

Department of Environmental Protection

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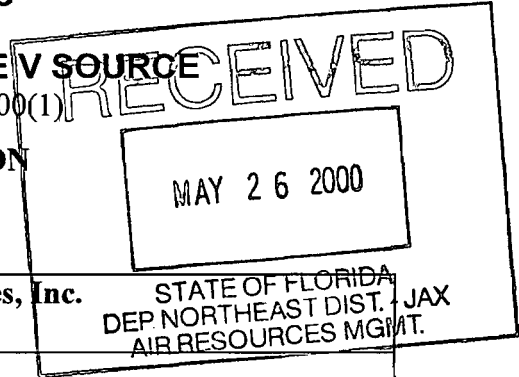
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Division of Air Resources Management

BUREAU OF AIR REGULATION

APPLICATION FOR AIR PERMIT - TITLE V SOURCE

See Instructions for Form No. 62-210.900(1)



I. APPLICATION INFORMATION

Identification of Facility

1. Facility Owner/Company Name: Seabring Marine Industries, Inc.	
2. Site Name: Monterey Boats - Williston Cruiser Plant	
3. Facility Identification Number: 0750033 [] Unknown	
4. Facility Location: Street Address or Other Locator: 1579 SW 18th Street City: Williston County: Levy Zip Code: 32696	
5. Relocatable Facility? [] Yes [X] No	6. Existing Permitted Facility? [X] Yes [] No

Application Contact

1. Name and Title of Application Contact: F.J. Gombash, President		
2. Application Contact Mailing Address: Organization/Firm: Seabring Marine Industries, Inc. Street Address: 1579 SW 18th Street City: Williston State: FL Zip Code: 32696		
3. Application Contact Telephone Numbers: Telephone: (352) 528-2628 Fax: (352) 529-9171		

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	
2. Permit Number:	
3. PSD Number (if applicable):	
4. Siting Number (if applicable):	

VED
 0005
 APR 14
 XAL-JEN
 TMON 2:30

DEP ROUTING AND TRANSMITTAL SLIP	
TO: (NAME, OFFICE, LOCATION)	
1. <u>Cindy Phillips</u>	3. _____
2. <u>Barbara</u>	4. <u>MS # 5505</u>
5. _____	5. _____
PLEASE PREPARE REPLY FOR: <input type="checkbox"/> SECRETARY'S SIGNATURE <input type="checkbox"/> DIV/DIST DIR SIGNATURE <input type="checkbox"/> MY SIGNATURE <input type="checkbox"/> YOUR SIGNATURE <input type="checkbox"/> DUE DATE _____ ACTION/DISPOSITION <input checked="" type="checkbox"/> DISCUSS WITH ME <input type="checkbox"/> COMMENTS/ADVISE <input type="checkbox"/> REVIEW AND RETURN <input type="checkbox"/> SET UP MEETING <input type="checkbox"/> FOR YOUR INFORMATION <input type="checkbox"/> HANDLE APPROPRIATELY <input type="checkbox"/> INITIAL AND FORWARD <input checked="" type="checkbox"/> SHARE WITH STAFF <input checked="" type="checkbox"/> FOR YOUR FILES	COMMENTS: <p style="font-size: 1.2em;"> Cindy, take a look and let me know if a case by case MACT is needed. This is a relocation of a facility. Very similar to what we did for Sabins relocation from Archer to Lehigh Co. -R- </p>
FROM: <u>Rita Smith</u>	DATE: <u>6-5-00</u> PHONE: <u>448-4310</u>

