

PERMIT APPLICATION FEE/ASSIGNMENT SHEET

ARMS Facility

POINT Office	Cty	AIRS ID
Owner Directions Street City UTM Zone	FLORIDA CAUSHED STONE COMPANY East North	Name Zip Latitude : :00 Longitude : :00
Status Reloc N Gov Fac AOR Req Compliance Title V	Maj Group SIC Shtdwn Dt Strt Dt Ozone SIP Facility N Type non-HAP Class	Final Shutdown Dt HAZ Waste Generator ID: FLD One Time Title V Credit N HAP Class

Permitting Application
ARMS Facility

Facility Name:	Owner:	AIRS ID: 1190018
County:	Category:	
Office:	Project	
AIR Permit #: 1190018-006 AC	Project #: 006	CRA Reference #:
Permit Office:	Dec:	Agency Action:
Project Name: MODIFY LIMESTONE PROCESSING PLANT	Issued:	Logged:
Type/Sub/Req: AC/IF	Dele:	Expires:
Received: 6-1-99	Related Party:	Override:
Fee:	Realized:	
Role:	Begin:	End:
Name:	State:	Zip:
Addr:	Fax:	Country:
City:	Processors	
Phone:	Active:	Inactive:

14 DAYS TO GO 00 8/16

FEE SUBMITTED: () correct () incorrect - Should Be \$ 250.00
 Submitted \$ 250.00
 FEE CHECKED BY: McDonald DATE: 6-2-99 Needed/Refund \$ 0
 APPLICATION ASSIGNED TO: _____ DATE: _____

	Completed	Initials
Initial Entry in Arms:	<u>DB</u>	<u>6/13/99</u>
Permit Engineer Submit Permit Package to District Air Engineer	<u>8/16/99</u> ITI Final	<u>Con</u>
Permit Package to District Air Administrator:	<u>8/19/99</u> ITI Final	<u>DB/for JK</u>
Permit Package to Director of District Management:	<u>8/19/99</u> ITI Final	<u>EP for WCT</u>
Permit Package Mailed Out:	<u>8/19/99</u> ITI Final	<u>(Signature)</u>
Issue Date Updated in Arms:	<u>8/19/99</u> ITI Final	<u>(Signature)</u>

ARMS DATA ENTRY WORKSHEET

Facility Name _____ Facility ID No. _____

Permit No. _____ Emission Unit ID Nos. _____

Project _____

(Check)

Construction Permit - AC Subtype _ _

FESOP - AF Subtype _ _

Operation Permit - AO Subtype _ _

Title V Permit AV Subtype _ _

Other(describe) _____

Data Required

New Facility (not in ARMS)

Facility Data & Emission Unit Data

Existing Facility (existing ARMS)

Facility Data

Emission Unit Data

Point Data

(Check)

Changes to Existing Facility

___ hours of operation

___ process rate\production rate

___ allowable emission limit(s). pollutant(s): _____

___ new pollutant(s): _____

___ HAPs emission rate\utilization rate

___ fuel type\%S content\fuel usage\MMBtu/Hr.

___ emission unit point(s): _____

___ compliance test frequency\due date\test method

___ Delete (describe) _____

___ Other (describe) _____

PERMIT PROCESSOR: _____ Date: _____

COMMENTS _____

PERMIT APPLICATION FEE/ASSIGNMENT SHEET

ARMS Facility

POINT Office	Cty	AIRS ID
Owner Directions Street City UTM Zone	<i>Fla Crushed Stone</i> East North	Name Zip Latitude : :00 Longitude : :00
Status Reloc N Gov Fac AOR Req Compliance Title V	Shtdwn Dt Strt Dt Ozone SIP Facility N Type non-HAP Class	Maj Group SIC Final Shutdown Dt HAZ Waste Generator ID: FLD One Time Title V Credit N HAP Class

Permitting Application ARMS Facility		AIRS ID: <i>1190018</i>
Facility Name: County: Office:	Owner: Category:	
AIR Permit #: Permit Office: Project Name: Type/Sub/Req: Fee:	Project #: Project #: Desc: Issued: Dele: Related Party	Reference #: Agency Action: Logged: Expires: Override:
Received: <i>12/1/99</i>	Realized:	<i>add belt conveyor</i>
Role: Name: Addr: City: Phone:	Begin: State: Fax:	End: Zip: - Country:
Processor:	Processors Active:	Inactive:

42 DAYS TO GO 9000 1/18/2000

FEE SUBMITTED: () correct () incorrect - Should Be \$ 250.

