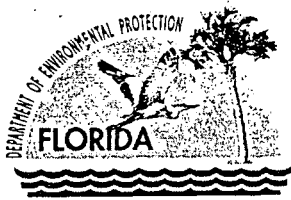


0250748



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

October 24, 1996

Mr. Antonio D. Garcia  
Vice President  
Approved Performance Tooling, Inc.  
8405 Northwest 66 Street  
Miami, Florida 33166

Dear Mr. Garcia:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on September 3, 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

TO:

GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING AND MOBILE SERVICES  
MS-5510  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FL. 32399-2400

FROM:

APPROVED PERFORMANCE TOOLING INC.  
8405 N.W. 66 ST.  
MIAMI, FL. 33166

DEAR SIRs,

PURSUANT TO THE REQUIREMENTS OF THE AIR GENERAL PERMIT NOTIFICATION FORM UNDER PART I SECTION (3) AND PART II SECTION (2)(L)1, YOU ARE HEREBY NOTIFIED OF THE FOLLOWING.

PURSUANT TO PART I SECTION (3):

1) EFFECTIVE SEPT. 9, 1996, MR. ANTONIO GARCIA WILL NO LONGER BE THE RESPONSIBLE OFFICIAL FOR THE PURPOSES OF THIS PERMIT. THE RESPONSIBLE OFFICIAL WILL NOW BE MR. PETER FIELD, SECRETARY TREASURER AND VICE PRESIDENT OF MFG., APPROVED PERFORMANCE TOOLING INC.

PURSUANT TO PART II SECTION (2)(L)1:

FOLLOWING IS A COMPLIANCE PLAN FOR ITEMS THAT CURRENTLY DO NOT MEET THE GENERAL CONTROL TECHNOLOGY REQUIREMENTS AS STATED UNDER PART II, SECTION (5)(a).

ITEMS APPLICABLE TO EMISSIONS UNIT #20510

- A) EXTEND THE FREEBOARD HEIGHT OF THE UNIT A MINIMUM OF SIX (6) INCHES IN ORDER TO MEET THE MINIMUM REQUIRED .75 FREEBOARD RATIO. THIS ALSO INCLUDES REINSTALLATION OF THE WORKING MODE COVER.  
COMPLETION DEADLINE: 11/10/97
- B) MODIFY OUR CURRENT PARTS HANDLING SYSTEM IN ORDER TO ACHIEVE A MAXIMUM TRAVEL RATE OF 11 FT/ MIN.  
COMPLETION DEADLINE: 11/11/97
- C) INSTALL A FLOAT CONTROL OR SIMILAR DEVICE FOR THE CUTOFF OF SUMP HEAT IN THE CASE OF LOW SOLVENT LEVEL.  
COMPLETION DEADLINE: 11/12/97

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SEP 24 1996


Bureau of Air Monitoring  
& Mobile Sources

- D) INSTALL A VAPOR LEVEL CONTROL DEVICE FOR THE CUTOFF OF SUMP HEAT IF THE VAPOR RISES ABOVE THE PRIMARY CONDENSER.  
COMPLETION DEADLINE: 11/13/97
  
- E) INSTALL A PRIMARY CONDENSER CAPABLE OF MEETING THE REQUIREMENTS OF PART II SECTION (5)(C)6.a..  
COMPLETION DEADLINE: 11/14/97

PLEASE CONTACT US IF THERE IS ANY FURTHER INFORMATION REQUIRED.

SINCERELY,

  
-----  
PETER FIELD  
TREASURER  
A.P.T. INC.

  
-----  
ANDRES ECHAZABAL  
QUALITY ASSURANCE MGR.  
A.P.T. INC.

DEP9696  
CC;P.F.,D.E.P. FILE

# Halogenated Solvent Degreasers Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>APPROVED PERFORMANCE TOOLING INC.</i>
2. Site Name (For example, plant name or number): <i>N/A</i>
3. Hazardous Waste Generator Identification Number: <i>FLD010428985</i>
4. Facility Location: Street Address: <i>8405 N.W. 66 ST.</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33166</i>
5. Facility Identification Number (DEP Use): <i>0250748</i>

## Responsible Official

6. Name and Title of Responsible Official: <i>ANTONIO D. GARCIA, V.P. OF MFG.</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>8405 N.W. 66 ST.</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33166</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 592-7775</i> Fax: <i>(305) 592-4233</i>

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>ANDRES ECHAZABAL, Q.A. MANAGER</i>
10. Facility Contact Address: Street Address: <i>8405 N.W. 66 ST.</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33166</i>
11. Facility Contact Telephone Number: Telephone: <i>(305) 592-7775</i> Fax: <i>(305) 592-4233</i>

RECEIVED

SEP 3 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 m <sup>2</sup>	20510	29 NOV 93	_____	_____	_____	_____
x > 1.21 m <sup>2</sup>	_____	_____	_____	_____	_____	_____
Batch Cold	_____	_____	_____	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

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 Recordkeeping 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) \_\_\_\_\_.

