



LINDAHL, BROWNING, FERRARI & HELLSTROM, INC.
CONSULTING ENGINEERS, SURVEYORS & MAPPERS

September 3, 1999

Mr. Ross Pollock
Florida Department of Environmental Protection
Twin Towers Office Building
2600 Blairstone Road
Tallahassee, Florida 32399-2400

RECEIVED

SEP 10 1999

BUREAU OF AIR REGULATION

**Re: TRS Concrete Recycling – Operating Permit Application
99-0254/PERM**

Dear Ross:

Attached is the following:

1. Four signed and sealed copies of the operating permit application.
2. Copy of the visual emission observations performed on 8/17/99 attached as TRS-6.
3. Check from TRS Concrete Recycling for \$1,000.

Please note that attachments TRS-1 through TRS-5 are not enclosed since they are already contained in your file.

Should you have any questions or comments, please contact Seton Katz or myself at (561) 286-3883.

Sincerely,

LINDAHL, BROWNING
FERRARI & HELLSTROM, INC.



Scott A. Eckler, P.E.
Client Service Manager

SAE/SK/da
Enclosures

cc: Tommy Hawkins
P:\99-0254\TRS Letter.doc

T.R.S. CONCRETE RECYCLING, INC.

909 BARREL AVE.
FORT. PIERCE, FL 34982
(861) 464-7587

FIRST UNION NATIONAL BANK
OF FLORIDA
FORT. PIERCE, FL
63-643/670

1747

9/7/1999

PAY TO THE ORDER OF FL Dept. Of Environmental Protection

\$1,000.00

One Thousand and 00/100

DOLLARS

Security features
included.
Details on back.

MEMO operating permit

Lois Hunter

⑈001747⑈ ⑆067006432⑆ 2090001563279⑈

T.R.S. CONCRETE RECYCLING, INC.

FL Dept. Of Environmental Protection

9/7/1999

1747

1,000.00

Tommy Hawkins & Sons, operating permit

1,000.00

RECEIVED

SEP 10 1999

BUREAU OF AIR REGULATION



Department of Environmental Protection

Division of Air Resources Management

APPLICATION FOR AIR PERMIT - NON-TITLE V SOURCE

See Instructions for Form No. 62-210.900(3)

I. APPLICATION INFORMATION

Identification of Facility

1. Facility Owner/Company Name: TRS Concrete Recycling, Inc.	
2. Site Name: Ft. Pierce, FL.	
3. Facility Identification Number: [X] Unknown	
4. Facility Location: Street Address or Other Locator: 8800 Midway Rd City: Ft. Pierce County: St. Lucie Zip Code: 34982	
5. Relocatable Facility? [X] Yes [] No	6. Existing Permitted Facility? [X] Yes [] No

Application Contact

1. Name and Title of Application Contact: Mr. Tommy Hawkins, President	
2. Application Contact Mailing Address: Organization/Firm: TRS Concrete Recycling, Inc. Street Address: 909 Barrel Avenue City: Ft. Pierce State: FL Zip Code: 34982	
3. Application Contact Telephone Numbers: Telephone: (561) 464 - 7587 Fax: (561) 464 - 0594	

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	9/18/99
2. Permit Number:	7775058-003-AD

Purpose of Application

Air Operation Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

- ☐ Initial non-Title V air operation permit for one or more existing, but previously unpermitted, emissions units.
- ☒ Initial non-Title V air operation permit for one or more newly constructed or modified emissions units.

Current construction permit number: 7775058-002-AC

- ☐ Non-Title V air operation permit revision to address one or more newly constructed or modified emissions units.

Current construction permit number: _____

Operation permit number to be revised: _____

- ☐ Initial non-Title V air operation permit under Rule 62-210.300(2)(b), F.A.C., for an existing facility seeking classification as a synthetic non-Title V source.

Current operation/construction permit number(s): _____

- ☐ Non-Title V air operation permit revision for a synthetic non-Title V source. Give reason for revision; e.g., to address one or more newly constructed or modified emissions units.

