

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 12, 1996

Mr. Richard Monsorno Vice President American Technical Ceramics Corporation 2201 Corporate Square Boulevard Jacksonville, Florida 32216

Dear Mr. Monsorno:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 28, 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, F1 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: Ms. Lori Tilley, Duval County

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

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or	· · · · · · · · · · · · · · · · · · ·
American Technical Ceramics	Corp.
2. Site Name (For example, plant name or number):	
, , , , , , , , , , , , , , , , , , , ,	
3. Hazardous Waste Generator Identification Number:	
FLD 039 677 810	
	1
4. Facility Location: Street Address: 2201 Corporate Square Blv City: Jackson ville County: Duval	Zip Code: 322/6
City: Jackson ville County: Duval	Zip Code: 322/6
5 Pacility Identification Number (DEP Use):	
	0310374
	V 31 V 317
Responsible Official	
•	
6. Name and Title of Responsible Official:	
Richard Monsorno, V.P.	
7. Responsible Official Mailing Address: Organization/Firm: American Technical Caramic Street Address: 2001 Corporate Square Blud. City: Jack Sonville County: DUVAL	
Organization/Firm: American Technical Ceramic	-5
Street Address: 2001 Corporate Square 15100	7th Cada M On M
city: JACKGONVIlle County: DUVAL	Zip Code: 32216
8. Responsible Official Telephone Number:	
Telephone: $(904)724-2000$ Fax: (904) 724 - 8007
Facility Contact (If different from Respons	sible Official)
9. Name and Title of Facility Contact (For example, plant manager):	,
Dennis McCarthy, Environmenta 10. Facility Contact Address: Amagic no Tacho and Co	Mgr.
10. Facility Contact Address: American Technical Ce	RAMICS
Street Address: 2201 CARONRALE Sama Blud:	
Street Address: 2201 CORPORALE SQUARE Blud. City: JACKSONUTILE COUNTY: DUVAL	Zip Code: 32216
· Jackson ine · Doval	1 30210
11. Facility Contact Telephone Number:	
Telephone: (904)724 -2060 Fax: (9	104)724 -8007
<u> </u>	RECEIVED AUG 28 1946 Of Air Monits
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	AUS 28 Bureau of Air Monite Bureau of Mobile Source
	. Sourc
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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.

		Date	Date		Date	Date
		Initially	Cntrl Device		Initially	Cntrl Device
Equipment Type	ID#	Purchased	Installed	ID#	Purchased	Installed
Batch Vapor $x < 1.21 \text{ m}^2$						
$x > 1.21 \text{ m}^2$	—.					
Batch Cold		29 NOV 93	29 NOV 93	3	29 NOV93	29 NO V 93
	2	29 NOV 93	29 NOV 93	<u> </u>	29 No V93	29NOV93
In-line						
New Existing						
Existing						
3. (a) Please indicate w		e following halog] Did not keep r	ecords: []
[X] trichl	oroethylen	e				
1,1,1-	-trichloroet	thane				
[] carbo	n tetrachlo	ride				
[] chlore	oform					
(b) The total volume	e of haloge	enated solvent em	issions shall not ex	cceed 10	tons per year. I ch	oose to meet

[____] complying with an alternative solvent emission limit

implementing a control device combination/work practice standards
meeting an idling emission limit/work practice standards

[X] meeting the requirements for batch cold cleaning machines

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4. Based upon your response to 3(b), please select the appropriate coprovided below. (Indicate with an "X" all options that apply to you	
[X] 1.0 freeboard ratio	· racinty.)
super-heated vapor	
[] freeboard refrigeration device	
] carbon adsorber	
dwell time	
working mode cover	
reduced room draft	
Equipment Monitoring and Recordkeep	oing Information
Check all logs which are required to be kept on-site in accordance w	ith the requirements of this general permit:
(a) Purchase receipts for halogenated solvent purchases	(X)
(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	
(I) Rolling 3-month average emissions calculations	
(m) Cleaning capacity calculations	[]

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
I, the un	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the
statemer maintair	nts made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
statemer maintair comply	nts made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to

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Signature

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/I	DISCOVERY	
AIRS ID#: <u>03/0374</u> FACILITY NAME:	DATE: 9/2/98 American				
FACILITY LOCATION:	2201 Cor Jackson	Porate ville,	Square 1. FL 3	3/vd. 22/6	
RESPONSIBLE OFFICIAL : _	Dennis Mc Same	Carthy	PHONE: 90)	4-724-20	200
PART I: NOTIFICATION					
(check appropriate boxes)					-
1. Facility notified DARM 30 da					×
2. Facility failed to notify DARN		uit			
3. Halogenated solvent used at the	-				
perchloroethylene		thylene chlor			
trichloroethylene	/	,1-trichloroet	thane \Box		
carbon tetrachloride		oroform			
 Facility indicated on notificate applicable. 	ion form that it has the	following ma	achine type(s). Ch	eck more than on	ne box if
Batch Vapor, $x \le 1.21$ m	n ² □ New In-line	. •	Batch Cold	A	
Batch Vapor, x > 1.21 m	Existing In-	line 🗆			
PART II: CLASSIFICATION					
1. Indicate the machine type(s) of	observed at the facility:				_
Batch Vapor, $x \le 1.21$ m	n ² □ New In-line		Batch Cold (imn	nersion)	\not
Batch Vapor, $x > 1.21$ m	Existing In-	line 🗆	Batch Cold (rem	ote reservoir)	

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Bureau of Air Monitoring & Mobile Sources