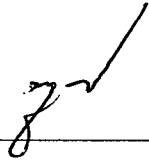
No air permits currently exist for the operation of the facility indicated in this notification form.

**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

Aug 28<sup>th</sup>/96

\_\_\_\_\_

This file  
Needs to  
be exempt.

file  
~~#~~ 0250748



6/3/97

TO:

GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING AND MOBILE SERVICES  
MS-5510  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD.  
TALLAHASSEE, FL. 32399-2400

RECEIVED

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED

JUN 9 1997

Bureau of Air Monitoring  
& Mobile Sources

FROM:

APPROVED PERFORMANCE TOOLING INC.  
8406 N.W. 66 ST.  
MIAMI, FL. 33166

RE: AIRS I.D. # 0250748

DEAR SIRs,

PURSUANT TO THE CONDITIONS SET FORTH IN OUR  
GENERAL AIR PERMIT, YOU ARE HEREBY INFORMED OF THE  
FOLLOWING.

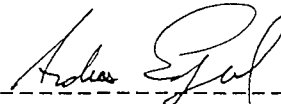
EFFECTIVE JUNE 9, 1997, OUR FACILITY WILL  
DISCONTINUE USING T.C.E. ( TRICHLOROETHYLENE ) IN OUR BATCH  
VAPOR DEGREASER. THE T.C.E. IS BEING REPLACED WITH D-GREEZE  
500 LO ( M.S.D.S. ENCLOSED ).

PLEASE CONTACT US IF THERE ARE ANY QUESTIONS  
REGARDING THIS MATTER.

SINCERELY,

  
-----

PETER FIELD  
TREASURER  
A.P.T. INC.

  
-----

ANDRES ECHAZABAL  
QUALITY ASSURANCE MGR.  
A.P.T. INC.

DEP3297  
ENCLOSURES  
CC: P.F., D.E.R.M. AIR SECTION

MATERIAL SAFETY DATA SHEET  
 SOLVENT KLEENE, INC.  
 131½ LYNNFIELD STREET  
 PEABODY, MA 01960

**D-GREEZE 500 LO**

**SECTION I - PRODUCT IDENTIFICATION & EMERGENCY INFORMATION**

PRODUCT NAME: D-GREEZE #500 LOW ODOR  
 DESCRIPTION: INDUSTRIAL DEGREASING SOLVENT  
 CLEAR COLOR  
 LOW VISCOSITY LIQUID  
 EMERGENCY TEL.: (508) 531-2279  
 (508) 531-1686

**SECTION II - HAZARDOUS COMPONENTS**

INGREDIENT: HYDROCARBON COMPOUND, NON-AROMATIC  
 ALL COMPONENTS TSCA REGISTERED  
 NON-CARCINOGENIC, VERY LOW ORDER OF TOXICITY  
 DOT: NON-FLAMMABLE, COMBUSTIBLE LIQUID  
 OSHA: NO SARA, TITLE III SECTION 313 LISTED CHEMICALS PRESENT  
 AS DEFINED BY 29CFR, 1910.1200 SECTION (i) TLV\*: 100 PPM  
 TRADE SECRET FORMULATION  
 \*NIOSH RECOMMENDS A LIMIT OF 350 MG/CUM - 8 HOUR TIME WEIGHTED AVERAGE  
 1800 MG/CUM AS DETERMINED BY A 15 MINUTE SAMPLE  
 FOR ADDITIONAL INFORMATION SEE SECTION V

**SECTION III - PHYSICAL DATA**

BOILING POINT:	351°F - 392°F	RELATIVE EVAPORATION:	0.08
FLASH POINT:	142°F	STATE:	LOW VISCOSITY LIQUID
SOLUBILITY IN WATER:	NONE	VAPOR DENSITY:	5.4
SPECIFIC GRAVITY:	0.76	PERCENT VOLATILE:	100%
		VAPOR PRESSURE:	0.7

**SECTION IV - FIRE AND EXPLOSION INFORMATION**

UNUSUAL HAZARDS: N/K  
 HAZARDOUS  
 DECOMPOSITION: ON COMBUSTION, CARBON MONOXIDE, CARBON DIOXIDE  
 FLAMMABLE LIMIT: LOWER 1.0% UPPER 6%  
 EXTINGUISHING MEDIA: REGULAR FOAM, OR CARBON DIOXIDE OR DRY CHEMICAL

CAUTION: CAN BE IGNITED BY FLAME, SPARKS, PILOT LIGHT AND OTHER IGNITION SOURCES. NEVER USE WELDING OR CUTTING TORCH ON DRUMS WITH PRODUCT OR LEFT-OVERS. RESIDUE CAN BE IGNITED, FINE ATOMIZATION INCREASES COMBUSTIBILITY KEEP AWAY FROM IGNITION SOURCES.