DEP 15-026 (12/93)

x237

Purpose of Application

Air Operation Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

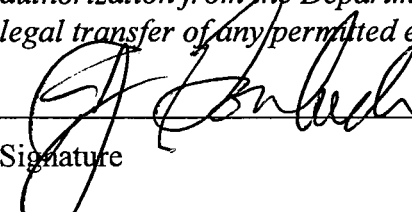
- Initial Title V air operation permit for an existing facility which is classified as a Title V source.
- Initial Title V air operation permit for a facility which, upon start up of one or more newly constructed or modified emissions units addressed in this application, would become classified as a Title V source.
Current construction permit number: _____
- Title V air operation permit revision to address one or more newly constructed or modified emissions units addressed in this application.
Current construction permit number: _____
Operation permit number to be revised: _____
- Title V air operation permit revision or administrative correction to address one or more proposed new or modified emissions units and to be processed concurrently with the air construction permit application. (Also check Air Construction Permit Application below.)
Operation permit number to be revised/corrected: _____
- Title V air operation permit revision for reasons other than construction or modification of an emissions unit. Give reason for the revision; e.g., to comply with a new applicable requirement or to request approval of an "Early Reductions" proposal.
Operation permit number to be revised: _____
Reason for revision: _____

Air Construction Permit Application

This Application for Air Permit is submitted to obtain: (Check one)

- Air construction permit to construct or modify one or more emissions units.
- Air construction permit to make federally enforceable an assumed restriction on the potential emissions of one or more existing, permitted emissions units.
- Air construction permit for one or more existing, but unpermitted, emissions units.

Owner/Authorized Representative or Responsible Official

1. Name and Title of Owner/Authorized Representative or Responsible Official: F.J. Gombash, President
2. Owner/Authorized Representative or Responsible Official Mailing Address: Organization/Firm: Seabring Marine Industries, Inc. Street Address: 1579 SW 18th Street City: Williston State: FL Zip Code: 32696
3. Owner/Authorized Representative or Responsible Official Telephone Numbers: Telephone: (352) 528-2628 Fax: (352) 529-9171
4. Owner/Authorized Representative or Responsible Official Statement: <i>I, the undersigned, am the owner or authorized representative*(check here [], if so) or the responsible official (check here [x], if so) of the Title V source addressed in this application, whichever is applicable. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained 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 understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.</i>  Signature _____ Date <u>5/24/00</u>

* Attach letter of authorization if not currently on file.

Professional Engineer Certification

1. Professional Engineer Name: John B. Koogler Registration Number: 12925
2. Professional Engineer Mailing Address: Organization/Firm: Koogler & Associates Street Address: 4014 N.W. 13th Street City: Gainesville State: FL Zip Code: 32609
3. Professional Engineer Telephone Numbers: Telephone: (352) 377-5822 Fax: (352) 377-7158

4. Professional Engineer Statement:

I, the undersigned, hereby certify, except as particularly noted herein, that:*

(1) To the best of my knowledge, there is reasonable assurance that the air pollutant emissions unit(s) and the air pollution control equipment described in this Application for Air Permit, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in the Florida Statutes and rules of the Department of Environmental Protection; and

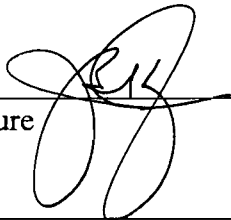
(2) To the best of my knowledge, any emission estimates reported or relied on in this application are true, accurate, and complete and are either based upon reasonable techniques available for calculating emissions or, for emission estimates of hazardous air pollutants not regulated for an emissions unit addressed in this application, based solely upon the materials, information and calculations submitted with this application.

If the purpose of this application is to obtain a Title V source air operation permit (check here [], if so), I further certify that each emissions unit described in this Application for Air Permit, when properly operated and maintained, will comply with the applicable requirements identified in this application to which the unit is subject, except those emissions units for which a compliance schedule is submitted with this application.

If the purpose of this application is to obtain an air construction permit for one or more proposed new or modified emissions units (check here [X], if so), I further certify that the engineering features of each such emissions unit described in this application have been designed or examined by me or individuals under my direct supervision and found to be in conformity with sound engineering principles applicable to the control of emissions of the air pollutants characterized in this application.

