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CONCRETE BATCHING PLANT
AIR GENERAL PERMIT REGISTRATION FORM
& Mobile Sources

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

0310494-003

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s): _____
- No air operation permits currently exist for this facility.

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

AA Precast Products, Inc.

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: 8300 W. BEAVER ST.

City: JACKSONVILLE, FL County: DUVAL

Zip Code: 32220-2325

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)

N/A

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: Billy WAYNE JOYNER II President

Owner/Authorized Representative Mailing Address

Organization/Firm: AA PRECAST PRODUCTS, INC

Street Address: 8300 W. BEAVER ST.

City: JAX, FL County: DUVAL

Zip Code: 32220-2325

Owner/Authorized Representative Telephone Numbers

Telephone: (904) 781-4818

Fax: (904) 783-3197

Cell phone (optional):

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title:

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City: County: Zip Code:

Facility Contact Telephone Numbers

Telephone: Fax:

Cell phone (optional):

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form 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 will promptly notify the Department of any changes to the information contained in this registration form.

Signature

Billy W. Joyner II

Date

7/21/10

Type of Facility

Check one:

Stationary Facility

Relocatable Facility

Type(s) of Reasonable Precautions Used to Prevent Unconfined Emissions

Check all precautions to be used for the management of roads, parking areas, stock piles and yards:

Pave Roads

Pave Parking Areas

Pave Yards

Maintain Roads/Parking/Yards

Use Water Application

Use Dust Suppressant

Remove Particulate Matter

Reduce Stock Pile Height

Install Wind Breaks

Check all precautions to be used for the management of drop points to trucks:

Spray Bar

Chute

Enclosure

Partial enclosure

Description of Reasonable Precautions

Below, or as an attachment to this form, provide details of all types of reasonable precautions to be used to prevent unconfined emissions at the facility.

Description of Facility

Below, or as an attachment to this form, provide a description of the concrete batching plant operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

Acro Mix Systems
BR-1000 concrete System
12 yards per Hr.

Bag House - Acrowood South Inc.
A1015923

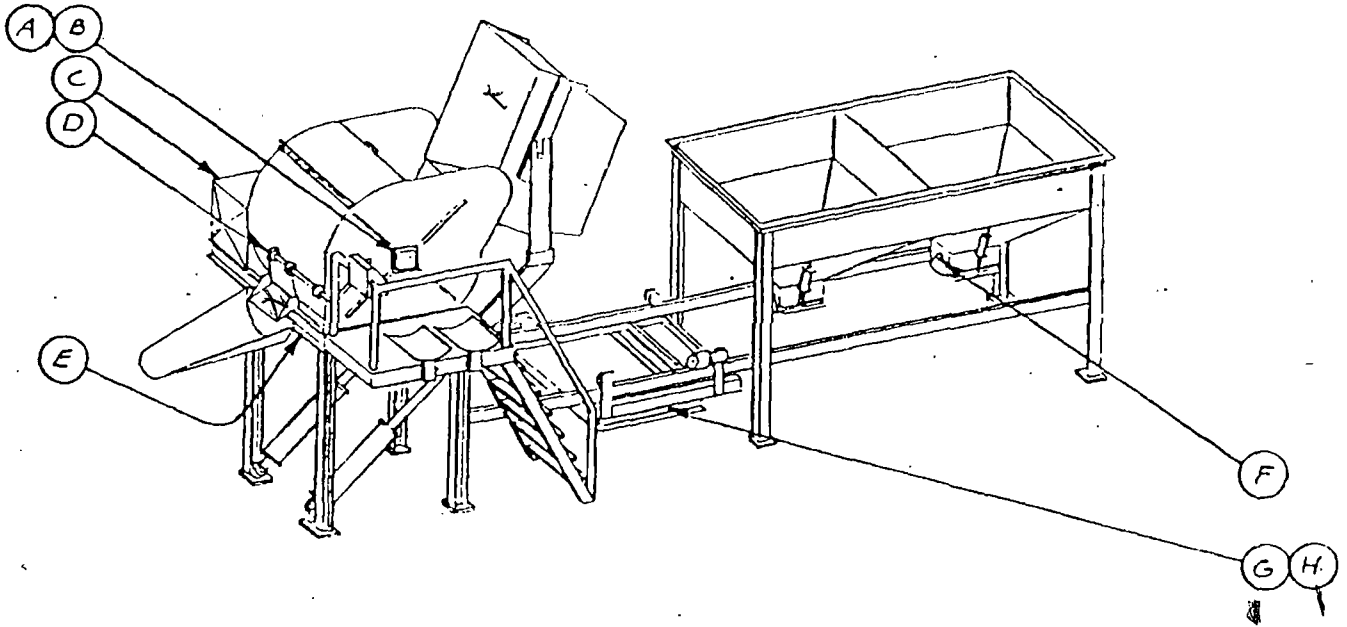
Filter sq ft. = 17 sq ft.
Dust collector bags

