



0250725

Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

December 5, 1996

Mr. Richard Britt, Jr.
Vice President
Britt Metal Processing
15800 Northwest 49th Avenue
Miami, Florida 33014

Dear Mr. Britt:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on September 19, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

FAX TRANSMITTAL COVER SHEET

TO: Mr. Erin Pichard, FDEP

FROM: Carlos L. Hernandez

Fax: 1-904-922-6979

Pages: 5

Phone: 1-904-488-6140

Date: ~~8-28-96~~ 8-29-96 *CE* 3:45 pm

Re: Halogenated Vapor Degreasers

CC: Mr. Richard T. Britt, Sr., BMP

Facility Notification

Mr. Richard H. Carl, BMP

Urgent

For Review

Please Comment

Please Reply

Please Recycle

FYI

Comments:

Attached please find a copy of DEP Form No. 62-213.900(4) for the BMP facility.
Thank you for the help in completing this form.

0250725

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): RICHARD T. BRITT, Sr. / BRITT METAL PROCESSING, INC.
2. Site Name (For example, plant name or number): BMP
3. Hazardous Waste Generator Identification Number: FLD982161382
4. Facility Location: Street Address: 15800 NW 49 th AVENUE City: MIAMI County: DADE Zip Code: 33014
5. Facility Identification Number (DEP Use):

Responsible Official

6. Name and Title of Responsible Official: RICHARD BRITT, Jr., Vice President - Technical Services
7. Responsible Official Mailing Address: Organization/Firm: BRITT METAL PROCESSING Street Address: 15800 NW 49 th AVENUE City: MIAMI County: DADE Zip Code: 33014
8. Responsible Official Telephone Number: Telephone: (305) 621-5200 Fax: (305) 625-9487

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () Fax: ()

RECEIVED

SEP 19 1996

Facility Information

1. Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor $x < 1.21 \text{ m}^2$ $x > 1.21 \text{ m}^2$	001	1987	1987			
Batch Cold	_____	_____	_____	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

2. (a) What was the total amount of halogenated solvents purchased in the latest 12 months?

1,430 gallons

(b) If less than 12 months, how many? [] months

Check why it is less than 12 months: New owner: [] New store: [] Did not keep records:

[]

3. (a) Please indicate which of the following halogenated solvents are used at your facility.

perchloroethylene

methylene chloride

trichloroethylene

1,1,1-trichloroethane

carbon tetrachloride

chloroform

(b) The total volume of halogenated solvent emissions shall not exceed 10 tons per year. I choose to meet this requirement by:

complying with an alternative solvent emission limit

implementing a control device-combination/work practice standards

meeting an idling emission limit/work practice standards

meeting the requirements for batch cold cleaning machines

4. Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

- 1.0 freeboard ratio
- super-heated vapor
- freeboard refrigeration device
- carbon adsorber
- dwell time
- working mode cover
- reduced room draft

Equipment Monitoring and Record Keeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts for halogenated solvent purchases
- (b) Inspection records
- (c) Temperature monitoring
- (d) Idling emission concentration monitoring
- (e) Instrument calibration
- (f) Dwell time records
- (g) Solvent content records
- (h) Remedial action log
- (i) Control device monitoring
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

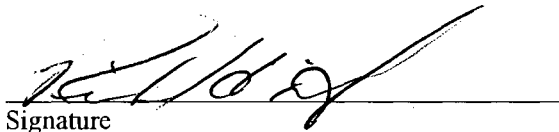
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) AP-01452-96.
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature



Date

8-28-96

Grant, Patricia

From: Bowman, Sandy
Sent: Thursday, April 13, 2006 9:08 AM
To: Grant, Patricia
Cc: Thomas, Bruce X.
Subject: FW: The Dry Cleaner (0250780) & Britt Metal Processing (ARMS #0250725)

Pat,

Would you please inactivate these facilities in your files? Thank you.