Operation permit number to be revised: _____

Reason for revision: _____

Air Construction Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

- ☐ Air construction permit to construct or modify one or more emissions units.
- ☐ Air construction permit to make federally enforceable an assumed restriction on the potential emissions of one or more existing, permitted emissions units.
- ☐ Air construction permit for one or more existing, but unpermitted, emissions units.

Owner/Authorized Representative

1. Name and Title of Owner/Authorized Representative: Tommy Hawkins, President
2. Owner/Authorized Representative Mailing Address: Organization/Firm: TRS Concrete Recycling, Inc. Street Address: 909 Barrel Avenue City: Ft. Pierce State: FL Zip Code: 34982
3. Owner/Authorized Representative Telephone Numbers: Telephone: (561) 464 - 7587 Fax: (561) 464 - 0594
4. Owner/Authorized Representative Statement: <i>I, the undersigned, am the owner or authorized representative* of the facility addressed in this application. 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. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained 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 Tommy Hawkins Date 9-7-99

* Attach letter of authorization if not currently on file.

Professional Engineer Certification

1. Professional Engineer Name: Scott A. Eckler, P.E. Registration Number: 43275
2. Professional Engineer Mailing Address: Organization/Firm: Lindahl, Browning, Ferrari, and Hellstrom, Inc. Street Address: 3550 SW Corporate Pkwy. City: Palm City State: FL Zip Code: 34990
3. Professional Engineer Telephone Numbers: Telephone: (561) 286 - 3883 Fax: (561) 286 - 3925

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.

If the purpose of this application is to obtain an air construction permit for one or more proposed new or modified emissions units (check here [], if so), I further certify that the engineering features of each such emissions unit described in this application have been designed or examined by me or individuals under my direct supervision and found to be in conformity with sound engineering principles applicable to the control of emissions of the air pollutants characterized in this application.

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.


Signature

9/1/99
Date

(seal)

* Attach any exception to certification statement.

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
Unknown	Type II Emission Unit – Impact crusher with screen classifier and industrial diesel engine.	AO	\$1,000

Application Processing Fee

Check one: ☒ Attached - Amount: \$ 1,000 _____ ☐ Not Applicable

Construction/Modification Information**1. Description of Proposed Project or Alterations:**

Facility is a track and skid mounted Impact Crusher with material classification screening unit and is powered by an integral diesel engine. The crusher is equipped with a water spray system to control dust from the crusher operations.

(The above description reflects no alteration in the design or method of operation proposed in the construction permit application).

2. Projected or Actual Date of Commencement of Construction: N/A – Manufactured unit purchased used.

3. Projected Date of Completion of Construction:

Application Comment

A. GENERAL FACILITY INFORMATION

1. Facility UTM Coordinates: Zone: 17				East (km): 557.68		North (km): 3027.91			
2. Facility Latitude/Longitude: Latitude (DD/MM/SS): 27 - 22 - 58								Longitude (DD/MM/SS): 80 - 25 - 01	
3. Governmental Facility Code: 0		4. Facility Status Code: C		5. Facility Major Group SIC Code: 14		6. Facility SIC(s): 1422			
7. Facility Comment (limit to 500 characters):									

1. Name and Title of Facility Contact:	Mr. Tommy Hawkins, President		
2. Facility Contact Mailing Address:			
Organization/Firm:	TRS Concrete Recycling, Inc.		
Street Address:	909 Barrel Avenue		
City:	Ft. Pierce	State:	FL
		Zip Code:	34982
3. Facility Contact Telephone Numbers:			
Telephone:	(561) 464 - 7587	Fax:	(561) 464 - 0594

Facility Regulatory Classifications

Check all that apply:

1. <input type="checkbox"/> Small Business Stationary Source?	<input type="checkbox"/> Unknown
2. <input type="checkbox"/> Synthetic Non-Title V Source?	
3. <input type="checkbox"/> Synthetic Minor Source of Pollutants Other than HAPs?	
4. <input type="checkbox"/> Synthetic Minor Source of HAPs?	
5. <input type="checkbox"/> One or More Emissions Units Subject to NSPS?	
6. <input type="checkbox"/> One or More Emission Units Subject to NESHAP Recordkeeping or Reporting?	
7. Facility Regulatory Classifications Comment (limit to 200 characters):	

Rule Applicability Analysis

This facility is exempt from the preconstruction review requirements of rule 62-212.400, F.A.C. because it is a new minor facility. See 62-212.400 (2)(d) 1.

