

# **Department of Environmental Protection RECEIVED**

# **Division of Air Resources Management**

FEB 27 2008

ANNUAL OPERATING REPORT FOR AIR POLLUTANT EMITTING FACILITY
See Instructions for Form No. 62-210.900(5)

I. FACILITY REPORT

**DIVISION OF AIR** RESOURCES MANAGEMENT

	R	
Δ	REPORTANTORMATION	

1. Year of Report	2. Number of Emissions Units in Report
2007	1

### **B. FACILITY INFORMATION**

1. Facility ID 0830069	2. Facility Star ACTI	5.	Date of Permanent Facility S	hutdown
4. Facility Owner/Compar DELTA LABORA	•	I		
5. Site Name DELTA LABORA	TORIES/OCALA			
6. Facility Location Street Address or Other City: OCALA	r Locator: 3710 Coun	COUNTY RD 320 ty: MARION	6 WEST  Zip Code: 34475	
7. Facility Compliance Tracking Code SM		Governmental Facil 0	ity Code 9. Facility SIC(s 2891	,
10. Facility Comment INDUSTRIAL CO	DATING MANUFA	CTURING PROC	ESS, AOR beginning 1997	, <del>, , , , , , , , , , , , , , , , , , </del>

#### C. FACILITY HISTORY INFORMATION

1. Change in Facility Owner/	Previous Name	2. Date of Change
Company Name During		
Year?		ļ
1	1	

DEP Form No. 62-210.900(5) - Form Effective: 2/11/99

## Facility ID: 0830069

## D. OWNER/CONTACT INFORMATION

D. OWNERCONTACT II	MORNATION	
1. Owner or Authorized R	epresentative	
Name and Title		
PHILIP L PESOI	$_{f A}$	
EXECUTIVE VIC	E PRESIDENT	
Mailing Address Organization/Firm:	DELTA LABORATORI	ES
Street Address: City: State:	OCALA	Zip Code: <b>34478 - 2258</b>
Telephone: (352) 629	2-8101 Ext.	Fax: (352) 629-1268
Email (optional):		
2. Facility Contact		
Name and Title  JORDAN M DER	N	
ENGINEERING M	ANAGER	
Mailing Address Organization/Firm:	DELTA LABORATORI	ES
Street Address:	PO BOX 2258	
*	OCALA	
State:	FL	Zip Code: <b>34478 - 2258</b>
Telephone: (352) 629	9-8101 Ext.	Fax: (352) 629-1268
Email (optional):		
E. OWNER OR AUTHOR	IZED REPRESENTATIVI	ESTATEMENT
I hereby certify that the	information given in this re	eport is correct to the best of my knowledge.
Phily ZE	enola	folo 26 2 m2
Signature	or la	<u>fel 26, 2007</u>

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