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FEB 09 2001

BUREAU OF AIR REGULATION

OFFICE (904) 764-3644
FAX (904) 764-3976

5937 SOUTEL DRIVE
JACKSONVILLE, FL 32219

February 8, 2001

Bill Leffler
DEP
2400 Blair Stone Road
Mail Station 5505
Tallahassee, FL 32399-2400

Dear Mr. Leffler:

Enclosed is a check for \$525.00.

Please proceed with the updates for permit numbers:

7775103-003-AO ✓
7775036-011-AO

If I can be of any further assistance, please don't hesitate to call.

Sincerely,


Dawn M. Woolsey



Department of Environmental Protection

Division of Air Resources Management

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BUREAU OF AIR REGULATION

NOTIFICATION OF INTENT TO RELOCATE AIR POLLUTANT EMITTING FACILITY

See Instructions for Form No. 62-210.900(6)
Submit to DEP district office for the area in which the facility is to be relocated.

(DEP Note: Update existing facility location data in ARMS. Do not create new facility record.)

Current Facility Information

1. Facility ID: 7775103	2. Permit Number: 7775103-003-AO
3. Facility Owner or Operator: Mulliniks Construction Company, Inc.	
4. Facility Name: CP01 Crushing Unit	
5. Facility Street Address or Location Description: Orlando Paving Company 12601 County Road 545	
6. City: Winter Garden	7. County: Orange
8. Shutdown Date at This Location: Approx. February 14, 2001	

Proposed New Facility Location

1. Facility Street Address or Location Description: APAC 1445 42nd Street NW		
2. City: Winter Haven	3. County: Polk	4. Zip Code: 33881
5. Facility Coordinates: UTM Zone 17	UTM East or Latitude 423697	UTM North or Longitude 3101648
6. Startup Date at New Location: Approx. February, 16, 2001		
7. Facility Comment:		


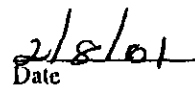
Owner/Authorized Representative or Responsible Official

Name and Title of Owner/Authorized Representative or Responsible Official: Billy Mulliniks, Jr.		
Organization/Firm: Mulliniks Construction Company, Inc.		
Street Address or P. O. Box: 5937 Soutel Drive		
City: Jacksonville	State: Florida	Zip: 32219
Telephone: (904) 764-3644	Fax: (904) 764-3976	

Facility Contact

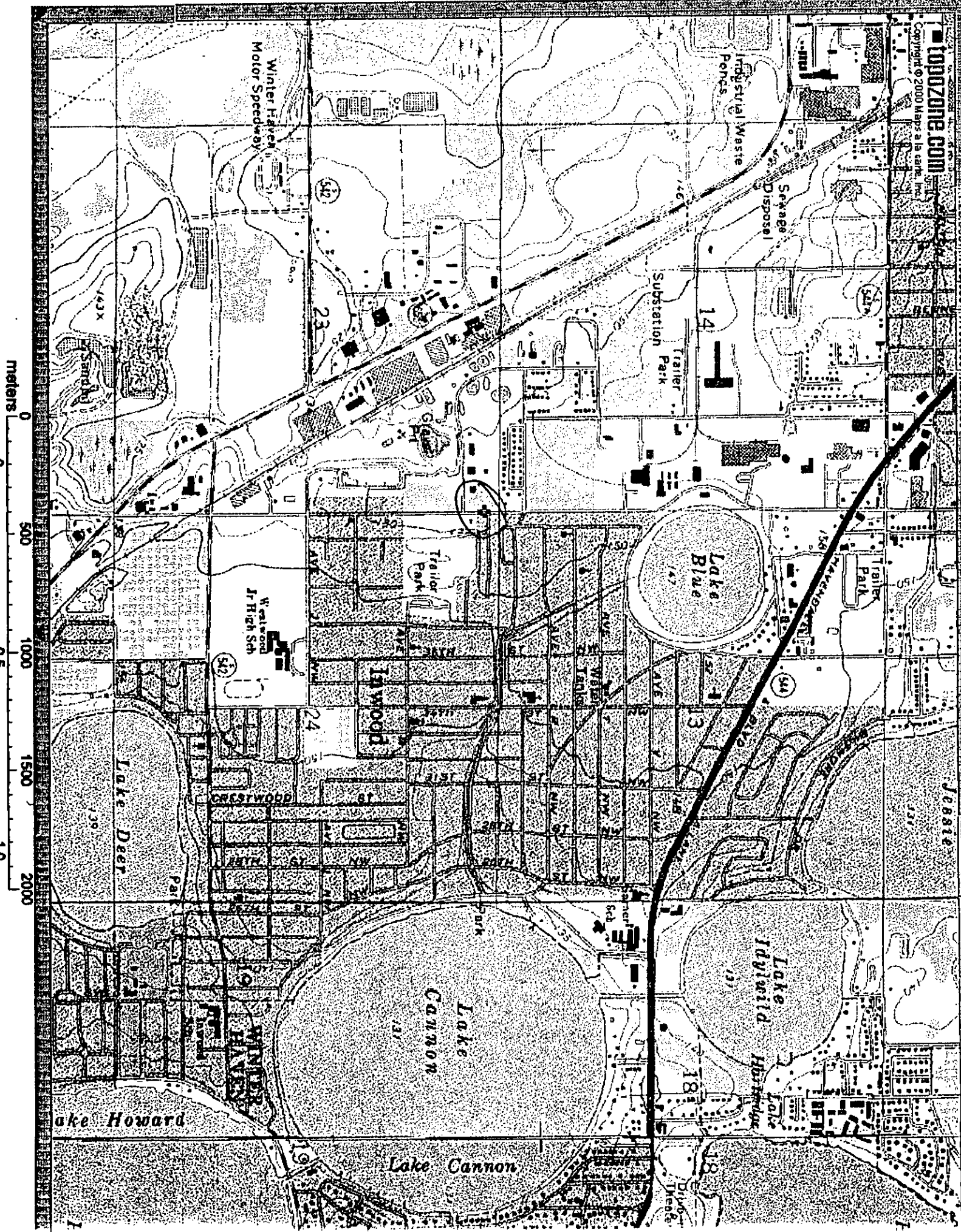
Name and Title of Facility Contact: Tom Sutton, General Superintendent		
Organization/Firm: Mulliniks Construction Company, Inc.		
Street Address or P. O. Box: 5937 Soutel Drive		
City: Jacksonville	State: Florida	Zip: 32219
Telephone: (904) 764-3644	Fax: (904) 764-3976	

