

$\frac{\textbf{REINFORCED POLYESTER}}{\textbf{OPERATIONS}} \, \frac{\textbf{RESIN}}{\textbf{POLYESTER}} \, \frac{\textbf{POLYESTER}}{\textbf{POLYESTER}} \, \frac{\textbf{RESIN}}{\textbf{POLYESTER}} \, \frac{\textbf{POLYESTER}}{\textbf{POLYESTER}} \, \frac{\textbf{POLY$



COMPLIANCE INSPECTION CHECKLIST

| INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/D RE-INSPECTION (FUI) ARMS COMPLAINT | DISCOVERY (CI) AINT NO: | | |
|---|--|--|--|
| AIRS ID#: 0251333 DATE: <u>11/28/2012</u> ARRIVE: <u>12:26 I</u> | PM DEPART: <u>12:32 PM</u> | | |
| FACILITY NAME: SPA WORLD | | | |
| FACILITY LOCATION: 2350 NW 149TH ST | | | |
| OPA LOCKA 33054-3132 | | | |
| OWNER/AUTHORIZED REPRESENTATIVE: DAVID CAPONI Email: CONTACT NAME: DAVID CAPONI Email: ENTITLEMENT PERIOD: 3/4/2011 / 3/4/2016 (effective date) (end date) | PHONE: (516)986-5344 Mobile: PHONE: (516)986-5344 Mobile: | | |
| (effective date) (efficiency) | | | |
| 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 resand emissions units which are exempt from permitting pursuant to the credit 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.) | sin plastic products fabrication units riteria of paragraph g 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)) | | | |
| 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? | | | |
| 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 | | | |
| Since the last inspection has there been a) installation of any new process equipment? | | □Yes □No | |
| c) replacement of existing equipment substantially different than that noted on the most | | □Yes □No □Yes □No □Yes □No | |
| FRANK DELGADO | 12/28/2012 | | |
| Inspector's Name (Please Print) | Date of Inspection | _ | |
| Inspector's Signature | Approximate Date of Next Inspection | _ | |
| COMMENTS: THE FACILITY IS CLOSED/OUT OF BUSINE | ESS. | | |

REVIEWED
By Ray Gordon at 4:09 pm, Dec 21, 2012