B. FACILITY POLLUTANTS

List of Pollutants Emitted

[illegible]

C. FACILITY SUPPLEMENTAL INFORMATION

Supplemental Requirements

1. Area Map Showing Facility Location: [X] Attached, Document ID: _TRS-1_ [] Not Applicable [] Waiver Requested
2. Facility Plot Plan: [X] Attached, Document ID: _TRS-2_ [] Not Applicable [] Waiver Requested
3. Process Flow Diagram(s): [X] Attached, Document ID: _TRS-3_ [] Not Applicable [] Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: [X] Attached, Document ID: _TRS-4_ [] Not Applicable [] Waiver Requested
5. Supplemental Information for Construction Permit Application: [] Attached, Document ID: _____ [X] Not Applicable
6. Supplemental Requirements Comment: All required attachments were submitted with the construction permit application.

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section (including subsections A through G as required) 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**Emissions Unit Description and Status**

1. Type of Emissions Unit Addressed in This Section: (Check one) <input type="checkbox"/> 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). <input checked="" type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a 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. <input type="checkbox"/> 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.		
2. Description of Emissions Unit Addressed in This Section (limit to 60 characters): HARTZ Minitract Impact Crusher with diesel industrial engine power unit and screen classifier.		
3. Emissions Unit Identification Number: ID:		<input checked="" type="checkbox"/> No ID <input type="checkbox"/> ID Unknown
4. Emissions Unit Status Code: A	5. Initial Startup Date: 9/16/97	6. Emissions Unit Major Group SIC Code: 14
7. Emissions Unit Comment: (Limit to 500 Characters)		

Emissions Unit Control Equipment

1. Control Equipment/Method Description (limit to 200 characters per device or method):
 Crusher has an integral water spray that wets the material before it enters the crusher.
 Crushed material remains wet which minimizes particulate emissions in crushing, screening,
 and stockpiling operations.

2. Control Device or Method Code(s): 061

Emissions Unit Details

1. Package Unit: Mini Track with container mobile screen			
Manufacturer: HARTL		Model Number: MT 503 PCV	
2. Generator Nameplate Rating:		MW	
3. Incinerator Information:			
Dwell Temperature:		°F	
Dwell Time:		seconds	
Incinerator Afterburner Temperature:		°F	

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:	2.18	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate: 100 Tons per hour		
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:		
8	hours/day	5 days/week
52	weeks/year	2040 hours/year
6. Operating Capacity/Schedule Comment (limit to 200 characters):		

B. EMISSION POINT (STACK/VENT) INFORMATION**Emission Point Description and Type**

1. Identification of Point on Plot Plan or Flow Diagram? Particulate Emission Source		2. Emission Point Type Code: 1	
3. Descriptions of Emission Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point): Input hopper of crusher			
4. ID Numbers or Descriptions of Emission Units with this Emission Point in Common:			
5. Discharge Type Code: P	6. Stack Height: feet	7. Exit Diameter: feet	
8. Exit Temperature: 77 °F	9. Actual Volumetric Flow Rate: acfm	10. Water Vapor: %	
11. Maximum Dry Standard Flow Rate: dscfm		12. Nonstack Emission Point Height: 10 feet	
13. Emission Point UTM Coordinates: Zone: 17 East (km): 557.68 North (km): 3027.91			
14. Emission Point Comment (limit to 200 characters):			

C. SEGMENT (PROCESS/FUEL) INFORMATION**Segment Description and Rate:** Segment 1 of 2

1. Segment Description (Process/Fuel Type) (limit to 500 characters): Impact crusher,. Primary Crushing (Controlled)		
2. Source Classification Code (SCC): 3-05-020-01		3. SCC Units: Tons processed
4. Maximum Hourly Rate: 100	5. Maximum Annual Rate: 208,000	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):		

