

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

RECEIVED

FEB 03 2011

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy of this form)

**Bureau of Air Monitoring
& Mobile Sources**

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)

0251333-001**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.)

Spa World Corporation

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.)

Spa World

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

Street Address: 2350 NW 149th Street, Buildings A & E

City: Miami

(OPA LOCKA)

County: Dade

Zip Code: 33054 - **3132**

**02/16/11 - PER TELECON
W/DAVE CAPONI**

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: David Caponi, General Manager		
<u>Owner/Authorized Representative Mailing Address</u> Organization/Firm: Spa Wolrd Copr Street Address: 2350 NW 149th Street, Building E City: Miami County: Dade Zip Code: 33054 - 3132		
<u>Owner/Authorized Representative Telephone Numbers</u> Telephone: 516-986-5344 Fax: 866-577-9225 Cell phone (optional):		

Facility Contact (If different from Owner/Authorized Representative)

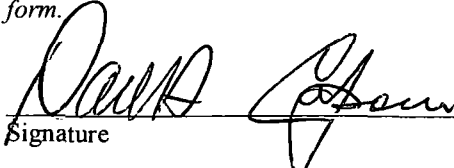
<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: Same as above		
<u>Facility Contact Mailing Address</u> Organization/Firm: Street Address: City: County: Zip Code:		
<u>Facility Contact Telephone Numbers</u>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

1-6-11
Date

* SEE ATTACHED FORM AS AN ADDENDUM TO THIS ORIGINAL SUBMITTED FORM.

(7) SIGNATURE PAGE SHOULD BE PAGE 6 PAGE 7 IS INITIAL REG. & DESCRI. OF FACILITY PAGE, MISSING

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Spa World Corporation

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.)

Spa World

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

Street Address: 2350 NW 149th Street, Buildings A & E

City: Miami

County: Dade

Zip Code: 33054

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)
02/01/2011

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: David Caponi, General Manager

Owner/Authorized Representative Mailing Address

Organization/Firm: Spa Wolrd Copr
Street Address: 2350 NW 149th Street, Building E
City: Miami County: Dade Zip Code: 33054

Owner/Authorized Representative Telephone Numbers

Telephone: 516-986-5344 Fax: 866-577-9225
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: Same as above

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Organization/Firm:
Street Address:
City: County: Zip Code:

Facility Contact Telephone Numbers

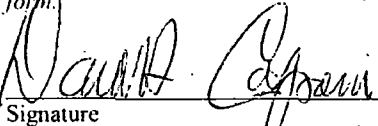
Telephone: Fax:
Cell phone (optional):

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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.

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Signature

1-6-11
Date

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.

The first year estimate is 20,000 pounds of styrene-containing resin. See attached page with the 4-year material usage projections.

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.

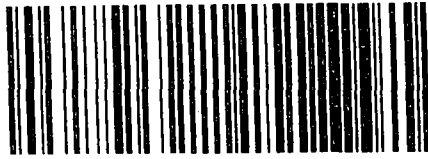
This facility manufactures acrylic walk-in tubs. The tubs will be reinforced with chopped fiberglass and resin. The tubs will be made from molds and the molds will be repaired with tooling gel. The emissions from this operation are all fugitive emissions, there are no control devices.

This facility will keep a spreadsheet to track monthly raw material purchases to demonstrate they meet the requirements of the general permit. Attached to this application is a raw material usage projection through 2015.

Hazardous Materials PROJECTIONS FOR YEARS 2011-2015

Hazardous Materials PROJECTIONS FOR YEARS 2011-2015				
RESIN TUBS			SILICONE	
	Tubes	LBS		Tubes
2011		20,000	2011	1,000
2012		30,000	2012	2,000
2013		50,000	2013	3,000
2014		60,000	2014	4,000
2015		70,000	2015	5,000
MEK				
2011		400		
2012		600		
2013		1,000		
2014		1,200		
2015		1,400		
PVC CEMENT				
		Gals.		
2011		4		
2012		6		
2013		8		
2014		10		
2015		12		
ACETONE				
2011		1,500		
2012		1,800		
2013		3,000		
2014		4,500		
2015		6,000		
2011		500		
2012		1,000		
2013		1,200		
2014		1,500		
2015		1,500		
PLOYESTER RESIN MOLDS				
2011		1,000		
2012		1,200		
2013		1,200		
2014		1,200		
2015		1,200		

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RETURN RECEIPT
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