



POLYESTER RESIN PLASTIC PRODUCTS FABRICATION COMPLIANCE INSPECTION CHECKLIST



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

FACILITY: Quality T-Tops & Boat Accessories		DISTRICT:
DBA/Site Name:		Southwest
ADDRESS: 1087 Island Avenue Tarpon Springs, FL		CONTACT PHONE: 727-942-4397
ARMS NO: 1030517	PERMIT NO: 1030517-002-AG	Expiration Date: 11/20/2016 Renewal Date: 10/20/2016 Test Date:

EMISSION UNIT DESCRIPTION: Polyester resin fabrication: boat compartments, stirring columns, T-Tops and side panels

INSPECTION DATE: November 19, 2013	INSPECTION COMPLIANCE STATUS (<i>check <input type="checkbox"/> only one box</i>) <input checked="" type="checkbox"/> In Compliance; <input type="checkbox"/> Minor Non-Compliance; <input type="checkbox"/> Significant Non-Compliance
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PART I: General Review:

1.	Permit File Review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Introduction and Entry <i>Comments: Yes, met with Kevin Meisman to review records and tour the facility.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the Authorized Representative still: <u>Patricia M. Meisman?</u> <i>Comments: Yes, she was not in at the time of the inspection</i> The e-mail address is: meadow33@me.com	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the facility contact still Kevin. Meisman? <i>Comments: Yes, but she does not frequently stay at the facility. I met with her son Kevin Mesiman.</i> The e-mail address is: kevin@qualitytops.com	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	If the answer to 3 or 4 is "No", did the facility provide an administrative update within 30 days? [62-210.310(2)(d), F.A.C.]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PART II: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-210.310(4)(d), F.A.C.
(check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

1. Is the facility using any other general permits at this location? ----- [62-210.310(4)(d)1a., F.A.C.]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Is the facility subject to any unit-specific applicable requirement? ----- [62-210.310(4)(d)1b., F.A.C.]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Does the facility operate any other emission unit that is not exempt from permitting pursuant to subsection 62-210.300(3), F.A.C., or Rule 62-4.040, F.A.C.? ----- [62-210.310(2)a., F.A.C.]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Is the combined quantity of styrene-containing resin and gelcoat used less than or equal to 76,000 pounds (38 tons) in any consecutive twelve (12) month period? [62-210.310(4)(d)2.a., F.A.C.] The highest reported consecutive twelve-month total was <u>9085 lbs</u> for the month of <u>October 2013</u> . Reviewed records for the months from <u>October 1/201</u> to <u>October 2013</u> .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the facility maintaining records to document the quantity of resin and gelcoat used on a monthly basis? ----- [62-210.310(4)(d)2.c., F.A.C.]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PART II: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-210.310(4)(d), F.A.C.
 (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

- | | |
|--|---|
| 6. Are the records available for Department inspection and available for a period of at least five (5) years or to the beginning of operation? -----
[62-210.310(4)(d)2.c., F.A.C.] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do the records list the consecutive twelve (12) month totals? -----
[62-210.310(4)(d)2.c., F.A.C.] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is the facility complying with the objectionable odor prohibition of subsection 62-296.320(2), F.A.C.?-----
An upwind/downwind survey of the facility was conducted. The observed parameters were:
Downwind odor level detected (1-10) - 0____; Wind direction - <u>Northwest</u> Upwind odor level detected-____
[62-210.310(4)(d)2.b., F.A.C.] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

PART III: Special Conditions And Procedures
 (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Administrative Changes:

- | | |
|---|--|
| 1. Were there any change in the name, address, or phone number of the facility or authorized representative not associated with a change in ownership or with a physical relocation of the facility or any emissions units or operations comprising the facility; or any other similar minor administrative change at the facility? -----
[62-210.310(2)(d), F.A.C.] | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Did the facility provide written notification within 30 days of the administrative change?-----
[62-210.310(2)(d), F.A.C.] | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> NA |

Permit Effective Period

- | | |
|--|---|
| 3. Is the general permit for this facility still within the 5 year effective period? ----- | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did the facility submit the new re-registration form at least 30 days prior to permit expiration? -----
[62-210.310(3)(a), F.A.C.] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

New or Modified Process Equipment / Change in Ownership

- | | |
|---|---|
| 5. Since the last registration form submittal has there been [62-210.310 (2)(b)2, F.A.C] | |
| a) Installation of any new process equipment? - ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b) Alterations to existing process equipment without replacement? ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c) Replacement of existing equipment with equipment that is substantially different? ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d) A change in ownership? ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If any of the answers to 1a) – 1d) are Yes , a new registration form and appropriate fee should have been submitted 30 days prior to the change. Was a new registration form properly submitted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Noncompliance Notice: - [62-210.310(3)(i), F.A.C.]

- | | |
|--|---|
| 6. Did the facility have any instances where they were unable comply with or will be unable to comply with any condition or limitation of the air general permit? -----
If the answer is Yes , proceed to a) and b). | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a) Did the owner or operator provide immediate notification to the Department? ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Did the notification include: | |
| 1. A description of and cause of noncompliance?----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. The period of noncompliance, including dates and times; or if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance? ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Maintenance:

- | | |
|---|---|
| 7. Does the owner or operator maintain the permitted facility, emission unit, or activity in good condition? -----
[62-210.310(3)(g), F.A.C.] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. 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? -----
[62-210.310(3)(g), F.A.C.] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

PART IV: Comments – List comments that provide detail to any violations or clarifies the inspection

The facility is manufacturing boat covers, and small lamination repairs on boats.

