OWNERIAL PROTECTION
Same Coore
FLORIDA

**BULK GASOLINE PLANT** 



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:       ANNUAL (INS1, INS2)       COMPLAINT/DISCOVERY (CI)         RE-INSPECTION (FUI)       ARMS COMPLAINT NO:						
AIRS ID#: 0710269 DATE: 12/02/2008       ARRIVE: 10:10 A.M.       DEPART: 10:30 A.M.         FACILITY NAME: QUICK FUEL-FT MYERS         FACILITY LOCATION:       2650 HANSON ST         FT MYERS       33916-7410         OWNER/AUTHORIZED REPRESENTATIVE: KENNETH KUEHN       PHONE: (414)359-0700         CONTACT NAME:       8/22/2008 / 8/22/2013         (effective date)       (end date)						
PART I: INSPECTION COMPLIANCE STATUS (check I only one box)         □ IN COMPLIANCE       □ MINOR Non-COMPLIANCE         □ SIGNIFICANT Non-COMPLIANCE						
<ol> <li>Does the facility receive and distribute only petroleum-based lubricants, gasoline, diesel fuel, mineral spirits and kerosene?</li></ol>	No No No No No No No No					

	III: <u>MAINTENANCE REQUIREMENTS</u> – Rule 62-210.300, F.A.C. neck ☑ appropriate box(es))						
1.	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?						
2.	Does the owner or operator maintain the permitted facility, emission unit, or activity in good condition? 🛛 Yes 🗌 No						
PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-210.300(4)(d)3., F.A.C. (check ☑ appropriate box(es))							
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А.	<u>New or Modified Process Equipment</u>						

8	) installation of any new process equipment?	Yes	No
ł	) alterations to existing process equipment without replacement?	Yes	No
C	e) replacement of existing equipment substantially different than that noted on the most recent notification form?	Yes	No
C	I) 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		
	local program office?	Yes	No

ROBERT J. STEWART

Inspector's Name (Please Print)

Date of Inspection

12/2009

12/02/2008

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:**