Certification

Statement by Owner/Authorized Representative or Responsible Official: <i>I hereby certify that the information given in this report is correct to the best of my knowledge.</i>	
 Signature	 Date

Supplemental Requirements

1. Provide a scale map (e.g., the relevant portion of a USGS topographic map) showing the proposed new location of the facility and points of air pollutant emissions in relation to residences, roads, and other features of the surrounding area.
2. If relocating to a different DEP district, provide a copy of the most recent compliance test report.



VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 Method 9 200A 2008 Other: _____

Company Name: *Mullinix Construction Co. Inc.*
 Facility Name: _____
 Street Address: *5937 Gentel Dr.*
 City: *Jacksonville* State: *FL* Zip: *32219*

Process: *Red Cracker* Unit #: _____ Operating Mode: *200TPH*
 Control Equipment: *Water sprayer* Operating Mode: *Operating*

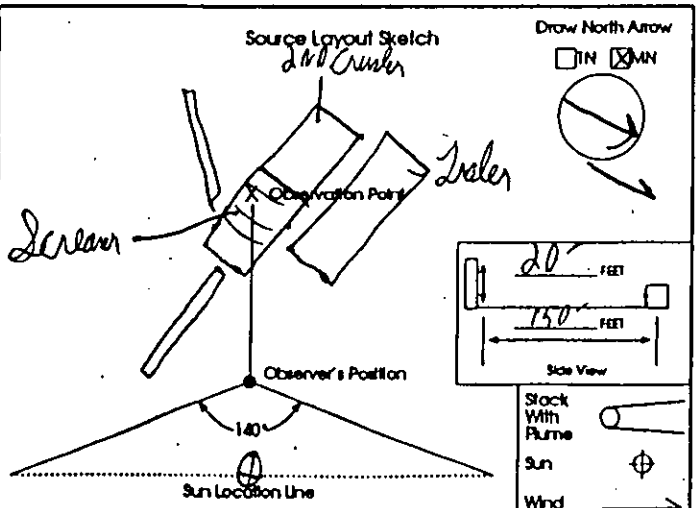
Describe Emission Point: *Top of Screens*

Height of Emis. Pt. Start *20'* End *save* Height of Emis. Pt. Rel. to Observer Start *16'* End *save*
 Distance to Emis. Pt. Start *150'* End *save* Direction to Emis. Pt. (Degrees) Start *280'* End *save*

Vertical Angle to Obs. Pt. Start *40'* End *save* Direction to Obs. Pt. (Degrees) Start *280'* End *save*
 Distance and Direction to Observation Point from Emission Point Start *Just above Screens* End *save*

Describe Emissions: *Fugitive*
 Start *save* End *save*
 Emission Color: *Clear* Water Droplet Plume: Attached Detached None

Describe Plume Background
 Start *Cracker* End *save*
 Background Color: Start *Red* End *save* Sky Conditions: Start *Scattered* End *save*
 Wind Speed: Start *0-5* End *save* Wind Direction: Start *S* End *save*
 Ambient Temp: Start *85°* End *save* Wet Bulb Temp. Rel Percent



