APPLICATION FOR NON-TITLE V AIR PERMIT RENEWAL

See Instructions for Form No. 62-210.900(4)

I. APPLICATION INFORMATION Dept. of Environmental

Identification of Facility

1. Facility Owner/Company Name:

Monaco Coach Corporation

2. Site Name:

Wildwood Service Center

3. Facility Identification Number: 1190038

4. Facility Status Code

Southwest District

Application Contact

1. Name and Title of Application Contact:

Kurt W. Anderson, Director EH&S

2. Application Contact Mailing Address:

Organization/Firm: Monaco Coach Corporation

Street Address: 606 Nelson's Parkway

City: Wakarusa

State: IN

Zip Code: 46573

3. Application Contact Telephone Numbers:

Telephone: (574) 862-7347

Fax: (574) 862-7346

Application Processing Information (DEP Use)

1.	Date of Receipt of Application:	7-24-08	
2.	Permit Number:	1190038-003-AO	

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Effective: 2/11/99

Owner/Authorized Representative

1. Name and Title of Owner/Authorized Representative: Mr. Richard E. Bond, Chief Administrative Officer, Senior Vice President, Secretary

2. Owner/Authorized Representative Mailing Address:

Organization/Firm: Monaco Coach Corporation

Street Address: 606 Nelson's Parkway

City: Wakarusa

State: IN

Zip Code: 46573

3. Owner/Authorized Representative Telephone Numbers:

Telephone: (800) 650-7337

Fax: (574)862-7346

4. Owner/Authorized Representative Statement:

I, the undersigned, am the owner or authorized representative* of the facility addressed in this Application for Air Permit. 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. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described in this application 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.

7-/6-08

Date Dept. of Environmental

* Attach letter of authorization if not currently on file.

Protection

JUL 24 2008

Southwest District

Effective: 2/11/99

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
001	Paint spray booths and prep areas (4 total)	AO2B	750
Application	Processing Fee	I	ı
	[X] Attached - Amount: \$ 750	[] No	t Applicable_
Application	1 Comment		

II. FACILITY INFORMATION

Facility Contact

1. Name and Title of Facility Contact:	Brett Howard, Mana	nger
2. Facility Contact Mailing Address: Organization/Firm: Monaco Coach Street Address: 4505 Monaco Way		Center
City: Wildwood	State: FL	Zip Code: 34785
3. Facility Contact Telephone Number Telephone: (352) 330-3810		52) 330-3852
Facility Supplemental Requirements		
Area Map Showing Facility Location Attached, Document ID:		cable [X] Waiver Requested
Facility Plot Plan: Attached, Document ID:	[] Not Appli	cable [X] Waiver Requested
3. Process Flow Diagram(s):[] Attached, Document ID:	[] Not Appli	icable [X] Waiver Requested
Precautions to Prevent Emissions o Attached, Document ID:		
Facility Comment		
No modifications to facility from applied	cation.	
		Dept. of Environmen Protection
		JUL 24 2008
		Southwest District

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III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section must be completed for each emissions unit addressed in this Application for Non-Title V Air Permit Renewal. If submitting the form in hard copy, indicate, in the space provided at the top of each page, the Emissions Unit ID of the emissions unit addressed on the page, as given in the unit's most current air operation permit.

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters): Paint spray booths and prep areas (4 total)			
2. Emissions Unit Status Code: A	3. Long-Term Reserve Shutdown Date: NA		
4. Control Equipment Method/Description (limit to 200 characters per device or method): dry filters in place when painting, operators trained on proper filter alignment and spray techniques.			

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:	
4.	Maximum Production Rate:		
5.	Requested Maximum Operating So	chedule:	· · · · · · · · · · · · · · · · · · ·
		24 hours/day	7 days/week
	4	52 weeks/year	8760 hours/year

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Emissions Unit Supplemental Requirements

1.	Fuel Analysis or Specification [] Attached, Document ID: [X] Not Applicable	[] Waiver Requested
2.	Compliance Test Report	
	[] Attached, Document ID:	[X] Not Applicable
	[] Previously submitted, Date:	
3.	Procedures for Startup and Shutdown	
	[] Attached, Document ID: [X] Not Applicable	[] Waiver Requested
4.	Operation and Maintenance Plan	
	[] Attached, Document ID: [X] Not Applicable	[] Waiver Requested
5.	Other Information Required by Rule or Statute	==
	[] Attached, Document ID:[X] Not Applicable	

Emissions Unit Comment

Service Center performing primarily maintenance and repair work on systems in the motor home. Occasional paint and body work, as needed, is performed in the paint repair bays. Facility will see up to 20,000 units a year of which less than 2000 require any paint work. Paint work can range from a full paint repair to a minor scratch.

Dept. of Environmental Protection

JUL 24 2008

Southwest District