Sandy

-----Original Message-----

From: Barros, Marcelo (DERM) [mailto:BarroM@miamidade.gov]
Sent: Wednesday, April 12, 2006 2:34 PM
To: Bowman, Sandy
Subject: Re.: The Dry Cleaner (0250780) & Britt Metal Processing (ARMS #0250725)

Hi Sandy:

Please be informed that on 4/11/2006, Terrence Anderson inspected The Dry Cleaner (ARMS # 0250780) and found that this site it is operating as a drop-off only. The dry-to-dry equipment has been removed from this site.

Also, please be informed that Britt Metal Processing (ARMS #0250725) it is not in need of the TVGP anymore, since they inactivated the use of the perk vapor degreaser.

Please inactivate these facilities from the ARMS, ASGP and GPCI databases.

Thanks.

Marcelo

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250725 DATE: 7-1-97 TIME IN: 2:23pm TIME OUT: 4:00pm
FACILITY NAME: Britt Metal Processing
FACILITY LOCATION: 15800 NW 49 Ave.
Miami, Fl.

PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM by 9/1/96
- Facility notified DARM 30 days prior to starting up
- Facility failed to notify DARM to use a general permit
- Halogenated solvent used at the facility:

perchloroethylene	<input checked="" type="checkbox"/>	methyl chloride	<input type="checkbox"/>
trichloroethylene	<input type="checkbox"/>	1,1,1-trichloroethane	<input type="checkbox"/>
carbon tetrachloride	<input type="checkbox"/>	chloroform	<input type="checkbox"/>
- Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

- Indicate the machine type(s) observed at the facility:

Batch Vapor, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines

Does the facility:

- Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification?
- Maintain a freeboard ratio of 0.75 or greater?

02
7/11/97

3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/sec)?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? <i>NO SPRAYING DONE.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
7. Have each machine equipped with --	
a. a device to shut off sump heat if the solvent level drops to the heater coils?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
c. a primary condenser?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
B. Batch Cold Cleaning Machines	
Does the facility:	
1. Collect and store all waste solvent in closed containers?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Use a flexible hose or flushing device only within the freeboard area?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Maintain the solvent level inside the machine at or below the fill line?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Operate the agitator to produce a rolling motion? (<i>applicable only when air- or pump-agitated solvent bath used</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Remote Reservoir Type Only --</i>	
9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Immersion Type Only --</i>	
10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal.	<input type="checkbox"/> Y <input type="checkbox"/> N

PART IV: PROCESS VENT CONTROLS (*not applicable to batch cold cleaning machines*)

Facility chose to meet requirements using:

control device combination / work practice standards

- alternative solvent emission limit (*proceed to Part V*)
- idling emission limit / work practice standards (*proceed to Part V*)

A. Batch Vapor Machines, $x \leq 1.21m^2$

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

B. Batch Vapor Machines, $x > 1.21m^2$

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- | | |
|---|---|
| 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93. | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Estimates of annual solvent consumption for each machine? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Richard Britt
Name of Responsible Official

Rosana Rivera
Inspector's Name

Rosana Rivera
Inspector's Signature

7-1-97
Date of Inspection

7-1-98
Approximate Date of Next Inspection

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250725 DATE: 7-1-97 TIME IN: 2:23pm TIME OUT: 4:00pm

FACILITY NAME:

Britt Metal Processing

FACILITY LOCATION:

15800 NW 49 Ave.

Miami, Fl.

PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM by 9/1/96
2. Facility notified DARM 30 days prior to starting up
3. Facility failed to notify DARM to use a general permit
4. Halogenated solvent used at the facility:

perchloroethylene <input checked="" type="checkbox"/>	methyl chloride <input type="checkbox"/>
trichloroethylene <input type="checkbox"/>	1,1,1-trichloroethane <input type="checkbox"/>
carbon tetrachloride <input type="checkbox"/>	chloroform <input type="checkbox"/>
5. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x < 1.21 \text{ m}^2$ <input checked="" type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input type="checkbox"/>	Existing In-line <input type="checkbox"/>	

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, $x < 1.21 \text{ m}^2$ <input checked="" type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold (immersion) <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input type="checkbox"/>	Existing In-line <input type="checkbox"/>	Batch Cold (remote reservoir) <input type="checkbox"/>

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines

Does the facility:

