

$\frac{POLYESTER}{FABRICATION} \frac{PRODUCTS}{FABRICATION}$



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DERE-INSPECTION (FUI) ARMS COMPLAINT/DERE-INSPECTION (FUI)	ISCOVERY (CI)			
AIRS ID#: 0251282 DATE: <u>11/30/2010</u> ARRIVE: <u>10:51 A</u>	<u>AM</u> DEPART: <u>11:12 AM</u>			
FACILITY NAME: ESTRADA'S FIBERGLASS MANUFACTURING CORP				
FACILITY LOCATION: 13843 NW 19th Ave				
OPA LOCKA 33054-4217				
OWNER/AUTHORIZED REPRESENTATIVE: MYRIAM ORJUELA Email: CONTACT NAME: Email: ENTITLEMENT PERIOD: 5/11/2008 / 5/10/2013 (effective date) (end date)	PHONE: (954)274-6273 Mobile: PHONE: Mobile:			
PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE				
 PART II: CONTROL TECHNOLOGY/RECORDKEEPING REQUIREM (check ☑ appropriate box(es)) Does the facility operate any emissions units other than the polyester res and emissions units which are exempt from permitting pursuant to the cr 62-210.300(3)(a) or (b), F.A.C., or have been exempted from permitting (Rule 62-210.300(3)(c)5.a., F.A.C.)	in plastic products fabrication units riteria of paragraph under Rule 62-4.040, F.A.C.?			

PART III: CONTROL/OPERATING/MAINTENANCE REQUIREMENTS – Rule 62-210.300, F.A.C. (check ☑ appropriate box(es))				
2.	Does the owner or operator voluntarily encourage pollution prinvolved in product fabrication on methods of reducing evaporal a) lessening the exposure of fresh resin surfaces to the air?	rative losses by: plication with a minimum of overspray? get coat application? ge? onduct the specific activity authorized by the adjacent property or on public use of the including fish, wildlife, natural resources,	Yes No Yes No Yes No Yes No Yes No e Yes	
PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-210.300(4)(d)4., F.A.C. (check ☑ appropriate box(es)) A. <u>New or Modified Process Equipment</u>				
1.	. Since the last inspection has there been a) installation of any new process equipment?		□Yes □No	
		□Yes □No		
	notification form and appropriate fee (Rule 62-4.050, F. local program office?	A.C.) to the appropriate DEP or	□Yes □No	
FRANK	DELGADO	11/30/2010		
	Inspector's Name (Please Print)	Date of Inspection	_	
		11/2011		
	Inspector's Signature	Approximate Date of Next Inspection	_	

COMMENTS: THE FACILITY IS CLOSED. I SPOKE VIA PHONE TO MYRIAM ORJUELA, THE FACILITY'S OWNER, SHE TOLD ME THAT THE BUSINESS/EQUIPMENT IS FOR SALE. I ASKED HER TO SEND US A LETTER TO INFORM US THAT HER FACILITY IS CLOSED.