



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 26, 2008

Mr. Angel Rodriguez
President
Caribbean Craft, Incorporated
25407 Southwest 142 Avenue
Princeton, Florida 33032

Dear Mr. Rodriguez:

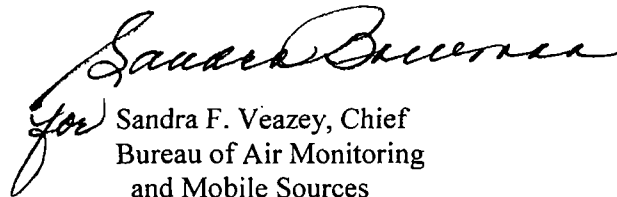
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on October 24, 2008. We have assigned ARMS No. 0251293-001 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) 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 five (5) years. Therefore, a new registration form must be received no later than five (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: Ms. Mallika Muthiah, Miami-Dade County

FINANCE ACCOUNTING RECEIPT 640890 Oct 24 2008

REINFORCED POLYESTER RESIN 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)

RECEIVED OCT 28 2008 Bureau of Air Management 2 Mobile Square Tallahassee, Florida

0251293-001

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.)

ANGEL RODRIGUEZ / CARIBBEAN CRAFT, 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.)

CARIBBEAN CRAFT, Inc.

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: 25407 SW 142 AVE
City: Princeton County: Miami - Dade Zip Code: 33032

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: ANGEL RODRIGUEZ, PRESIDENT (Owner)

Owner/Authorized Representative Mailing Address

Organization/Firm: CARIBBEAN CRAFT, Inc.

Street Address: 25407 SW 142 AVE

City: PRINCETON County: MIAMI-DADE Zip Code: 33032

Owner/Authorized Representative Telephone Numbers

Telephone: (305) 257-1238

Fax: 786-272-2397

Cell phone (optional): (305) 903-0341 (wife, Sonia)

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

10/21/08

Material Usage Rates

If this is an initial registration for a reinforced polyester resin operation, provide an estimate of the total quantity, in pounds, 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 76,000 pounds (38 tons) in any consecutive 12 months.

11 gals daily @ 9.1 lb per gal * 49 wks per year @ 5 days a week = 24,524.50 pounds per year

If this is a re-registration for a reinforced polyester resin 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.

Description of Facility

Below, or as an attachment to this form, provide a description of the reinforced polyester resin 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.

We mainly do fiberglass repair work, in addition to manufacturing between 1 and 5 boats per year, ranging in size from 15' to 20'.

The equipment used is:

- (1) Mechanical Gelcoat Applicator Equipment
- (2) Mechanical Resin Applicator Equipment

Process:

- (1) Apply gelcoat to mold
- (2) Allow to dry (moisture/humidity, and temperature regulate length of time needed to dry/cure completely)
- (3) Apply resin and hand lay fiberglass sheets of mat and woven roven.
- (4) Use metal frame roller to roll out any trapped air bubbles, and allow to dry.
- (5) Apply mat and foam core with resin. Cover foam core with mat. Press firmly to remove air.
- (6) Allow to cure and remove from mold.

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Post Office To Addressee

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PO ZIP Code 33030	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 16.50	
Date Accepted 10 22 08 Mo. Day Year	Scheduled Date of Delivery Month 10 Day 23	Return Receipt Fee \$	
Time Accepted 4:16 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input checked="" type="checkbox"/> 1:00 PM <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. 1. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 16.50	Acceptance Emp., Initials KAC

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Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
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Delivery Date Mo. 10 Day 23	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature KAC
CUSTOMER USE ONLY		
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Mailer Signature		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		

FROM: (PLEASE PRINT) PHONE (305) 903-0341

CARIBBEAN CRAFT, Inc
25407 SW 172 Ave
Princeton, FL 33032

TO: (PLEASE PRINT) PHONE (850) 721-9586

R. DEPIU
3800 Commonwealth Blvd
MS-77
TALLAHASSEE, FL



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Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 291229 thru 291229
Printed: 10/24/2008 3:37:08 PM - Page 8

Cashlisting: 71738 Cashlist Area: 3755 Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: 291229 Date Deposited: 10/24/2008 Contact: **E. WALKER**

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant	
002272	51125		640689		URBIETA OIL, INC. DBA UTBIETA	1735	\$100.00		905318	799972	PFTF		
	51144	486535	640815		RELIABLE FENCE LAND CLEARING	1494	\$100.00		905497	800110	PFTF		
	51144	486542	640822		SDI QUARRY INC	003375	\$100.00		905506	800117	PFTF		
	51150	<i>PKY</i>	640890		CARIBBEAN CRAFT	4355	\$100.00		905555	800193	PFTF		
Object Code 002272 Subtotal:							\$400.00						
Cashlisting 71738 Total:							\$400.00						

0251293-001
11/17/2008 - PR