

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 28, 2003

Ms. Elizabeth Sosa
A. Sosa Industries, Inc.
3850 Northwest 37 Avenue
Miami, Florida 33142

Re: Facility No.: 0250749-002

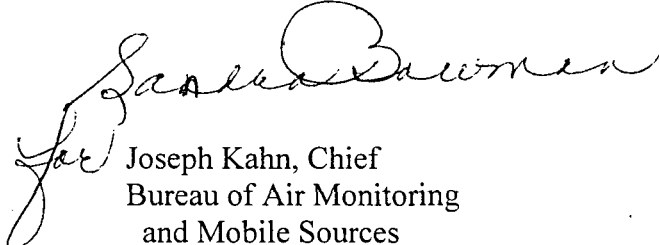
Dear Ms. Sosa:

The department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on December 11, 2002.

During the review period for the above mentioned notification form, the application was withdrawn. This letter serves as acknowledgment of the withdrawal and to inform you that further processing of the notification has been suspended.

If you have any general questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

June,

This facility needs a
Withdrawal letter, only.

Thank you.

RECEIVED

DEC 11 2009

Bureau of Air Monitoring & Mobile Sources

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	A. Sosa Industries, Inc.		
2. Site Name (For example, plant name or number):	N.A.		
3. Hazardous Waste Generator Identification Number:	IWS-011059		
4. Facility Location: Street Address: City:	3850 NW 37 Avenue Miami	County: Dade	Zip Code: 33142
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250749-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	Elizabeth Sosa	Title:	Sec/Trev.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	3850 NW 37 Avenue Miami	County: Dade	Zip Code: 33142
8. Responsible Official Telephone Number: Telephone:	(305) 634-2351	Fax:	(305) 635-2350

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:	() -

DEC 11 2002

Bureau of Air Monitoring
& Mobile Sources

HALOGENATED SOLVENT DEGREASERS
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4. If you choose to implement a control device combination, please select the appropriate controls from the list provided below. Indicate with an "X" all controls that apply to your facility. (Refer to paragraph (5)(c)1.-4).

- | | |
|---|---|
| <input type="checkbox"/> 1.0 freeboard ratio | <input type="checkbox"/> carbon adsorber |
| <input type="checkbox"/> dwell time | <input type="checkbox"/> reduced room draft |
| <input type="checkbox"/> working mode cover | <input type="checkbox"/> super-heated vapor |
| <input type="checkbox"/> freeboard refrigeration device | |

5. 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:

ALL FACILITIES

- | | |
|--|-------------------------------------|
| (a) Estimates of monthly halogenated solvent consumption | <input checked="" type="checkbox"/> |
| (b) Inspection records | <input type="checkbox"/> |
| (h) Remedial action log | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> |
| (g) Solvent content records | <input checked="" type="checkbox"/> |

FOR FACILITIES USING CONTROL COMBINATIONS

- | | |
|-------------------------------|-------------------------------------|
| (c) Temperature monitoring | <input checked="" type="checkbox"/> |
| (f) Dwell time records | <input type="checkbox"/> |
| (i) Control device monitoring | <input type="checkbox"/> |

FOR FACILITIES MEETING EMISSION STANDARDS

- | | |
|--|-------------------------------------|
| (j) Log of solvent additions and removals | <input checked="" type="checkbox"/> |
| (d) Idling emission concentration monitoring | <input type="checkbox"/> |
| (k) Monthly emissions calculations | <input type="checkbox"/> |
| (l) Rolling 3-month average emissions calculations* | <input type="checkbox"/> |
| (m) Cleaning capacity calculations* | <input type="checkbox"/> |

* Only for facilities meeting the alternative emission limitation standards*

6. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:

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

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.

Affected Machines	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
x ≤ 1.21 m ²	_____	NEW/EXISTING	_____
x > 1.21 m ²	_____	NEW/EXISTING	_____
Batch Cold	_____	NEW/EXISTING	N.A.
In-line	_____	NEW/EXISTING	_____

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

[523] 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 (choose one):

[___] complying with an alternative solvent emission limit

[___] implementing a control device combination/work practice standards

[___] meeting an idling emission limit/work practice standards

OR

[] meeting the requirements for **batch cold cleaning machines**

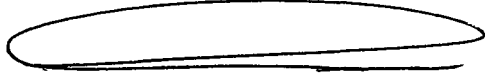
Responsible Official Certification

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.

Elizabeth Sosa

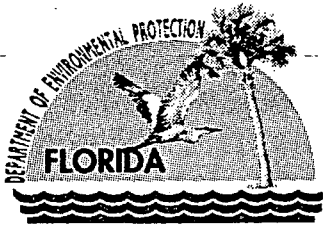
Print name of responsible official



Signature

10-02

Date



Jeb Bush
Governor

Sardy

Department of Environmental Protection

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

David B. Struhs
Secretary

January 10, 2003

Ms. Elizabeth Sosa
A. Sosa Industries Inc
3850 Northwest 37 Avenue
Miami, Florida 33142

Dear Ms. Sosa:

Thank you for your January 6 letter notifying the Department of your decision to discontinue the use of trichloroethylene at A. Sosa Industries. The facility status has been changed to *inactive* in the database.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that an annual operation fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that A. Sosa Industries, Inc., operated as a Title V general permit facility in **2002**. Therefore, the annual operation fee for which you were recently invoiced is due and payable between January 15 and March 1, 2003.

For your convenience, I am returning to you your 2002 annual operations fee invoice. If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/

Enclosure

cc: Marcelo Barros, Miami-Dade County
Bruce Thomas

"More Protection, Less Process"

Printed on recycled paper.

A. Sosa Industries Inc.

3850 N.W. 37TH AVENUE
MIAMI, FL. 33142
PHONE: (305) 634-2351
FAX: (305) 635-2350

RECEIVED

JAN 09 2003

Bureau of Air Monitoring
& Mobile Sources

January 6, 2003

Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

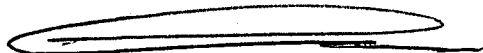
Re: Title V Air General Permit

Dear Sir or Madam:

Please allow this letter to serve as notice to your office of our intention to discontinue the use of the vapor degreaser located on our premises. Effective Wednesday December 18th, 2002, we ceased operating and using any cleaning method that requires use of trichloethylene. We are currently in the process of converting our cleaning method and will no longer require the above referenced permit.

I have forwarded a copy of this letter to Marcelo Barros at the Miami-Dade County Environment Resources Management department. If there is any additional information you would require, please feel free to contact me at your convenience.

Sincerely,



Eliabeth Sosa



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422475 FEB 3 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

~~RECEIVED~~

JAN 09 2003

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#0250749

A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL
33142

Bureau of Air Monitoring
& Mobile Sources

FEB 07 2003

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FOR GOVERNMENT USE ONLY
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Fund: 20-2-035001
Obj.: 002273

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7001 0320 0001 7975 5533

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Handwritten signature and initials

Postmark
Here

AIRS ID#0250749

Sent To **A. SOSA INDUSTRIES INC**
ELIZABETH SOSA
 Street, Apt. No., or PO Box No. **3850 NW 37 AVENUE**
 City, State, ZIP+4 **MIAMI FL 33142**

PS Form 3800, Ja

SENDER: COMPLETE THIS SECTION

- 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#0250749

A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL
33142

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ANTONIO S. SOSA JR** B. Date of Delivery **2/7/03**
 C. Signature *Antonio Sosa Jr* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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) **7001 0320 0001 7975 5533**

UNITED STATES POSTAL SERVICE



First-Class Mail
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Permit No. G-10

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Not Air Monitoring
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FEB 10 2003

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