

683-06-01
May 3, 2006



KOOGLER & ASSOCIATES
ENVIRONMENTAL SERVICES
4014 NW THIRTEENTH STREET
GAINESVILLE, FLORIDA 32609
352/377-5822 ■ FAX/377-7158

Department of Environmental Protection
MAY 22 2006
Southwest District

Ms. Mara G. Nasca
District Air Program Administrator
Florida Department of Environmental Protection
Southwest District
13051 N Telecom Parkway
Temple Terrace, FL 33637-0926

SUBJECT: Midcoast Aggregates, Inc.—Webster, Florida
Air General Permit Application: Phase B Portable Crusher

Dear Ms. Nasca:

This letter transmits the *Air General Permit Notification Form* for the referenced equipment at the referenced facility.

Please note:

- 1) The processing fee is attached; in accordance with Rule 62-4.050(4)(p)(2) F.A.C, the processing fee is **\$100** for a general permit not requiring Professional Engineer Certification.
- 2) Visible emissions testing was conducted within 60 days prior to submitting the form (testing conducted March 30, 2006), and the results were submitted to the compliance section within 45 days of the completion of testing. Copies of Visible Emissions Observation Sheets are also included for your convenience.

Please provide written confirmation of coverage under the General Permit. If you have any questions, please call me at (352) 377-5822.

Best Regards,

Veronica N. Sgro, E.I.
KOOGLER & ASSOCIATES

Enc.

Cc: Mr. Tim Tankersley—Midcoast Aggregates, Inc.
Mr. Billy Barnes—Midcoast Aggregates, Inc.
Mr. Woody Sanderson—Midcoast Aggregates, Inc.

Phase 1B

SOURCE NAME: **Midcoast Agg. egate**

ADDRESS: **7000 S.R. 50**

CITY: **Webster** STATE **FL** ZIP

PHONE: **352-569-0422** SOURCE ID NUMBER: **Phase 1B EU 001**

PROCESS EQUIPMENT **Hopper** OPERATING MODE
PORTABLE CRUSHER

CONTROL EQUIPMENT OPERATING MODE
Normal

DESCRIBE EMISSION POINT
START **AREA AROUND** STOP **THE HOPPER**

HEIGHT ABOVE GROUND LEVEL START **15'** STOP HEIGHT RELATIVE TO OBSERVER START **15'** STOP

DISTANCE FROM OBSERVER START **70'** STOP DIRECTION FROM OBSERVER START **305°** STOP

DESCRIBE EMISSIONS
START **NONE** STOP

EMISSION COLOR START **NONE** STOP PLUME TYPE. CONTINUOUS FUGITIVE INTERMITTENT

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

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED
START **Hopper AREA** STOP

DESCRIBE BACKGROUND
START **SKY** STOP

BACKGROUND COLOR START **Blue** STOP SKY CONDITIONS START **Clear** STOP

WIND SPEED START **5** STOP WIND DIRECTION START **ENE** STOP

AMBIENT TEMP: START **73** STOP WET BULB TEMP **68°** RH.percent **80%**

PORTABLE CRUSHER **HOPPER** Draw North Arrow
Emission Point
Pile
Sun BELT Wind
Plume and Stack
140° Observers Positions
Sun Location Line
Pile

