



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

January 3, 2008

Mr. Robert A. Reisig  
Florida Tire Terminal  
Post Office Box 1733  
Avon Park, Florida 33826

Dear Mr. Reisig:

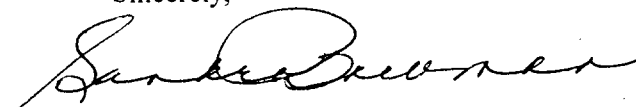
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on December 3, 2008. We have assigned ARMS # 0550053-001 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,



Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. Sherrill Culliver, South District

**SURFACE COATING OPERATIONS  
AIR GENERAL PERMIT REGISTRATION FORM**

**Part II. Notification to Permitting Office**

(Detach and submit to appropriate permitting office; keep copy onsite)

**Instructions:** To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

**0550053-001**

**Registration Type**

Check one:

**INITIAL REGISTRATION** - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

**RE-REGISTRATION** (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

**Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only**

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s): \_\_\_\_\_
- No air operation permits currently exist for this facility.

**General Facility Information**

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

**Beck's Tire Service, Inc.**

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

**Florida Tire Terminal**

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address:

City:

**400 FEASIN AVE.**

County:

**Highland**

**AVON PARK, FL.**

Zip Code:

**33825**

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility)

**N/A**

Bureau of Air Monitoring & Mobile Sources

**RECEIVED  
DEC 05 2007**

**Owner/Authorized Representative**

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: **ROBERT A. REISIG, MANAGER**

**Owner/Authorized Representative Mailing Address**

Organization/Firm: **FLORIDA TIM TERMINAL**

Street Address: **PO BOX 1733**

City: **AVON PARK, FL** County: **HIGHLANDS** Zip Code: **33826**

**Owner/Authorized Representative Telephone Numbers**

Telephone: **863-452-5788**

Fax: **863-452-6293**

Cell phone (optional): \_\_\_\_\_

**Facility Contact (If different from Owner/Authorized Representative)**

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: **ROBERT A. REISIG - MANAGER**

**Facility Contact Mailing Address**

Organization/Firm: **FLORIDA TIM TERMINAL**

Street Address: **PO BOX 1733**

City: **AVON PARK, FL** County: **HIGHLANDS** Zip Code: **33826**

**Facility Contact Telephone Numbers**

Telephone: **863-452-5788**

Fax: **863-452-6293**

Cell phone (optional): \_\_\_\_\_

**Owner/Authorized Representative Statement**

This statement must be signed and dated by the person named above as owner or authorized representative

*I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.*

*I will promptly notify the Department of any changes to the information contained in this registration form.*

  
Signature

**11-27-07**  
Date

**Material Usage Rates**

If this is an **initial registration** for a surface coating operation, provide an estimate of the average quantity of volatile organic compounds in all coatings (solvents and thinners) expected to be used on a daily basis.

10 LBS/ per business day  
PRODUCT      BTP-(black tire paint)-WATER BASED PAINT

If this is a **re-registration** for an existing surface coating operation, provide the highest monthly average of the daily quantity of volatile organic compounds in all coatings (solvents and thinners) used in the last five years. Indicate the month and year during which this usage occurred.

N.A.

**Description of Facility**

Below, or as an attachment to this form, provide a description of the surface coating operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

F.T.T. USES AN AIR SPRAYER TO APLY THE PAINT TO OUR TIRES THE TIRE IS AUTOMATICALLY LIFTED ONTO A SPINNER AND A TECHNICIAN APPLIES A COATING AS THE TIRE SPINS. THE AIR SPRAYER OPERATES AT 90 P.S.I. AND THE TECHNICIAN WEARS A RESPIRATOR DURING THE SPRAYING PROCESS EVEN THOUGH THE APLICATION WILL BE DONE IN A WELL VENTILATED AREA. I HAVE ATACHED A COPY OF THE PRODUCT MSDS.

# Material Safety Data Sheet

## E844 BTP™ Concentrate

# Stoner

Copying and/or downloading of this information for the purpose of properly utilizing Stoner Inc. product is allowed provided that: (1) the information is copied in full with no changes unless prior agreement is obtained from Stoner Inc., & (2) neither the copy nor the original is resold or otherwise distributed with intention of earning profit thereon.

