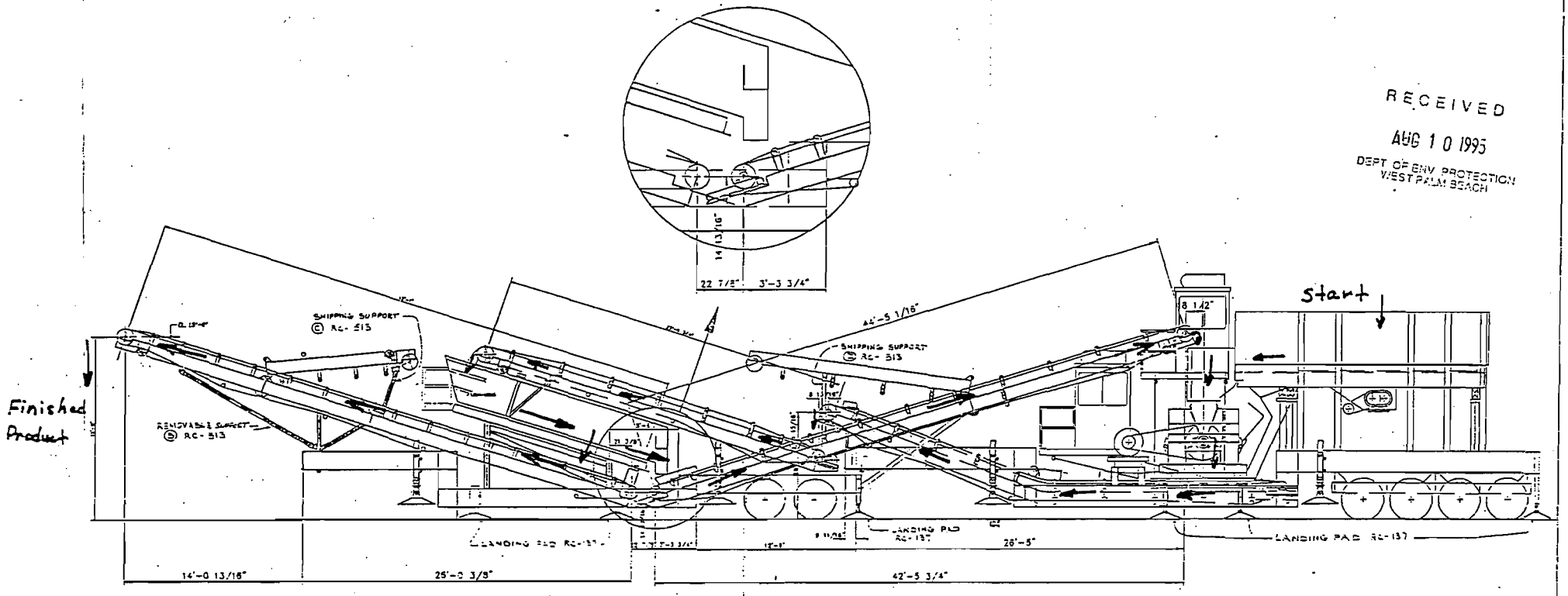
Supplemental Requirements for All Applications

1. Process Flow Diagram [XX] Attached, Document ID: 1 & 2 [ ] Not Applicable [ ] Waiver Requested
2. Fuel Analysis or Specification [XX] Attached, Document ID: 4 [ ] Not Applicable [ ] Waiver Requested
3. Detailed Description of Control Equipment [ ] Attached, Document ID:_____ [XX] Not Applicable [ ] Waiver Requested
4. Description of Stack Sampling Facilities [ ] Attached, Document ID:_____ [XX] Not Applicable [ ] Waiver Requested
5. Compliance Test Report [XX] Attached, Document ID: 3 [ ] Previously submitted, Date:_____ [ ] Not Applicable
6. Procedures for Startup and Shutdown [ ] Attached, Document ID:_____ [XX] Not Applicable
7. Operation and Maintenance Plan [ ] Attached, Document ID:_____ [XX] Not Applicable
8. Other Information Required by Rule or Statute [ ] Attached, Document ID:_____ [XX] Not Applicable

ATTACHMENT 1 & 2

Best Available Copy

RECEIVED
AUG 10 1995
DEPT OF ENV PROTECTION
WEST PALM BEACH



NO	REVISION	APPR	BY	DATE

ASTEC INDUSTRIES, INC.

RANGER CONSTRUCTION CO.

PORTABLE RAP CRUSHER

COC			
SHACKWORTH			90-153-1
90-153			

ATTACHMENT 3

ngineering

BEST AVAILABLE COPY

SOURCE NAME: Ranger Construction Ind.