COMMENTS
No observable emissions
Hopper / screen / under belt

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS SIGNATURE

TITLE DATE

CONTINUED ON VEO FORM NUMBER									
OBSERVATION DATE				START TIME			STOP TIME		
3/30/06				09:00			10:00		
SEC	0	15	30	45	SEC	0	15	30	45
MIN					MIN				
1	0	0	0	0	31	0	0	0	0
2	0	0	0	0	32	0	0	0	0
3	0	0	0	0	33	0	0	0	0
4	0	0	0	0	34	0	0	0	0
5	0	0	0	0	35	0	0	0	0
6	0	0	0	0	36	0	0	0	0
7	0	0	0	0	37	0	0	0	0
8	0	0	0	0	38	0	0	0	0
9	0	0	0	0	39	0	0	0	0
10	0	0	0	0	40	0	0	0	0
11	0	0	0	0	41	0	0	0	0
12	0	0	0	0	42	0	0	0	0
13	0	0	0	0	43	0	0	0	0
14	0	0	0	0	44	0	0	0	0
15	0	0	0	0	45	0	0	0	0
16	0	0	0	0	46	0	0	0	0
17	0	0	0	0	47	0	0	0	0
18	0	0	0	0	48	0	0	0	0
19	0	0	0	0	49	0	0	0	0
20	0	0	0	0	50	0	0	0	0
21	0	0	0	0	51	0	0	0	0
22	0	0	0	0	52	0	0	0	0
23	0	0	0	0	53	0	0	0	0
24	0	0	0	0	54	0	0	0	0
25	0	0	0	0	55	0	0	0	0
26	0	0	0	0	56	0	0	0	0
27	0	0	0	0	57	0	0	0	0
28	0	0	0	0	58	0	0	0	0
29	0	0	0	0	59	0	0	0	0
30	0	0	0	0	60	0	0	0	0

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) **Neil A. Lofgren**

OBSERVER'S SIGNATURE **[Signature]** DATE **3/30/06**

ORGANIZATION **KOGLER AND ASSOCIATES, INC.**

CERTIFIED BY: **Whitlow** DATE: **1/2006**

VERIFIED BY DATE

Phase 1B

SOURCE NAME: **Midcoast Aggregate**

ADDRESS: **7000 S.R. 50**

CITY: **Webster** STATE **FL** ZIP

PHONE: **352-569-0422** SOURCE ID NUMBER: **Phase 1B CRUSHER**

PROCESS EQUIPMENT: **Belt Transfer Pt.** OPERATING MODE: **Normal**

CONTROL EQUIPMENT: **---** OPERATING MODE: **Normal**

DESCRIBE EMISSION POINT: **TRANSFER PT FROM SIDE**
 START: **UNDERBELT TO DISTRIBUTING BELT**

HEIGHT ABOVE GROUND LEVEL: START **5'** STOP
 HEIGHT RELATIVE TO OBSERVER: START **5'** STOP

DISTANCE FROM OBSERVER: START **65'** STOP
 DIRECTION FROM OBSERVER: START **305°** STOP

DESCRIBE EMISSIONS: START **NONE** STOP **---**

EMISSION COLOR: START **NONE** STOP
 PLUME TYPE: CONTINUOUS FUGITIVE INTERMITTENT

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

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED: START **Drop to hopper** STOP **---**