1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification? Y N
2. Maintain a freeboard ratio of 0.75 or greater? Y N

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7/11/97

3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/sec)? Y N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? ~~NO SPRAYING DONE.~~ Y N N/A
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? Y N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Y N N/A
7. Have each machine equipped with --
- a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
- b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
- c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. Y N

Immersion Type Only --

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. Y N

PART IV: PROCESS VENT CONTROLS *(not applicable to batch cold cleaning machines)*

Facility chose to meet requirements using:

- control device combination / work practice standards

- alternative solvent emission limit (*proceed to Part V*)
- idling emission limit / work practice standards (*proceed to Part V*)

A. Batch Vapor Machines, $x \leq 1.21m^2$

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

B. Batch Vapor Machines, $x > 1.21m^2$

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- | | |
|---|--|
| 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93. | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) | <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 4. Estimates of annual solvent consumption for each machine? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines) | <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Richard Britt
Name of Responsible Official

Rosana RIVERA
Inspector's Name

Rosana Rivera
Inspector's Signature

7-1-97
Date of Inspection

7-1-98
Approximate Date of Next Inspection

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	<u>0250725</u>	DATE:	<u>7/1/97</u>	TIME IN:	<u>2:23p</u>	TIME OUT:	<u>4:00p</u>
FACILITY NAME:	<u>BRETT METAL PROCESSING</u>						
FACILITY LOCATION:	<u>15800 NW 49 AVE</u> <u>MIAMI, FL</u>						
RESPONSIBLE OFFICIAL:	_____			PHONE:	_____		
CONTACT NAME:	_____			PHONE:	_____		

PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM 30 days prior to starting up
- Facility failed to notify DARM to use a general permit
- Halogenated solvent used at the facility:

perchloroethylene	<input checked="" type="checkbox"/>	methylene chloride	<input type="checkbox"/>
trichloroethylene	<input type="checkbox"/>	1,1,1-trichloroethane	<input type="checkbox"/>
carbon tetrachloride	<input type="checkbox"/>	chloroform	<input type="checkbox"/>
- Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

- Indicate the machine type(s) observed at the facility:

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

copy

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines

Does the facility:

1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification? Y N
2. Maintain a freeboard ratio of 0.75 or greater? Y N
3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at 0.9 m/min (3 ft/sec) or less? Y N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? Y N N/A
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11 ft/min) or less? Y N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Y N N/A
7. Have each machine equipped with --
 - a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open? Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. Y N N/A

Immersion Type Only --

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. Y N N/A

PART IV: PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines)

Facility chose to meet requirements using:

- control device combination / work practice standards
- alternative solvent emission limit (proceed to Part V)
- idling emission limit / work practice standards (proceed to Part V)

A. Batch Vapor Machines, $x \leq 1.21 \text{ m}^2$

control comb.
selected

- | | In use |
|---|--|
| <input type="checkbox"/> working mode cover / 1.0 freeboard ratio / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / dwell | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> |
| <input checked="" type="checkbox"/> freeboard refrig. device / working mode cover | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / reduced room draft | <input type="checkbox"/> <input type="checkbox"/> |
| <input checked="" type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / dwell | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> carbon adsorber / 1.0 freeboard ratio / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

B. Batch Vapor Machines, $x > 1.21 \text{ m}^2$

control comb.
selected

- | | In use |
|--|--|
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / working mode cover | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / reduced room draft | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / reduced room draft / dwell | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / reduced room draft / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> 1.0 freeboard ratio / reduced room draft / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

C. Existing In-Line Machines

control comb.
selected

- | | In use |
|---|--|
| <input type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> superheated vapor / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / dwell | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> carbon adsorber / dwell | <input type="checkbox"/> <input type="checkbox"/> |