INSTRUCTION — CALCULATION SHEET

DRAWING#

B/M:#

LUBRICATION LOCATIONS

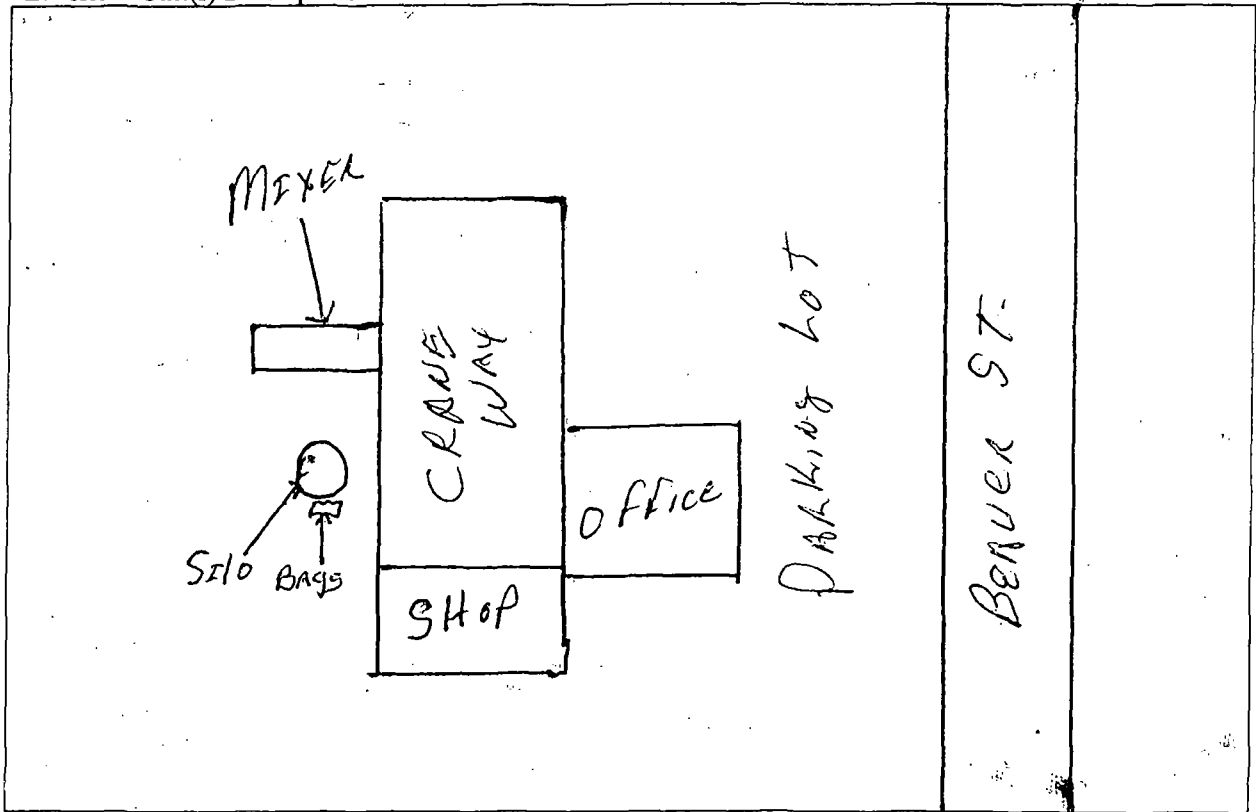


Mfg by Pausch Industries, Inc. Jonesboro, AR 71301-6100

DRAWN _____
CHECKED _____
APPROVED _____
DATE _____

TITLE
GENERAL LUBRICATION SCHEDULE
NO. 700 I 1050107
REV _____

Emissions Unit(s) Description



Ambient Air Services, Inc.

106 Ambient Airway • Starke, FL 32091 • (904) 964-8440 • FAX (904) 964-6675

March 25, 2010

Joe Cooksey
Air Filter
For Permit

Mr. Billy Joyner, II, President
AA Precast Products, Inc.
8300 West Beaver Street
Jacksonville, FL 32220

SUBJECT: Visible Emissions Test
Cement Silo

Dear Mr. Joyner:

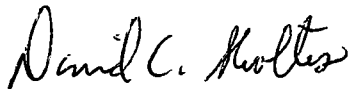
Thank you for electing to do business with Ambient Air Services. We are pleased to be able to provide AA Precast Products, Inc., our services and hope that you will consider us for all your future air emission testing needs.

Please see the attached report for the visible emissions test conducted March 23, 2010. The report includes a copy of the visible emissions test data sheet, the field data test sheet, the process weight certification, and a copy of the observer's certification. All of these documents should be forwarded to the City's Environmental Quality Division within 45 days of the test date and should be sent to:

Mr. Wayne L. Walker
Data Quality Analyst