DESCRIBE BACKGROUND: START **Machine Side** STOP **---**

BACKGROUND COLOR: START **4 Gray** STOP
 SKY CONDITIONS: START **Clear** STOP

WIND SPEED: START **5 - 9 @**
 WIND DIRECTION: START **ENE** STOP

AMBIENT TEMP: START **73** STOP
 WET BULB TEMP: **68°F** RH percent: **80%**

COMMENTS: **No Observable Emissions**

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS SIGNATURE

TITLE DATE

CONTINUED ON VEC FORM NUMBER

OBSERVATION DATE		START TIME				STOP TIME					
3/30/06		09:00				10:00					
MIN	SEC	0	15	30	45	MIN	SEC	0	15	30	45
1	0	0	0	0	0	31	0	0	0	0	0
2	0	0	0	0	0	32	0	0	0	0	0
3	0	0	0	0	0	33	0	0	0	0	0
4	0	0	0	0	0	34	0	0	0	0	0
5	0	0	0	0	0	35	0	0	0	0	0
6	0	0	0	0	0	36	0	0	0	0	0
7	0	0	0	0	0	37	0	0	0	0	0
8	0	0	0	0	0	38	0	0	0	0	0
9	0	0	0	0	0	39	0	0	0	0	0
10	0	0	0	0	0	40	0	0	0	0	0
11	0	0	0	0	0	41	0	0	0	0	0
12	0	0	0	0	0	42	0	0	0	0	0
13	0	0	0	0	0	43	0	0	0	0	0
14	0	0	0	0	0	44	0	0	0	0	0
15	0	0	0	0	0	45	0	0	0	0	0
16	0	0	0	0	0	46	0	0	0	0	0
17	0	0	0	0	0	47	0	0	0	0	0
18	0	0	0	0	0	48	0	0	0	0	0
19	0	0	0	0	0	49	0	0	0	0	0
20	0	0	0	0	0	50	0	0	0	0	0
21	0	0	0	0	0	51	0	0	0	0	0
22	0	0	0	0	0	52	0	0	0	0	0
23	0	0	0	0	0	53	0	0	0	0	0
24	0	0	0	0	0	54	0	0	0	0	0
25	0	0	0	0	0	55	0	0	0	0	0
26	0	0	0	0	0	56	0	0	0	0	0
27	0	0	0	0	0	57	0	0	0	0	0
28	0	0	0	0	0	58	0	0	0	0	0
29	0	0	0	0	0	59	0	0	0	0	0
30	0	0	0	0	0	60	0	0	0	0	0

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

RANGE OF OPACITY READINGS: MINIMUM **0** MAXIMUM **0**

OBSERVER'S NAME (PRINT): **Neil A. Lofgren**

OBSERVER'S SIGNATURE: *Neil A. Lofgren* DATE: **3/30/06**

ORGANIZATION: **KOGLER AND ASSOCIATES, INC.**

CERTIFIED BY: **Whitlow** DATE: **1/2006**

VERIFIED BY: DATE:

Phase B

SOURCE NAME: **Midcoast Aggregate**

ADDRESS: **7000 S.R. 50**

CITY: **Webster** STATE **FL** ZIP

PHONE: **352-569-0422** SOURCE ID NUMBER: **Phase B Crusher**

PROCESS EQUIPMENT: **Generator/Diesel** OPERATING MODE

CONTROL EQUIPMENT: **None** OPERATING MODE

DESCRIBE EMISSION POINT: **Generator Exhaust Stack VERT w/ muffler**

HEIGHT ABOVE GROUND LEVEL: START **20'** STOP

DIRECTION FROM OBSERVER: START **200'** STOP

DESCRIBE EMISSIONS: START **light haze STOP/dark color**

EMISSION COLOR: START **gray** STOP

PLUME TYPE: CONTINUOUS FUGITIVE INTERMITTENT

WATER DROPLETS PRESENT: NO YES

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED: START **Exhaust pipe** STOP

DESCRIBE BACKGROUND: START **Sky** STOP

BACKGROUND COLOR: START **blue** STOP

SKY CONDITIONS: START **Clear** STOP

WIND SPEED: START **5** STOP **10**

WIND DIRECTION: START **ENE** STOP

AMBIENT TEMP.: START **73** STOP

WET BULB TEMP: **68** RH.percent: **80%**

COMMENTS

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS SIGNATURE

TITLE DATE

CONTINUED ON VEC FORM NUMBER

OBSERVATION DATE		START TIME		STOP TIME					
3/30/06		09:00		10:00					
SEC MIN	0	15	30	45	SEC MIN	0	15	30	45
1	5	5	5	5	31	5	5	5	5
2	5	5	5	5	32	5	5	5	5
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23	5	5	5	5	53	5	5	5	5
24	5	5	5	5	54	5	5	5	5
25	5	5	5	5	55	5	5	5	5
26	5	5	5	5	56	5	5	5	5
27	5	5	5	5	57	5	5	5	5
28	5	5	5	5	58	5	5	5	5
29	5	5	5	5	59	5	5	5	5
30	5	5	5	5	60	5	5	5	5

AVERAGE OPACITY FOR HIGHEST PERIOD: **5** NUMBER OF READINGS ABOVE % WERE: **5**

RANGE OF OPACITY READINGS: MINIMUM **5** MAXIMUM **5**

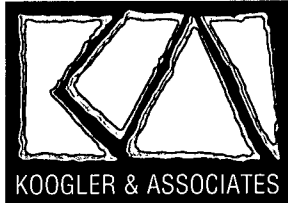
OBSERVER'S NAME (PRINT) **Neil A. Lofgren**

