

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 22, 2001

Mr. Tom Malitsky
Sifco Turbine Component Services
4910 Savarese Circle
Tampa, Florida 33634

Re: Facility No.: 0571031-002

Dear Mr. Malitsky:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on July 18, 2001.

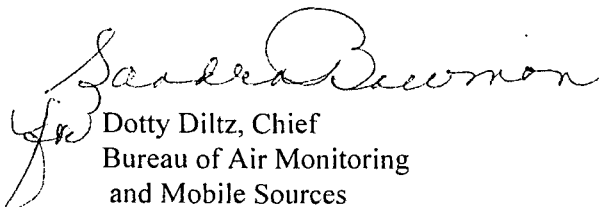
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

0571031-002

P18

1. add date control device installed and Date initially purchased from manufacturer.

8/1/2001

Spoke to Tom Malitsky and he stated that the deepsearing unit was initially purchased in April 1998 and the control device was installed the same date.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

cc To

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due _____

Reply Required
Date Due: _____

Info Only

Comments:

From:

Tel.:

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 18 2001
Bureau of Air Monitoring
& Mobile Sources

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): SIFCO TURBINE COMPONENT SERVICES
2. Site Name (For example, plant name or number): SIFCO FLORIDA
3. Hazardous Waste Generator Identification Number: FLD 980083747
4. Facility Location: 4910 SAVARESE CIRCLE Street Address: City: TAMPA County: HILLSBOROUGH Zip Code: 33634
5. Facility Identification Number (DEP Use ONLY - do not fill in): D571031-002

Responsible Official

6. Name and Title of Responsible Official: Name: TOM MALITSKY Title: SR. PROCESS ENGINEER
7. Responsible Official Mailing Address: Organization/Firm: SIFCO TURBINE COMPONENT SERVICES Street Address: 4910 SAVARESE CIRCLE City: TAMPA County: HILLSBOROUGH Zip Code: 33634
8. Responsible Official Telephone Number: Telephone: (813) 884-3426 Fax: (813)884-9299

Facility Contact (If different from Responsible Official)

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

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)			
$x \leq 1.21 \text{ m}^2$	_____	NEW/EXISTING	_____
$x > 1.21 \text{ m}^2$	___X___	NEW/EXISTING	_____
Batch Cold	_____	NEW/EXISTING	_____
In-line	_____	NEW/EXISTING	_____

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

[506] 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

[X] 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

[X] 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**

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 checked="" type="checkbox"/> 1.0 freeboard ratio | <input type="checkbox"/> carbon adsorber |
| <input type="checkbox"/> dwell time | <input checked="" type="checkbox"/> reduced room draft |
| <input type="checkbox"/> working mode cover | <input type="checkbox"/> super-heated vapor |
| <input checked="" 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 checked="" type="checkbox"/> |
| (h) Remedial action log | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input checked="" 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 checked="" type="checkbox"/> |

FOR FACILITIES MEETING EMISSION STANDARDS

- | | |
|---|--------------------------|
| (j) Log of solvent additions and removals | <input 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.

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.

Tom Malitsky
Print name of responsible official

Tom Malitsky
Signature

2/17/01
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420607 DEC13 2002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0571031

SIFCO FLORIDA
BRIAN J MARTIN
4910 SAVARESE CIRCLE
TAMPA FL
33634-2493

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

Bu & Mobile Sources

DEC 17 2002

RECEIVED

FAA REPAIR STATION TO4R551M

064519

INVOICE DATE	INVOICE NO./ REFERENCE	INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
12/08/02	12/08/02 PPIN1607	50.00		50.00
12/10/02	064519 Dept. of Envrnmtl. Protection			50.00

SIFCO FLORIDA • 4910 SAVARESE CIRCLE • TAMPA, FL 33634-2493



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437805 MAR 25 2004

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

~~75.00~~

Bureau of Air Monitoring
& Mobile Sources

MAR 31 2004

RECEIVED

Do NOT Remove Label

ID# 571031
BRIAN MARTIN
SIFCO FLORIDA
4910 SAVARESE CIRCLE
TAMPA, FL 33634

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



SIFCO
FLORIDA

**4910 Savarese Circle
Tampa, FL 33634-2493**

Tel: 813.884.3426
Fax: 813.884.9299
FAA Repair Station T04R551M

RECEIVED
FEB 4 2002
Bureau of Air Monitoring
& Mobile Sources

January 22, 2002

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

re: Air General Permit , AIRS ID# 0571031 - *002*

Dear Permitting Official:

The intent of this letter is to inform you that SIFCO's "Responsible Official" has changed. Effective immediately, the "Responsible Official" for this facility is Mr. Kevin Whelan, General Manager. If you have any questions or comments regarding this matter, please contact me at (813) 349-0415.

Thank you.

Sincerely,

Kevin Whelan, General Manager
SIFCO-Florida

cc. Mr. Mohammad Nozari
Environmental Protection Commission of Hillsborough County
1410 N. 21st Street
Tampa, FL 33605

4910 Savarese Circle
Tampa, FL 33634-2493
FAA Repair Station T04R551M



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☆ ☆
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1116 MAILED FROM ZIP CODE 33634

General Permits Section
Bureau of Air Monitoring and Mobile Sources,
MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+2400 01