NFPA CODE: HEALTH 0, FLAMMABILITY 2, REACTIVITY 0

**SECTION V - HEALTH HAZARD DATA**

**EFFECTS OF ACUTE OVEREXPOSURE:**

EYES: EXPOSURE TO LIQUID MAY CAUSE EYE IRRITATION, SYMPTOMS MAY INCLUDE BURNING, TEARING, REDNESS AND SWELLING.

**SKIN:** EXPOSURE MAY CAUSE MILD SKIN IRRITATIONS. PROLONGED AND REPEATED EXPOSURE MAY DRY THE SKIN. SYMPTOMS MAY INCLUDE REDNESS, BURNING, DRYING AND CRACKING. LOW ORDER OF TOXICITY.

**BREATHING:** EXCESSIVE INHALATION OF VAPORS CAN CAUSE NASAL AND RESPIRATORY IRRITATION, FATIGUE, NAUSEA, HEADACHE, DIZZINESS, WEAKNESS. LOW ORDER OF TOXICITY.

**SWALLOWING:** CAN CAUSE GASTROINTESTINAL IRRITATION, VOMITING, NAUSEA AND DIARRHEA. PUTTING THE LIQUID INTO LUNGS CAN CAUSE PNEUMONITIS.

**FIRST AID:**

**ON SKIN:** FLUSH WITH COLD WATER. WASH WITH MINERAL OIL.

**EYES:** FLUSH FOR AT LEAST 15 MINUTES HOLDING EYELIDS APART.

**IF SWALLOWED:** DO NOT INDUCE VOMITING, KEEP WARM AND CALM. GET MEDICAL ATTENTION.

#### SECTION VI - REACTIVITY DATA

**HAZARDOUS POLYMERIZATION:** CANNOT OCCUR

**STABILITY:** STABLE

**INCOMPATIBILITY:** AVOID CONTACT WITH STRONG OXIDIZING AGENTS

#### SECTION VII - SPILL OR LEAK PROCEDURE

**SMALL SPILL:** ABSORB LIQUID OR VERMICULITE, FLOOR ABSORBENT OR OTHER ABSORBENT MATERIAL.

**LARGE SPILL:** ELIMINATE IGNITION SOURCES (FLARES, FLAMES, PILOT LIGHTS, ELECTRICAL SPARKS). STOP SPILL AT SOURCE. PREVENT ENTERING DRAINS, STREAMS AND OTHER WATER BODIES. PREVENT FROM SPREADING. PUMP OR VACUUM TRANSFER SPILLED PRODUCT TO CLEAN CONTAINERS FOR RECOVERY. ABSORB UNRECOVERABLE MATERIAL. TRANSFER CONTAMINATED SOIL AND OTHER MATERIALS TO CONTAINERS FOR DISPOSAL.

**DISPOSAL:** IN ACCORDANCE WITH ALL LOCAL, STATE, AND FEDERAL REGULATIONS.

#### SECTION VIII - PROTECTIVE EQUIPMENT

**VENTILATION:** PROVIDE SUFFICIENT MECHANICAL, LOCAL EXHAUST AND ADEQUATE VENTILATION.

**PROTECTIVE GLOVES:** WEAR RESISTANT GLOVES (CONSULT SAFETY EQUIPMENT SUPPLIER)

**EYE PROTECTION:** CHEMICAL SPLASH GOGGLES OR OTHER SAFETY GLASSES.

INFORMATION ACCUMULATED HEREIN IS BELIEVED TO BE ACCURATE BUT IS NOT WARRANTED TO BE, WHETHER ORIGINATING WITH THE COMPANY OR NOT.

AIR ID#:

0250748

BEST AVAILABLE COPY

RECEIVED  
Revised 10/10/96

DRY-CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM MAY 19 1997

Acc

FACILITY NAME: APPROVED PERFORMANCE TOOLING INC Air Quality Management Division

FACILITY LOCATION: 8405 N.W. 66 ST  
MIAMI FL. 33166

Annual Reporting Period: JANUARY 1996 TO DECEMBER 1996

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

N/A

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Exact period of non-compliance: from \_\_\_\_\_ to JUN 4 1997

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

Bureau of Air Monitoring & Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

N/A

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: PETER FIELD Peter Field 5/15/97  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DEPT. OF ENVIRONMENTAL 248955  
RESOURCES MANAGEMENT (DERM)  
AIR QUALITY MANAGEMENT DIVISION  
33 S.W. SECOND AVENUE, SUITE 900

duplicate  
?

