

RECEIVED

JAN 28 2010

Bureau of Air Monitoring & Mobile Sources

CAST POLYMER 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)

0090189-003

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.)

CORINTHIAN KITCHEN & BATH, 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: 380 C GUS HIPP BLVD

City: ROCKLEDGE

County: BREVARD

Zip Code: 32955

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

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: **PEDRO RODRIGUES PRES**

Owner/Authorized Representative Mailing Address

Organization/Firm: **CORINTHIAN KITCHEN & BATH, INC**
Street Address: **300 C GUS HIPP BLVD**
City: **ROCKLEDGE** County: **BREVARD** Zip Code: **32955**

Owner/Authorized Representative Telephone Numbers

Telephone: **(321) 433-0000** Fax: **(321) 433-0111**
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):

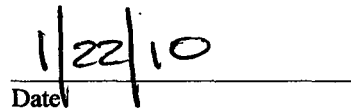
Owner/Authorized Representative Statement

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


Date

Material Usage Rates

If this is an **initial registration** for a cast polymer operation, provide an estimate, in pounds, of the total quantity of styrene containing materials (resin and gelcoat) expected to be used over a 12-month period. Note: the general permit limits the usage of such material to 284,000 pounds (142 tons) in any consecutive 12-months.

If this is a **re-registration** for a cast polymer operation, provide the highest 12-month total quantity, in pounds, of styrene containing materials (resin and gelcoat) used in the last five years. Indicate the 12-month period over which this usage occurred.

140 000 2006

Description of Facility

Below, or as an attachment to this form, provide a description of the cast polymer 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.

* SPRAY OF GEL COAT (ATOMIZE)

* MIXTURE OF CALCIUM CARBONATE & POLYESTER RESIN. FOR PARTS CASTING.

- EPA APPROVED SPRAY BOTH (FILTERED)

- HEPA GRINDING BOTH (FILTERED)

* NOW USING LOW-HAP GELCOATS.



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

November 1, 2009

To: Users of the Air General Permit

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Non-Title V Air General Permit (AGP) pursuant to Chapter 62-210, Florida Administrative Code (F.A.C.) and your entitlement to operate is about to expire.

As a source of air pollution, your facility is entitled to operate for no more than five (5) years with a AGP under Section § 403.0872 Florida Statutes (F.S.). Rule 62-210.310, F.A.C., establishes that the duration of the AGP is for five (5) years, and no later than thirty (30) days prior to the fifth anniversary of the filing of intent to use this AGP, the owner/operator or authorized representative shall submit a new notice of intent which shall contain all current information regarding the facility.

If you wish to maintain your entitlement to operate you may obtain a copy of the appropriate registration form with the \$100 fee made out to FDEP, in the following manner(s). You may download a copy of the registration form from the FDEP Air Resource Management webpage:

http://www.dep.state.fl.us/air/emission/nontv_gp.htm

or call the

Small Business Environmental Assistance Program (SBEAP) toll-free @: 1-800 722-7457

As the Owner/Operator or authorized representative for this facility, please complete the form, sign your name, date it, and submit it along with the \$100 AGP Processing fee to the following address: (Please see the AGP Processing Fee Schedule on the back side of this page).

**FDEP
RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE, FL 32315-3070**



"More Protection, Less Process"
www.dep.state.fl.us/air/

IMPORTANT

A facility is eligible to operate under a Non-Title V Air General Permit (AGP) for no more than five (5) years. Your facility is approaching the end of the current five (5) year period for which it was entitled to operate under the Non-Title V AGP.

NEW OWNER? If you are a **NEW OWNER**, please check this box and return this page with your completed Non-Title V AGP Notification Form.

NEW OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE? If you are a **NEW OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE**, and/or your existing business has moved to a new location, please check this box and return this page with your completed Non-Title V AGP Notification Form.

- If you wish to continue your entitlement, please complete the Non-Title V AGP Notification Form, making certain that it is **signed by the OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE**, properly dated, including the appropriate AGP Processing fee, and mailed to the FDEP, P.O. BOX 3070, TALLAHASSEE, FL 32315-3070.
- If you do not wish to continue with your eligibility, please disregard this notice.
- An AGP processing fee is required to be submitted with the notification form according to the following fee schedule:

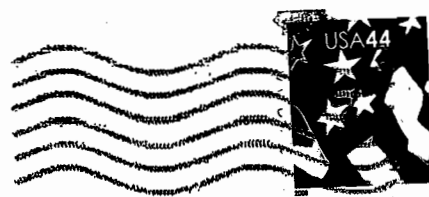
AGP FEE SCHEDULE-made out to FDEP

- 1) Volume Reduction, Mercury Recovery & Reclamation Processes = \$250.00 fee
(Professional Engineer (PE) Signature Is Required)
- 2) All other Non-Title V AGP programs = \$100.00 fee
(No Professional Engineer Signature Required)

CORINTHIAN KITCHEN & BATH, INC.
380 C-GUS HIPP BLVD
ROCKLEDGE, FL 32955

ORLANDO FL 328

25 JAN 10 PM 5 T



FDED RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE, FL 32315-3070

323153070