Segment Description and Rate: Segment 2 of 2

1. Segment Description (Process/Fuel Type) (limit to 500 characters): Industrial diesel engine		
2. Source Classification Code (SCC): 2-02-001-02		3. SCC Units: Thousand gallons used
4. Maximum Hourly Rate: 0.0188	5. Maximum Annual Rate: 38.4	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters): No. 2 Diesel Fuel		

E. VISIBLE EMISSIONS INFORMATION
(Only Emissions Units Subject to a VE Limitation)

Visible Emissions Limitation: Visible Emissions Limitation 1 of 1

1. Visible Emissions Subtype: VE 05	2. Basis for Allowable Opacity: [X] Rule [] Other
3. Requested Allowable Opacity: Normal Conditions: 5 % Exceptional Conditions: 5 % Maximum Period of Excess Opacity Allowed: min/hour	
4. Method of Compliance: Water spray in crusher	
5. Visible Emissions Comment (limit to 200 characters): Rule 62-296.711	

F. CONTINUOUS MONITOR INFORMATION
(Only Emissions Units Subject to Continuous Monitoring)

Continuous Monitoring System: Continuous Monitor 1 of 1

1. Parameter Code:	2. Pollutant(s):
3. CMS Requirement:	<input type="checkbox"/> Rule <input type="checkbox"/> Other
4. Monitor Information: Manufacturer: Model Number:	Serial Number:
5. Installation Date:	6. Performance Specification Test Date:
7. Continuous Monitor Comment (limit to 200 characters):	

G. EMISSIONS UNIT SUPPLEMENTAL INFORMATION**Supplemental Requirements**

1. Process Flow Diagram [X] Attached, Document ID: __TRS-1__ [] Not Applicable [] Waiver Requested
2. Fuel Analysis or Specification [X] Attached, Document ID: __TRS-5__ [] Not Applicable [] Waiver Requested
3. Detailed Description of Control Equipment [] Attached, Document ID: _____ [X] Not Applicable [] Waiver Requested
4. Description of Stack Sampling Facilities [] Attached, Document ID: _____ [X] Not Applicable [] Waiver Requested
5. Compliance Test Report [X] Attached, Document ID: __TRS-6__ [] Previously submitted, Date: _____ [] Not Applicable
6. Procedures for Startup and Shutdown [] Attached, Document ID: _____ [X] Not Applicable [] Waiver Requested
7. Operation and Maintenance Plan [] Attached, Document ID: _____ [X] Not Applicable [] Waiver Requested
8. Supplemental Information for Construction Permit Application [] Attached, Document ID: _____ [X] Not Applicable
9. Other Information Required by Rule or Statute [] Attached, Document ID: _____ [X] Not Applicable
10. Supplemental Requirements Comment: Attached is the visible emission observation form 1 from the observation conducted on 8/17/99 by Bertha Wiggins of Dickerson of Florida, Inc.

EPA

VISIBLE EMISSION OBSERVATION FORM 1

Method 9 (Scale One) 200A 200B Other

Form Number		Page	1	Of	1
Continued on VEO Form Number					

Company Name TRS Concrete Recycling		
Facility Name ASPHALT PLANT		
Street Address 3762 SELVIE RD		
City FT PIERCE	State FL	Zip 34982

Process Rock Crusher	Unit #	Operating Mode 100% ON
Control Equipment Stacker		Operating Mode

Describe Emission Point Stack on Crusher	
Height of Emiss. Pt. Start 25' End 25'	Height of Emiss. Pt. Rel. to Observer Start End
Distance to Emiss. Pt. Start 50' End 5'	Direction to Emiss. Pt. (Degrees) Start End

Vertical Angle to Obs. Pt. Start End	Direction to Obs. Pt. (Degrees) Start End
Distance and Direction to Observation Point from Emission Point Start End	