### 1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Stoner Incorporated  
1070 Robert Fulton Hwy.  
Quarryville, PA 17566  
1-800-227-5538

Product Name: BTP™ Concentrate  
Product Code: E844  
Version Date: 11/02/07  
24-hour emergency phone: 1-800-424-9300 [CHEMTREC]

### 2. COMPOSITION / INFORMATION ON INGREDIENTS

COMPONENT	CAS #	ACGIH TLV	OSHA PEL	OTHER
Water	7732-18-5	None established	None established	None established
Organic coating	Mixture	None established	None established	None established
Color dispersion	1333-86-4	None established	None established	None established
Ester Alcohol	25265-77-4	None established	None established	None established
NJ Trade Secret Registry	#80100382-5094P	400 ppm	400 ppm	None established
Nonionic surfactant	9016-45-9	None established	None established	None established

### 3. HAZARDS IDENTIFICATION

#### POTENTIAL ACUTE [single or short term] HEALTH EFFECTS OF OVEREXPOSURE

Eye : May cause eye irritation. Symptoms may include stinging, tearing, and redness.

Skin : May cause skin irritation.

Ingestion : Irritating to mouth, throat, and stomach. Can cause abdominal discomfort, nausea, vomiting and diarrhea.

Inhalation : Can cause minor respiratory irritation, dizziness, weakness, fatigue, nausea, and headache.

#### POTENTIAL CHRONIC [long term] HEALTH EFFECTS OF OVEREXPOSURE:

General Effects: Overexposure to this material (or its components) has been suggested as a cause of the following effects in humans: skin sensitization, mild, reversible liver effects, mild, reversible kidney effects.

Cancer Information: THIS PRODUCT CONTAINS NO COMPONENTS LISTED AS CARCINOGENIC BY IARC, NTP, OR OSHA 1910(Z) No data.

Mutagenicity: No data available to indicate product or any components present at greater than 0.1% is mutagenic or genotoxic.

#### MEDICAL CONDITIONS AGGRAVATED BY OVEREXPOSURE:

Unlikely to aggravate existing medical conditions.

#### HMIS® III\* HAZARDOUS WARNINGS:

Health: 1 Flammability: 1 Physical: 0 Personal Protective Equipment See Section 8

\* See [www.paint.org/hmis](http://www.paint.org/hmis) or call the NFPA at 1 (202) 462-6272 for more info on this current rating system.

### 4. FIRST AID MEASURES

Eyes: Immediately flush eyes gently with plenty of water for at least 15 minutes while holding eyelids apart. If symptoms persist or there is visual difficulty, seek medical attention.

Skin Contact: In case of contact, immediately wash contaminated area with plenty of water for at least 15 minutes. Remove contaminated clothing. Seek medical attention if symptoms persist. Wash clothing before reuse.

Ingestion: Do not induce vomiting. Have victim drink 8 to 10 ounces of water to dilute the material in the stomach. Obtain medical attention immediately. Contact a physician, medical facility, or poison control center for advice on whether to induce vomiting. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into lungs. Do not induce vomiting. Aspiration into the lungs can cause serious damage. Seek medical attention immediately.

Inhalation: Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Keep the victim warm and quiet. Seek medical attention.

#### NOTES TO PHYSICIAN:

This material is an aspiration hazard. Potential danger from aspiration must be weighed against possible oral toxicity when deciding whether to induce vomiting. Preexisting disorders of the following organs (or organ systems) may be aggravated by exposure to this material: skin; lung (for example, asthma-like conditions);

### 5. FIRE FIGHTING MEASURES

Fire and/or Explosion Hazards: "Empty" containers retain product residue and can be dangerous."

Fire Fighting Instructions: Fire fighters should wear normal protective equipment and positive-pressure self-contained breathing apparatus. Use water spray, foam, dry chemical, or CO<sub>2</sub>.

Flash Point: 0.0 DEG FPMCC

Lower Flammability Limit: Not applicable %

Upper Flammability Limit: Not applicable %

Autoignition Temperature: 740.0 DEG F

### 6. ACCIDENTAL RELEASE MEASURES

#### STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED:

Clean up with absorbent material. Wear appropriate personal protective equipment (PPE). Avoid run-off into storm sewers and ditches which may lead to natural waterways. Place absorbent materials into container and close it tightly. Dispose of container properly. If runoff occurs, notify authorities as required.

## 7. HANDLING AND STORAGE

**Handling:** Use with adequate ventilation. Avoid prolonged or repeated contact with skin. Avoid prolonged or repeated breathing of vapor. Wash thoroughly after handling.

**Storage:** Keep from freezing. Store in a cool, dry, well ventilated area away from all sources of ignition. Normal precautions common to safe manufacturing practice should be followed in handling and storage.

## 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

**Engineering Controls:** No exposure limits exist for the constituents of this product. General room ventilation might be required to maintain operator comfort under normal conditions of use.

**Eye Protection:** Wear chemically resistant safety glasses with side shields when handling this product. Wear additional eye protection such as chemical splash goggles and/or face shield when the possibility exists for eye contact with splashing or spraying liquid or airborne material. Do not wear contact lenses. Have an eye wash station available.