If the purpose of this application is to obtain an initial air operation permit or operation permit revision for one or more newly constructed or modified emissions units (check here [], if so), I further certify that, with the exception of any changes detailed as part of this application, each such emissions unit has been constructed or modified in substantial accordance with the information given in the corresponding application for air construction permit and with all provisions contained in such permit.

Signature



(seal)

Date

5/23/00

* Attach any exception to certification statement.

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
001	Fiberglass boat manufacturing facility	AC1E	0

Application Processing Fee

Check one: Attached - Amount: \$_____ Not Applicable

Construction/Modification Information

1. Description of Proposed Project or Alterations:

For the relocation of the existing Monterey Sport Boat facility, located in downtown Williston to the new Monterey facility in the Williston Airport Industrial Park. The Sport Boat manufacturing operations will be relocated to a separate building to be constructed (see proposed plot plan).

2. Projected or Actual Date of Commencement of Construction: **08/00**

3. Projected Date of Completion of Construction: **08/02**

Application Comment

Application format based on the previous relocation submittal to FDEP.

II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Location and Type

1. Facility UTM Coordinates: Zone: 17 East (km): 356.9 North (km): 3249.2			
2. Facility Latitude/Longitude: Latitude (DD/MM/SS): Longitude (DD/MM/SS):			
3. Governmental Facility Code: 0	4. Facility Status Code: A	5. Facility Major Group SIC Code: 37	6. Facility SIC(s): 3732
7. Facility Comment (limit to 500 characters): Fiberglass Boat Manufacturer			

Facility Contact

1. Name and Title of Facility Contact: F.J Gombash, President		
2. Facility Contact Mailing Address: Organization/Firm: Seabring Marine Industries, Inc. Street Address: 1579 SW 18th Street City: Williston State: FL Zip Code: 32696		
3. Facility Contact Telephone Numbers: Telephone: (352) 528-2628 Fax: (352) 529-9171		

Facility Regulatory Classifications

Check all that apply:

1. <input type="checkbox"/> Small Business Stationary Source?	<input checked="" type="checkbox"/> Unknown
2. <input type="checkbox"/> Major Source of Pollutants Other than Hazardous Air Pollutants (HAPs)?	
3. <input type="checkbox"/> Synthetic Minor Source of Pollutants Other than HAPs?	
4. <input checked="" type="checkbox"/> Major Source of Hazardous Air Pollutants (HAPs)?	
5. <input type="checkbox"/> Synthetic Minor Source of HAPs?	
6. <input type="checkbox"/> One or More Emissions Units Subject to NSPS?	
7. <input type="checkbox"/> One or More Emission Units Subject to NESHAP?	
8. <input type="checkbox"/> Title V Source by EPA Designation?	
9. Facility Regulatory Classifications Comment (limit to 200 characters):	

List of Applicable Regulations

62-4, 204, 210, 213, 252, 256, 257, 281, 296, 297 FAC.	
40 CFR 82	

B. FACILITY POLLUTANTS

List of Pollutants Emitted

1. Pollutant Emitted	2. Pollutant Classif.	3. Requested Emissions Cap		4. Basis for Emissions Cap	5. Pollutant Comment
		lb/hour	tons/year		
VOC	B				
H163	A				
PM/PM10	B				

Additional Supplemental Requirements for Title V Air Operation Permit Applications

8. List of Proposed Insignificant Activities: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
9. List of Equipment/Activities Regulated under Title VI: <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Equipment/Activities On site but Not Required to be Individually Listed <input checked="" type="checkbox"/> Not Applicable
10. Alternative Methods of Operation: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
11. Alternative Modes of Operation (Emissions Trading): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
12. Identification of Additional Applicable Requirements: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
13. Risk Management Plan Verification: <input type="checkbox"/> Plan previously submitted to Chemical Emergency Preparedness and Prevention Office (CEPPO). Verification of submittal attached (Document ID: _____) or previously submitted to DEP (Date and DEP Office: _____) <input type="checkbox"/> Plan to be submitted to CEPPO (Date required: _____) <input checked="" type="checkbox"/> Not Applicable
14. Compliance Report and Plan: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
15. Compliance Certification (Hard-copy Required): <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section (including subsections A through J as required) must be completed for each emissions unit addressed in this Application for Air Permit. If submitting the application form in hard copy, indicate, in the space provided at the top of each page, the number of this Emissions Unit Information Section and the total number of Emissions Unit Information Sections submitted as part of this application.