OBSERVER'S SIGNATURE: *Neil A. Lofgren* DATE: **3/30/06**

ORGANIZATION **KOGLER AND ASSOCIATES, INC.**

CERTIFIED BY: **Whitlow** DATE: **1/2006**

VERIFIED BY: DATE:



KOOGLER & ASSOCIATES
ENVIRONMENTAL SERVICES

4014 NW THIRTEENTH STREET
GAINESVILLE, FLORIDA 32609
352/377-5822 ■ FAX/377-7158

683-06-01
May 3, 2006
**Dept. of Environmental
Protection**

MAY 22 2006

Southwest District

Ms. Mara G. Nasca
District Air Program Administrator
Florida Department of Environmental Protection
Southwest District
13051 N Telecom Parkway
Temple Terrace, FL 33637-0926

SUBJECT: Midcoast Aggregates, Inc.—Webster, Florida
Air General Permit Application: Aggregate Plant

Dear Ms. Nasca:


This letter transmits the *Air General Permit Notification Form* for the referenced equipment at the referenced facility.

Please note:

- 1) The processing fee is attached; in accordance with Rule 62-4.050(4)(p)(2) F.A.C, the processing fee is **\$100** for a general permit not requiring Professional Engineer Certification.
- 2) Visible emissions testing was conducted within 60 days prior to submitting the form (testing conducted March 30, 2006), and the results were submitted to the compliance section within 45 days of the completion of testing. Copies of Visible Emissions Observation Sheets are also included for your convenience.

Please provide written confirmation of coverage under the General Permit. If you have any questions, please call me at (352) 377-5822.

Best Regards,


Veronica N. Sgro, E.I.
KOOGLER & ASSOCIATES

Enc.

Cc: Mr. Tim Tankersley—Midcoast Aggregates, Inc.
Mr. Billy Barnes—Midcoast Aggregates, Inc.
Mr. Woody Sanderson—Midcoast Aggregates, Inc.

NONMETALLIC MINERAL PROCESSING PLANT
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use Air General Permit

(Submit this Part to the appropriate permitting office and keep copy of completed form onsite. Instructions follow.)

Instructions to Owner or Operator: To give notice to the Department of an eligible facility's intent to use the nonmetallic mineral processing plant air general permit, the owner or operator of the facility must detach and complete Part III of this Nonmetallic Mineral Processing Plant Air General Permit Notification Form and submit it to the appropriate Department of Environmental Protection district office or local air pollution control program office which has been delegated permitting authority. Please type or print clearly all information and enclose the appropriate general permit processing fee pursuant to Rule 62-4.050(4)(o), F.A.C. Please note, the form will not be considered complete unless: 1) the processing fee is attached; 2) if the facility is new, initial visible and particulate matter emissions testing was conducted before beginning commercial operation and the test results have already been submitted to the appropriate permitting authority or accompany the form; and, 3) if the facility is existing, visible and particulate matter emissions testing (initial and renewal) was conducted within 60 days prior to submitting the form and the test results have already been submitted to the appropriate permitting authority or accompany the form. Also, please refer to the instructions for completing Part III of the notification form at the end of the form.

7774820

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner):		
Midcoast Aggregates, Inc.		
Site Name (For example, plant name or number):		
Phase B Portable Crusher		
Facility Location:		
Street Address: 7000 SR 50	County: Sumter	Zip Code: 33597
City: Webster		
Facility Start-Up Date:		
Relocatable:		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

Notification Type

Check one:
<input checked="" type="checkbox"/> NEW: Notification of a proposed <i>new</i> nonmetallic mineral processing plant.
<input type="checkbox"/> EXISTING: Notification of an <i>existing</i> nonmetallic mineral processing plant.
<input type="checkbox"/> RENEWAL: Notification for permit renewal of an <i>existing</i> nonmetallic mineral processing plant.

