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Fax 850	0)922-69	179	Pages				
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* NEED #5 Iday AVERACED MONTHLY-VOCS
12/08/09- CALLED LEFT MESSAGE FOR BEALDY

Material Usage Rates

If this is an initial registration for a surface coating operation, provide an estimate of the average quantity of volatile organic compounds in all coatings (solvents and thinners) expected to be used on a daily basis.

If this is a re-registration for an existing surface coating operation, provide the highest monthly average of the daily quantity of volatile organic compounds in all coatings (solvents and thinners) used in the last five years. Indicate the month and year during which this usage occurred.

August - 2006

DEED AVERAGED

Description of Facility

Below, or as an attachment to this form, provide a description of the surface coating 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.

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A STACK 5' Above the 20' ROOF Line!

DEP Form No. 62-210.920(1)(c) Effective: January 10, 2007

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SURFACE COATING OPERATIONS AIR GENERAL PERMIT REGISTRATION FORM

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)

62-4.050, F.A.C. (\$100) as of the effective date of this form)
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)(c), 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.)
Daniel R Gill Sr / Emerald Cabinets. 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: 727 WCEVC/Pd
City: Panama City Bch County: 13Ay Zip Code: 32408-49
Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)

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Owner/Authorized Representative		
	v signing this form below c	ertifies that the facility is eligible to use this
air general permit.)	y signing and room, o	or the state in the state of th
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Owner/Authorized Representative Maili	1 R 6:11 Sr	President
Owner/Authorized Representative Maili	ing Address	L
Organization/Firm:		
Street Address: 7727 mc Ele	ied Dd	
City: Parama City Beach	County: BAY	Zip Code: 32408
Owner/Authorized Representative Telep	hone Numbers	
Telephone: 850 233 4499	Fax:	850 233 0342
Cell phone (optional):		
Facility Contact (If different from Ow		
	or person to be contacted re	garding day-to-day operations at the facility.)
Print Name and Title:	/ 5 2	
Facility Contact Mailing Address	1 Super	
Organization/Firm:		•
Street Address:		
City:	County:	Zip Code:
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Facility Contact Telephone Numbers		
Telephone: 850 232 4499	Fax:	
Facility Contact Telephone Numbers Telephone: 850 35 4499 Cell phone (optional):	Fax:	
Telephone: 850 332 4499	Fax:	
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Telephone: 850 232 4499	itement	as owner or authorized representative
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Telephone: 850 as 4499 Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated 1, the undersigned, am the owner or	itement by the person named above authorized representative o	the owner or operator of the facility
Telephone: 850 as 4499 Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated 1, the undersigned, am the owner or addressed in this Air General Permi	itement by the person named above authorized representative of the contraction of the con	f the owner or operator of the facility by certify, based on information and
Telephone: 850 as 4499 Cell phone (optional): Owner/Authorized Representative Sta This statement must be signed and dated I, the undersigned, am the owner or addressed in this Air General Permi helief formed after reasonable inqui	itement by the person named above authorized representative of the Registration Form. I here iry, that the facility addresse	f the owner or operator of the facility by certify, based on information and d in this registration form is eligible for
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