



POLYESTER RESIN PLASTIC PRODUCTS FABRICATION



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐ ARMS COMPLAINT NO:

AIRS ID#: 0112582 **DATE:** 01/03/2006 **ARRIVE:** 11:00 AM **DEPART:** 11:30 AM

FACILITY NAME: ARMCO MANUFACTURING INC.

FACILITY LOCATION: 2600 SW 3RD AVENUE
FORT LAUDERDALE 33315

RESPONSIBLE OFFICIAL: Spoke to worker on-site. **PHONE:** (954)764-7622

CONTACT NAME: **PHONE:**

REMITTANCE YEAR: **ENTITLEMENT PERIOD:** 3/4/2005 / 3/4/2010
(effective date) (end date)

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))

1. Does the facility operate any emissions units other than the polyester resin plastic products fabrication units and emissions units which are exempt from permitting pursuant to the criteria of paragraph 62-210.300(3)(a) or (b), F.A.C., or have been exempted from permitting under Rule 62-4.040, F.A.C.? (Rule 62-210.300(3)(c)5.a., F.A.C.)----- ☐ Yes ☒ No
2. Does the facility comply with the objectionable odor prohibition of subsection 62-296.320(2), F.A.C. and not cause, suffer, allow or permit the discharge of air pollutants which cause or contribute to an objectionable odor?----- ☐ Yes ☒ No
3. Does the combined quantity of styrene containing resin and gel-coat used exceed 76,000 pounds (38 tons) in any consecutive twelve month period? (Chapter 62-210.300(3)(c)5.c., F.A.C.)----- ☐ Yes ☒ No
4. Does the owner/operator of the facility maintain records to document the quantity of resin and gel-coat used on a monthly basis? (Chapter 62-210.300(3)(c)5.d., F.A.C.)----- ☐ Yes ☒ No
5. Does the owner/operator retain, and make available for Department inspection, these records for a period of at least five years? (Chapter 62-210.300(3)(c)5.d., F.A.C.)----- ☐ Yes ☒ No
6. Is this polyester resin plastic products fabrication activity subject to a volatile organic compound (VOC) Reasonably Available Control Technology (RACT) emission limiting standard of Chapter 62-296.500, F.A.C.? (Rule 62-210.300(3)(c)5.b., F.A.C.)----- ☐ Yes ☒ No

PART III: CONTROL/OPERATING/MAINTENANCE REQUIREMENTS – Rule 62-210.300, F.A.C.

(check ☒ appropriate box(es))

1. Does the owner or operator voluntarily encourage pollution prevention through such measures as training employees involved in product fabrication on methods of reducing evaporative losses by:
 - a) lessening the exposure of fresh resin surfaces to the air?----- ☐ Yes ☒ No
 - b) maintaining spray lay-up equipment to ensure effective application with a minimum of overspray? ☐ Yes ☒ No
 - c) monitoring the coating thickness to avoid excessive resin/get coat application?----- ☐ Yes ☒ No
 - d) implementing inventory control practices to prevent spillage?----- ☐ Yes ☒ No
 - e) managing cleanup solvents?----- ☐ Yes ☒ No
2. Does the owner or operator make every reasonable effort to conduct the specific activity authorized by the general permit in a manner that minimizes adverse effects on adjacent property or on public use of the adjacent property, where applicable, and on the environment, including fish, wildlife, natural resources, water quality, or air quality?----- ☐ Yes ☒ No
3. Does the owner or operator maintain the permitted facility, emission unit, or activity in good condition?-- ☐ Yes ☒ No

PART IV: SPECIAL CONDITIONS AND PROCEDURES – Rule 62-210.300(4)(d)4., F.A.C.

(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
 - b) alterations to existing process equipment without replacement?----- ☐ Yes ☒ No
 - c) replacement of existing equipment substantially different than that noted on the most recent notification form?----- ☐ Yes ☒ No
 - d) If you answered **YES** 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 local program office?----- ☐ Yes ☒ No

Elizabeth F. Susky

01/03/2006

Inspector's Name (Please Print)

Date of Inspection

NA

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Facility is OOB.