

POLYESTER RESIN PLASTIC PRODUCTS FABRICATION
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
APR 12 2001

Part III. Notice of Intent to Use General Permit Department of Environmental Protection
BY SOUTHWEST DISTRICT

(Submit this Part to the appropriate permitting office and keep copy of completed form on site. Instructions follow.)

Instructions to Owner or Operator: To give notice to the Department of an eligible facility's intent to use the polyester resin plastic products fabrication air general permit, the owner or operator of the facility must detach and complete Part III of this Polyester Resin Plastic Products Fabrication Air General Permit Notification Form and submit it to the appropriate Department of Environmental Protection district office or local air pollution control program office which has been delegated permitting authority. Please type or print clearly all information and enclose the appropriate general permit processing fee pursuant to Rule 62-4.050(4)(o), F.A.C. Please note, the form will not be considered complete unless it is accompanied by the processing fee. Also, please refer to the instructions for completing Part III of the notification form at the end of the form.

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner): ASA MFG INC
Site Name (For example, plant name or number):
Facility Location: Street Address: 14879 SW 111th Street City: Dunnellon County: Marion Zip Code: 34432

Owner/Authorized Representative

Name and Title: Jack DuPlessis, President
Owner/Authorized Representative Mailing Address: same as above Organization/Firm: Street Address: City: County: Zip Code:
Owner/Authorized Representative Telephone Number: Telephone: (352) 465 - 0236 Fax: (352) 465-0239

Facility Contact (If different from Owner/Authorized Representative)

Name and Title:
Facility Contact Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Comments

Process Description:

Products made are main drains for swimming pools and walls for in ground pools. Use approximately 4000-5000 lbs of resin/gel coat per month. Spray booth closed with filters and fan. Mon-Fri 8-4 are hours of operation.

Estimated Annual Usage of Styrene-Containing Resin and Gelcoat: 45,000 lbs - 60,000 lbs

Surrender of Existing Air Permit(s)

Check one:

I hereby surrender all existing air permits authorizing operation of the facility indicated on this form; specifically permit number(s) 0830104-001-AG

No air permits currently exist for the operation of the facility indicated on this form.

Owner/Authorized Representative Statement

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Notification Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described in this notification 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 notification.

Jack Dulleris, President
Signature

4-9-01
Date

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perMits | Events | Permit | Facility | party Reports | Help | eXit
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Permitting Application
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ARMS Facility
-----
| Facility Name: A.S.A. MFG., INC AIRS ID: 0830104 |
| County: MARION Owner: A.S.A. MFG., INC |
| Office: SW: TAMPA Category: AREA |
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Project
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| AIR Permit #: 0830104-001-AG Project #: 001 CRA Reference #: 2350 |
| Permit Office: SWD (DISTRICT) Agency Action: Effective |
| Project Name: POLY RESIN PLAS PROD FAB Desc: |
| Type/Sub/Req: AG /03 Non Title V General Permit $100 Logged: 08-AUG-1996 |
| Received: 06-JUN-1996 Issued: 06-JUL-1996 Expires: 06-JUL-2001 |
| Fee: 100.00 Fee Recd: 100.00 Dele: Override: NONE |
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Related Party
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| Role: APPLICANT Begin: 08-AUG-1996 End: |
| Name: DUPLESSIS, JACK Company: A.S.A. MFG., INC |
| Addr: 14879 SW 111TH STREET |
| City: DUNNELLON State: FL Zip: 34432- Country: U.S.A. |
| Phone: 352-465-0236 Fax: 352-465-0239 |
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Processors
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| Processor: FERNANDEZ_L Y Active: 12-AUG-1996 Inactive: |
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Enter Project Name.

Count: *1

<Replace>

AREA: SWD _____

Cash Receiving Application
Collection Point Log Remittance

CRAF006A

Tot: _____ \$100.00

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SYS\$REMT: 101306__ Type: CP__ Recved Date: 06-JUN-1996 Status: RECEIVED
 SYS\$RCPT: 79264__ PNR: _____ Check #: 5711__ Amount: _____ 100.00
 SSN/FEI#: _____ Name: A.S.A. MFG. INC. _____
 First: _____ Middle: _____ Title: _____ Suf: _____
 Address1: 14879_S.W._111TH_STREET _____ Short Comments:
 Address2: _____ L-GENERAL_PERMIT _____
 City: DUNNELLO ST: FL Zip: 34432- _____ Country: _____

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> P A Y M E N T (S) <-----

Distr	CL	Object	Payment	Reference#	Applic/ Fund	S T A CO
SYS\$PAYT	Area..	Code/Description.....	Amount.....			
104524__	SWD__	002272 NON-TITLE_V_GEN	\$100.00		ARM PFTF	CO
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

COMMIT FREQUENTLY _____ \$100.00 Payment total
 Press <TAB> to accept Collection Point or enter F&A. _____
 Count: *1 _____ <Replace>

AIRS# 0830104

RECEIVED
JUN 06 1996

D.E.P.

Part II - General Information Department of Environmental Protection

SOUTHWEST DISTRICT JUN 5 1996

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): A.S.A. MFG., INC.
2. Site Name (For example, plant name or number):
3. Facility Location: Street Address: 14879 S.W. 111TH STREET City: DUNNELLON County: MARION Zip Code: 34432

SOUTHWEST DISTRICT
TAMPA

Owner/Authorized Representative

4. Name and Title: JACK DUPLESSIS, PRESIDENT
5. Owner/Authorized Representative Mailing Address: SAME AS ABOVE Organization/Firm: Street Address: City: County: Zip Code:
6. Owner/Authorized Representative Telephone Number: Telephone: (352) 465 - 0236 Fax: (352) 465 - 0239

Facility Contact (If different from Owner/Authorized Representative)

7. Name and Title:
8. Facility Contact Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
9. Facility Contact Telephone Number: Telephone: () - Fax: () -

Part III - Surrender of Existing Air Permit(s)

Check one:

I hereby surrender all existing air permits authorizing operation of the facility indicated in Part II of this form; specifically permit number(s) _____.

No air permits currently exist for the operation of the facility indicated in Part II of this form.

Part IV. - Owner/Authorized Representative Statement

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Notification Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described in this notification 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 notification.

Jack DuPlessis
Signature

5-29-96
Date