Owner/Authorized Representative

Name and Title: Woody Sanderson, General Manager		
Owner/Authorized Representative Mailing Address:		
Organization/Firm: Midcoast Aggregates, Inc.		
Street Address: 7000 SR 50	County: Sumter	Zip Code: 33597
City: Webster		
Owner/Authorized Representative Telephone Number:		
Telephone: (843) 241-3253	Fax: (352) 569-0425	

Facility Contact (If different from Owner/Authorized Representative)

Name and Title: Billy Barnes, Mine Manager		
Facility Contact Mailing Address: Organization/Firm: Midcoast Aggregates, Inc. Street Address: 7000 SR 50 City: Webster County: Sumter Zip Code: 33597		
Facility Contact Telephone Number: Telephone: (352) 569-0422 Fax: (352) 569-0425		

Facility Comments

The portable crusher process on-site material. The crushed material is then trucked to the on-site aggregate plant.

Material to be Processed and Plant Capacities

Material to be Processed	Capacity of Plant	Yes	No
<input type="checkbox"/> Concrete	>150 tons/hour (relocatable)	<input type="checkbox"/>	<input type="checkbox"/>
	>25 tons/hour (stationary)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recycled asphalt pavement	>150 tons/hour (relocatable)	<input type="checkbox"/>	<input type="checkbox"/>
	>25 tons/hour (stationary)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Crushed and broken stone, including limestone, dolomite, traprock, sandstone, quartz, quartzite, slate, shale, or oilshale .	>150 tons/hour (relocatable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	>25 tons/hour (stationary)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sand, shell or gravel	>150 tons/hour (relocatable)	<input type="checkbox"/>	<input type="checkbox"/>
	>25 tons/hour (stationary)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Common clay	>10 tons per hour	<input type="checkbox"/>	<input type="checkbox"/>
Facility will be located at mines or quarries and used to process only material from onsite natural deposits: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Comments: None.			

Affected Facilities Description

Affected Facility	Manufacturer	Date of Manufacture	Model Number	Identifier & Serial Number	Size (TPH, hp, kW, etc.)		Subject to 40 CFR Part 60, Subpart OOO	
							Yes	No
Primary Crusher(s)	MGL	2004	52" x 60"	P15160D5101	700	TPH	X	<input type="checkbox"/>
Secondary Crusher(s)						TPH	<input type="checkbox"/>	<input type="checkbox"/>
Tertiary Crusher						TPH	<input type="checkbox"/>	<input type="checkbox"/>
Grinding Mill(s)						TPH	<input type="checkbox"/>	<input type="checkbox"/>
Bucket Elevator(s)						TPH	<input type="checkbox"/>	<input type="checkbox"/>
Screening Operation(s)						FT ²	X	<input type="checkbox"/>
Bagging Operation						TPH	<input type="checkbox"/>	<input type="checkbox"/>
Storage Bin(s)						TONS	<input type="checkbox"/>	<input type="checkbox"/>
Enclosed Truck or Railcar Loading Station						TPH	<input type="checkbox"/>	<input type="checkbox"/>
Crusher Engine	Cummings Diesel	2004	372	37212470	700	HP	<input type="checkbox"/>	X
Auxiliary Generator(s)						KW	<input type="checkbox"/>	<input type="checkbox"/>
Belt Conveyor(s) Under		2004	N/A	N/A	60	IN.	X	<input type="checkbox"/>
Stacker		2004	N/A	N/A	48	IN.	X	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Comments:

For identification purposes, the stacker belt goes up to 75 ft.

Crusher is a package unit that includes the belt conveyors.

As a courtesy to the Department, Visible Emissions Observation Sheets for this unit are attached to the application. The test report will be submitted to the Department in a timely manner.

Surrender of Existing Air Permit(s) except Air General Permits (do not complete for renewal notifications)

Check one:

I hereby surrender all existing air permits authorizing operation of the facility* indicated on this form; specifically permit number(s) _____.

No air permits currently exist for the operation of the facility indicated on this form.