PART III: GENERAL CONTROL RÉQUIREMENTS

	Batch Vapor and In-Line Machines ues 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?	ПY	□N	
2.	Maintain a freeboard ratio of 0.75 or greater?	ПY	□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?	ΠY	□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?	ПY	ПN	
	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. Have each machine equipped with	ПY	□N	□N/A
	a. a device to shut off sump heat if the solvent level drops to the heater coils?	\Box Y	ΠN	
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	ПY	ΠN	
	c. a primary condenser?	\Box Y	ΠN	
	Store all waste solvent, still bottoms, and sump bottoms in closed containers? Batch Cold Cleaning Machines	ПY	ΠN	
Do	es the facility:			
1.	Collect and store all waste solvent in closed containers?	YY	ΠN	
2.	Use a flexible hose or flushing device only within the freeboard area?	XY	ΠN	
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	X Y	□N	
4.	Maintain the solvent level inside the machine at or below the fill line?	X Y	ΠN	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	Y		
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	XY	ПN	□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?	X Y	ΠN	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	X Y	□N	
Rei	mote 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.	ΟY	□N	□N/A
Imi	nersion 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.	ПY	□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, $x \le 1.21 \text{ m}^2$ control comb. selected In use working mode cover / 1.0 freeboard ratio / superheated vapor reduced room draft / 1.0 freeboard ratio / superheated vapor reduced room draft / 1.0 freeboard ratio / dwell freeboard refrig. device / superheated vapor freeboard refrig. device / working mode cover freeboard refrig. device / reduced room draft freeboard refrig. device / 1.0 freeboard ratio freeboard refrig. device / dwell freeboard refrig. device / carbon adsorber carbon adsorber / 1.0 freeboard ratio / superheated vapor B. Batch Vapor Machines, $x > 1.21 \text{ m}^2$ control comb. selected In use freeboard refrig. device / superheated vapor / 1.0 freeboard ratio freeboard refrig. device / superheated vapor / working mode cover freeboard refrig. device / superheated vapor / reduced room draft freeboard refrig. device / superheated vapor / carbon adsorber freeboard refrig. device / reduced room draft / dwell freeboard refrig. device / reduced room draft / 1.0 freeboard ratio 1.0 freeboard ratio / reduced room draft / superheated vapor C. Existing In-Line Machines control comb. selected In use freeboard refrig. device / 1.0 freeboard ratio superheated vapor / 1.0 freeboard ratio freeboard refrig. device / dwell carbon adsorber / dwell D. New In-Line Machines control comb. selected In use freeboard refrig. device / superheated vapor freeboard refrig. device / carbon adsorber superheated vapor / carbon adsorber

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.
- MA □N

3. Halogenated solvent content for each solvent used? (exempt if <5% by weight)

XY □N

4. Estimates of annual solvent consumption for each machine?

- MAY DN
- 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)
- Y ON WN/A
- 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)
- DY ON XIN/
- 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)
- DY ON MAN/A
- 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?
- OY ON MN/A
- 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit)
- YV MY □N #W/A
- 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit)
- Y ON ON/A
- 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)
- DY ON XIN/A

PART VI: ADDITIONAL SITE INFORMATION

Facility has 2 tanks with approximately 5 gallons in each one. Both tanks have tank lids or covers. They keep the tanks covered when not in use. Both tanks meet and exceed the free board area ratio and Both tanks are in good Condition. Emissions are estimated to be Zero due to complete total enclosure of each tank.

Inspector's Name

Date of Inspection

GAMM W

1 100

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT:	1015 AIRS ID#: 03/0374
TYPE OF FACILITY: Halogenated Solven	t Degreuser
FACILITY NAME: American Technical Co	eramics, Corp. DATE: 9/2/98
FACILITY LOCATION: 2201 Corporate	Square Blvd.
Jackson ville, 7	FL. 32216
RESPONSIBLE OFFICIAL: Dennis McCorth	PHONE NUMBER: 904-724-2000
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements endiscrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
-	
<u> </u>	
· ·	·
COMMENTS:	•
The Annual Compliance Certification form has been properly of	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: AUGO	US+, 1999
	(Approximate)
INSPECTION CONDUCTED BY: Jeff	Winter
Pull 11	(Please Print)
INSPECTOR'S SIGNATURE:	phone number: 904-630-2800
Page	of Revised 10/96

	V	
	•	_
		8/30/46
		, ,
	American	Technial Ceranics
	NOTE: The should be	e following item(s)
		checked in the
		- MONITORING and RECORD-
	KEEPING	INFORMATION section on
	Page 19:	Aw
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8/30/46 American Technical Ceranics. NOTE: The following item (s) should be cherked in the KEEPING INFORMATION section (h) (i) (K)

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Technical Ceramics corp.

2. Constraint (Constraints, plant name of manners)			
3. Hazardous Waste Generator Identification Number	 -		
FLD 039 677 8/0			
Street Address: 2201 Corporate S	quare Blvd.		
City: Jackson ville County:	Duval	Zip Code: 32	2/6
5. Facility Identification Number (DEP Use):		· · · · · · · · · · · · · · · · · · ·	
		0310	374
Responsi	ble Official		
6. Name and Title of Responsible Official:			
Richard Monsorno, V.	P.		
7. Responsible Official Mailing Address: Organization/Firm: American Technical	al Caramics		·
Street Address: 2001 Corporate Sour	tre Blud.		
city: Jacksonville Colling	DUVAL	Zip Code:	32216
8. Responsible Official Telephone Number:	F (9 . 14)	7-11 84.7	
Telephone: (904) 724 - 2000	rax. (709)	724 - 8007	
Facility Contact (If differen	nt from Responsible (Official)	
9. Name and Title of Facility Contact (For example, p	olant manager):		
Dennis McCarthy, Envi 10. Facility Contact Address: American Te	ron mental	Mgr.	
		7(45	
Street Address: 2201 CORPORALE SZU City: JACKSONUTTE County:	IARE Blud.		
City: JAcksonuille County:	DUVAL	Zip Code: 3ジン	16
11. Facility Contact Telephone Number:	F (0541)		
Telephone: (904)724 -2060	rax: (904)	724 -8007	-11
		nF	CEIV
		Kr	10 28 19
			Win L
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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.