**A. GENERAL EMISSIONS UNIT INFORMATION
(All Emissions Units)**

Emissions Unit Description and Status

<p>1. Type of Emissions Unit Addressed in This Section: (Check one)</p> <p><input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a single process or production unit, or activity, which produces one or more air pollutants and which has at least one definable emission point (stack or vent).</p> <p><input checked="" type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, a group of process or production units and activities which has at least one definable emission point (stack or vent) but may also produce fugitive emissions.</p> <p><input type="checkbox"/> This Emissions Unit Information Section addresses, as a single emissions unit, one or more process or production units and activities which produce fugitive emissions only.</p>			
<p>2. Regulated or Unregulated Emissions Unit? (Check one)</p> <p><input checked="" type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is a regulated emissions unit.</p> <p><input type="checkbox"/> The emissions unit addressed in this Emissions Unit Information Section is an unregulated emissions unit.</p>			
<p>3. Description of Emissions Unit Addressed in This Section (limit to 60 characters):</p> <p>Fiberglass Boat Manufacturing</p>			
<p>4. Emissions Unit Identification Number:</p> <p>ID: 001</p>		<p><input type="checkbox"/> No ID</p> <p><input type="checkbox"/> ID Unknown</p>	
<p>5. Emissions Unit Status Code: A</p>	<p>6. Initial Startup Date: NA</p>	<p>7. Emissions Unit Major Group SIC Code: 37</p>	<p>8. Acid Rain Unit?</p> <p><input type="checkbox"/></p>
<p>9. Emissions Unit Comment: (Limit to 500 Characters)</p> <p>This emissions unit consists of a fiberglass boat manufacturing operation that generates air emissions from laying up fiberglass, wood working, and materials storage and handling.</p>			

Emissions Unit Control Equipment

1. Control Equipment/Method Description (Limit to 200 characters per device or method):
 NA

2. Control Device or Method Code(s):

Emissions Unit Details

1. Package Unit:		
Manufacturer:		Model Number:
2. Generator Nameplate Rating: MW		
3. Incinerator Information:		
	Dwell Temperature:	°F
	Dwell Time:	seconds
	Incinerator Afterburner Temperature:	°F

**B. EMISSIONS UNIT CAPACITY INFORMATION
(Regulated Emissions Units Only)**

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:		mmBtu/hr
2. Maximum Incineration Rate;	lb/hr	tons/day
3. Maximum Process or Throughput Rate:	See comment below.	
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:		
	24 hours/day	7 days/week
	52 weeks/year	8760 hours/year
6. Operating Capacity/Schedule Comment (limit to 200 characters):	Maximum process rate is based on material usage.	

**C. EMISSIONS UNIT REGULATIONS
(Regulated Emissions Units Only)**

List of Applicable Regulations

See Page 8.	

**D. EMISSION POINT (STACK/VENT) INFORMATION
(Regulated Emissions Units Only)**

Emission Point Description and Type

1. Identification of Point on Plot Plan or Flow Diagram?		2. Emission Point Type Code:	
3. Descriptions of Emission Points Comprising this Emissions Unit for VE Tracking (limit to 100 characters per point):			
4. ID Numbers or Descriptions of Emission Units with this Emission Point in Common:			
5. Discharge Type Code: F	6. Stack Height: NA feet	7. Exit Diameter: NA feet	
8. Exit Temperature: NA °F	9. Actual Volumetric Flow Rate: NA acfm	10. Water Vapor: NA %	
11. Maximum Dry Standard Flow Rate: NA dscfm		12. Nonstack Emission Point Height: NA feet	
13. Emission Point UTM Coordinates: NA Zone: East (km): North (km):			
14. Emission Point Comment (limit to 200 characters): Fugitive emissions will be exhausted by building ventilation fans.			