* Except a regular air permit containing a relocatable nonmetallic mineral processing plant as an emissions unit.

Owner/Authorized Representative Statement

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Notification Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the facility and any air pollution control equipment described in this notification so as to comply with all applicable standards and requirements 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 will promptly notify the Department of any changes to the information contained in this notification.

Signature Willie R. Woody Sanderson

Date 5-4-06

ATTACHMENT 1

VISIBLE EMISSIONS OBSERVATION SHEETS

Phase 1B

BEST AVAILABLE COPY

CONTINUED ON VEO FORM NUMBER

SOURCE NAME: Midcoast Aggregate		
ADDRESS: 7000 S.R. 50 7774820		
CITY: Webster	STATE: FL	ZIP: _____
PHONE: 352-569-0422	SOURCE ID NUMBER: Phase 1B EU 001	
PROCESS EQUIPMENT: Hopper PORTABLE CRUSHER	OPERATING MODE: _____	
CONTROL EQUIPMENT: _____	OPERATING MODE: Normal	
DESCRIBE EMISSION POINT START AREA AROUND STOP THE HOPPER		
HEIGHT ABOVE GROUND LEVEL START 15' STOP _____	HEIGHT RELATIVE TO OBSERVER START 15' STOP _____	
DISTANCE FROM OBSERVER START 70' STOP _____	DIRECTION FROM OBSERVER START 305' STOP _____	
DESCRIBE EMISSIONS START None None STOP _____		
EMISSION COLOR START NONE STOP _____	PLUME TYPE. CONTINUOUS <input type="checkbox"/> FUGITIVE <input type="checkbox"/> INTERMITTENT <input type="checkbox"/>	
WATER DROPLETS PRESENT: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	IF WATER DROPLET PLUME: ATTACHED <input type="checkbox"/> DETACHED <input type="checkbox"/>	
POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED START Hopper Area STOP _____		
DESCRIBE BACKGROUND START Sky STOP _____		
BACKGROUND COLOR START Blue STOP _____	SKY CONDITIONS START Clear STOP _____	
WIND SPEED START 5 STOP _____	WIND DIRECTION START ENE STOP _____	
AMBIENT TEMP: START 73 STOP _____	WET BULB TEMP 68°	RH. percent 80%
COMMENTS No observations during Hopper / screen / under belt		
I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS SIGNATURE _____		
TITLE _____	DATE _____	

OBSERVATION	START TIME				STOP TIME			
	SEC	MIN	SEC	MIN	SEC	MIN	SEC	MIN
3/30/06	0	15	30	45	09	00	10	00
1	0	0	0	0	31	0	0	0
2	0	0	0	0	32	0	0	0
3	0	0	0	0	33	0	0	0
4	0	0	0	0	34	0	0	0
5	0	0	0	0	35	0	0	0
6	0	0	0	0	36	0	0	0
7	0	0	0	0	37	0	0	0
8	0	0	0	0	38	0	0	0
9	0	0	0	0	39	0	0	0
10	0	0	0	0	40	0	0	0
11	0	0	0	0	41	0	0	0
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13	0	0	0	0	43	0	0	0
14	0	0	0	0	44	0	0	0
15	0	0	0	0	45	0	0	0
16	0	0	0	0	46	0	0	0
17	0	0	0	0	47	0	0	0
18	0	0	0	0	48	0	0	0
19	0	0	0	0	49	0	0	0
20	0	0	0	0	50	0	0	0
21	0	0	0	0	51	0	0	0
22	0	0	0	0	52	0	0	0
23	0	0	0	0	53	0	0	0
24	0	0	0	0	54	0	0	0
25	0	0	0	0	55	0	0	0
26	0	0	0	0	56	0	0	0
27	0	0	0	0	57	0	0	0
28	0	0	0	0	58	0	0	0
29	0	0	0	0	59	0	0	0
30	0	0	0	0	60	0	0	0

