

$\frac{\textbf{REINFORCED}}{\textbf{OPERATIONS}} \frac{\textbf{RESIN}}{\textbf{OPERATIONS}}$



COMPLIANCE INSPECTION CHECKLIST

| INSPECTION TYPE: | ANNUAL (INS1, INS2) RE-INSPECTION (FUI) | COMPLAINT/E | DISCOVERY (CI) | | | | |
|---|--|---|--|------------------|--|--|--|
| AIRS ID#: 1030433 DA | TE: <u>7/28/14</u> | ARRIVE: <u>9:00</u> | DEPAI | RT: <u>11:30</u> | | | |
| FACILITY NAME: QU | JALITY ACRYLIC BATHS | | | | | | |
| FACILITY LOCATION | N: 12001 44TH ST N | | | | | | |
| | CLEARWATER 33762 | 2-5108 | | | | | |
| OWNER/AUTHORIZE Email: monicalynnpo CONTACT NAME: M Email: monicalynnpo ENTITLEMENT PERIO | MONICA POTTER otter@live.com | | PHONE: (727)572- Mobile: (727)458- PHONE: (727)572- Mobile: (727)458- | -0676 -6734 | | | |
| PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE | | | | | | | |
| | | | | | | | |
| | PART II: CONTROL TECHNOLOGY/RECORDKEEPING REQUIREMENTS – Rule 62-210.300, F.A.C. (check ☑ appropriate box(es)) | | | | | | |
| Does the facility of and emissions united 62-210.300(3)(a) (Rule 62-210.3000) Does the facility of not cause, suffer, and odor? Does the combined in any consecutive Does the owner/of used on a monthly Does the owner/of of at least five years Is this polyester regressionably Avail | operate any emissions units other its which are exempt from permit or (b), F.A.C., or have been exempt (3)(c)5.a., F.A.C.) | tting pursuant to the compted from permitting | riteria of paragraph g under Rule 62-4.040, section 62-296.320(2), ause or contribute to a ed exceed 76,000 pount, F.A.C.)————e quantity of resin and section, these records for the polatile organic compoutandard of Chapter 62- | F.A.C.? | | | |
| | | | | | | | |

| PART III: CONTROL/OPERATING/MAINTENANCE | REQUIREMENTS – Rule 62-210.300, F.A.C. | | | | |
|--|--|--|--|--|--|
| (check ☑ appropriate box(es)) | | | | | |
| involved in product fabrication on methods of reduci | | | | | |
| a) lessening the exposure of fresh resin surfaces to the b) maintaining spray lay-up equipment to ensure effect c) monitoring the coating thickness to avoid excession | fective application with a minimum of overspray? ve resin/get coat application? | Yes ☐ NoYes ☐ NoYes ☐ No | | | |
| d) implementing inventory control practices to prevee) managing cleanup solvents? | | ⊠Yes ☐ No ⊠Yes ☐ No | | | |
| Does the owner or operator make every reasonable eigeneral permit in a manner that minimizes adverse ef adjacent property, where applicable, and on the envir | effort to conduct the specific activity authorized by the ffects on adjacent property or on public use of the | | | | |
| water quality, or air quality? | | ⊠Yes ☐ No | | | |
| 3. Does the owner or operator maintain the permitted fa | 3. Does the owner or operator maintain the permitted facility, emission unit, or activity in good condition? \(\overline{\text{Y}}\) Yes | | | | |
| | | | | | |
| PART IV: SPECIAL CONDITIONS AND PROCEDURE (check ☑ appropriate box(es)) A. New or Modified Process Equipment 1. Since the last inspection has there been | | | | | |
| a) installation of any new process equipment? | | □Yes □No | | | |
| | out replacement? | □Yes □No | | | |
| c) replacement of existing equipment substantially recent notification form? | | □Yes □No | | | |
| d) If you answered <u>YES</u> to any of the above, did the owner submit a new and complete notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or | | | | | |
| | -4.050, F.A.C.) to the appropriate DEP or | □Yes □No | | | |
| Jeff Morris | 7/28/14 | | | | |
| Inspector's Name (Please Print) | Date of Inspection | _ | | | |
| | 7/28/15 | | | | |
| Inspector's Signature | Approximate Date of Next Inspection | _ | | | |
| COMMENTS: 50,949 lbs (June, 14') | | | | | |