		Date Initially	Date Cntrl Device		Date Initially	Date Cntrl Device
Equipment Type	, ID#	Purchased	Installed	ID#	Purchased	Installed
Batch Vapor x < 1.21 m ² x > 1.21 m ²	 .					
Batch Cold	<u>1</u>	29 NOV 93 29 NOV 93	29 NOV 93 29 NOV 93	3 4	29 Nov93 29 Nov93	29 NO V 93
In-line New Existing						
2. (a) What was the tot	al amount _] gallons	of halogenated so	lvents purchased i	n the late	est 12 months?	
(b) If less than 12 m Check why it is l				store: [_] Did not keep r	ecords: []
3. (a) Please indicate v	hich of th	e following halogo	enated solvents are	used at	your facility.	
perch	loroethyle	ne				
meth	ylene chlo	ride				
[X] trichl	oroethylen	e				
1,1,1	-trichloroe	thane				
[] carbo	n tetrachlo	oride				
[] chlor	oform					
(b) The total volum this requirement by:	e of halog	enated solvent em	issions shall not ex	ceed 10	tons per year. I ch	oose to meet
comp	lying with	an alternative sol	vent emission limi	t		
[] imple	menting a	control device co	mbination/work pi	ractice st	andards	
] meeti	ng an idlir	ng emission limit/v	work practice stand	dards		
meeti	ing the req	uirements for batc	ch cold cleaning m	achines		

DEP Form No. 62-213.900(4)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e 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)
ιXι	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	and Morson 9/26/96 Date
	1/2/1/97

DEP Form No. 62-213.900(4) Effective: 6-25-96

4. Based upon your response to 3(b), please select the appropriate or provided below. (Indicate with an "X" all options that apply to you	
[X] 1.0 freeboard ratio	•
[] super-heated vapor	
[] freeboard refrigeration device	
[] carbon adsorber	
dwell time	
working mode cover	
reduced room draft	
Equipment Monitoring and Recordkeep	oing Information
Check all logs which are required to be kept on-site in accordance w	ith the requirements of this general permit:
(a) Purchase receipts for halogenated solvent purchases	(X)
(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	∠ Cam
(i) Control device monitoring	Chim Chim
(j) Log of solvent additions and removals	
(k) Monthly emissions calculations	X dam
(1) Rolling 3-month average emissions calculations	\times
(m) Cleaning capacity calculations	[]

DEP Form No. 62-213.900(4) Effective: 6-25-96

AIRS ID#: 03/0374

RECEINO

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AUG 2 0 1997

Bureau of Air Monitoring

≪ MODIIE Sources
FACILITY NAME: American Technical Ceramics Corp. DATE: 8/5/97
FACILITY LOCATION: 2201 Corporate Square BIVd.
FACILITY LOCATION: 2201 Corforate Square Blvd. Jacksonville, FL 32216
Annual Reporting Period: August 28 1996 to August 5 1997
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.
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:
Exact period of non-compliance: from
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:
Exact period of non-compliance: from
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. RESPONSIBLE OFFICIAL: KICHARD V. MONSORNO 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.

AIRS ID#:	,	

and

300999

Revised 01/13/98

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

RICH 2201	AIRS ID#0310374 RICAN TECHNICAL CERAMICS CORP IARD MONSORNO CORPORATE SQUARE BLVD KSONVILLE FL 32216		JAN 2 9 1998 Bureau of Air Monitoring Mobile Sources
	Do <u>NOT</u> Ren	nove Label	·
Annual Reporting Period:	JANUARY 1		ember 31 1997
	on of the Title V general air permit, mative Code (F.A.C.), during the perio	· ·	_
If NO, complete the following:	;		
#1. Term or condition of the g	general permit that has not been in con	ntinuous compliance during th	he reporting period stated above:
Exact period of non-compliance	er from	to	
Action(s) taken to achieve com			27
Method used to demonstrate co			98 00/10
#2. Term or condition of the g	general permit that has not been in co	ntinuous compliance during th	he reporting period stated above:
Exact period of non-compliance	ce: from	to	
Action(s) taken to achieve com	npliance:		
Method used to demonstrate co	ompliance:		·
As the responsible official, I ho made in this notification are tr RESPONSIBLE OFFICIAL:	ereby certify, based on information and complete. Name (Please Print)	() A a m	basan 1-21-98

^{*}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.

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X C	OMPLAINT/DISCOVERY	
	RE-INSPECTION			
FACILITY NAME: FACILITY LOCATION:	American 2201 Cor	Technico Porate	915 TIME OUT: 1 L Ceramics (Square Blvd.	Porl.
RESPONSIBLE OFFICIAL: CONTACT NAME:	Dackson Richard Mong Dennis McCa	Solue PHO	ONE: 904-724-	2-9007 8007
PART I: NOTIFICATION				
(check appropriate boxes)				:
1. Facility notified DARM 30 d	ays prior to starting up			×
2. Facility failed to notify DAR	M to use a general permit			ū
3. Halogenated solvent used at t	he facility:			
perchloroethylene	□ methy	lene chloride		
trichloroethylene	1,1,1-	trichloroethane		
carbon tetrachloride	□ chlore	oform		
 Facility indicated on notificat applicable. 	ion form that it has the fol	lowing machine	type(s). Check more than o	ne box if
Batch Vapor, x ≤ 1.21 m	New In-line	☐ Bate	ch Cold 💢	
Batch Vapor, x > 1.21 m	² □ Existing In-line	e 🗆	,	
		-		
PART II: CLASSIFICATION				-
1. Indicate the machine type(s) of	bserved at the facility:			
Batch Vapor, $x \le 1.21$ m	² □ New In-line	☐ Bato	ch Cold (immersion)	×
Batch Vapor, x > 1.21 m	² D Existing In-line	e 🗆 Bato	ch Cold (remote reservoir)	·