Mr. Meisman stated the resin material usage on the average he was ordering 1 – 2 drums every other month.

Pollution Prevention Activities

➤ P2 Handouts Provided: P2 Brochure; P2 Manual; P2 Checklist

➤ Have any emissions reductions occurred Yes / No _____

Chemical Substitution; Equipment Changes; Process Changes

Chemical/Material Reuse; On-site Recycling; Other: _____

Comments:

Shea Jackson

Inspector's Name

November 19, 2013

Date of Inspection

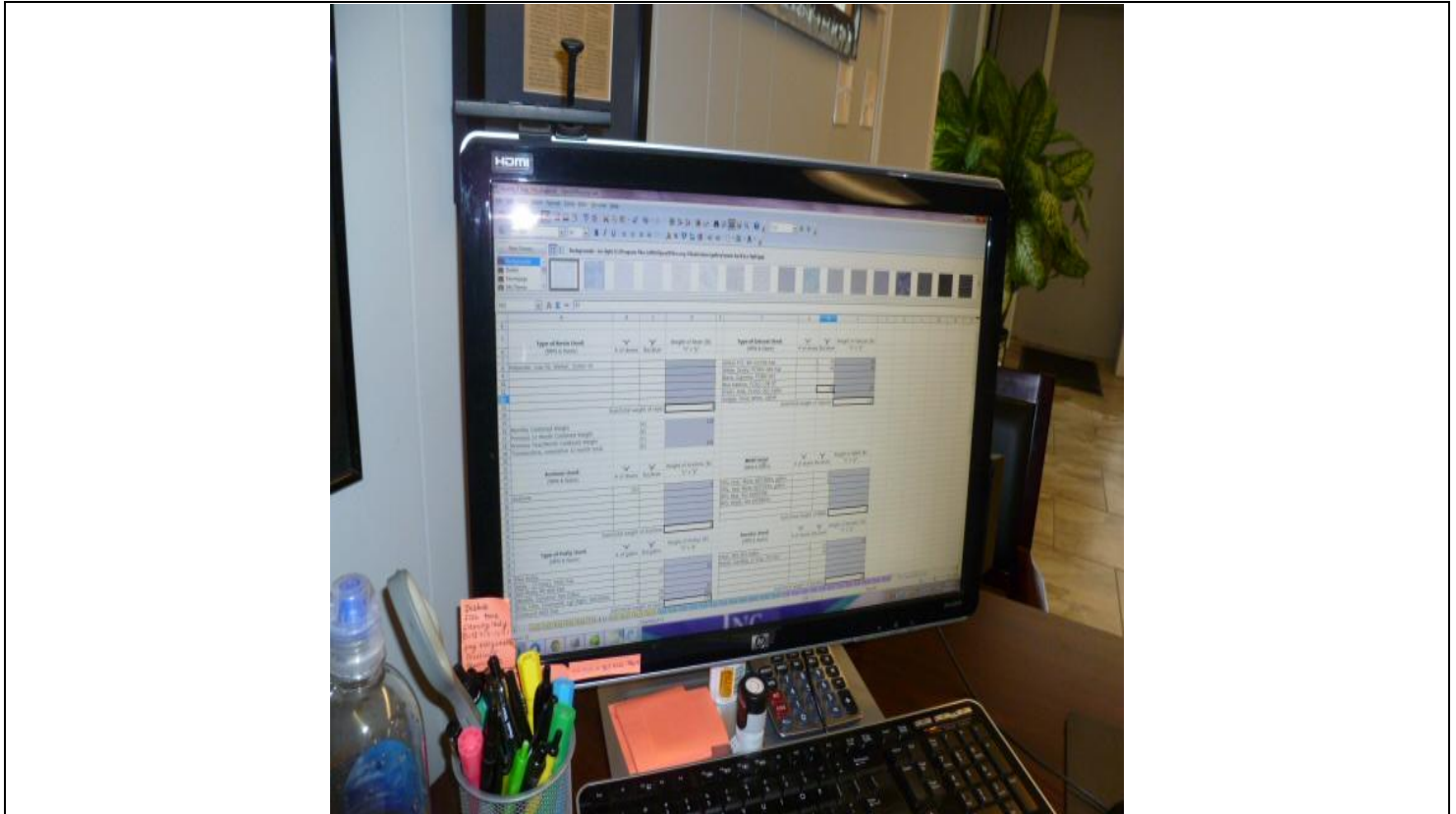
2014

Approximate Date of Next Inspection

Inspector's Signature

Quality T-Tops & Boat Accessories

1087 Island Avenue, Tarpon Springs



Project Id: 88178 **Permit No:** 1030517-002-AG **Arms Number:** 0517

Inspector: Shea Jackson **Inspection Date / Time:** / _____

Source (EU): Polyester resin fabrication: boat compartments, stirring columns, T-Tops and side panels

Description: [Records are maintained in personal computer with spreadsheet as well as hard copies]

Quality T-Tops & Boat Accessories

1087 Island Avenue, Tarpon Springs



Project Id: 88178 **Permit No:** 1030517-002-AG **Arms Number:** 0517

Inspector: Shea Jackson **Inspection Date / Time:** / _____

Source (EU): Polyester resin fabrication: boat compartments, stirring columns, T-Tops and side panels

Description: [The facility manufactures boat covers with manual application of styrene resin and sprays gel coats.]