Describe Emissions Start Attached End SAME	
Emission Color Start GRAY End GRAY	Water Droplet Plume Attached <input checked="" type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>

Describe Plume Background Start Cloudy End SAME	
Background Color Start Same End Same	Sky Conditions Start Same End Same
Wind Speed Start 2-5 End 2-5	Wind Direction Start NE End NE
Ambient Temp. Start 90 End 43	Wet Bulb Temp. RH Percent

Source Layout Sketch		Draw North Arrow <input type="checkbox"/> TN <input type="checkbox"/> MN
Longitude	Latitude	Declination

Additional Information	

Obs.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1	0	0	0	0	0																									
2	0	0	0	0	0																									
3	0	0	0	0	0																									
4	0	0	0	0	0																									
5	0	0	0	0	0																									
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29	0	0	0	0	0																									
30	0	0	0	0	0																									

TRS-6

RECEIVED	AUG 18 1999	LBPH PALM CITY
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Observer's Name (Print) THOMAS W. WILSON	
Observer's Signature Thomas W. Wilson	Date 7-17-99
Organization TRW	
Certified by ETR	Date 6-99

VISIBLE EMISSION OBSERVATION FORM: 1

Method Used (Circle One)
☒ Method 9 ☐ 203A ☐ 203B ☐ Other _____

Form Number						Page	2	of	2
Continued on VEO Form Number									

Observation Date		Time Zone		Start Time		End Time	
8-17-94		ST		11:00		11:30	
Min	Sec	0	15	30	45	Comments	
1		0	0	0	0		
2		0	0	0	0		
3		0	0	0	0		
4		0	0	0	0		
5		0	0	0	0		
6		0	0	0	0		
7		0	0	0	0		
8		0	0	0	0		
9		0	0	0	0		
10		0	0	0	0		
11		0	0	0	0		
12		0	0	0	0		
13		0	0	0	0		
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15		0	0	0	0		
16		0	0	0	0		
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21		0	0	0	0		
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24		0	0	0	0		
25		0	0	0	0		
26		0	0	0	0		
27		0	0	0	0		
28		0	0	0	0		
29		0	0	0	0		
30		0	0	0	0		

Company Name IPS Concrete Recycling		
Facility Name Dillkerson E1 and E2		
Street Address 2200 Southgate Rd		
City FT Worth	State TX	Zip 76106

Process Crusher Incline	Unit # 3-3	Operating Mode KCL Remote
Control equipment		Operating Mode

Describe Emission Point	
Height of Emiss. Pt.	Height of Emiss. Pt. Rel. to Observer
Start End	Start End
Distance to Emiss. Pt.	Direction to Emiss. Pt. (Degrees)
Start End	Start End

Vertical Angle to Obs. Pt.		Direction to Obs. Pt. (Degrees)	
Start	End	Start	End
Distance and Direction to Observation Point from Emission Point			
Start	End		

Describe Emissions			
Start		End	
Emission Color		Water Droplet Plume	
Start	End	Attached <input type="checkbox"/>	Detached <input type="checkbox"/> None <input type="checkbox"/>

Describe Plume Background			
Start		End	
Background Color		Sky Conditions	
Start	End	Start	End
Wind Speed		Wind Direction	
Start	End	Start	End
Ambient Temp.		Wet Bulb Temp.	RH Percent
Start	End		

[illegible]

Additional Information
 Parts of Building

Observer's Name (Print)	
Bertha Wiggins	
Observer's Signature	Date
Bertha Wiggins	7-17-99
Organization	
BW	
Conducted by	Date
BT	7-17-99

EPA

VISIBLE EMISSION OBSERVATION FORM 1

Method (Check One)	203A	203B	Other
Method 9			

Company Name TRS Concrete Recycling		
Facility Name ASPHALT PLANT		
Street Address 3764 Selwitz Rd		
City FT Pierce	State FL	Zip 34982

Process Rock Crusher	Unit # 1	Operating Mode 100 TPD
Control Equipment Stacker		Operating Mode