Environmental Quality Division
City of Jacksonville
407 North Laura Street, Suite 500
Jacksonville, FL 32202

We appreciate your business and look forward to working with you again. Please feel free to contact me at 904-964-8440 if you have any questions or concerns.

Sincerely,



David C. Sholtes

DCS:sha

**VISIBLE EMISSIONS
TEST DATA**

FACILITY: AA Precast Products, Inc.

FACILITY ADDRESS: 8300 West Beaver Street
Jacksonville, FL 32220

MAILING ADDRESS: Same

SOURCE IDENTIFICATION: Cement Silo

COMPANY CONTACT: Billy Joyner, II
President

TEST CONDUCTED BY: George H. Hawkins

TEST DATE AND TIME: March 23, 2010
08:50-09:20

COMMENTS: Standard test, no exceptions.

VISIBLE EMISSIONS EVALUATOR

This is to certify that

GEORGE HAWKINS

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

379919

CERT NUMBER

11/18/2009

DATE OF SCHOOL

JACKSONVILLE, FL

SCHOOL LOCATION

5/20/2010

CERTIFICATION EXPIR DATE

HAW627343

STUDENT ID NUMBER

Michael W. Sanford
MANAGER OF TRAINING SERVICES

EASTERN TECHNICAL ASSOCIATES

GEORGE HAWKINS

HAW627343 STUDENT ID NUMBER

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

Customer Support
Debbie or Sheila

919-878-3188

www.eta-is-opacity.com

JACKSONVILLE, FL	11/18/2009	379919
SCHOOL LOCATION	DATE OF SCHOOL	CERT NUMBER
JAXS08	5/20/2010	
LAST LECTURE	CERTIFICATION EXP DATE	BEARER