FEE CHECKED BY: *[Signature]* DATE: 12/7 Submitted \$ 250.
Needed/Refund \$ _____

APPLICATION ASSIGNED TO: _____ DATE: _____
PROJECT 007 IS A REVISED REISSUANCE OF PROJECT 006 & IS BEING ISSUED AS PERMIT 006.

Initial Entry in Arms: -JK Completed 12/8/99 Initials JK

Permit Engineer Submit Permit Package to District Air Engineer: 1/18/2000 ITI Low
2/21/2000 Final Low

Permit Package to District Air Administrator: 1/19/00 ITI JK
2/21/00 Final JK

Permit Package to Director of District Management: 1/20/00 ITI JK
2/22/00 Final JK

Permit Package Mailed Out: 1/24/00 ITI PP
2/22/00 Final PP

Issue Date Updated in Arms: 1/24/00 ITI PP
2/22/00 Final PP

ARMS DATA ENTRY WORKSHEET

Facility Name _____ Facility ID No. _____

Permit No. _____ Emission Unit ID Nos. _____

Project _____

(Check)

- Construction Permit - AC Subtype _ _
- FESOP - AF Subtype _ _
- Operation Permit - AO Subtype _ _
- Title V Permit AV Subtype _ _
- Other (describe) _____

Data Required

New Facility (not in ARMS)

- Facility Data & Emission Unit Data

Existing Facility (existing ARMS)

- Facility Data
- Emission Unit Data
- Point Data

(Check)

Changes to Existing Facility

- ___ hours of operation
- ___ process rate\production rate
- ___ allowable emission limit(s). pollutant(s): _____
- ___ new pollutant(s): _____
- ___ HAPs emission rate\utilization rate
- ___ fuel type\%S content\fuel usage\MMBtu/Hr.
- ___ emission unit point(s): _____
- ___ compliance test frequency\due date\test method
- ___ Delete (describe): _____
- ___ Other (describe) _____

PERMIT PROCESSOR: _____ Date: _____

COMMENTS _____

perMits | Events | Payment | Site | Facility | party | Reports | >

----- Permitting Application -----

+----- ARMS Facility -----+

Facility Name: FLORIDA CRUSHED STONE COMPANY AIRS ID: 1190018
County: SUMTER Owner: FLORIDA CRUSHED STONE COMPANY
Office: SW: TAMPA Category: POINT

+----- Project -----+

AIR Permit #: - - Project #: 007 CRA Reference #: 57844
Permit Office: SWD (DISTRICT) Agency Action: Pending
Project Name: ADD BELT CONVEYOR Desc:
Type/Sub/Req: AC /1F Source less than 5 tpy \$250 Logged: 08-DEC-1999
Received: 01-DEC-1999 Issued: Expires: OGC: -
Fee: 250.00 Fee Recd: 250.00 Dele: Override: NONE

+----- Related Party -----+

Role: APPLICANT Begin: 08-DEC-1999 End:
Name: CONWELL, KEN Company: KOOGLER & ASSOCIATES
Addr: 4014 NW 13TH ST
City: GAINESVILLE State: FL Zip: 32609- Country: U.S.A.
Phone: 352-377-5822 Fax: 352-377-7158

+----- Processors -----+

Processor: ~~KISSEL~~ G. RICHARDSON Y Active: 08-DEC-1999 Inactive:

Enter Project Name.
Count: 1 ^ v <Replace>

AREA: SWD _____

Cash Receiving Application
Collection Point Log Remittance

CRAF006A

Tot: _____ \$250.00

-----+-----

SYSS\$REMT: 366171 Type: CP Recved Date: 01-DEC-1999 Status: RECEIVED
 SYSS\$RCPT: 302775 PNR: Check #: 18728 Amount: 250.00
 SSN/FEI#: Name: FLORIDA CRUSHED STONE COMPANY
 First: Middle: Title: Suf:
 Address1: P.O. BOX 490300 Short Comments:
 Address2: D - AIR/1190018-007
 City: LEESBURG ST: FL Zip: 34749-0300 Country: _____

-----+-----

> P A Y M E N T (S) <-----+-----

Distr	CL	Object	Payment	Reference#	Applic/ Fund	S T A CO
SYSS\$PAYT	Area..	Code/Description.....	Amount.....			
384821	SWD	002222 AIR_CONSTRUCT	\$250.00	1190018-00	ARM PFTF	CO
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

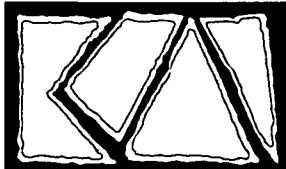
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COMMIT FREQUENTLY _____ \$250.00 Payment total

Press <TAB> to accept Collection Point or enter F&A.