Describe Emission Point Stack on Crusher	
Height of Emiss. Pt. Start 25' End 25'	Height of Emiss. Pt. Rel. to Observer Start End
Distance to Emiss. Pt. Start 50' End 5'	Direction to Emiss. Pt. (Degrees) Start End

Vertical Angle to Obs. Pt. Start End	Direction to Obs. Pt. (Degrees) Start End
Distance and Direction to Observation Point from Emission Point Start End	

Describe Emissions Start Attached End SAME	
Emission Color Start GRAY End Gray	Water Droplet Plume Attached <input checked="" type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>

Describe Plume Background Start Cloudy End SAME	
Background Color Start Same End Same	Sky Conditions Start Same End Same
Wind Speed Start 2-5 End 2-3	Wind Direction Start WS End NG
Ambient Temp. Start 90 End 93	Wet Bulb Temp. RH Percent

Source Layout Sketch		Draw North Arrow <input type="checkbox"/> TN <input type="checkbox"/> MN
Longitude	Latitude	Declination

Additional Information	

Form Number	Page	Of
	1	1
Continued on VEO Form Number		

Observation Date 7-17-99		Time Zone EST		Start Time	End Time
Sec	0	15	30	45	Comments
Min					
1	0	0	0	0	
2	0	0	5	0	
3	0	0	0	0	
4	5	0	0	0	
5	0	0	0	0	
6	0	0	0	0	
7	0	0	0	0	
8	0	5	0	0	
9	0	0	5	0	
10	0	0	0	0	
11	0	0	0	0	
12	0	0	0	0	
13	0	0	0	0	
14	0	0	0	0	
15	0	0	0	0	
16	0	0	0	0	
17	0	0	0	0	
18	0	5	0	0	
19	0	0	0	0	
20	0	0	0	0	
21	0	5	0	0	
22	0	0	0	0	
23	0	0	0	0	
24	0	0	0	0	
25	0	0	0	0	
26	0	0	0	0	
27	0	0	0	0	
28	0	0	0	0	
29	0	0	0	0	
30	0	0	0	0	

RECEIVED
AUG 18 1999
LBFH PALM CITY

Observer's Name (Print) Thomas W. Williams	
Observer's Signature Thomas W. Williams	Date 7-17-99
Organization TRC Williams	
Certified By ETA	Date 10-99

EPA

VISIBLE EMISSION OBSERVATION FORM 1

Method 9050 (Circle One)
Method 9 203A 2058 Other:

Company Name: **TRS Concrete Recycling**
 Facility Name: **ASPHALT PLANT**
 Street Address: **3242 Selwitz Rd**
 City: **FT Pierce** State: **FL** Zip: **34982**

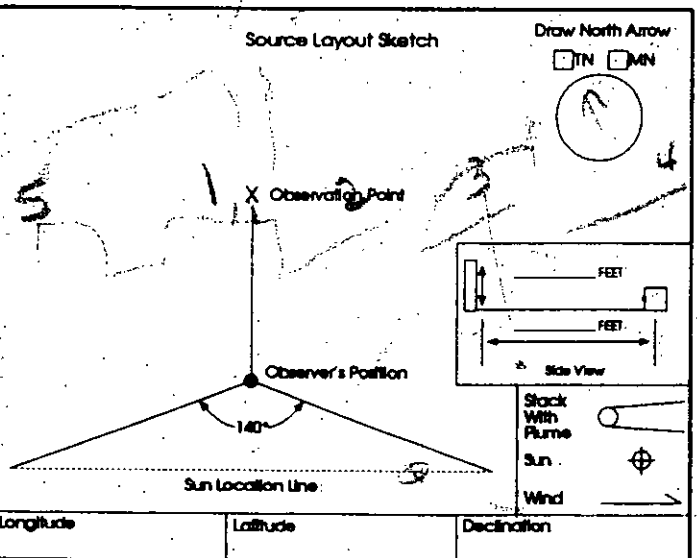
Process: **Rock Crusher** Unit #: **100TPH** Operating Mode:
 Control Equipment: **Stacker** Operating Mode:

