

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

July 5, 2007

Mr. Santiago Puentes Best Litho, Incorporated 6912 Northwest 46th Street Miami, Florida 33166

Dear Mr. Puentes:

This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on May 28, 2007. We have assigned ARMS Number <u>0251203-003</u> to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Mrs. Mallika Muthiah, Miami-Dade County

PRINTING OPERATIONS AIR GENERAL PERMIT REGISTRATION FORM

Part II. Notification to Permitting Office

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

RECEIVED. 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)

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)(d), 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.) Best Litho, 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:6912 N.W. 46 Street City:Miami County:Miami-Dade Zip Code:33166	Registration Type
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 site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.) 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.)	Check one:
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.) Best Litho, 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:6912 N.W. 46 Street	 ☐ 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
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.) Best Litho, 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:6912 N.W. 46 Street	 ☐ 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
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.) Best Litho, 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:6912 N.W. 46 Street	Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only
Mo 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.) Best Litho, 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: 6912 N.W. 46 Street	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
Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.) Best Litho, 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:6912 N.W. 46 Street	
operates, controls, or supervises the facility.) Best Litho, 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:6912 N.W. 46 Street	General Facility Information OR5/203-00
Best Litho, 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:6912 N.W. 46 Street	
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:6912 N.W. 46 Street	
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:6912 N.W. 46 Street	Best Littlo, Inc.
Street Address:6912 N.W. 46 Street	
City:Miami County:Miami-Dade Zip Code:33166	
	City:Miami County:Miami-Dade Zip Code:33166

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 si	igning this form be	low, certifies that the facility is eligible to use this
air general permit.)	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Print Name and Title: Santiago Puentes,	Vice President	
	,	
Owner/Authorized Representative Mailing	Address	
Organization/Firm:Best Litho, Inc.		
Street Address: 6912 N.W. 46 Street		
City:Miami	County:Dade	Zip Code:33166
Owner/Authorized Representative Telephone	ne Numbers	
Telephone:305-592-7693		Fax:305-477-4692
Cell phone (optional):		
Facility Contact (If different from Owne	r/Authorized Ren	resentative)
		cted regarding day-to-day operations at the facility.)
Print Name and Title: Same as above		
Facility Contact Mailing Address		
Organization/Firm:		
Street Address:		
City:	County:	Zip Code:
City:	County:	Zip Code:
City: Facility Contact Telephone Numbers	County:	
City: Facility Contact Telephone Numbers Telephone:	County:	Zip Code: Fax:
City: Facility Contact Telephone Numbers	County:	
City: Facility Contact Telephone Numbers Telephone:	County:	
City: Facility Contact Telephone Numbers Telephone:		
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States	ment	
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by	ment the person named	Fax:
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R	ment the person named athorized representation Form.	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry,	ment the person named thorized represent Registration Form. that the facility aa	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and ldressed in this registration form is eligible for
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry, use of this air general permit and that	ment the person named thorized represent Registration Form. that the facility and the statements made	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and ldressed in this registration form is eligible for the in this registration form are true, accurate
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry, use of this air general permit and that and complete. Further, I agree to open	ment y the person named athorized represent Registration Form. that the facility and the statements made	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and ldressed in this registration form is eligible for the facility described in this registration form are true, accurate the facility described in this registration form so
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry, use of this air general permit and that and complete. Further, I agree to open as to comply with all applicable standar	ment y the person named athorized represent Registration Form that the facility an the statements man rate and maintain to	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and ldressed in this registration form is eligible for the lacility described in this registration form so air pollutant emissions found in the statutes of
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry, use of this air general permit and that and complete. Further, I agree to open as to comply with all applicable standar	ment y the person named athorized represent Registration Form that the facility an the statements man rate and maintain to	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and ldressed in this registration form is eligible for the facility described in this registration form are true, accurate the facility described in this registration form so
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry, use of this air general permit and that a and complete. Further, I agree to open as to comply with all applicable standa the State of Florida and rules of the De	ment the person named athorized represent Registration Form. that the facility and the statements mad rate and maintain t ards for control of epartment of Enviro	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and ldressed in this registration form is eligible for the lie in this registration form are true, accurate the facility described in this registration form so air pollutant emissions found in the statutes of commental Protection and revisions thereof.
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry, use of this air general permit and that and complete. Further, I agree to open as to comply with all applicable standa the State of Florida and rules of the De	ment the person named athorized represent Registration Form. that the facility and the statements mad rate and maintain t ards for control of epartment of Enviro	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and ldressed in this registration form is eligible for the lacility described in this registration form so air pollutant emissions found in the statutes of
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry, use of this air general permit and that a and complete. Further, I agree to open as to comply with all applicable standa the State of Florida and rules of the De	ment the person named athorized represent Registration Form. that the facility and the statements mad rate and maintain t ards for control of epartment of Enviro	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and ldressed in this registration form is eligible for the lie in this registration form are true, accurate the facility described in this registration form so air pollutant emissions found in the statutes of commental Protection and revisions thereof.
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry, use of this air general permit and that and complete. Further, I agree to open as to comply with all applicable standa the State of Florida and rules of the De I will promptly notify the Department of form.	ment the person named athorized represent Registration Form. that the facility an the statements mad rate and maintain to ards for control of a epartment of Environ of any changes to the	above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and addressed in this registration form is eligible for the facility described in this registration form so air pollutant emissions found in the statutes of commental Protection and revisions thereof.
City: Facility Contact Telephone Numbers Telephone: Cell phone (optional): Owner/Authorized Representative States This statement must be signed and dated by I, the undersigned, am the owner or au addressed in this Air General Permit R belief formed after reasonable inquiry, use of this air general permit and that and complete. Further, I agree to open as to comply with all applicable standa the State of Florida and rules of the De	ment the person named athorized represent Registration Form. that the facility an the statements mad rate and maintain to ards for control of a epartment of Environ of any changes to the	Fax: above as owner or authorized representative ative of the owner or operator of the facility I hereby certify, based on information and ldressed in this registration form is eligible for the lie in this registration form are true, accurate the facility described in this registration form so air pollutant emissions found in the statutes of commental Protection and revisions thereof.