PART III: GENERAL CONTROL REQUIREMENTS

	Batch Vapor and In-Line Machines Ooes 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?	ΠY	□N	
2.	Maintain a freeboard ratio of 0.75 or greater?	ΠY	ПN	
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?	ΠY	□N	
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	ΠY	□N	
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?	ΩY	ПN	
	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. Have each machine equipped with	ΠY	□и	□N/A
	a. a device to shut off sump heat if the solvent level drops to the heater coils?	ΠY	□N	
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	ΠY	ПN	
	c. a primary condenser?	ΠY	ПN	
	Store all waste solvent, still bottoms, and sump bottoms in closed containers? Batch Cold Cleaning Machines	ΠY	ПN	
Do	es the facility:			
1.	Collect and store all waste solvent in closed containers?	XY	□и	
2.	Use a flexible hose or flushing device only within the freeboard area?	XY	ПΝ	
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	XY	□N	
4.	Maintain the solvent level inside the machine at or below the fill line?	XΥ	ПΝ	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	XY	ПΝ	
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	X	ПΝ	□N/A
	Ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open?	XY	□и	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	XΥ	ПΝ	
Ren	note Reservoir Type Only	•		
	Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	ΩY	□и	□N/A
mn	nersion 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.	X Y	ח⊏	. □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, $x \le 1.21 \text{ m}^2$ control comb. In use selected working mode cover / 1.0 freeboard ratio / superheated vapor reduced room draft / 1.0 freeboard ratio / superheated vapor reduced room draft / 1.0 freeboard ratio / dwell freeboard refrig. device / superheated vapor freeboard refrig. device / working mode cover freeboard refrig. device / reduced room draft freeboard refrig. device / 1.0 freeboard ratio freeboard refrig. device / dwell freeboard refrig. device / carbon adsorber carbon adsorber / 1.0 freeboard ratio / superheated vapor B. Batch Vapor Machines, $x > 1.21 \text{ m}^2$ control comb. selected In use freeboard refrig. device / superheated vapor / 1.0 freeboard ratio freeboard refrig. device / superheated vapor / working mode cover freeboard refrig. device / superheated vapor / reduced room draft freeboard refrig. device / superheated vapor / carbon adsorber freeboard refrig. device / reduced room draft / dwell freeboard refrig. device / reduced room draft / 1.0 freeboard ratio 1.0 freeboard ratio / reduced room draft / superheated vapor C. Existing In-Line Machines control comb. selected In use freeboard refrig. device / 1.0 freeboard ratio superheated vapor / 1.0 freeboard ratio. freeboard refrig. device / dwell carbon adsorber / dwell D. New In-Line Machines control comb. selected In use freeboard refrig. device / superheated vapor freeboard refrig. device / carbon adsorber superheated vapor / carbon adsorber

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? 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. 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) 4. Estimates of annual solvent consumption for each machine? 5. Dates of solvent additions and amounts added to each machine? (applicable only to ON ON/A those using an alternative emission limit) 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines) 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface) PART VI: ADDITIONAL SITE INFORMATION

	·
Jeff Winter	8/20/99

4 of 4

Inspector's Name

Date of Inspection

Approximate Bate of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	СОМ	PLAINT/I	DISCOVERY	RE-INSE	CTION
TIME IN: 9/5	TIME OUT:		1600	AIRS ID#:	03/037	142 A
TYPE OF FACILITY:	Halogenated	Solve	ent	Degrease	Nobij Ai	- 1999 1
FACILITY NAME:	American	Techr	ical	Ceramics	DATE:	120/99
FACILITY LOCATION:	2201 60	rforat	- 5g	varie Blue		Ces Millo
	Jackson	ville,	PL	32216		
RESPONSIBLE OFFICIAL:	Richard	Monso	140	PHONE NUMBER	1: 904/72	4-2000
	of the compliance require P Rule 62-213.300, Florid				acility is found to l	oe in
Based on the results of discrepancies were no	of the compliance require oted:	ements evalua	ated during	this inspection, the f	ollowing complian	ce
COMPLIANCE REC	QUIREMENT/PRO	BLEM	FC	DLLOW-UP ACT	TON REQUIR	ED
	·					
						
						
COMMENTS:						
				•		
The Annual Compliance Cert	ification form has been p	roperly certif	ied and sul	bmitted to the inspect	or. YES	МО
DATE OF NEXT INSPECT	ION:	HUgu	5+,0	2000		
INCORCTION CONDITOTE	n RV	Joff.	proximate	vole (
INSPECTION CONDUCTE	Δ <i>I</i> I	(Ple	ase Print	<u> </u>		
INSPECTOR'S SIGNATUR	RE: My	p Lu	Se_	_PHONE NUMBER	a: <u>964/63</u>	8-3484
		Page	of		•	Revised 10/96

		H	
AIRS 103/03/79		[]	Revised 10/10/96
AUG 2 4 1999 ANNI	AIR QUALITY GEN	ERTIFICATION FORM	
FACILITY NAME: AME	ican Technical	Ceramics	DATE: 8/20/99
To Taylor and the Taylor and the same and th	101 Corporate		
	acksonville, F		
Annual Reporting Period:	lugust 20,	19 <u>98</u> то <u>August</u>	20, 19 <u>99</u>
Based on each term or condition of the 3 62-213.300, Florida Administrative Cool If NO, complete the following: #1. Term or condition of the general per	le (F.A.C.), during the period	covered by this statement. YES	□NO
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 pe	ermit that has not been in cor	tinuous compliance during the reporti	ng period stated above:
Exact period of non-compliance: from		to	·
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance	2:		
•			
As the responsible official, I hereby cer made in this notification are true, accur. RESPONSIBLE OFFICIAL:	rate and complete11412U MONSORA	a Cachaed Monsorn	8-23-59
	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.

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#: 03/0374 TIME IN: 1/00 TIME OUT: 1/30 FACILITY NAME: American Technical Ceramics Corp. FACILITY LOCATION: 220/ Corporate Square Blvd. Jackson Ville, Florida 322/6
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
trichloroethylene 1,1,1-trichloroethane
carbon tetrachloride
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 m ² New In-line Batch Cold
Batch Vapor, x>1.21 m ² ☐ Existing In-line ☐
PART II: CLASSIFICATION
1. Indicate the machine type(s) observed at the facility:
Batch Vapor, x<1.21 m ² □ New In-line □ Batch Cold (immersion)
Batch Vapor, x>1.21 m ² Existing In-line Batch Cold (remote reservoir)
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?

2.	Maintain a freeboard ratio of 0.75 or greater?	ΠY	ΠN	
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)?	ΠY	ΠN	
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	ΠY	□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?	ΠY	ПΝ	
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.	ΟY	□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?	ПY	ПN	
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	ΠY	ПN	
	c. a primary condenser?	ΠY	□N	
8.	Store all waste solvent, still bottoms, and sump bottoms in closed containers?	ΠY	□N	
В.	Batch Cold Cleaning Machines			
	es the facility:			
	Collect and store all waste solvent in closed containers?	XY	ΠN	
2.	Use a flexible hose or flushing device only within the freeboard area?	XY	ΠN	
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	MY.	ПN	
4.	Maintain the solvent level inside the machine at or below the fill line?	XY	ΠN	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	XY	□N	·
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	, Σ (Υ	□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?) Z(Y	ПN	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	XX	ΠN	
Rei	mote 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.	ΟY	□N	NA
Imi	mersion Type Only			
10	Description in 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.	X Y	ПN	·