**E. SEGMENT (PROCESS/FUEL) INFORMATION
(All Emissions Units)**

Segment Description and Rate: Segment 1 of 1

1. Segment Description (Process/Fuel Type) (limit to 500 characters): Process Materials		
2. Source Classification Code (SCC): 3-14-999-99		3. SCC Units: TonsProcessed
3. Maximum Hourly Rate: NA	4. Maximum Annual Rate: See comment below.	6. Estimated Annual Activity Factor: NA
7. Maximum % Sulfur: NA	8. Maximum % Ash: NA	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters): The process rate is dependent on the material usage rate.		

Segment Description and Rate: Segment of

1. Segment Description (Process/Fuel Type) (limit to 500 characters):		
2. Source Classification Code (SCC):		3. SCC Units:
4. Maximum Hourly Rate:	5. Maximum Annual Rate:	6. Estimated Annual Activity Factor:
7. Maximum % Sulfur:	8. Maximum % Ash:	9. Million Btu per SCC Unit:
10. Segment Comment (limit to 200 characters):		

F. EMISSIONS UNIT POLLUTANTS
(All Emissions Units)

1. Pollutant Emitted	2. Primary Control Device Code	3. Secondary Control Device Code	4. Pollutant Regulatory Code
PM/PM10	NA	NA	NS
VOC	NA	NA	EL
H163	NA	NA	EL

G. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION
 (Regulated Emissions Units -
 Emissions-Limited and Preconstruction Review Pollutants Only)

Potential/Fugitive Emissions

1. Pollutant Emitted: VOC		2. Total Percent Efficiency of Control: NA	
3. Potential Emissions: lb/hour 18.4 tons/year		4. Synthetically Limited? <input checked="" type="checkbox"/>	
5. Range of Estimated Fugitive Emissions: [] 1 [] 2 [] 3 _____ to 18 tons/year			
6. Emission Factor: 18.4 tpy Reference: Permit		7. Emissions Method Code: 0	
8. Calculation of Emissions (limit to 600 characters): Based on permit limit.			
9. Pollutant Potential/Fugitive Emissions Comment (limit to 200 characters):			

Allowable Emissions Allowable Emissions 1 of 1

1. Basis for Allowable Emissions Code: Other		2. Future Effective Date of Allowable Emissions:	
2. Requested Allowable Emissions and Units: 18.4 tpy		4. Equivalent Allowable Emissions: lb/hour 18.4 tons/year	
5. Method of Compliance (limit to 60 characters): Material balance.			
6. Allowable Emissions Comment (Desc. of Operating Method) (limit to 200 characters):			

Emissions Unit Information Section 1 of 1

Pollutant Detail Information Page 2 of 2

G. EMISSIONS UNIT POLLUTANT DETAIL INFORMATION
(Regulated Emissions Units -
Emissions-Limited and Preconstruction Review Pollutants Only)

Potential/Fugitive Emissions

1. Pollutant Emitted: H163	2. Total Percent Efficiency of Control: NA
3. Potential Emissions: lb/hour 9.95 tons/year	4. Synthetically Limited? <input checked="" type="checkbox"/> [X]
5. Range of Estimated Fugitive Emissions: [] 1 [] 2 [] 3 _____ to 9.95 tons/year	
6. Emission Factor: 9.95 tpy Reference: Permit	7. Emissions Method Code: 0
8. Calculation of Emissions (limit to 600 characters): Based on permit limit.	
9. Pollutant Potential/Fugitive Emissions Comment (limit to 200 characters):	