Longitude Latitude Declination

Additional Information: *dis # 777-5103-001-AC*

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

Observation Date		Time Zone		Start Time	End Time	Comments
6-16-00		EST		1000	1030	
Min	Sec	0	15	30	45	
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): *Melvin Petiet*
 Observer's Signature: *[Signature]* Date: *6-16-00*
 Organization: *Artech*
 Certified by: *ETA* Date: *6-8-00*

VISIBLE EMISSION OBSERVATION FORM 1

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

Company Name Mullinix Construction Co. Inc.
 Facility Name _____
 Street Address 5937 Sauter Dr.
 City Jacksonville State FL Zip 32219

Process Asphalt Cracker Unit # _____ Operating Mode 200 TPH
 Control Equipment Water sprayer Operating Mode operating

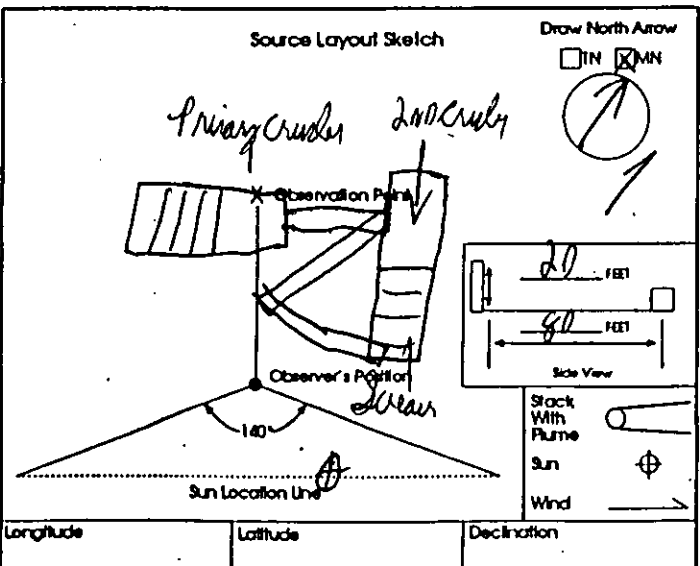
Describe Emission Point Primary Cracker

Height of Emis. Pt. Start 20' End None Height of Emis. Pt. Rel. to Observer Start 16' End None
 Distance to Emis. Pt. Start 80' End None Direction to Emis. Pt. (Degrees) Start 310° End None

Vertical Angle to Obs. Pt. Start 5° End None Direction to Obs. Pt. (Degrees) Start 310° End None
 Distance and Direction to Observation Point from Emission Point Start Just above Cracker End None

Describe Emissions Start Fugitive End None
 Emission Color Start Clear End None Attached Detached None

Describe Plume Background Start Sky End None
 Background Color Start Blue End None Sky Conditions Start Partly Cloudy End None
 Wind Speed Start 0-5 End None Wind Direction Start S End None
 Ambient Temp. Start 88° End None Wet Bulb Temp. _____ RH Percent _____



Additional Information

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

Observation Date		Time Zone				Start Time	End Time
6-16-00		EST				1040	1127
Min	Sec	0	15	30	45	Comments	
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		
6	0	0	0	0	0		
7	0	0	0	0	0		
8	0	0	0	0	0		
9	0	0	0	0	0		
10	0	0	0	0	0		
11	0	0	0	0	0		
12	0	0	0	0	0		
13	0	0	0	0	0		
14	0	0	0	0	0		
15	0	0	0	0	0		
16	0	0	0	0	0		
17	0	0	0	0	0		
18	0	0	0	0	0		
19	0	0	0	0	0		
20	0	0	0	0	0		1101-1118
21	0	0	0	0	0		Test stopped
22	0	0	0	0	0		cracker down
23	0	0	0	0	0		
24	0	0	0	0	0		
25	0	0	0	0	0		
26	0	0	0	0	0		
27	0	0	0	0	0		
28	0	0	0	0	0		
29	0	0	0	0	0		
30	0	0	0	0	0		

Observer's Name (Print) Melvin Petiet
 Observer's Signature _____ Date 6-16-00
 Organization Atex
 Certified by ETA Date 6-8-00

EPA

VISIBLE EMISSION OBSERVATION FORM 1

Method Used (Circle One)
 Method 1P 203A 203B Other: _____

Company Name: *Mullinix Construction Co. Inc.*
 Facility Name: _____
 Street Address: *5937 Scout Dr.*
 City: *Jacksonville* State: *FL* Zip: *32219*

Process: *Rock crusher* Unit #: _____ Operating Mode: *200 TPH*
 Control Equipment: *Water Sprayer* Operating Mode: *Operating*