PART IV: PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines)				
Facility cho	ose to meet requirements using:			
ps.	control device combination / work practice standard	rds		
<u> </u>	alternative solvent emission limit (proceed to Part	tV)		
□ i	idling emission limit / work practice standards (pro	oceed to Part V)		
A. Batch Va	apor Machines, x≤1.21m²			
control com		In use		
selected	working mode cover / 1.0 freeboard ratio / sup-			
	reduced room draft / 1.0 freeboard ratio / super	erheated vapor 🔲 🔲 🗀		
	reduced room draft / 1.0 freeboard ratio / dwell	11		
	freeboard refrig. device / superheated vapor			
	freeboard refrig. device / working mode cover			
	freeboard refrig. device / reduced room draft	a a		
	freeboard refrig. device / 1.0 freeboard ratio	a a		
	freeboard refrig. device / dwell	a a		
	freeboard refrig. device / carbon adsorber	- -		
	carbon adsorber / 1.0 freeboard ratio / superhea	eated vapor 🔲 🗎 🗀		
B. Batch Vaj	por Machines, x>1.21m²			
control com		In use		
selected	freeboard refrig. device / superheated vapor / 1	1.0 freeboard ratio		
	freeboard refrig. device / superheated vapor / w	working mode cover		
	freeboard refrig. device / superheated vapor / re	reduced room draft		
	freeboard refrig. device / superheated vapor / c	carbon adsorber		
<u> </u>	freeboard refrig. device / reduced room draft /	dwell . 🗆 🗖		
	freeboard refrig. device / reduced room draft /	1.0 freeboard ratio		
	1.0 freeboard ratio / reduced room draft / super	erheated vapor		
C. Existing J	In-Line Machines			
control com selected		In use		
	superheated vapor / 1.0 freeboard ratio	o o o		
	freeboard refrig. device / dwell	o o		
	carbon adsorber / dwell	-		

D W Y 7.	- M-11	
D. New In-Lin	e Machines	
control comb.	In use	
selected	freeboard refrig. device / superheated vapor	
	freeboard refrig. device / carbon adsorber	
	superheated vapor / carbon adsorber	
PART V: REC	CORDKEEPING REQUIREMENTS	
Has the respon	sible official maintained the following:	
	unuals, design specifications, and other instructional materials for cleaning d control equipment?	XY ON
1	allation for cleaning machine and all control devices? If the exact date is ey must have a letter stating installation occurred before or after 11/29/93.	V Dey □n
3. Halogenated	I solvent content for each solvent used? (exempt if <5% by weight)	X Y □N
4. Estimates of	f annual solvent consumption for each machine?	XY ON
H	vent additions and amounts added to each machine? (applicable only to an alternative emission limit)	OY ON MANA
	sions limit tests, including values obtained during the initial performance cable only to those using an idling emissions limit)	OY ON MON/A
7. All control of in-line mach	device and parameter monitoring? (applicable only to batch vapor and hines)	□Y □N ¤(N/A
8	on remedial actions in the event of exceedances or other repairs and monitoring of affected parameters?	OY ON XINA
9. Monthly em emission lin	issions calculations (applicable only to those using an alternative or idling nit)	OY ON MN/A
N .	olling average emissions calculations? (applicable only to those using an emission limit)	OY ON MIN/A
	apacity calculations? (applicable only to those using an alternative emission ut a solvent-air interface)	AVAK NO YO
вартул. ап	DITIONAL SITE INFORMATION	-
u		
II /	Solvent Tank in use (4 on Site) Botch Cold	04/9).
Other 3	s will not be used.	
	•	
	•	
	•	
•		· ·

Additional Site Information, cont.	
Richard Monsorno	
Name of Responsible Official	
Jeff Winter	8/5/97
Inspector's Name	Date of Inspection
aller 1/2 Jan	AUGUST, 1998
Apprector's Signature	Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🂢	COMPLAINT/I	DISCOVERY	RE-INSPECTION
TIME IN: //00	TIME OUT:	1130	AIRS ID#:	0310374
TYPE OF FACILITY:	logenated Sol	vent De	grea ser	
FACILITY NAME: Aw	perican Technic			_date: <u>{/5/97</u>
FACILITY LOCATION:	2201 Corpora	ite Square	Blvd.	
Jac	CKSONVILLE FL	32214		(001) 201/ 2000
RESPONSIBLE OFFICIAL:	Richard Mons	001110	PHONE NUMBER	(904) 724-2000
	the compliance requirement Rule 62-213.300, Florida Ad			cility is found to be in
Based on the results of discrepancies were note	the compliance requirement	s evaluated during	this inspection, the fo	llowing compliance
COMPLIANCE REQU	UIREMENT/PROBLE	EM_ FC	OLLOW-UP ACT	ION REQUIRED
· ·			•	•
	•			•
· 	·			
· · · · · · · · · · · · · · · · · · ·		•		
				•
COMMENTS:		· ·		
-				
The Annual Compliance Certific	Ā		omitted to the inspecto	or. YES NO NO
DATE OF NEXT INSPECTIO	on: Hugus	(Approximate	<u>8</u>	
INSPECTION CONDUCTED	BY: Jeff	Winter	· ·	
	111 1	(Please Print)		(a)1=== :01
INSPECTOR'S SIGNATURE	: Yypyy L	inte	_PHONE NUMBER	19041630-3484
	//// Pa	ge / of / .		Revised 10/96