ADDRESS: Glade Cut off Rd

CITY: Ft. Pierce | STATE: Fl | ZIP:

PHONE: | SOURCE I.D. NUMBER:

PROCESS EQUIPMENT: Diesel Engine | OPERATING MODE: normal

CONTROL EQUIPMENT: | OPERATING MODE:

DESCRIBE EMISSION POINT

START round exhaust STOP Same

HEIGHT ABOVE GROUND LEVEL: START 15' STOP 15' | HEIGHT REL. TO OBSERVER: START 15' STOP 15'

DISTANCE FROM OBSERVER: START 21' STOP 21' | DIRECTION FROM OBSERVER: START W STOP W

DESCRIBE EMISSIONS

START continuous STOP Same

EMISSION COLOR: START black STOP Same | PLUME TYPE: CONT. ☐ FUGITIVE ☐ INTER. ☐

WATER DROPLETS PRESENT: NO ☐ YES ☐ | IF WATER DROPLET PLUME: ATTACHED ☐ DETACHED ☐

POINT IN PLUME AT WHICH OPACITY WAS DETERMINED

START top of exhaust STOP Same

DESCRIBE BACKGROUND

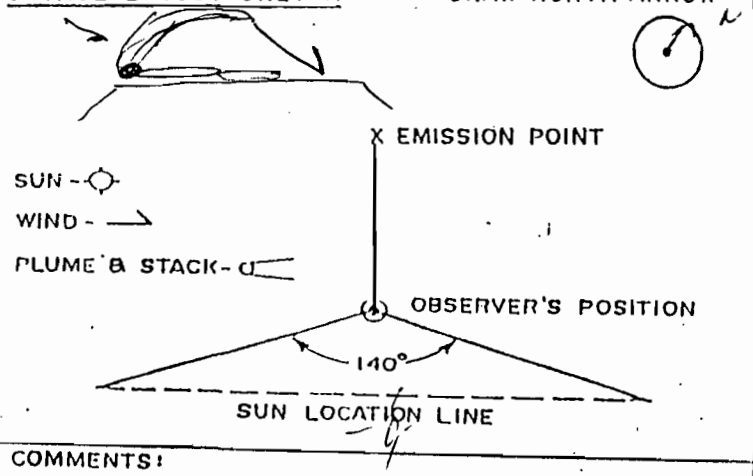
START Sky STOP Sky

BACKGROUND COLOR: START blue STOP blue | SKY CONDITIONS: START clear STOP clear

WIND SPEED: START 3-5 STOP 3-5 mph | WIND DIRECTION: START SW STOP SW

AMBIENT TEMP: START 65 STOP 65° F | WET BULB TEMP: | RH %:

SOURCE LAYOUT SKETCH



COMMENTS:

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS

SIGNATURE | DATE

TITLE

OBSERVATION DATE: 3/14/96 | START TIME: 1018 | STOP TIME: 1048

SEC / MIN	0	15	30	45	SEC / MIN	0	15	30	45
1	10	10	10	10	31				
2	10	10	10	10	32				
3 20	10	10	10	10	33				
4	10	10	10	10	34				
5	10	10	10	10	35				
6	5	5	5	5	36				
7	5	5	5	5	37				
8	10	10	10	10	38				
9	10	10	10	10	39				
10	10	10	10	10	40				
11	10	5	5	5	41				
12	5	5	5	5	42				
13 30	5	5	5	5	43				
14	5	5	5	5	44				
15	5	5	5	5	45				
16	5	5	5	5	46				
17	5	5	5	5	47				
18	5	5	5	5	48				
19	5	5	5	5	49				
20	5	5	5	5	50				
21	5	5	5	5	51				
22	10	10	10	10	52				
23 40	10	10	10	10	53				
24	10	10	10	10	54				
25	5	5	5	5	55				
26	5	5	5	5	56				
27	5	5	5	5	57				
28	5	5	5	5	58				
29	5	5	5	5	59				
30	5	5	5	5	60				

AVERAGE OPACITY FOR HIGHEST PERIOD: 9.1% | NUMBER OF READINGS ABOVE 10 WERE: 0

RANGE OF OPACITY READINGS: MINIMUM 5 MAXIMUM 10

OBSERVER'S NAME (PRINT): Dagman Fick

OBSERVER'S SIGNATURE: Dagman Fick | DATE: 3/14/96

ORGANIZATION: ACE, Inc

CERTIFIED BY: ETA | DATE: 1/12/96

VERIFIED BY: | DATE:

Consulting Engineering

OBSERVATION FORM

OBSERVATION DATE: 3/14/96 | START TIME: 10 18 | STOP TIME: 10 48

SOURCE NAME: Ranger Construction Ind.