Describe Emission Point:
Stack on Crusher
 Height of Emiss. Pt.: Start **25'** End **25'** Height of Emiss. Pt. Rel. to Observer
 Distance to Emiss. Pt.: Start **50'** End **5'** Direction to Emiss. Pt. (Degrees):

Vertical Angle to Obs. Pt.: Start End Direction to Obs. Pt. (Degrees): Start End
 Distance and Direction to Observation Point from Emission Point:
 Start End

Describe Emissions:
 Start **Attached** End **SAME**
 Emission Color: Start **GRAY** End **GRAY** Attached ☒ Detached ☐ None ☐

Describe Plume Background:
 Start **Cloudy** End **SAME**
 Background Color: Start **Same** End **SAME**
 Wind Speed: Start **2-5** End **2-3** Sky Conditions: Start **Same** End **SAME**
 Ambient Temp.: Start **90** End **95** Wind Direction: Start **WS** End **NE**
 Wet Bulb Temp.: RH Percent



Additional Information:

Form Number: **1** Page: **1** Of: **1**
 Continued on VEO Form Number: **N/A**

Observation Date		Time Zone				Start Time	End Time
8-17-94		ESTD					
Sec	0	15	30	45	Comments		
Min							
1	0	0	0	0			
2	0	0	5	0			
3	0	0	0	0			
4	5	0	0	0			
5	0	0	0	0			
6	0	0	0	0			
7	0	0	0	0			
8	0	5	0	0			
9	0	0	5	0			
10	0	0	0	0			
11	0	0	0	0			
12	0	0	0	0			
13	0	0	0	0			
14	0	0	0	0			
15	0	0	0	0			
16	0	0	0	0			
17	0	5	0	0			
18	0	5	0	0			
19	0	0	0	0			
20	0	0	0	0			
21	0	5	0	0			
22	0	0	0	0			
23	0	0	0	0			
24	0	0	0	0			
25	0	0	0	0			
26	0	0	0	0			
27	0	0	0	0			
28	0	0	0	0			
29	0	0	0	0			
30	0	0	0	0			

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TRS-6

Observer's Name (Print): **John W. Williams**
 Observer's Signature: **John W. Williams** Date: **7-17-94**
 Organization: **TRC**
 Certified By: **ETA** Date: **10-99**

EPA

VISIBLE EMISSION OBSERVATION FORM 1

Method (Circle One)
Method 9 203A 203B Other: _____

Company Name **TRS Concrete Recycling**
 Facility Name **ASPHALT PLANT**
 Street Address **3760 Selwitz Rd**
 City **FT Pierce** State **FL** Zip **34982**

Process **Rack Crusher** Unit # _____ Operating Mode **LOUT P D**
 Control Equipment **Stacker** Operating Mode _____

Describe Emission Point
STACK on CRUSHER

Height of Emiss. Pt. Start **25'** End **25'** Height of Emiss. Pt. Rel. to Observer Start _____ End _____
 Distance to Emiss. Pt. Start **50'** End **5'** Direction to Emiss. Pt. (Degrees) Start _____ End _____

Vertical Angle to Obs. Pt. Start _____ End _____ Direction to Obs. Pt. (Degrees) Start _____ End _____
 Distance and Direction to Observation Point from Emission Point Start _____ End _____

Describe Emissions
 Start **Attached** End **SAME**
 Emission Color Start **GRAY** End **GRAY** Attached ☒ Detached ☐ None ☐

Describe Plume Background
 Start **CONCRETE** End **SAME**
 Background Color Start **SKY HORIZON** End **SAME**
 Wind Speed Start **2-5** End **3-5** Sky Conditions Start **NS** End **NG**
 Ambient Temp. Start **90** End **93** Wet Bulb Temp. _____ RH Percent _____