AVERAGE OPACITY FOR HIGHEST PERIOD: 0	NUMBER OF READINGS ABOVE % WERE: 0
RANGE OF OPACITY READINGS MINIMUM: 0 MAXIMUM: 0	
OBSERVER'S NAME (PRINT) Neil A. Lofgren	
OBSERVER'S SIGNATURE:	DATE: 3/30/06
ORGANIZATION KOOGLER AND ASSOCIATES, INC.	
CERTIFIED BY: Whitlow	DATE: 1/2006
VERIFIED BY: _____	DATE: _____

SOURCE NAME: **Midcoast Aggregate**

ADDRESS: **7000 S.R. 50** 7774820

CITY: **Webster** STATE **FL** ZIP

PHONE: **352-569-0422** SOURCE ID NUMBER: **Phase 1B CRUSHER**

PROCESS EQUIPMENT: **Belt Transfer Pt.** OPERATING MODE

CONTROL EQUIPMENT: _____ OPERATING MODE: **Normal** *(u. 05V)*

DESCRIBE EMISSION POINT: **TRANSFER PT FROM SIDE**
 START: **UNDERBELT TO TOP DISTRIBUTING BELT**

HEIGHT ABOVE GROUND LEVEL: START **5'** STOP
 HEIGHT RELATIVE TO OBSERVER: START **5'** STOP

DISTANCE FROM OBSERVER: START **65'** STOP
 DIRECTION FROM OBSERVER: START **3050** STOP

DESCRIBE EMISSIONS: START **NONE** STOP **~**

EMISSION COLOR: START **NONE** STOP
 PLUME TYPE: CONTINUOUS FUGITIVE INTERMITTENT

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

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED: START **Drop to Hopper** STOP **~**