ADDRESS: Glades Cut off Rd

CITY: Pt. Pierce | STATE: Fl | ZIP:

PHONE: | SOURCE I.D. NUMBER:

PROCESS EQUIPMENT: Crusher | OPERATING MODE: Normal

CONTROL EQUIPMENT: | OPERATING MODE:

DESCRIBE EMISSION POINT

START: square exhaust | STOP: same

HEIGHT ABOVE GROUND LEVEL: START 17' STOP 17' | HEIGHT REL. TO OBSERVER: START 17' STOP 17'

DISTANCE FROM OBSERVER: START 25' STOP 20' | DIRECTION FROM OBSERVER: START NW STOP NW

DESCRIBE EMISSIONS: START: none | STOP:

EMISSION COLOR: START: none STOP: | PLUME TYPE: CONT. ☒ FUGITIVE ☐ INTER. ☐

WATER DROPLETS PRESENT: NO ☒ YES ☐ | IF WATER DROPLET PLUME: ATTACHED ☐ DETACHED ☐

POINT IN PLUME AT WHICH OPACITY WAS DETERMINED

START: top of exhaust | STOP: same

DESCRIBE BACKGROUND

START: Sky | STOP: Sky

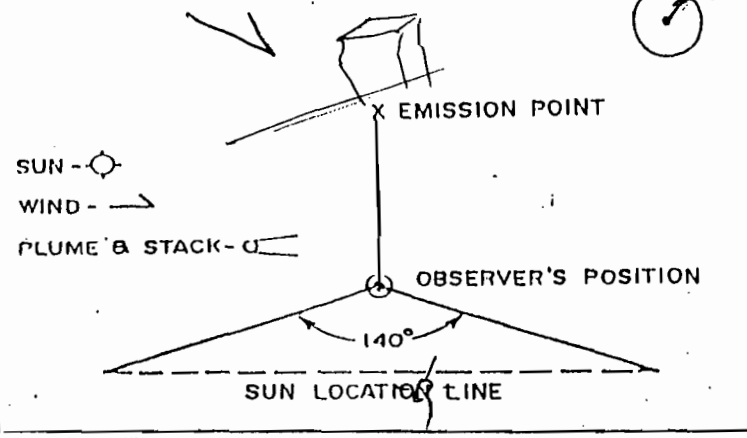
BACKGROUND COLOR: START blue STOP blue | SKY CONDITIONS: START clear STOP clear

WIND SPEED: START 3-5 STOP 3-5 mph | WIND DIRECTION: START SW STOP SW

AMBIENT TEMP.: START 65°F STOP 65°F | WET BULB TEMP.: | RH %:

SOURCE LAYOUT SKETCH

DRAW NORTH ARROW



SEC / MIN	0	15	30	45	SEC / MIN	0	15	30	45
1	0	0	0	0	31				
2	0	0	0	0	32				
3	0	0	0	0	33				
4	0	0	0	0	34				
5	0	0	0	0	35				
6	0	0	0	0	36				
7	0	0	0	0	37				
8	0	0	0	0	38				
9	0	0	0	0	39				
10	0	0	0	0	40				
11	0	0	0	0	41				
12	0	0	0	0	42				
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15	0	0	0	0	45				
16	0	0	0	0	46				
17	0	0	0	0	47				
18	0	0	0	0	48				
19	0	0	0	0	49				
20	0	0	0	0	50				
21	0	0	0	0	51				
22	0	0	0	0	52				
23	0	0	0	0	53				
24	0	0	0	0	54				
25	0	0	0	0	55				
26	0	0	0	0	56				
27	0	0	0	0	57				
28	0	0	0	0	58				
29	0	0	0	0	59				
30	0	0	0	0	60				

AVERAGE OPACITY FOR HIGHEST PERIOD: 0 | NUMBER OF READINGS ABOVE 0 WERE: 0

RANGE OF OPACITY READINGS: MINIMUM 0 MAXIMUM 0

OBSERVER'S NAME (PRINT): Dagmar Fick

COMMENTS:

OBSERVER'S SIGNATURE: Dagmar Fick | DATE: 3/14/96

ORGANIZATION: ACE, Inc.

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS

SIGNATURE

TITLE | DATE

CERTIFIED BY: ETA | DATE: 1/12/96

VERIFIED BY | DATE

CONGRATULATIONS,

Here is the wallet card signifying your successful certification at the recent Florida Department of Environmental Regulation Smoke School conducted by Eastern Technical Associates.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

THIS IS TO CERTIFY THAT

DAGMAR A. FICK, has completed the STATE OF FLORIDA visible emissions evaluation training and is a qualified observer of visible emissions as specified by EPA reference method 9.

THIS CERTIFICATE EXPIRES
Jul 11, 1996

Edward S. Huck
CERTIFICATE OFFICER

Dagmar A. Fick
BEARER'S SIGNATURE

Your certificate is valid for six (6) months. To keep your certification current, you must recertify on or before the expiration date on the card.
Please mark your calendar accordingly.