Source Layout Sketch

Draw North Arrow ☐ TN ☐ MN

Observer's Position

Observer's Position

140°

Sun Location Line

Stack With Plume

Sun

Wind

Longitude _____ Latitude _____ Declination _____

Additional Information

Form Number _____ Page **1** of **1**
 Continued on VEO Form Number _____

Observation Date		Time Zone		Start time	End Time	
8-17-99		EST				
Sec	Min	0	15	30	45	Comments
Min						
1	0	0	0	0		
2	0	0	5	0		
3	0	0	0	0		
4	5	0	0	0		
5	0	0	0	0		
6	0	0	0	0		
7	0	0	0	0		
8	0	5	0	0		
9	0	0	5	0		
10	0	0	0	0		
11	0	0	0	0		
12	0	0	0	0		
13	0	0	0	0		
14	0	0	0	0		
15	0	0	0	0		
16	0	0	0	0		
17	0	0	0	0		
18	0	5	0	0		
19	0	0	0	0		
20	0	0	0	0		
21	0	5	0	0		
22	0	0	0	0		
23	0	0	0	0		
24	0	0	0	0		
25	0	0	0	0		
26	0	0	0	0		
27	0	0	0	0		
28	0	0	0	0		
29	0	0	0	0		
30	0	0	0	0		

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Observer's Name (Print) **John P. Williams**
 Observer's Signature **John P. Williams** Date **7-17-99**
 Organization **TRC**
 Certified By **ETA** Date **10-99**

EPA

VISIBLE EMISSION OBSERVATION FORM 1

Form Number					Page	2	of	2
Continued on VEO Form Number								

Method Used (Circle One)	203A	203B	Other
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Company Name TRC Concrete Recycling		
Facility Name DILKINSON FL INC.		
Street Address 2760 S. WHITE RD.		
City FT. LAUDERDALE	State FL	Zip 33498

Process CRUSH & INCHING	Unit # 3-3	Operating Mode KICK PAUSE
Control Equipment	Operating Mode	

Describe Emission Point:

Height of Emiss. Pt. Start _____ End _____	Height of Emiss. Pt. Rel. to Observer Start _____ End _____
Distance to Emiss. Pt. Start _____ End _____	Direction to Emiss. Pt. (Degrees) Start _____ End _____

Vertical Angle to Obs. Pt. Start _____ End _____	Direction to Obs. Pt. (Degrees) Start _____ End _____
Distance and Direction to Observation Point from Emission Point Start _____ End _____	

Describe Emissions	
Start _____	End _____
Emission Color	Water Droplet Plume
Start _____ End _____	Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/>

Describe Plume Background	
Start _____	End _____
Background Color	Sky Conditions
Start _____ End _____	Start _____ End _____
Wind Speed	Wind Direction
Start _____ End _____	Start _____ End _____
Ambient Temp.	Wet Bulb Temp.
Start _____ End _____	Start _____ End _____

Source Layout Sketch		Draw North Arrow
		<input type="checkbox"/> TN <input type="checkbox"/> MN
Longitude _____ Latitude _____		Declaration _____

Additional Information DRAFT OF CONCRETE

Observation Date		Time Zone		Start Time	End Time	
8-17-99		EST		11:00	11:30	
Sec	Min	0	15	30	45	Comments
1		0	0	0	0	
2		0	0	0	0	
3		0	0	0	0	
4		0	0	0	0	
5		0	0	0	0	
6		0	0	0	0	
7		0	0	0	0	
8		0	0	0	0	
9		0	0	0	0	
10		0	0	0	0	
11		0	0	0	0	
12		0	0	0	0	
13		0	0	0	0	
14		0	0	0	0	
15		0	0	0	0	
16		0	0	0	0	
17		0	0	0	0	
18		0	0	0	0	
19		0	0	0	0	
20		0	0	0	0	
21		0	0	0	0	
22		0	0	0	0	
23		0	0	0	0	
24		0	0	0	0	
25		0	0	0	0	
26		0	0	0	0	
27		0	0	0	0	
28		0	0	0	0	
29		0	0	0	0	
30		0	0	0	0	

Observer's Name (Print)	Bertha Wiggins
Observer's Signature	Bertha Wiggins
Organization	8-17-99
Certified By	8-17-99