Count: *1

<Replace>



KOOGLER & ASSOCIATES

ENVIRONMENTAL SERVICES

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

KA307-99-13
MAY 24, 1999

Gerald Kissel, P.E.
Southwest District – Air Program
Florida Department of Environmental Protection
3804 Coconut Palm Drive
Tampa, FL 33619

D.E.P.
JUN 01 1999
Southwest District Tampa

SUBJECT: Florida Crushed Stone Company
Permit Number 1190018
Application for Air Construction Permit
Addition of Two (2) Additional Belt Conveyors

Dear Mr. Kissel:

Enclosed please find four (4) copies of the referenced application. A check for \$250 is enclosed as the applicable processing fee.

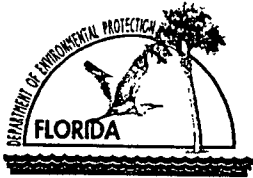
Please call me if you have any questions at (352) 377-5822.

Sincerely,

Koogler & Associates

KEN CONWELL, Project Engineer

C: Dennis C. Kenney



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

Application Contact

1. Name and Title of Application Contact: Ken Conwell, Project Engineer	
2. Application Contact Mailing Address: Organization/Firm: Koogler & Associates Street Address: 4014 NW 13th Street City: Gainesville State: Fl Zip Code: 34609	
3. Application Contact Telephone Numbers: Telephone: (352) 377 - 5822 Fax: (352) 377 - 7158	

Application Processing Information (DEP Use)

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

DEP.
JUN 11 1999
Southwest District Tampa

W/DRAWN

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: _____

- 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: _____

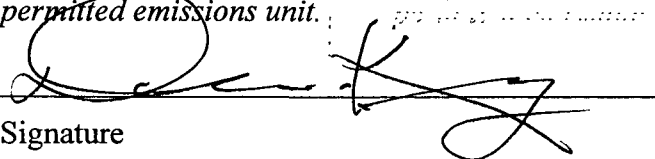
Reason for revision: _____

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: Dennis C. Kenney, P.G. – Vice President
2. Owner/Authorized Representative Mailing Address: Organization/Firm: Florida Crushed Stone Company Street Address: 1616 S. 14th Street/ P.O. Box 490300 City: Leesburg State: FL Zip Code: 34749-0300
3. Owner/Authorized Representative Telephone Numbers: Telephone: (352) 787 - 0608 Fax: (352) 787 - 2143
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 _____ Date <u>5/25/99</u>

* Attach letter of authorization if not currently on file.

Professional Engineer Certification

1. Professional Engineer Name: Steven C. Cullen, P.E. Registration Number: 45188
2. Professional Engineer Mailing Address: Organization/Firm: Koogler & Associates Street Address: 4014 NW 13th Street City: Gainesville State: FL Zip Code: 32609
3. Professional Engineer Telephone Numbers: Telephone: (352) 377-5822 Fax: (352) 377-7158

4. Professional Engineer Statement:

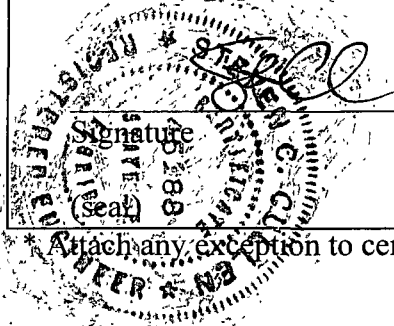
I, the undersigned, hereby certify, except as particularly noted herein, that:*

(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 [X], 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 [], 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.



5/24/99
Date

* Attach any exception to certification statement.