Edward S. Huck
EDWARD HUCK

FLORIDA DEPARTMENT OF
ENVIRONMENTAL REGULATION

VISIBLE EMISSIONS EVALUATION

This is to certify that

Dagmar A. Tick

did complete a course in the methods of determining opacity of visible emissions from sources as specified by Federal Reference Method 9 conducted by Eastern Technical Associates of Raleigh, North Carolina.

William H. Charles

Course Moderator

West Palm Beach

Location

July 11, 1995

Date

© GOES 445

Printed in U.S.A.

VISIBLE EMISSIONS EVALUATOR

This is to certify that

Dagmar a. Fick

met the specifications of Federal Reference Method 9 and qualified as a visible emissions evaluator. Maximum deviation on white and black smoke did not exceed 7.5% opacity and no single error exceeding 15% opacity was incurred during the certification test conducted by Eastern Technical Associates of Raleigh, North Carolina. This certificate is valid for six months from date of issue.

Thomas Lore
President

251548
Certificate Number

Vice President

West Palm Beach, Fl
Location

David B. Savage, Jr.
Program Manager

01/10/96
Date of Issue

© GOES 440

LITHO-IN U.S.A.

ATTACHMENT 4

BEST AVAILABLE COPY

THE STATE OF FLORIDA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Bob Crawford
Commissioner

ANALYSES OF OFFICIAL PETROLEUM SAMPLES UNDER CHAPTER 526, FLORIDA STATUTES

TAKEN FROM: STAR ENTERPRISE
P O BOX 13012
PORT EVERGLADES FL 33316

F.P. LOCATION

OFFICER FROM	DATE TAKEN	TIME RECEIVED	DATE REPORTED	INSPECTOR'S NAME	FACILITY #
AMOCO OIL CO	04/03/96	04/03/96	04/04/96	BRISTOL	101943

SAMPLE NO.	PRODUCT NAME	PUMP OR TANK NAME AND NO.	GALLONS	Flash Point °F	DISTILLATION TEMPERATURE °F 10 / 90 % EVAPORATED	°F END POINT	COLOR	SULFUR WT. %	VISCOSITY cSt	FOUND BY ANALYSIS
PD305431	DIESEL #2 L.S.	31432	1,213,999	146	602			.05		LEGAL

TEXAS CITY, TX S.S. OIL HUDSON

REMARKS

Division Of Standards
Bureau Of Petroleum Inspection
3125 Conner Blvd., Bldg. 1
Tallahassee, FL 32399-1650
Phone: 904/488-9740

Bob Crawford
Commissioner Of Agriculture

Rev. 09/91

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THE STATE OF FLORIDA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Bob Crawford
Commissioner

ANALYSES OF OFFICIAL PETROLEUM SAMPLES UNDER CHAPTER 525, FLORIDA STATUTES

TAKEN FROM: CHEVRON U S A INC
P O BOX 22908
FT LAUDERDALE FL 33335

W.P.B. LOCATION

SHIPPED FROM	DATE TAKEN	DATE RECEIVED	DATE REPORTED	INSPECTOR'S NAME	SHEET #
CHEVRON U.S.A. INC	04/11/96	04/11/96	04/12/96	BRISTOL	141923

SAMPLE NO.	PRODUCT NAME	PUMP OR TANK NAME AND NO.	GALLONS	FLASH POINT °F	DISTILLATION TEMPERATURE °F 10 % EVAPORATED	DISTILLATION TEMPERATURE °F 90 % EVAPORATED	°F END POINT	COLOR	SULFUR WT. %	VISCOSITY SSU	PASSED BY ANALYSIS
305881	DIESEL #2 N.S.	49	1,403,825	156		630			.37		LEGAL

SUGAR SUPPLY INC.

PENSACOLA, MISS. S.E. CHEVRON ARIZONA

ENGINES

Division Of Standards
Bureau Of Petroleum Inspection
3125 Conner Blvd., Bldg. 1
Tallahassee, FL 32399-1650
Phone: 904/488-9740

Bob Crawford
Commissioner Of Agriculture

rev. 09/91

Ranger
Construction
Industries, Inc.
WEST PALM BEACH, FLORIDA

To Whom It May Concern:

Please be advised that Ranger Construction Industries, Inc. conducted a three month study on its portable Astec asphalt crusher to determine the fuel consumption of this unit. The results of this study indicate the crusher consumes between 8 to 10 gallons of diesel fuel per hour.

Ranger Construction Industries,Inc.

Michael Slade

Michael Slade
Executive Vice President

101 Sansbury's Way at Southern Blvd., P.O. Box 15065, West Palm Beach, Florida 33416-5065, Telephone (407) 793-9400