

**CONCRETE BATCHING PLANTS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

**Facility Identification Number - If known (seven digit number)**

0810205      0810205 - 004

**Registration Type**

Check one:

**INITIAL REGISTRATION** - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted 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). 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. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using 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.
- 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 Applicable**

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit, specifically permit number(s):

**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.)

DAULS CONCRETE

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

3331 81 COURT EAST BRADENTON

**Facility Location** (Physical location of the facility, not necessarily the mailing address.)

Street Address: 3331 81 CT E

City: BRADENTON

County: MANATEE

Zip Code: 34211

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

N/A

**Facility Contact**

|  |  |
|--|--|
| <p><u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.)<br/>                 Print Name and Title: <u>REGIONAL MANAGER</u><br/> <u>SAM ANDERSON</u></p>   |  |
| <p><u>Facility Contact Telephone Numbers</u><br/>                 Telephone: <u>941 748 9149</u> Fax: _____<br/>                 Cell phone: _____<br/>                 E-mail: _____</p>  |  |
| <p><u>Facility Contact Mailing Address</u><br/>                 Organization/Firm: <u>DAVIS CONCRETE</u><br/>                 Mailing Address: <u>1670 SUNSHINE DR</u><br/>                 City: <u>CLEARWATER, FL</u> County: <u>PINELLAS</u> Zip Code: <u>33765</u></p> |  |

**Correspondence Contact/Representative (to serve as additional Department contact)**

|  |  |
|--|--|
| <p><u>Name and Position Title</u> <u>JEREMY DAVIS UP</u><br/>                 Print Name and Title: _____</p>  |  |
| <p><u>Correspondence Contact/Representative Telephone Numbers</u><br/>                 Telephone: <u>727 733 3191</u> Fax: _____<br/>                 Cell phone: _____<br/>                 E-mail: _____</p>   |  |
| <p><u>Correspondence Contact/Representative Mailing Address</u><br/>                 Organization/Firm: <u>DAVIS CONCRETE</u><br/>                 Mailing Address: <u>1670 SUNSHINE DR</u><br/>                 City: <u>CLEARWATER, FL</u> County: <u>MANATEE</u> Zip Code: <u>33765</u></p> |  |

**Government Facility Code (check only one)**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Facility not owned or operated by a federal, state, or local government. |
| <input type="checkbox"/> | Facility owned or operated by the federal government.                    |
| <input type="checkbox"/> | Facility owned or operated by the state.                                 |
| <input type="checkbox"/> | Facility owned or operated by the county.                                |
| <input type="checkbox"/> | Facility owned or operated by the municipality.                          |
| <input type="checkbox"/> | Facility owned or operated by a water management district.               |

**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

**Equipment Details** Provide information for each silo, weigh hopper (batcher), and other enclosed storage and conveying equipment that are limited to a visible emissions of 5 percent opacity pursuant to Rule 62-296.414(1), F.A.C.

| PROCESS EQUIPMENT TYPE (silo, weigh hopper, batcher, etc.) | PROCESS EQUIPMENT IDENTIFICATION* | CONTROL DEVICE (baghouse, vent filter, etc.) | CONTROL DEVICE MANUFACTURER | CONTROL DEVICE MODEL NUMBER |
|--|-----------------------------------|--|-----------------------------|-----------------------------|
| Silo   | N/A                               | BAG HOUSE                                    | STEPHEN S                   | SU770                       |
|  |                                   |  |                             |                             |
|  |                                   |  |                             |                             |
|  |                                   |  |                             |                             |
|  |                                   |  |                             |                             |
|  |                                   |  |                             |                             |
|  |                                   |  |                             |                             |
|  |                                   |  |                             |                             |

\* If there are multiple pieces of the same types of process equipment (more than one silo, etc), provide an identifier (location, numeric designation, capacity or product) specific to each piece of equipment.

**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 type of concrete product(s) manufactured, all air pollutant-emitting processes, and identify any air pollution control measures used. Mobile source equipment information is not needed (eg.: trucks, bulldozers, front-end loaders, etc.)

NO MIXING ON SITE  
 OPEN STORAGE ROCK AND SAND  
 350 BBL CEMENT SILO