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
001	Limestone Processing Plant	AC1F	\$250.00

Application Processing Fee

Check one: [X] Attached - Amount: \$ 250.00 [] Not Applicable

Construction/Modification Information

1. Description of Proposed Project or Alterations:

**This project is for the modification of Emissions Unit #001 (Limestone Processing Plant)
By constructing two additional NSPS Subpart OOO belt conveyors at Center Hill Mine.**

2. Projected or Actual Date of Commencement of Construction: **Upon FDEP approval**

3. Projected Date of Completion of Construction: **One year from FDEP approval date**

Application Comment

Appropriate application fee is \$250.00 (AC1F-Source less than 5 tons per year)

II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Location and Type

1. Facility UTM Coordinates: Zone: 17 East (km): 401.5 North (km): 3169.5			
2. Facility Latitude/Longitude: Latitude (DD/MM/SS): 28°39'02" Longitude (DD/MM/SS): 82°00'28"			
3. Governmental Facility Code: 0	4. Facility Status Code: A	5. Facility Major Group SIC Code: 14	6. Facility SIC(s): 1422
7. Facility Comment (limit to 500 characters):			

Facility Contact

1. Name and Title of Facility Contact: Dennis C. Kenney, P.G. – Vice President	
2. Facility Contact Mailing Address: Organization/Firm: Florida Crushed Stone Company Street Address: 1616 S. 14th Street/ P.O. Box 490300 City: Leesburg State: FL Zip Code: 34749-0300	
3. Facility Contact Telephone Numbers: Telephone: (352) 787-0608 Fax: (352) 787-2143	

Facility Regulatory Classifications

Check all that apply:

1. <input type="checkbox"/> Small Business Stationary Source?	<input checked="" type="checkbox"/> Unknown
2. <input type="checkbox"/> Synthetic Non-Title V Source?	
3. <input checked="" type="checkbox"/> Synthetic Minor Source of Pollutants Other than HAPs?	
4. <input type="checkbox"/> Synthetic Minor Source of HAPs?	
5. <input checked="" 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):	
Certain pieces of equipment at this location are affected facilities per NSPS OOO, Standards of Performance for Nonmetallic Mineral Processing Plants.	

Rule Applicability Analysis

The facility is subject to certain provisions of these rules:

Rule 62-4, FAC
Rule 62-210, FAC
Rule 62-296, FAC
Rule 62-297, FAC
40CFR60.672

The facility is not subject to the provisions of Rule 62-212, FAC or Rule 62-213, FAC because it is a minor source.

B. FACILITY POLLUTANTS

List of Pollutants Emitted

1. Pollutant Emitted	2. Pollutant Classif.	3. Requested Emissions Cap		4. Basis for Emissions Cap	5. Pollutant Comment
		lb/hour	tons/year		
PM	B				
SO ₂	SM				

C. FACILITY SUPPLEMENTAL INFORMATION

Supplemental Requirements

1. Area Map Showing Facility Location: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested Department has on file
2. Facility Plot Plan: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested
3. Process Flow Diagram(s): <input checked="" type="checkbox"/> Attached, Document ID: <u>FAC2</u> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Waiver Requested Department has on file
5. Supplemental Information for Construction Permit Application: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
6. Supplemental Requirements Comment: N/A

Emissions Unit Information Section 1 of 1

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 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 checked="" 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): Limestone Processing Plant		
3. Emissions Unit Identification Number: ID: 001		<input type="checkbox"/> No ID <input type="checkbox"/> ID Unknown
4. Emissions Unit Status Code: A	5. Initial Startup Date: N/A	6. Emissions Unit Major Group SIC Code: 14
6. Emissions Unit Comment: (Limit to 500 Characters) Emissions Unit #001 will be modified by the addition of 2-NSPS Subpart OOO Belt Conveyors.		

Emissions Unit Information Section 1 of 1

Emissions Unit Control Equipment

1. Control Equipment/Method Description (limit to 200 characters per device or method): N/A
2. Control Device or Method Code(s): N/A

Emissions Unit Details

1. Package Unit: N/A Manufacturer: Model Number:
2. Generator Nameplate Rating: N/A MW
3. Incinerator Information: N/A Dwell Temperature: °F Dwell Time: seconds Incinerator Afterburner Temperature: °F

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate: N/A
2. Maximum Incineration Rate: N/A lb/hr
3. Maximum Process or Throughput Rate: 1,500 Tons/hour and 3,000,000 Tons Processed/Year
4. Maximum Production Rate: N/A
5. Requested Maximum Operating Schedule: 24 hours/day 7 days/week 52 weeks/year 8760 hours/year
6. Operating Capacity/Schedule Comment (limit to 200 characters): N/A

