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REINFORCED POLYESTER RESIN OPERATIONS AIR GENERAL PERMIT REGISTRATION FORM

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Bureau of Air Monitorin & Mobile Sources

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) 694849-002

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). | | |
|---|---|--|---------------------------------------|
| Continue operating the facilitMake an equipment change re | y after expiration of the current ty after a change of ownership. equiring re-registration pursuant | term of air general permit use. to Rule 62-210.310(2)(e), F.A. | C., or any |
| Surrender of Existing Air Operat If the facility currently holds one or or operator upon the effective date of operation permits being surrendered All existing air operation permits operation permits described in the effective date of operation permits being surrendered. | more air operation permits, such of this air general permit. In such I. If no air operation permits are mits for this facility are hereby su | istrations Only h permit(s) must be surrendered h case, check the first box, and held by the facility, check the | by the owner indicate the second box. |
| general permit; specifically positive in the permits current in the | • • | | |
| Facility Owner/Company Name (Na operates, controls, or supervises the | | ndividual owner who or which o | owns, leases, |
| LTI Industries, Inc., DBA Izzi Bat | h & Spa __ Mfg. | | } |
| Site Name (Name, if any, of the fac owned, a registration form must be | | is Plant, etc. If more than one | facility is |
| Okahumpka Plant | | | |
| Facility Location (Provide the physicstreet Address: 27144 CR 33 | cal location of the facility, not n | | |
| City: Okahumpka | County: Lake | Zip Code: 34 | 1762 - 32 |
| Facility Start-Up Date (Estimated st | art-up date of proposed new fac | ility.)(N/A for existing facility) | |
| | | | 1 |

DEP Form, No. 62-210.920(1)(d) Effective: January 10, 2007

Registration Type

INITIAL REGISTRATION - Notification of intent to: Construct and operate a proposed new facility.

Check one:

| 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: Barbara Izlar, President | | | | | |
| Dalbala Izlai, i 165 | dent | | | | |
| Owner/Authorized Representative Mailing | Address | | | | |
| Organization/Firm: Izzi Bath & Spa Mf | | • | | | |
| Street Address: 19250 US Hwy 27 | | _ | | | |
| City: Clermont | County: Lake | Zip Code: 34715 | | | |
| Owner/Authorized Democratative Telephon | a Niverbour | | | | |
| Owner/Authorized Representative Telephone Numbers Telephone (252) 204 2200 | | | | | |
| Telephone: (352) 394-8399 Fax: (352) 394-2101 Cell phone (optional): | | | | | |
| Cen 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): | | i | | | |
| <u></u> | | | | | |
| | | | | | |
| Owner/Authorized Representative Staten | · | | | | |
| 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 De | partment of Environmental Protec | tion and revisions thereof. | | | |
| Levill meanife notify the Dengutment | tame changes to the information of | contained in this registration | | | |
| I will promptly notify the Department of any changes to the information contained in this registration | | | | | |
| form. | | | | | |
| | | | | | |
| () m/ | 03/01 | 1/2011 | | | |
| Signature | Date | | | | |

| Material Usage Rates | |
|--|--------|
| If this is an initial registration for a reinforced polyester resin operation, provide an estimate of the total quantity, in pounds, 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 76,000 pounds (38 tons) in any consecutive 12 months. | |
| If this is a re-registration for a reinforced polyester resin 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. | , |
| 5/1/2006-4/30/2007: 65,268 lb | |
| Description of Facility | |
| Below, or as an attachment to this form, provide a description of the reinforced polyester resin 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. | ÷ |
| Izzi produces acrylic bathtubs that require a polyester resin backing. Each pound of resin is mixed with a pound of calcium sulfate filler. Two non-atomizing spray chop guns and a mixer are used to apply the fiberglass. and Ventilation fans exhaust the building. | ı e |
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FDEP Receipts
P.O. Box 3070
Talla hasser, FL 32315-3070

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