6/3/97 RECEIVED  
JUN 06 1997

TO:

GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING AND MOBILE SERVICES  
MS-5510  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD.  
TALLAHASSEE, FL. 32399-2400

Air Quality  
Management Division

FROM:

APPROVED PERFORMANCE TOOLING INC.  
8406 N.W. 66 ST.  
MIAMI, FL. 33166

RE: AIRS I.D. # 0250748


DEAR SIRs,

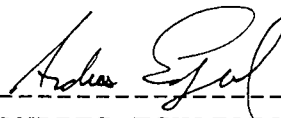
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SINCERELY,

  
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TREASURER  
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ANDRES ECHAZABAL  
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DEP3297  
ENCLOSURES  
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MATERIAL SAFETY DATA SHEET  
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INFORMATION ACCUMULATED HEREIN IS BELIEVED TO BE ACCURATE BUT IS NOT WARRANTED TO BE, WHETHER ORIGINATING WITH THE COMPANY OR NOT.



AIR# ID#: 0250748

BEST AVAILABLE COPY

RECEIVED  
Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM MAY 19 1997

FACILITY NAME:	<u>APPROVED PERFORMANCE TOOLING INC.</u>	Air Quality Management Division
FACILITY LOCATION:	<u>8405 N.W. 66 ST MIAMI, FL. 33166</u>	

Annual Reporting Period: JANUARY 1996 TO DECEMBER 1996

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

N/A

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

N/A

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: PETER FIELD *Peter Field* 5/15/97  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT (DERM)  
AIR QUALITY MANAGEMENT DIVISION  
33 S.W. SECOND AVENUE, SUITE 900  
248955

File

# HALOGENATED SOLVENT DEGREASERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250748 DATE: 5-13-97 TIME IN: 2:15pm TIME OUT: 3:30pm  
FACILITY NAME: Approved Performance Tooling  
FACILITY LOCATION: 8405 NW 66 ST.  
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 type="checkbox"/>	methyl chloride	<input type="checkbox"/>
trichloroethylene	<input checked="" 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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5/19/97

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?  Y  N
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 type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input 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?  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**

[Empty box for additional site information]

Mr. Peter Field  
Name of Responsible Official

Rosana RIVERA  
Inspector's Name

Rosana Rivera  
Inspector's Signature

5-13-97  
Date of Inspection

5-13-98  
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:15 pm TIME OUT: 3:30 pm AIRS ID#: 0250748  
 TYPE OF FACILITY: Halogenated Solvent Degreaser  
 FACILITY NAME: Approved Performance Tooling DATE: 5-13-97  
 FACILITY LOCATION: 8405 NW 66 St.  
 RESPONSIBLE OFFICIAL: Mr. Peter Field PHONE NUMBER: 592-7777

- 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
<i>Owners' manual, design specifications and other instructional materials for cleaning machine and control equipment not available.</i>	<i>Must provide said info. during the next inspection.</i>

COMMENTS: *As per Mr. A. Echazabal - (D.A. - Environmental) the only label on unit reads "BARRON Blakesley" and when they contacted this ~~unit~~ company they said that they never built such unit.*

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

DATE OF NEXT INSPECTION: 5-15-98

(Approximate)

INSPECTION CONDUCTED BY: Rosana Rivera

(Please Print)

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

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

**259644**

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 -3 97

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 0250748  
APPROVED PERFORMANCE TOOLING INC  
ANTONIO D GARCIA  
8405 NW 66 STREET  
MIAMI FL 33166

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

**APPROVED PERFORMANCE TOOLING, INC.**  
MIAMI, FLORIDA 33166

No. **008287**

INVOICE DATE	INVOICE NUMBER	GROSS AMOUNT	REFERENCE	MISC. CHARGES	DISCOUNT	FREIGHT	NET AMOUNT

PLEASE DETACH BEFORE DEPOSITING



Z 210 662 881

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided

11 AIRS ID # 0250748001AG  
ANTONIO D GARCIA  
APPROVED PERFORMANCE TOOLING INC  
8405 NW 66 STREET  
MIAMI FL 33166

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800 April 1995

SENDER: CC

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

SECTION ON DELIVERY

- 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:

11 AIRS ID # 0250748001AG  
ANTONIO D GARCIA  
APPROVED PERFORMANCE TOOLING INC  
8405 NW 66 STREET  
MIAMI FL 33166

2210 662 881

2 Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

6/15/01

C. Signature

*Antonio D Garcia*

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

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

JUN 19 2001

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