Emissions Unit Information Section 1 of 1

B. EMISSION POINT (STACK/VENT) INFORMATION

Emission Point Description and Type

1. Identification of Point on Plot Plan or Flow Diagram? #30 and #31		2. Emission Point Type Code: 3	
3. Descriptions of Emission Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point):			
I.D.#	Description	Manufacturer	Width(in.)
30	Belt Conveyor #30	In-House Fabrication	36
31	Belt Conveyor #31	In-House Fabrication	36
4. ID Numbers or Descriptions of Emission Units with this Emission Point in Common: N/A			
5. Discharge Type Code: F	6. Stack Height: N/A feet	7. Exit Diameter: N/A feet	
8. Exit Temperature: Ambient, 77°F	9. Actual Volumetric Flow Rate: N/A acfm	10. Water Vapor: N/A %	
11. Maximum Dry Standard Flow Rate: N/A dscfm		12. Nonstack Emission Point Height: 0 feet	
13. Emission Point UTM Coordinates: Zone: East (km): North (km):			
14. Emission Point Comment (limit to 200 characters):			

Emissions Unit Information Section 1 of 1

C. SEGMENT (PROCESS/FUEL) INFORMATION

Segment Description and Rate: Segment 1 of 1

1. Segment Description (Process/Fuel Type) (limit to 500 characters): Mineral Products: Stone Quarrying/Processing: General		
2. Source Classification Code (SCC): 3-05-020-99		3. SCC Units: Tons Processed
4. Maximum Hourly Rate: 1,500 Tons Processed	5. Maximum Annual Rate: 3,000,000 Tons Processed	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur: N/A	8. Maximum % Ash: N/A	9. Million Btu per SCC Unit: N/A
10. Segment Comment (limit to 200 characters): N/A		

Segment Description and Rate: Segment _____ of _____

1. Segment Description (Process/Fuel Type) (limit to 500 characters):		
2. Source Classification Code (SCC):		3. SCC Units:
4. Maximum Hourly Rate:	5. Maximum Annual Rate:	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):		

D. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION

Potential Emissions

1. Pollutant Emitted: PM		2. Pollutant Regulatory Code: NS	
3. Primary Control Device Code:	4. Secondary Control Device Code:	5. Total Percent Efficiency of Control:	
6. Potential Emissions: lb/hour tons/year		7. Synthetically Limited? []	
8. Emission Factor: Reference:		9. Emissions Method Code:	
10. Calculation of Emissions (limit to 600 characters):			
11. Pollutant Potential Emissions Comment (limit to 200 characters):			

Allowable Emissions Allowable Emissions _____ of _____

1. Basis for Allowable Emissions Code:	2. Future Effective Date of Allowable Emissions:
3. Requested Allowable Emissions and Units:	4. Equivalent Allowable Emissions: lb/hour tons/year
5. Method of Compliance (limit to 60 characters):	
6. Allowable Emissions Comment (Desc. of Operating Method) (limit to 200 characters):	

Emissions Unit Information Section _____ of _____

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

Visible Emissions Limitation: Visible Emissions Limitation _____ of _____

1. Visible Emissions Subtype: VEF	2. Basis for Allowable Opacity: [X] Rule(40CFR60.672(b)) [] Other
3. Requested Allowable Opacity: Normal Conditions: 10% Exceptional Conditions: N/A % Maximum Period of Excess Opacity Allowed: N/A min/hour	
4. Method of Compliance: Method 9, as modified at 40CFR60.675(c)	
6. Visible Emissions Comment (limit to 200 characters): This opacity limitation applies to belt conveyor transfer points (#30 and #31).	

