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# CAST POLYMER OPERATIONS AIR GENERAL PERMIT REGISTRATION FORM

Bureau of Air Monitoring  
& Mobile Sources

## 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)

0330268-003

## 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.)

MARBLE WORKS OF PENSACOLA 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.)

MARBLE WORKS OF PENSACOLA

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

Street Address: 3434 W. FAIRFIELD DR

City: PENSACOLA

County:

ESCAMBIA

Zip Code:

32505

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

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 FLORIDA DEPARTMENT OF  
 PROTECTION

**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: **Bud Cooley VICE President**

**Owner/Authorized Representative Mailing Address**

Organization/Firm: **Marble Works of Pensacola Inc**

Street Address: **3434 W. Old Fairfield Dr**

City: **PENSACOLA**

County: **ESCAMBIA**

Zip Code: **32505**

**Owner/Authorized Representative Telephone Numbers**

Telephone: **850-453-8226**

Fax: **850-455-3462**

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:

**Facility Contact Mailing Address**

Organization/Firm: **Marble Works of Pensacola**

Street Address: **3434 West Old Fairfield Drive**

City: **Pensacola**

County: **Escambia**

Zip Code: **32505**

**Facility Contact Telephone Numbers**

Telephone: **(850) 453-9206**

Fax: **(850) 455-3662**

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.*

**Bud Cooley**  
Signature

**4/7/11**  
Date

**Material Usage Rates**

If this is an **initial registration** for a cast polymer operation, provide an estimate, in pounds, of the total quantity 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 284,000 pounds (142 tons) in any consecutive 12-months.

JAN to DEC 20,000 POUNDS

If this is a **re-registration** for a cast polymer 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 cast polymer 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 IS OPERATING FAR BELOW THAN IN PREVIOUS YEARS, NOTHING HAS CHANGED AS FAR AS THE OPERATION GOES IN 25 YEARS, AND IS THE SAME AS OTHER MARBLE SHOPS IN THE AREA.