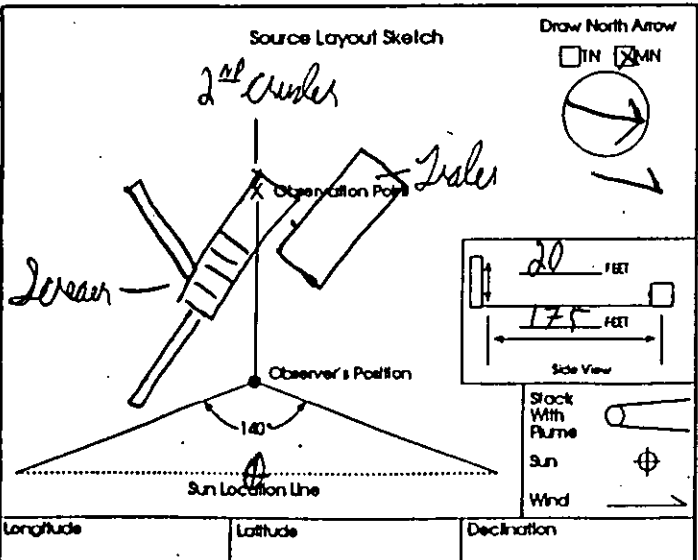
Describe Emission Point: *Top of 2nd crusher*

Height of Emis. Pt. Start: *20'* End: *see* Height of Emis. Pt. Rel. to Observer Start: *16'* End: *see*
 Distance to Emis. Pt. Start: *175'* End: *see* Direction to Emis. Pt. (Degrees) Start: _____ End: *see*

Vertical Angle to Obs. Pt. Start: *300°* End: *see* Direction to Obs. Pt. (Degrees) Start: *275°* End: *see*
 Distance and Direction to Observation Point from Emission Point Start: *Just above crusher* End: *see*

Describe Emissions Start: *Fugitive* End: *see*
 Emission Color Start: *clear* End: *see* Water Droplet Plume Attached Detached None

Describe Plume Background Start: *sky* End: *see*
 Background Color Start: *blue* End: *see* Sky Conditions Start: *scattered* End: *see*
 Wind Speed Start: *0-5* End: *see* Wind Direction Start: *S* End: *see*
 Ambient Temp. Start: *85°* End: *see* Wet Bulb Temp. RH Percent



Additional Information

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

Min	Time Zone				Comments
	0	15	30	45	
Observation Date: <i>6-16-00</i> Start time: <i>1000</i> End time: <i>1030</i>					
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	
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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): *Melvin Votiet*
 Observer's Signature: _____ Date: *6-16-00*
 Organization: *Ated*
 Certified By: *ETA* Date: *6-8-00*

0001 5:11PM

THE TAMPA TRIBUNE
Published Daily
Tampa, Hillsborough County, Florida

State of Florida
County of Hillsborough | et.

Before the undersigned authority personally appeared [Signature], who on oath says that she is Classified Billing
attached copy of advertisement titled Legal Notice published in the Tampa Tribune Public Notice

is the director of Public Notice Of Intent To Issue Air Permit
was published in said newspaper to the effect of February 17th, 2000

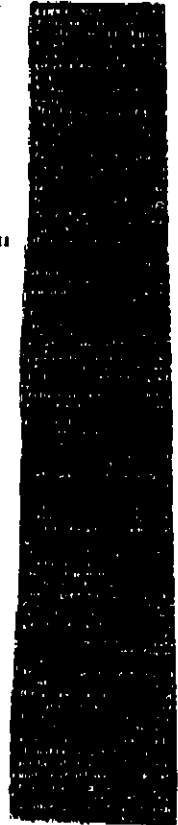
Affiant further says that the said The Tampa Tribune is a newspaper published at Tampa in said Hillsborough
County, Florida, and that the said newspaper has heretofore been continuously published in said Hillsborough
County, Florida, each day and has been entered as second class mail matter at the post office in Tampa, in said
Hillsborough County, Florida for a period of one year next preceding the first publication of the attached copy of
publication in the said newspaper.

sworn to and subscribed by me, this [Signature] day
of February A.D. 2001

Personally Known or Produced Identification
Type of Identification Produced



[Signature]



MULLINIKS



Construction Co., Inc.
CRUSHING AND RECYCLING DIVISION

OFFICE (904) 764-3644
FAX (904) 764-3876

6937 SOUTEL DRIVE
JACKSONVILLE, FL 32219

FAX COVER SHEET

NUMBER OF PAGES: 3
(INCLUDING COVER SHEET)

DATE: 2/6/01

TO: BILL LEEFLER

COMPANY: DBP

FAX NUMBER: 850-922-6979

FROM: DAWN

COMMENTS:
<u>FOR PERMIT # 775103-003-A0</u>
<u>775104-001-AC</u>