**Skin Protection:** The use of chemically resistant gloves is recommended if there is any possibility of prolonged or repeated liquid contact with skin.

**Respiratory Protection:** None required for well ventilated situations. Use NIOSH approved respirator where there is likelihood of inhalation of the product mist, spray or aerosol.

## 9. PHYSICAL AND CHEMICAL PROPERTIES

<b>Physical State:</b>	Bulk liquid	<b>Vapor Density:</b>	[air = 1] 0.70
<b>Appearance:</b>	Black	<b>Evaporation Rate:</b>	<0.020 (n-Butyl acetate = 1)
<b>Odor:</b>	Slight	<b>Solubility in Water:</b>	Complete; 100%
<b>Specific Gravity:</b>	1.07 (H <sub>2</sub> O=1)	<b>Boiling Point:</b>	212 deg F
<b>Vapor Pressure:</b>	5.0 mmHg @ 70 deg F	<b>pH:</b>	Not applicable

## 10. STABILITY AND REACTIVITY

**Chemical Stability:** Stable.

**Conditions to Avoid:** Avoid contact with strong oxidizing agents, reducing agents.

**Decomposition Products:** Burning can produce the following combustion products: Carbon dioxide and carbon monoxide.

## 11. DISPOSAL CONSIDERATIONS

**Disposal:** Dispose according to Federal, State and local regulations.

## 12. TRANSPORTATION INFORMATION

Agency	Proper Shipping name	UN Number	Hazard Class	Packing Group
DOT	Not regulated by DOT			
IATA	Not regulated by DOT			

## 13. REGULATORY INFORMATION

**Warning:** This product contains the following chemicals that are subject to reporting requirements for the following regulatory bodies listed below:

COMPONENT	CAS #	% BY WEIGHT	Regulatory Body
No components listed in this section.			
SARA Section 313			

**Warning:** This product may contain chemicals known to the State of California to cause cancer. See list below.

1,4 Dioxane	123-91-1	0.001- 0.01	Prop65 Cancer
Ethylene oxide	75-21-8	0.001- 0.01	Prop65 Cancer

**Warning:** This product may contain chemicals known to the State of California to cause birth defects. See list below.

Ethylene oxide	75-21-8	0.001- 0.01	Prop65 Birth Defects
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All components of this product are listed on the TSCA inventory.

This information contained in this MSDS is believed to be accurate as of the version date, but is not warranted to be. Since the use of this information and the conditions of use of this product are not within the control of Stoner Inc, it is the user's obligation to determine the conditions of safe use.

**Florida Department of Environmental Protection  
Cash Receiving Application (CRA)  
Cashlisting by Deposit #: 281313 thru 281313  
Printed: 12/3/2007 4:40:45 PM - Page 7**

Cashlisting: **65423** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**  
 Deposit No: **281313** Date Deposited: **12/03/2007** Contact: **PATTY ADAMS**

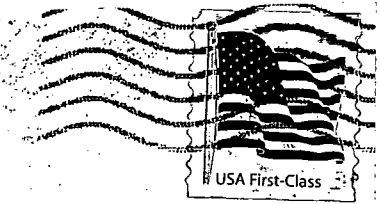
Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	
002272	45923	478965	608384		FLORIDA TIRE TERMINAL	09920	\$100.00	12/6/2007-SC 0550WS3-001	851297	757314	PFTF	
<b>Object Code 002272 Subtotal:</b>							\$100.00					
002278	45922	478946	608365		CROSS CONSTRUCTION SERVICES IN	6237	\$300.00	46678	851383	757295	APCTF	
	45923	478960	608379		DENARD & MOORE CONSTRUCTION CO	71636	\$500.00	44573	851280	757309	APCTF	
<b>Object Code 002278 Subtotal:</b>							\$800.00					
002304	45922	478947	608366		BROWARD COUNTY BOCC	001090814	\$410.00		851384	757296	PFTF	
<b>Object Code 002304 Subtotal:</b>							\$410.00					
002309	45922	478947	608366		BROWARD COUNTY BOCC	001090814	\$20.00		851385	757296	PFTF	
<b>Object Code 002309 Subtotal:</b>							\$20.00					
<b>Cashlisting 65423 Total:</b>							\$1,330.00					

**FLORIDA TIRE TERMINAL**

P.O. Box 1733 / 400 Feagin St.  
Avon Park, FL 33826

LAKELAND FL 338

30 NOV 2007 PM 1 L



FL Dept of Environmental Protection

Receipts

Po Box 3070

Tallahassee, FL

32315-3070

32315-3070