RECEIVED

DEC 27 1999

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring

& Mobile	SQUICES INSPECTION:
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e Squee of Inspection:	ANNUAL RE-INSPECTION	×	COMPLA	INT/DISCOVE	RY	
AIRS ID#: 03/0379	H DATE: 8/20/9		_	_		
FACILITY NAME:	American	Technic	cal C	eramics	(ór	<u> </u>
FACILITY LOCATION:	2201 Co	Porate	Squar	ce Blv	<u>ط.</u>	
_	Jackson	ville,	FL	322/4	0	
RESPONSIBLE OFFICIAL:	Richard Mon	Solno P	PHONE: _			
CONTACT NAME:	Jennis McCo	erthy P	HONE:	904-729	<u> 4 80</u>	07
PART I: NOTIFICATION			N. N			
(check appropriate boxes)						
1. Facility notified DARM 30 d	ays prior to starting up				Š	×
2. Facility failed to notify DAR	M to use a general permit					
3. Halogenated solvent used at t	he facility:					
perchloroethylene	□ meth	ylene chloride				
trichloroethylene	1,1,1	-trichloroethar	ne 🗆			
carbon tetrachloride	□ chlore	oform				
4. Facility indicated on notificat applicable.	ion form that it has the fol	lowing machin	ne type(s).	Check more tha	in one b	ox if
Batch Vapor, $x \le 1.21$ m	² □ New In-line	⊐ в	atch Cold	×		
Batch Vapor, x > 1.21 m	Existing In-line	e 🗆		/	_	
PART II: CLASSIFICATION						****
1. Indicate the machine type(s) o	bserved at the facility:					
Batch Vapor, $x \le 1.21 \text{ m}$		☐ Ba	atch Cold (ir	nmersion)	Þ	(

Existing In-line \square

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

Batch Cold (remote reservoir)

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?	OY ON
	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?	OY ON
	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
	 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. Have each machine equipped with 	QY QN QN/A
	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
III .	8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? B. Batch Cold Cleaning Machines	□Y □N
I	Does the facility:	
	1. Collect and store all waste solvent in closed containers?	XY ⊒N
	2. Use a flexible hose or flushing device only within the freeboard area?	XY IN
] 3	3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	X (Y □ N
4	4. Maintain the solvent level inside the machine at or below the fill line?	XY ⊒N
5	5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	/ X Y ⊒N
6	5. Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	XY ON ONA
7	7. Ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open?	XY DN
8	8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	XY □N
Re	emote 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.	OY ON ON/A
lm	nmersion Type Only	
10	O. 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.	Xay di dina 1

2 of 4

PART IV: P	ROCESS VENT CONTROLS (not applicab	ie to t	aich	coid cle	eanin	у та	chine.	s <i>t</i>	
Facility ch	ose to meet requirements using:								
¥	control device combination / work practice stan	dards							
i i	alternative solvent emission limit (proceed to Pa	art V)							
	idling emission limit / work practice standards (procee	ed to	Part V)					
A. Batch Va		superh	eated	vapor	ロ	in us	ie 🗆		
	reduced room draft / 1.0 freeboard ratio / su	perhea	ated v	apor					
	reduced room draft / 1.0 freeboard ratio / dw	vell							
	freeboard refrig. device / superheated vapor								
	freeboard refrig. device / working mode cov	er							
	freeboard refrig. device / reduced room draft	t							
	freeboard refrig. device / 1.0 freeboard ratio								
Ō	freeboard refrig. device / dwell								
	freeboard refrig. device / carbon adsorber								
B. Batch Vap	carbon adsorber / 1.0 freeboard ratio / superhor Machines. $x > 1.21 \text{ m}^2$	ieated	vapo	Γ			In use		
	freeboard refrig. device / superheated vapor /	1.0 fr	eeboa	ard ratio	0				
	freeboard refrig. device / superheated vapor /	work	ing m	ode co	ver		. 🗖		
	freeboard refrig. device / superheated vapor /	reduc	ed ro	om draf	ft				
	freeboard refrig. device / superheated vapor /	carbo	n ads	orber					
٦	freeboard refrig. device / reduced room draft.	/ dwel	ì						
	freeboard refrig. device / reduced room draft.	/ 1.0 fi	reebo	ard rati	0				
C. Existing In	1.0 freeboard ratio / reduced room draft / supen-Line Machines	erneate	ed vag	oor					
selected	freeboard refrig. device / 1.0 freeboard ratio	J	In use						
	superheated vapor / 1.0 freeboard ratio								
	freeboard refrig. device / dwell								
٦	carbon adsorber / dwell								
D. New In-Lin control comb. selected	freeboard refrig. device / superheated vapor	In	use						
_	freeboard refrig. device / carbon adsorber	_							
_	superheated vapor / carbon adsorber	_	_						
		_	_						:

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official maintained the following:	
Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment?	XY DN
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.	XY DN
3. Halogenated solvent content for each solvent used? (exempt if < 5% by weight)	XY DN
4. Estimates of annual solvent consumption for each machine?	XY DN
5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)	XY ON ON/A
6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)	UY ON XXN/A
7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)	OY ON MAN/A
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	OY ON XIN/A
9. Monthly emissions calculations tapplicable only to those using an alternative or idling emission limit)	OY ON YEN/A
10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit)	OY ON MINIA
11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)	DY DN YNA
PART VI: ADDITIONAL SITE INFORMATION	
Jeff Winter 8/2	20/99
Seff Winter Inspector's Name Date of Inspector	20/99 spection
211	20/99 spection 7, 2000
211	T, 2000

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	/000AIRS ID#:03/0374
TYPE OF FACILITY: Halogenated So	Juent Degreaser,
FACILITY NAME: American Tec	chnical Ceramics DATE: 8/20/99
FACILITY LOCATION: 220/ Corfor	ate Square Blud.
Dacksonville	
RESPONSIBLE OFFICIAL: Wichard Mos	- So/4 PHONE NUMBER: 904/724-2000
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
,	
-	
COMMENTS:	
The Annual Compliance Certification form has been properly or	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	Approximate)
DISPECTION CONDUCTED BY:	f Winter
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE: My J	phone Number: 904/638-3484
	1.5
Page_	$\int of \int$. Revised 10/96

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLI	IANCE INSPE	CTION	CHECKLIST &. V.	
TYPE OF INSPECTION:	ANNUA	A L	X	COMPLAINT/DISCOVERY	(2)
		PECTION	/ `	Mos, A	1. COO
					Mon.
AIRS ID#: <u>03/0374</u>		' '		N:	185
FACILITY NAME:	_Am	encon	Tech	nical Ceramics Con	<i>P.</i>
FACILITY LOCATION:	22	01 Corfe	Brate	Square Blud.	
	1	acksonu	ilk	FL 32216	
RESPONSIBLE OFFICIAL:	Pich	ard Mons			200091
CONTACT NAME: Deni	his Me	e Carth	9	_ PHONE: <u>904/726</u> —]	3400
PART I: NOTIFICATION		,			
(check appropriate boxes)					
1. Facility notified DARM 30	days prior to	starting up			₩
2. Facility failed to notify DAI	• •	.			
3. Halogenated solvent used at	•	Someran pormin			
perchloroethylene	_	methy	lene chlo	ride 🗆	
trichloroethylene	×	•	trichloroe		
carbon tetrachloride	/	chloro		۵	
Facility indicated on notification applicable.	ation form th	at it has the foll	owing m	achine type(s). Check more than o	one box if
Batch Vapor, $x \le 1.21$	m^2	New In-line		Batch Cold 💢	
Batch Vapor, x > 1.21	m^2	Existing In-line	e 🗆	•	
DADT IL CLASCIPICATION			-		
PART II: CLASSIFICATION					
1. Indicate the machine type(s)		the facility:			
	observed at	the facility: New In-line		Batch Cold (immersion)	×