Printing Process/InkType(s)		
Check all that apply:		
 ☐ Heatset Offset Lithographic ☐ Screen or Letterpress ☐ Flexographic 	☐ Non-Heatset Offset Lithographic ☐ Water Based ☐ Rotogravure	☐ Digital ☐ Ultraviolet Cured
Compliance Assurance - Initial Registrat	ion (Not Required for Re-Registration)	
Below, or as an attachment to this form, pro used to demonstrate compliance with Rule of containing hazardous air pollutants and solve The facility already has a material use Specific Condition 2.1 and Specific (permit number 0251203-001-AC), in Management. This system will remain	52-210.310(4)(f)2., F.A.C. Provide the est vent-containing materials expected to be us sage and emissions tracking progra Condition 2.2 of the current Air Consissued by Miami-Dade County Environment in use under the General Permit.	imated amount of materials ed over a 12-month period. m in place required per instruction Permit ironmental Resources
The estimated amount of HAP-conta amount of solvent-containing materi	•	
		:

Compliance Determination - Re-Registration (Not Required for Initial Registration)
Below, or as an attachment to this form, provide the highest 12-month total quantity of materials containing hazardous air pollutants and the highest 12-month total quantity of solvent-containing materials used in the last five years to show compliance with sub-subparagraph 62-210.310(4)(f)2.b., F.A.C. (material usage rates) or
provide all calculations to show compliance with sub-subparagraph 62-210.310(4)(f)2.a., F.A.C. (mass balance). N/A

Description of Facility

Below, or as an attachment to this form, provide a description of the printing 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. Information should include a description of the number and types of printing processes, presses and ink systems being used at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

Best Litho, Inc. (Best Litho) is a heatset offset lithographic printing facility which operates a Nebiolo Target I printer. The facility has a gas-fired catalytic incinerator which controls visible emissions.

The printing process at Best Litho begins with the image being digitally transferred to the proofing equipment for customer approval. The proofing equipment consists of digital units which do not contribute to overall emissions. Once approved, the images are digitally transferred to printing plates via computer in a process known as "computer-to-plate", or CTP. The image is "burned" onto an aluminum plate, and the plate is sent to the developer where the final image is developed. From here, the plates are sent to the press for final product printing. The entire pre-press process does not contribute to overall emissions, as no criteria pollutants (i.e. volatile organic compounds or hazardous air pollutants) are generated.

The printing press utilizes inks and press chemicals which contain VOC's. The total amount of inks and press chemicals is below 100,000 pounds. The overall VOC emissions for calendar year 2006 were less than 15 tons.

Other operations at the facility include propane-fired forklifts and warehouse operations, which are insignificant contributors to overall VOC emissions.



BEST LITHO, INC. 6912 N.W. 46th STREET MIAMI, FLORIDA 33166

AMOUNT

DATE

May 21, 2007

100.00

REGIONS BANK 63-666/632

One Hundred and 00/100 Dollars

PAY TO THE ORDER OF:

FLORIDA DPT.OF ENVIRONMENTAL PROTECTION AIR GENERAL PERMITS 2600 BLAIR STONE ROAD, MS 5500 TALLAHASSEE, FL 32399

69542



6912 N.W. 46th STREET • MIAMI, FLORIDA 33166 • TEL. (305) 592-7693

7000 0520 0016 7226 0622





33166 27 25 07 AMDUN1

0000

37399

RETURN RECEIPT REQUESTED

> RETURN RECEIPT REQUESTED

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION AIR GENERAL PERMITS
2600 BLAIR STONE ROAD, MS 5500
TALLAHASSEE, FL 32399