DESCRIBE BACKGROUND: START **Machine Side** STOP

BACKGROUND COLOR: START **Light Grey** STOP
 SKY CONDITIONS: START **Clear** STOP

WIND SPEED: START **5 - 10 MPH** STOP
 WIND DIRECTION: START **ENE** STOP

AMBIENT TEMP: START **73** STOP
 WET BULB TEMP: **68°F** RH. percent: **80%**

Draw North Arrow

Comments: **No Observable Emissions**

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS SIGNATURE

TITLE DATE

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

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

RANGE OF OPACITY READINGS: MINIMUM **0** MAXIMUM **0**

OBSERVER'S NAME (PRINT): **Neil A. Lofgren**

OBSERVER'S SIGNATURE: *Neil A. Lofgren* DATE: **3/30/06**

ORGANIZATION: **KOGLER AND ASSOCIATES, INC.**

CERTIFIED BY: **Whitlow** DATE: **1/2006**

VERIFIED BY: _____ DATE: _____

Phase 10

BEST AVAILABLE COPY

CONTINUED ON VEC FORM NUMBER

SOURCE NAME: **Midcoast Aggregate**

ADDRESS: **7000 S.R. 50** 7774800

CITY: **Webster** STATE **FL** ZIP

PHONE: **352-569-0422** SOURCE ID NUMBER: **Phase 10 Owner**

PROCESS EQUIPMENT: **Generator/Diesel** OPERATING MODE

CONTROL EQUIPMENT: **None** OPERATING MODE

DESCRIBE EMISSION POINT START: **Generator Exhaust Stack VERT STOP muffler**

HEIGHT ABOVE GROUND LEVEL START: **20'** STOP

HEIGHT RELATIVE TO OBSERVER START: **20'** STOP

DISTANCE FROM OBSERVER START: **75'** STOP

DIRECTION FROM OBSERVER START: **20'** STOP

DESCRIBE EMISSIONS START: **light haze STOP/dark clear**

EMISSION COLOR START: **gray** STOP

PLUME TYPE: CONTINUOUS FUGITIVE INTERMITTENT

WATER DROPLETS PRESENT. NO YES

POINT IN THE PLUME AT WHICH OPACITY WAS DETERMINED START: **Exhaust pipe** STOP

DESCRIBE BACKGROUND START: **Sky** STOP

BACKGROUND COLOR START: **blue** STOP

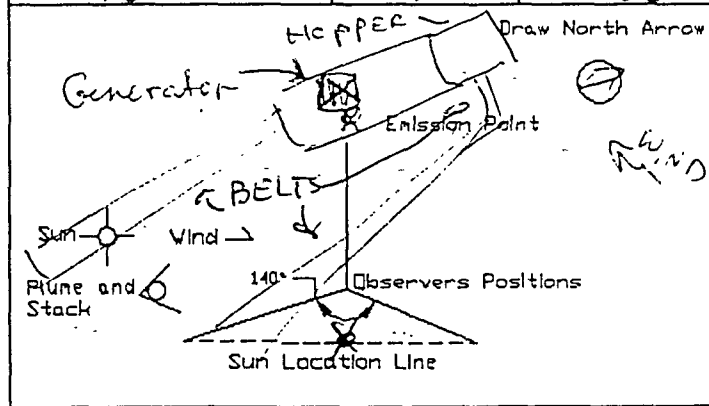
SKY CONDITIONS START: **clear** STOP

WIND SPEED START: **5** STOP **10**

WIND DIRECTION START: **ENE** STOP

AMBIENT TEMP: START: **73** STOP

WET BULB TEMP: **68** RH percent: **80%**



OBSERVATION DAY		START TIME					STOP TIME				
3/30/06		09:00					10:00				
SEC	MIN	0	15	30	45	SEC	MIN	0	15	30	45
1	5	5	5	5	5	31	5	5	5	5	5
2	5	5	5	5	5	32	5	5	5	5	5
3	5	5	5	5	5	33	5	5	5	5	5
4	5	5	5	5	5	34	5	5	5	5	5
5	5	5	5	5	5	35	5	5	5	5	5
6	5	5	5	5	5	36	5	5	5	5	5
7	5	5	5	5	5	37	5	5	5	5	5
8	5	5	5	5	5	38	5	5	5	5	5
9	5	5	5	5	5	39	5	5	5	5	5
10	5	5	5	5	5	40	5	5	5	5	5
11	5	5	5	5	5	41	5	5	5	5	5
12	5	5	5	5	5	42	5	5	5	5	5
13	5	5	5	5	5	43	5	5	5	5	5
14	5	5	5	5	5	44	5	5	5	5	5
15	5	5	5	5	5	45	5	5	5	5	5
16	5	5	5	5	5	46	5	5	5	5	5
17	5	5	5	5	5	47	5	5	5	5	5
18	5	5	5	5	5	48	5	5	5	5	5
19	5	5	5	5	5	49	5	5	5	5	5
20	5	5	5	5	5	50	5	5	5	5	5
21	5	5	5	5	5	51	5	5	5	5	5
22	5	5	5	5	5	52	5	5	5	5	5
23	5	5	5	5	5	53	5	5	5	5	5
24	5	5	5	5	5	54	5	5	5	5	5
25	5	5	5	5	5	55	5	5	5	5	5
26	5	5	5	5	5	56	5	5	5	5	5
27	5	5	5	5	5	57	5	5	5	5	5
28	5	5	5	5	5	58	5	5	5	5	5
29	5	5	5	5	5	59	5	5	5	5	5
30	5	5	5	5	5	60	5	5	5	5	5

AVERAGE OPACITY FOR HIGHEST PERIOD: **5** NUMBER OF READINGS ABOVE % WERE: **5**

RANGE OF OPACITY READINGS: MINIMUM **5** MAXIMUM **5**

OBSERVER'S NAME (PRINT) **Neil A. Lofgren**

OBSERVER'S SIGNATURE: *Neil A. Lofgren* DATE: **3/30/06**

ORGANIZATION **KOGLER AND ASSOCIATES, INC.**

I HAVE RECEIVED A COPY OF THESE OPACITY OBSERVATIONS SIGNATURE: _____ CERTIFIED BY: **Whitlow** DATE: **1/2006**

TITLE: _____ DATE: _____ VERIFIED BY: _____ DATE: _____