		·		
PA	ART III: GENERAL CONTROL REQUIREMENTS			
II .	Batch Vapor and In-Line Machines oes 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?	ΠY	□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?	ΠY	□и	
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	ΠY	ПN	
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?	ΠY	ПΝ	
	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. Have each machine equipped with	ΟY	ПN	□N/A
	a. a device to shut off sump heat if the solvent level drops to the heater coils?	ŪΥ	ПΝ	
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	ΠY	□Ν	
	c. a primary condenser?	\Box Y	ПΝ	
	Store all waste solvent, still bottoms, and sump bottoms in closed containers? Batch Cold Cleaning Machines	ΠY	□N	
Do	es the facility:			
1.	Collect and store all waste solvent in closed containers?	XY	ПΝ	
2.	Use a flexible hose or flushing device only within the freeboard area?	*YY	ПΝ	
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	Ay	ПΝ	
4.	Maintain the solvent level inside the machine at or below the fill line?	XY	ПИ	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	X Y	ПN	
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	ΠY	□и,	M/A
7.	Ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open?	A	ПN	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	A	ПΝ	
Rei	note 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.	ΠY	ח⊓	X 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	ПN	□N/A
<i>,</i> .		

PARI	1V: PKU	OCESS VENT CONTROLS (not applicable to		=====		<i></i>	===	<u></u>	
Facil	lity chose	e to meet requirements using:			_				
	□ cor	ontrol device combination / work practice standards	ıS						
	□ alte	ternative solvent emission limit (proceed to Part V	2						
	□ idli	ling emission limit / work practice standards (proc	eed to:	Part V)					
II .	•	or Machines, $x \le 1.21 \text{ m}^2$							
	ntrol comb. selected					In use	e		,
		working mode cover / 1.0 freeboard ratio / super							
		reduced room draft / 1.0 freeboard ratio / superh		vapor					
		reduced room draft / 1.0 freeboard ratio / dwell							
		freeboard refrig. device / superheated vapor							
i		freeboard refrig. device / working mode cover							ı
		freeboard refrig. device / reduced room draft	•						
		freeboard refrig. device / 1.0 freeboard ratio							
		freeboard refrig. device / dwell							
		freeboard refrig. device / carbon adsorber							
cont	tch Vapor otrol comb. selected	carbon adsorber / 1.0 freeboard ratio / superheater Machines, $x > 1.21 \text{ m}^2$	ed vapo	or			In us	ise	
		freeboard refrig. device / superheated vapor / 1.0	3 freebo	oard ratio					ı
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		freeboard refrig. device / superheated vapor / car	rbon ad	isorber			ם נ	1	
		freeboard refrig. device / reduced room draft / dv	well				–	ı 🗆	
		freeboard refrig. device / reduced room draft / 1.	.0 freeb	oard ratic)		-	ı 🗆	
cont	isting In-latrol comb.	1.0 freeboard ratio / reduced room draft / superho-Line Machines	neated v In u	•			. 🗖	1 🗆	
l	Belected	freeboard refrig. device / 1.0 freeboard ratio							
l		superheated vapor / 1.0 freeboard ratio							
		freeboard refrig. device / dwell		נ					
l		carbon adsorber / dwell		נ					
contr	w In-Line trol comb. selected	e Machines	In use						
j		freeboard refrig. device / superheated vapor		1					
Á		freeboard refrig. device / carbon adsorber		1					
1		superheated vapor / carbon adsorber)					-

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official maintained the following:	
Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment?	X 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.	XY DN
3. Halogenated solvent content for each solvent used? (exempt if <5% by weight)	XX DN
4. Estimates of annual solvent consumption for each machine?	A DN
5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)	AY ON ON/A
6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)	DY DN X N/A
7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)	OY ON TAN/A
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	OY ON WN/A
 Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) 	OY ON ANA
 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) 	OY ON MIN/A
11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)	DY DN XN/A
PART VI: ADDITIONAL SITE INFORMATION	
Inspector's Name 54 6/2 Date of Ir	3/2006 espection
	, 2001

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION					
TIME IN: //OO TIME OUT: //	35 AIRS ID#: 03/0374					
TYPE OF FACILITY: Halogenated Solver	+ Degreaser					
FACILITY NAME: American Technica	Céramics DATE: 6/23/00					
FACILITY LOCATION: 2201 Corporate	Square YB/Vd.					
Jacksonville, 7	2 32216					
RESPONSIBLE OFFICIAL: <u>FICHAL MonSome</u>	PHONE NUMBER: 904-724-2000					
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra						
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
<u> </u>						
	•					
	·					
COMMENTS:						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTION: Superior (Approximate)						
	Winter					
INSPECTION CONDUCTED BY: Jett	ease Print)					
INSPECTOR'S SIGNATURE: Affing Dite	PHONE NUMBER: 904-630-1212					
Page	of 1 . $2\sqrt{69}$ Revised 10/96					

