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MAY 17 2011

Bureau of Air Monitoring & Mobile Sources

CAST POLYMER 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)

0951299-002

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.)

Precision Marine of Central Florida

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: 887 OCOEE APOPKA RD

City: Apopka

County: Orange

Zip Code: 32703-9202

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

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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.

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.

1-1-2010

12-30-2010

13,239.00 pounds

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.

We manufacture cultured marble products. We use Resin and gelcoat.

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: Elsa Oglesby President/owner

Owner/Authorized Representative Mailing Address

Organization/Firm:

Street Address:

City:

County:

Zip Code:

Owner/Authorized Representative Telephone Numbers

Telephone: 407 814 8800

Fax: 407 814 8444

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:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

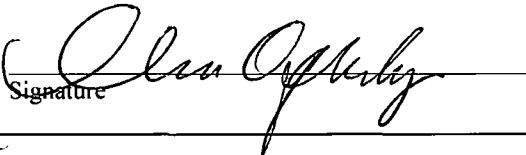
Cell phone (optional):

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

03-14-11
Date

URGENT!

IMPORTANT

NOTIFICATION OF EXPIRING AIR GENERAL PERMIT REGISTRATION

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form with the correct processing fee to the following address:

**FDEP
RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE, FL 32315-3070**

I am a new OWNER or AUTHORIZED REPRESENTATIVE for this facility.

My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form and processing fee.

Precision Marble of Central Florida
887 Ocoee Apopka Rd
Apopka, FL 32703

MID. FLORIDA PDC
FL 32702 T
10 MAY 2012 PM



FDEP
Receipts
PO Box 3070
Tallahassee, FL 32315-3070

32315+3070

