

**REINFORCED POLYESTER RESIN OPERATIONS
AIR GENERAL PERMIT REGISTRATION FORM**

RECEIVED
MAR 24 2009
Bureau of Air Management
Department of Environmental Protection

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)

0251311-001

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)(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.)

VARONA POWER BOATS, INC. (305) 798-7669

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: 7725 W 2 court
City: Hialeah County: MIAMI-DADE Zip Code: 33014

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

March 23, 2009

**REINFORCED POLYESTER RESIN OPERATIONS
AIR GENERAL PERMIT REGISTRATION FORM**

Bureau of Air Monitoring
& Mobile Sources
 MAR 24 2009
 RECEIVED

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March 23, 2009

Owner/Authorized Representative

<u>Name and Position Title</u> (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.) Print Name and Title: Roman Serra - President		
<u>Owner/Authorized Representative Mailing Address</u> Organization/Firm: Varona Power Boats, Inc. Street Address: 13876 SW 56 street, suite 100 City: MIAMI County: MIAMI-DADE Zip Code: 33175		
<u>Owner/Authorized Representative Telephone Numbers</u> Telephone: (305) 798-7669 Fax: (305) 328-5831 Cell phone (optional):		

Facility Contact (If different from Owner/Authorized Representative)

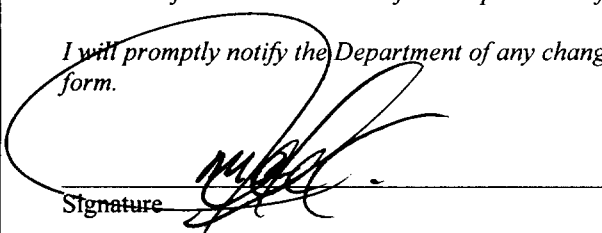
<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title:		
<u>Facility Contact Mailing Address</u> Organization/Firm: Street Address: City: County: Zip Code:		
<u>Facility Contact Telephone Numbers</u> Telephone: Fax: 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: 3/18/2009.

2009 MAR 19 PM 12:14
DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR QUALITY CONTROL DIVISION

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.

17,000 Pounds

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.

Fiberglass boat manufacture facility.

- center console open fishing.
- sport fishing.

Hand layed fiberglass

Equipment- Exhaust fans throughout facility.

2009 MAR 19 14:12:14
DEP

VARONA POWER BOATS, INC.

ATTN:	FROM: ROMAN SERRA
DATE: 3/19/2009	COMPANY: VARONA POWER BOATS, INC.
PAGES: 2	OFFICE NUMBER: 305.798.7669
FILE #:	FAX NUMBER: 305.328.5832

COMMENTS:

**RE: REINFORCED POLYESTER RESIN OPERATIONS AIR
GENERAL PERMIT REGISTRATION FORM.**

Attn: Receivables

I am attaching this letter because the day prior I sent in a permit application and forgot to attach the check (payment) with it. Please use this page 5 of the application as a reference, the full application should have arrived on the 19th. If you have any questions please reach me at 305-798-7669.

Thank you for your attention is this matter,

Roman Serra

305-798-7669
305-328-5832



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Mo. Day Year 3 18 04	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Time Accepted 4:45 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 17.50	
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Mo. Day		

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Roman Serra
 13876 SW 56 St. #100
 Miami, FL 33175

TO: (PLEASE PRINT) PHONE ()

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 3800 Commonwealth Blvd
 M.S. - 77
 Tallahassee, FL

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Mo. Day		<input type="checkbox"/> PM	
Delivery Date	Time	<input checked="" type="checkbox"/> AM	Employee Signature
Mo. Day	3 20 13	<input type="checkbox"/> PM	[Signature]

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Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
3 17 09	Month Day 3 20	\$
Mo. Day Year	Scheduled Time of Delivery	COD Fee
	<input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$
Time Accepted	Military	Insurance Fee
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		\$
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code	Acceptance Emp. Initials

FROM: (PLEASE PRINT) **PHONE** (305) 798-7669

Roman Serra
13876 SW 56 St. #100
Miami, FL 33175

TO: (PLEASE PRINT) **PHONE** (800) 722-7457

FDEP
3800 Commonwealth Blvd.
M.S. 77
Tallahassee, FL

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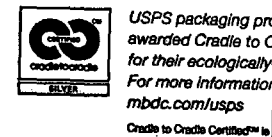
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