D. New In-Line Machines

control comb.
selected

- | | In use |
|---|---|
| <input type="checkbox"/> freeboard refrig. device / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> superheated vapor / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? Y N
- 2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93. Y N
- 3. Halogenated solvent content for each solvent used? (*exempt if <5% by weight*) Y N
- 4. Estimates of annual solvent consumption for each machine? Y N
- 5. Dates of solvent additions and amounts added to each machine? (*applicable only to those using an alternative emission limit*) Y N N/A
- 6. Idling emissions limit tests, including values obtained during the initial performance test? (*applicable only to those using an idling emissions limit*) Y N N/A
- 7. All control device and parameter monitoring? (*applicable only to batch vapor and in-line machines*) Y N N/A
- 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? Y N N/A
- 9. Monthly emissions calculations (*applicable only to those using an alternative or idling emission limit*) Y N N/A
- 10. 3-month rolling average emissions calculations? (*applicable only to those using an alternative emission limit*) Y N N/A
- 11. Cleaning capacity calculations? (*applicable only to those using an alternative emission limit without a solvent-air interface*) Y N N/A

PART VI: ADDITIONAL SITE INFORMATION

Inspector's Name

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

Copy

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

Facility

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:23pm TIME OUT: 4:00pm AIRS ID#: 0250725
 TYPE OF FACILITY: Halogenated Solvent Degreasers
 FACILITY NAME: BRITT Metal Processing DATE: 7.1.97
 FACILITY LOCATION: 15800 NW 49 Ave., Miami, FL.
 RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1) No instructional/operating manual for unit.	1) Must obtain said document.
2) No installation letter available.	2) Must obtain letter stating when unit was installed.
3) No estimated annual consumption logs for degreasing units.	3) Must generate and maintain an solvent consumption logs for each unit.
4) No remedial action form on site.	4) Must maintain said document stating remedial actions in case of exceedances.
5) No automated parts handling system.	5) Must install and maintain said equipment.

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 7.1.98
(Approximate)

INSPECTION CONDUCTED BY: Rosana RIVERA
(Please Print)

INSPECTOR'S SIGNATURE: Rosana River PHONE NUMBER: 372-6942

Z 210 662 883

US Postal Service
Receipt for Certified Mail
Insurance Coverage Provided.

11 AIRS ID # 0250725001AG
RICHARD BRITT JR
BRITT METAL PROCESSING INC
15800 NW 49TH AVENUE
MIAMI FL 33014

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to the right of the return address

SENDER:		THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:		C. Signature	<input type="checkbox"/> Agent
11 AIRS ID # 0250725001AG (DG) RICHARD BRITT JR BRITT METAL PROCESSING INC 15800 NW 49TH AVENUE MIAMI FL 33014		<i>Tracy Perick</i>	<input type="checkbox"/> Addressee
2. Article Number (Copy from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Z 210 662 883		RECEIVED	
PS Form 3811, July 1999		JUN 11 2001	
Domestic Return Receipt		3. Survey of Air Monitoring <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-99-M-1789			

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457615 JAN 4 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

250725 11
BRITT METAL PROCESSING INC
15800 NW 49th Avenue
MIAMI, FL 33014

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444156 JAN 6 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 250725 11
BRITT METAL PROCESSING INC
15800 NW 49th Avenue
MIAMI, FL 33014

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

RECEIVED
JAN 6 2005
Bureau of
& Maritime
Monitoring
& Surveys

BRITT METAL PROCESSING, INC.

VENDOR NO. 9098

CHECK NO. 25859

VENDOR NAME DEPT. OF ENVIRONMENTAL PROTECTION **025859**

INVOICE DATE	INVOICE DATE	INVOICE AMT.	DISCOUNT	AMOUNT PAID	COMMENTS
01/06/03	250725	50.00	0.00	50.00	
<i>DEP DOW - 435147</i>		<i>Ans T.P. 250725</i>		<i>✓</i>	<i>1/12/04</i>
TOTALS →			0.00	50.00	

DETACH AND RETAIN THIS STATEMENT.
THE ATTACHED CHECK IS IN PAYMENT
OF ITEMS DESCRIBED ABOVE.

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250725
BRITT METAL PROCESSING INC
RICHARD BRITT JR
15800 NW 49TH AVENUE
MIAMI FL
33014

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

2/11/02

C. Signature

x Nancy Penick

Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

70000520002093730336

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421568 JAN 10 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250725
BRITT METAL PROCESSING INC RICHARD BRITT JR 15800 NW 49TH AVENUE MIAMI FL 33014

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

✓
 Bureau of Air Operations
 JAN 16 2003

BRITT METAL PROCESSING, INC.

