

RECEIVED

**SECONDARY ALUMINUM SWEAT FURNACES
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

AUG 16 2011
BUREAU OF
AIR REGULATION

Facility Identification Number - If known (seven digit number)

0251342-001

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted 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). 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. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using 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.
- 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 Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

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.)

___ ST. JUDAS TADEUS Foundry, 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 complete registration must be submitted for each.)

___ ST. JUDAS TADEUS Foundry, INC. (same)

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

Street Address: ___ 9851 NW 115th. WAY

City: MELEY

County: MIAMI-DADE Zip Code: 33178-1140

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

___ 1997

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: ALFONSO VEGA / GENERAL MANAGER

Facility Contact Telephone Numbers

Telephone: (305) 889-2131

Fax: (305) 885-2163

Cell phone: (786) 295-7787

E-mail: SAJUDASfoundry@bellsouth.net

Facility Contact Mailing Address

Organization/Firm: _____

(same)

Mailing Address: 9851 NW 115th. Way

City: MEDLEY

County: MIAMI/DADE Zip Code: 33178-1140

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: _____

Other Contact/Representative Telephone Numbers

Telephone: _____

Fax: _____

Cell phone: _____

E-mail: _____

Other Contact/Representative Mailing Address

Organization/Firm: _____

Mailing Address: _____

City: _____

County: _____

Zip Code: _____

Facility Description and Comments

Number of secondary aluminum sweat furnace units on site: 1

List and briefly describe all other process operations at the site that may emit air pollutants (for example, scrap shredders, degreasers, paint shops, boilers, emergency generators, etc.). Add any comments about the facility that would be helpful to the Department in understanding the nature of your operation (for example, describe the products made, amount of materials used, air pollution control equipment employed, and hours of operation).

Melting clean scrap aluminum for the manufacturing
of small decorative aluminum sand casting
60 lbs Furnace

San Judas Tadeo Foundry, Inc.

9851 N.W. 115 Way

Medley, FL 33178

Tel: 305-889-2131

Fax: 305-885-2163

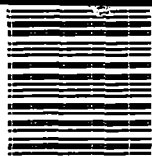


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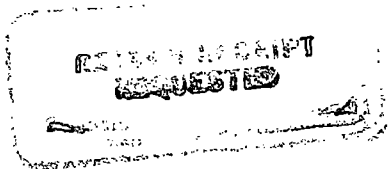


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