Allowable Emissions Allowable Emissions 1 of 1

3. Basis for Allowable Emissions Code: Other	2. Future Effective Date of Allowable Emissions:
4. Requested Allowable Emissions and Units: 9.95 tpy	4. Equivalent Allowable Emissions: lb/hour 9.95 tons/year
5. Method of Compliance (limit to 60 characters): Material balance.	
6. Allowable Emissions Comment (Desc. of Operating Method) (limit to 200 characters):	

H. VISIBLE EMISSIONS INFORMATION
(Only Regulated Emissions Units Subject to a VE Limitation)

Visible Emissions Limitation: Visible Emissions Limitation _____ of _____

1. Visible Emissions Subtype: NA	2. Basis for Allowable Opacity: [] Rule [] Other
3. Requested Allowable Opacity: Normal Conditions: _____ % Exceptional Conditions: _____ % Maximum Period of Excess Opacity Allowed: _____ min/hour	
4. Method of Compliance:	
5. Visible Emissions Comment (limit to 200 characters):	

I. CONTINUOUS MONITOR INFORMATION
(Only Regulated Emissions Units Subject to Continuous Monitoring)

Continuous Monitoring System: Continuous Monitor _____ of _____

1. Parameter Code:	2. Pollutant(s):
3. CMS Requirement: [] Rule [] Other	
4. Monitor Information: Manufacturer: Model Number: _____ Serial Number: _____	
5. Installation Date:	6. Performance Specification Test Date:
7. Continuous Monitor Comment (limit to 200 characters):	

**J. EMISSIONS UNIT SUPPLEMENTAL INFORMATION
(Regulated Emissions Units Only)**

Supplemental Requirements

1. Process Flow Diagram <input checked="" type="checkbox"/> Attached, Document ID: Att. 3 <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
3. Detailed Description of Control Equipment <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
4. Description of Stack Sampling Facilities <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
5. Compliance Test Report <input type="checkbox"/> Attached, Document ID: _____ <input type="checkbox"/> Previously submitted, Date: <input checked="" type="checkbox"/> Not Applicable
6. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
7. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
8. Supplemental Information for Construction Permit Application <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
9. Other Information Required by Rule or Statute <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
10. Supplemental Requirements Comment:

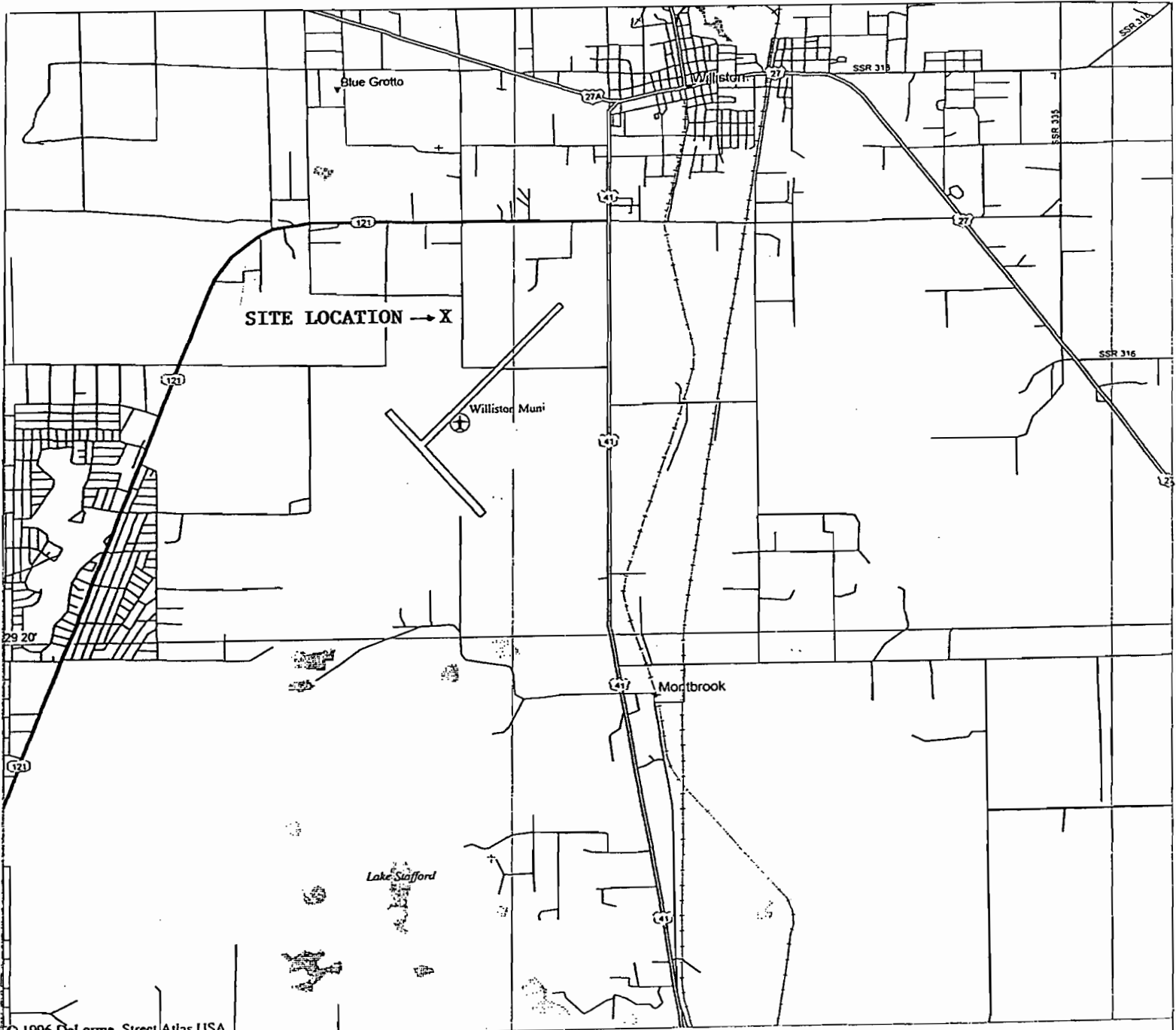
Additional Supplemental Requirements for Title V Air Operation Permit Applications

11. Alternative Methods of Operation <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
12. Alternative Modes of Operation (Emissions Trading) <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
13. Identification of Additional Applicable Requirements <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
14. Compliance Assurance Monitoring Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable
15. Acid Rain Part Application (Hard-copy Required) <input type="checkbox"/> Acid Rain Part - Phase II (Form No. 62-210.900(1)(a)) Attached, Document ID: _____ <input type="checkbox"/> Repowering Extension Plan (Form No. 62-210.900(1)(a)1.) Attached, Document ID: _____ <input type="checkbox"/> New Unit Exemption (Form No. 62-210.900(1)(a)2.) Attached, Document ID: _____ <input type="checkbox"/> Retired Unit Exemption (Form No. 62-210.900(1)(a)3.) Attached, Document ID: _____ <input type="checkbox"/> Phase II NOx Compliance Plan (Form No. 62-210.900(1)(a)4.) Attached, Document ID: _____ <input type="checkbox"/> Phase NOx Averaging Plan (Form No. 62-210.900(1)(a)5.) Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

ATTACHMENT 1

FACILITY LOCATION MAP

MONTEREY BOATS WILLISTON, FLORIDA



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Mag 13.00
Tue May 12 10:25 1998

Scale 1:62,500 (at center)