A A S I	Ambient Air Services, Inc. 106 Ambient Air Way Starke, Florida 32091 OFFICE 904-964-8440 FAX 904-964-6675			PAGE 1 OF 1					
	START TIME 0850		END TIME 0920						
	OBSERVATION DATE 03/23/10		TIME ZONE Eastern						
	RECORD	0	15	30	45	RECORD	0	15	30
FACILITY	AA Precast Products INC.			1	0	0	0	0	31
SOURCE	Cement silo			2	0	0	0	0	32
ADDRESS	8300 W. Beaver St			3	0	0	0	0	33
CITY	Jacksonville	STATE	FL 32220	4	0	0	0	0	34
PHONE	SOURCE ID NO.			5	0	0	0	0	35
PROCESS	materials transfer	OPERATING MODE: <i>see chart</i>		6	0	0	0	0	36
CONTROL EQUIP.	baghouse	OPERATING MODE: <i>std.</i>		7	0	0	0	0	37
DESCRIBE EMISSION POINT	A box baghouse standing ~5' above ground - vent at base of box toward observer.			8	0	0	0	0	38
HEIGHT OF EMISSION POINT	HEIGHT RELATIVE TO OBSERVER			10	0	0	0	0	40
START ~5' END 5'	START ~0' END 0'			11	0	0	0	0	41
DISTANCE TO EMISSIONS POINT	DIRECTION TO EM. PT.			12	0	0	0	0	42
START ~55' END 55'	START 245° END 245°			13	0	0	0	0	43
VERTICAL ANGLE TO OBS. PT.	START 30° END 30°			14	0	0	0	0	44
DESCRIBE EMISSIONS	START exhaust END SAME			16	0	0	0	0	46
EMISSION COLOR	WATER DROPLET PLUME YES (NO)			18	0	0	0	0	48
START - END -	ATTACHED DETACHED			19	0	0	0	0	49
DESCRIBE PLUME BACKGROUND	START <i>MOA/ground</i> END <i>SAME</i>			20	0	0	0	0	50
BACKGROUND COLOR	SKY CONDITION			22	0	0	0	0	52
START <i>GREEN/GRAY</i> END <i>SAME</i>	START <i>clear</i> END <i>clear</i>			23	0	0	0	0	53
WIND SPEED	WIND DIRECTION			24	0	0	0	0	54
START 2-4 END 2-4	START <i>NW</i> END <i>NW</i>			25	0	0	0	0	55
AMBIENT TEMPERATURE	WET BULB TEMP	%RH		26	0	0	0	0	56
START 49° END 49°	45°	75		27	0	0	0	0	57
COMMENTS.....	<i>loaded from tanker</i>			28	0	0	0	0	58
				29	0	0	0	0	59
				30	0	0	0	0	60
SOURCE LAYOUT SKETCH				AVERAGE OPACITY FOR HIGHEST SIX MINUTE PERIOD: \emptyset					
				OBSERVER'S NAME George H Hawkins					
				SIGNATURE <i>George H Hawkins</i> DATE 03/23/10					
				ORGANIZATION Ambient Air Services, Inc.					
				CERTIFIED BY ETA					
				11/18/09					

PROCESS WEIGHT CERTIFICATION

COMPANY: AA Precast Products Inc.

FACILITY: Cement Silo DATE: 3-23-10

ADDRESS: 8300 W Beaver St. Jacksonville, FL 32220

MAILING ADDRESS: "

SOURCE IDENTIFICATION⁽¹⁾: Baghouse

PERMITTED PROCESS RATE⁽¹⁾: _____

METHOD USED TO DETERMINE PROCESS WEIGHT: Weight on Delivery ticket

TEST No.	TEST TIME FROM	TEST TIME TO	PROCESS RATE DURING TEST
_____	_____	to _____	<u>24.09 per Invoice</u>
_____	_____	to _____	_____
_____	_____	to _____	_____

(1) Identify the source and report the process rate in the same terms as found on the air operations permit.

I certify the above statement is true to the best of my knowledge and belief.

Certifier's Name (Printed): Billy Jayner II

Signature: Billy Jayner II

Title: President Affiliation: _____

Phone: 904-781-4818

8300 W. BEAVER ST
JAX., FL 32220



F.D.E.P.
Receipts
P.O. Box 3070
Tallahassee, FL 32315-3070