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

Continuous Monitoring System: Continuous Monitor _____ of _____

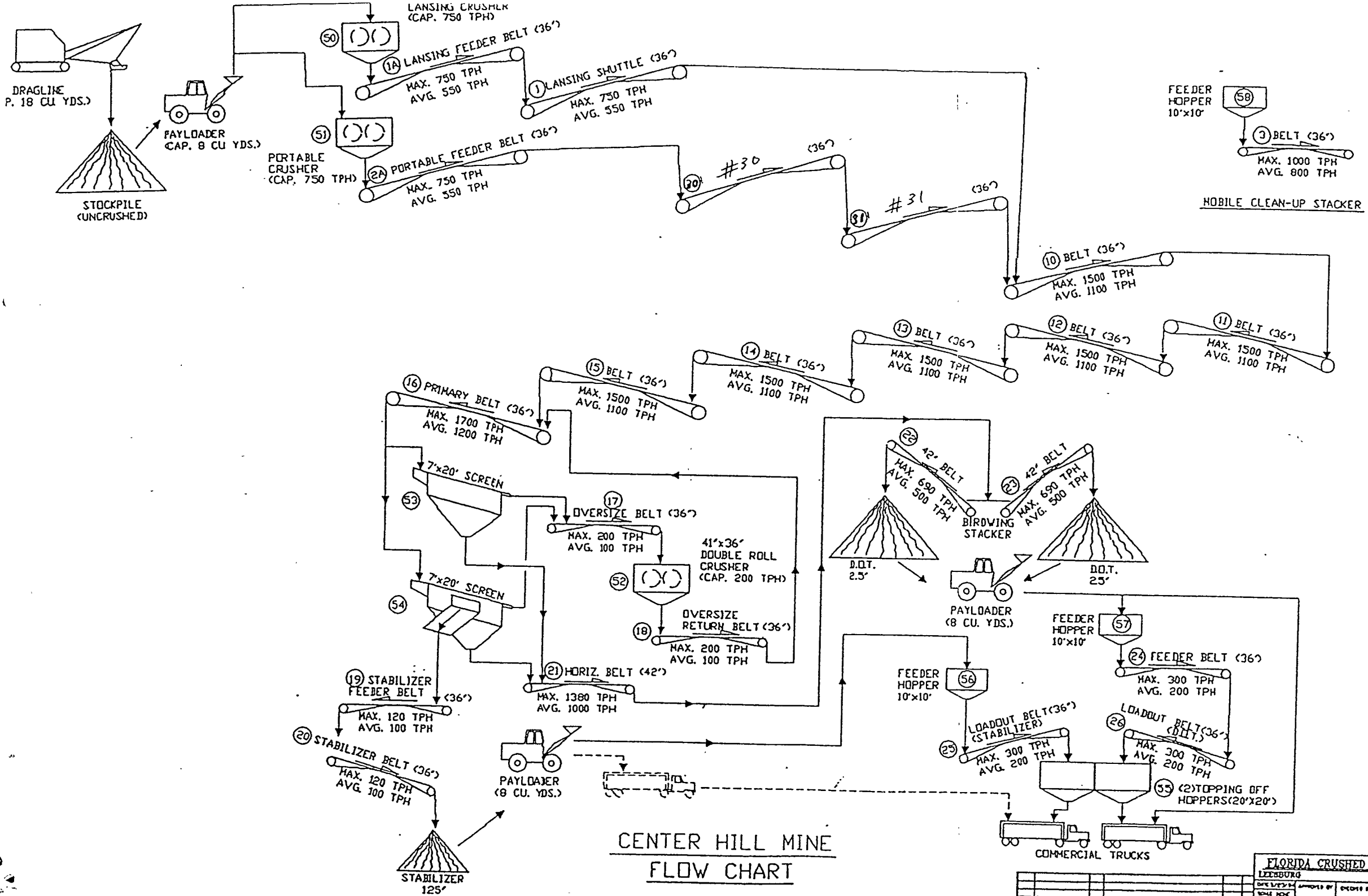
1. Parameter Code:	2. Pollutant(s):
3. CMS Requirement: Other	[] Rule []
4. Monitor Information: Manufacturer: Model Number: Serial Number:	
5. Installation Date:	6. Performance Specification Test Date:
7. Continuous Monitor Comment (limit to 200 characters):	

G. EMISSIONS UNIT SUPPLEMENTAL INFORMATION

Supplemental Requirements

1. Process Flow Diagram <input checked="" type="checkbox"/> Attached, Document ID: <u>FAC2</u> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
3. Detailed Description of Control Equipment <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
4. Description of Stack Sampling Facilities <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
5. Compliance Test Report <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Previously submitted, Date: _____ <input checked="" type="checkbox"/> Not Applicable
6. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
7. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
8. Supplemental Information for Construction Permit Application <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
9. Other Information Required by Rule or Statute <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
10. Supplemental Requirements Comment: <u>N/A</u>

Emissions Unit Information Section _____ of _____



**CENTER HILL MINE
FLOW CHART**

DOCUMENT 2 : PROCESS FLOW DIAGRAM

FLORIDA CRUSHED STONE			
LEESBURG		FLORIDA	
DATE LAYED OUT	APPROVED BY	DESIGNED BY	DRAWN BY
SCALE NO. 1			FCG