AIRS ID#: 03/0374



HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:Av	herican Te	chnical	Ceramins	<u> </u>	DATE: 6/23	00
FACILITY LOCATION:	2201 Cork	Porate Sq	wase B	lvd.		
	Jacksonvi	•				
Annual Reporting Period:	August	20,	19 <u>99</u> TO _	June	23,	<u>200</u>
Based on each term or condition 62-213.300, Florida Administrati	_	= *	=	<u> </u>	_	
If NO, complete the following:	ŧ			•		
#1. Term or condition of the gen	eral permit that has	not been in con	tinuous complian	ce during the report	ing period stated ab	ove:
Exact period of non-compliance:	from		1	to		
Action(s) taken to achieve compl	iance:					
Method used to demonstrate com	pliance:					
#2. Term or condition of the ger	eral permit that has	not been in con	tinuous complian	ce during the report	ing period stated ab	ove:
Exact period of non-compliance:	from		to)		
Action(s) taken to achieve compl	iance:					
Method used to demonstrate com	pliance:					
As the responsible official, I here made in this notification are true	, accurate and comp	plete. In Sorn 0	d belief formed a	fier reasonable inqu WMM	4 0 -	ents
*This form is made available to discretion of the responsible office	ou as an aid in orderial to use this form.	er to meet your a	nnual compliance	e certification Association	CEIVED gements. It is at the	F

Bowman, Sandy

From: Bill Coffman [COFFMAN@coj.net]

Sent: Friday, September 02; 2005 8:18 AM

To: Bowman, Sandy

Cc: Wayne Tutt
Subject: Arms database

Sandy

The following sites are no longer in operation, or are no longer using perc. Please remove them for the active site list in ARMS. We are currently in the process of determining what sites are valid perc sites and which are drop or out of business. This process is ongoing and will take a while.

0310359 No Cleaner at this location

0310510 Vacant Building

0310482 Drop Store

0310437 Drop Store

0310453 Closed

0310374 No longer using process

Site 0310504 and 0310525 are not showing up in the ASGP database, but are in the ARMS database both are active Dry Cleaners

Thanks Bill Coffman

039:015

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

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0310374
AMERICAN TECHNICAL CERAMICS CORP
RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

DATE INVOICE NUMBER DESCRIPTION AMOUNT DEDUCTIONS NET AMOUNT PO#65744F CG#47102 Vendor#4396 AMERICAN TECHNICAL CERAMICS DEDUCTIONS NET AMOUNT PARTICULARS AMOUNT \$50.00

0356826

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TOTAL AMOUNT DUE: \$50.00

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AMERICAN TECHNICAL CERAMICS CORP
RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

For delivery information visit our website at www.usps.com OFFICIALUSE Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage AIRS ID# 310374 1stC	3639	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
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Street, Apr. No. 2201 Corporate Square Blvd or PO Box No. JACKSONVILLE, FL 32216	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AMERICAN TECHNICAL CERAMICS CORP Street, Apr. No. 2201 Corporate Square Blvd or PO Box No. JACKSONVILLE, FL 32216

SENDER: COMPLETE THIS SECTION	COMPLETE THIS 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. 	A. Signature X
1 Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes if YES, enter delivery address below: ☐ No
AIRS ID# 310374 1stC AMERICAN TECHNICAL CERAMICS	
CORP	
2201 Corporate Square Blvd JACKSONVILLE, FL 32216	3. Service Type Certified Mail
7004 2510 0002 3939	3639 d Delivery? (Extra Fee) ☐ Yes
2 Article Number (Transfer from service label)	
PS Form 3811, August 2001 Domestic Re	turn Receipt 2ACPRI-03-P-4081

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 🕫

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TOTAL AMOUNT DUE: \$50.00

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AMERICAN TECHNICAL CERAMICS
CORP
2201 Corporate Square Blvd
JACKSONVILLE, FL 32216

Printed on recycled paper.

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FUND: 20-2-035001 OBJECT: 002273

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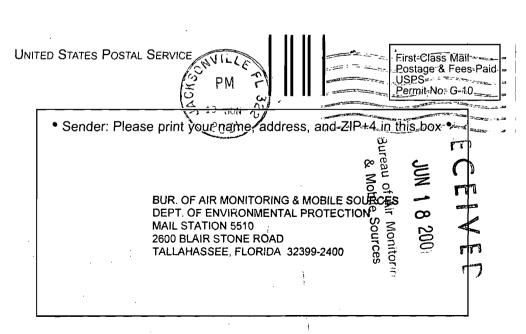
US Postal Service Receipt for Certified Mail

11 AIRS ID # 0310374001AG RICHARD MONSORNO AMERICAN TECHNICAL CERAMICS CORP 2201 CORPORATE SQUARE BLVD JACKSONVILLE FL 32216

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	Special Delivery Fee	
	Restricted Delivery Fee	
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800,	TOTAL Postage & Fees	\$
Form 3800, April 1995	Postmark or Date	

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2201 CORPORATE SQUARE BLVD JACKSONVILLE FL 32216	3. Service Type Certified Mail
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2 Article Number (Copy from service label)





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AIRS ID#0310374
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RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

AMERICAN TECHNICAL CERAMICS CORP.

1 NORDEN LANE

HUNTINGTON STATION, N.Y. 11746

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

VENDOR NO.

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Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

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AIRS ID#0310374 AMERICAN TECHNICAL CERAMICS CORP RICHARD MONSORNO 2201 CORPORATE SQUARE BLVD JACKSONVILLE FL 32216

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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AMERICAN TECHNICAL CERAMICS CORP.

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HUNTINGTON STATION, N.V. 11746.

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CHECK IS LAST FIGURE
IN COLUMN ABOVE

CHECK NO.

PAGE



Department of **Environmental Protection**

Jeb Bush Governor 1 35. A 0. 50 Twin Towers Office, Building 2600 Blair Stone Road 6 11 12 1 1 2 1 1 2 1 1 2 1 David B. Struhs Tallahassee, Florida 32399-2400

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> Title V Air General Permits Receipts Post Office Box 3070 **Tallahassee, FL 32315-3070**

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FOR GOVERNMENT USE ONLY

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RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

AMERICAN TECHNICAL CERAMICS

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L-17-01		PO# 78360-F CHG# 4396 VENDOR# 47102	\$50.00	PARTICULARS	AMOUNT	

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JAN 23 97 TOTAL AMOUNT DUE: \$50.00

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RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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~	Street, Apt. No. 2201 Corporate Square Blvd				
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	PS Form 3800	when the field of the second			

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature Complete items 1, 2, and 3. Also complete □ Agent Item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: AIRS:ID#0310374....2nd Cert 05 AMERICAN TECHNICAL CERAMICS CORP 2201 Corporate Square Blvd JACKSONVILLE, FL 32216 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 7004 2510 0002 3939 3356 (Transfer from service label)