VENDOR NO. MIS1
VENDOR NAME

CHECK NO. 24400

024400

TITLE V AIR GENERAL PERMITS

INVOICE DATE	INVOICE DATE	INVOICE AMT.	DISCOUNT	AMOUNT PAID	COMMENTS
01/01/03	250725	50.00	0.00	50.00	AIRS ID#0250725
TOTALS ➔			0.00	50.00	

DETACH AND RETAIN THIS STATEMENT.
THE ATTACHED CHECK IS IN PAYMENT
OF ITEMS DESCRIBED ABOVE.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260195

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM

FEB 10 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250725
BRITT METAL PROCESSING INC
RICHARD BRITT JR
15800 NW 49TH AVENUE
MIAMI FL 33014

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

BRITT METAL PROCESSING, INC.

VENDOR NO.

CHECK NO.

VENDOR NAME

MIS1
DEPARTMENT OF ENVIRONMENTAL
19223
019223

INVOICE DATE	INVOICE NO.	INVOICE AMT.	DISCOUNT	AMOUNT PAID	COMMENTS
02/04/97	PERMIT1	50.00	0.00	50.00	AIRS ID# 0250725
TOTALS →			0.00	50.00	

DETACH AND RETAIN THIS STATEMENT.
THE ATTACHED CHECK IS IN PAYMENT
OF ITEMS DESCRIBED ABOVE.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301291

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM

JAN 29 98

Bureau of Air Monitoring
& Mobile Sources

FEB 3 1998

RECEIVED

Do NOT Remove Label

RICHARD T BRITT SR
RICHARD BRITT JR
15800 NW 49TH AVENUE
MIAMI FL 33014

AIRS ID#0250725

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

BRITT METAL PROCESSING, INC.

VENDOR NO. M151

CHECK NO. 23213

VENDOR NAME DEPARTMENT OF ENVIRONMENTAL

023213

INVOICE DATE	INVOICE NO.	INVOICE AMT.	DISCOUNT	AMOUNT PAID	COMMENTS
01/22/98	0250725	50.00	0.00	50.00	PERMIT

DETACH AND RETAIN THIS STATEMENT.
THE ATTACHED CHECK IS IN PAYMENT
OF ITEMS DESCRIBED ABOVE.

TOTALS ➡

0.00

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400033

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

12-15-00
RECEIVED
MAIL ROOM
DEC 15 00

Do NOT Remove Label

AIRS ID # 0250725
BRITT METAL PROCESSING INC RICHARD BRITT JR 15800 NW 49TH AVENUE MIAMI FL 33014

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--

BRITT METAL PROCESSING, INC.		VENDOR NO. MIS1	CHECK NO. 11623		
		VENDOR NAME DEPARTMENT OF ENVIRONMENTAL	011623		
INVOICE DATE	INVOICE DATE	INVOICE AMT.	DISCOUNT	AMOUNT PAID	COMMENTS
12/01/00	1200	50.00	0.00	50.00	0250725
DETACH AND RETAIN THIS STATEMENT. THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED ABOVE.			TOTALS	0.00	50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413868 FEB 7 2002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. X

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250725
BRITT METAL PROCESSING INC
RICHARD BRITT JR
15800 NW 49TH AVENUE
MIAMI FL
33014

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

BRITT METAL PROCESSING, INC.

VENDOR NO. MIS1

CHECK NO. 19747

VENDOR NAME DEPT. OF ENVIRONMENTAL PROTECTION 019747

INVOICE DATE	INVOICE DATE	INVOICE AMT.	DISCOUNT	AMOUNT PAID	COMMENTS
02/05/02	2002EP	50.00	0.00	50.00	0250725
TOTALS ➔			0.00	50.00	

DETACH AND RETAIN THIS STATEMENT.
THE ATTACHED CHECK IS IN PAYMENT
OF ITEMS DESCRIBED ABOVE.