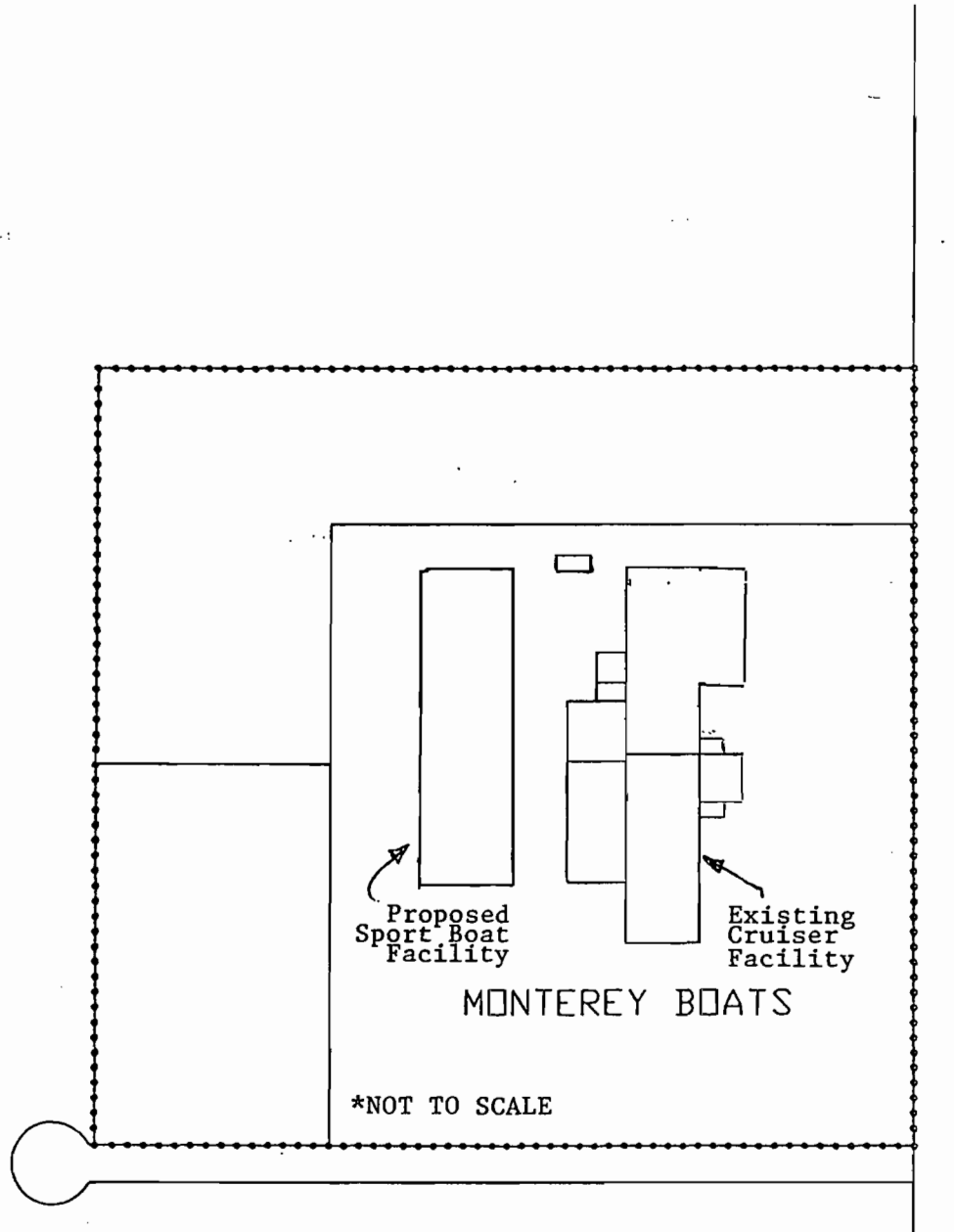
1 Miles

2 KM

- Secondary SR/Road/Hwy Ramp
- Major Connector
- State Route
- Primary State Route

ATTACHMENT 2
FACILITY PLOT PLAN
MONTEREY BOATS

WILLISTON
MUNICIPAL
AIRPORT



U.S. 41

Proposed
Sport Boat
Facility

Existing
Cruiser
Facility

MONTEREY BOATS

*NOT TO SCALE

ATTACHMENT 3
PROCESS FLOW DIAGRAM
MONTEREY BOATS

