0571031

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 23, 1996

Dr. Ken Gove
President/General Manager
SIFCO
4910 Savarese Circle
Tampa, Florida 33634

Dear Dr. Gove:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 6, 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 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

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

RECEIVED

SEP 12 1996

SWD

Halogenated Solvent Degreasers Facility Notification

Bureau of Air Monitoring & Mobile Sources

RECEIVED AUG 6 1996 Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   SIFCO TURBINE COMPONET SERVICES
   SIFCO CUSTOM MACHINING COMPANY AND SIFCO HOLDING INC.
2. Site Name (For example, plant name or number):
   SIFCO Florida
3. Hazardous Waste Generator Identification Number:
   FL-0-980837470
4. Facility Location:
   Street Address: 4910 Savarese Circle
   City: Tampa, FL County: Hillsborough Zip Code: 33634
5. Facility Identification Number (DEP Use):
   057/031

Responsible Official

6. Name and Title of Responsible Official:
   Dr. Ken Gove, President/General Manager
7. Responsible Official Mailing Address:
   Organization/Firm: SIFCO Florida
   Street Address: 4910 Savarese Circle
   City: Tampa, FL 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):
   Steve Bai Rossi, Operations Manager
10. Facility Contact Address:
    Street Address: 4910 Savarese Circle
    City: Tampa, FL County: Hillsborough Zip Code: 33634
11. Facility Contact Telephone Number:
    Telephone: (813) 884 -3426 Fax: (813) 884 9299

RECEIVED

AUG 6 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

1. Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor						
$x < 1.21\ m^2$	64948	1984	1984			
$x > 1.21\ m^2$	N/A					
Batch Cold	N/A					
In-line						
New	N/A					
Existing	N/A					

2. (a) What was the total amount of halogenated solvents purchased in the latest 12 months?
[1265] gallons

N/A(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:

[ ] complying with an alternative solvent emission limit

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

[ ] meeting an idling emission limit/work practice standards

[ ] meeting the requirements for batch cold cleaning machines

4. Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

[X] 1.0 freeboard ratio

[ ] super-heated vapor

[X] freeboard refrigeration device

[ ] carbon adsorber

[X] dwell time

[X] working mode cover

[ ] reduced room draft

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts for halogenated solvent purchases	[X]
(b) Inspection records	[X]
(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	[X]
(k) Monthly emissions calculations	[ ]
(l) Rolling 3-month average emissions calculations	[ ]
(m) Cleaning capacity calculations	[ ]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

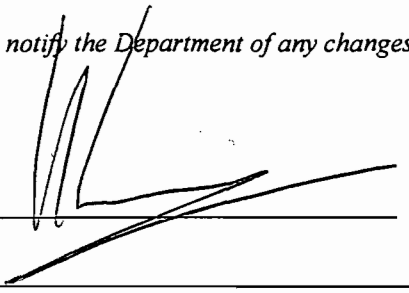
[____] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.



Signature

29 July 96

Date

Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

[X] 1.0 freeboard ratio

[ ] super-heated vapor

[X] freeboard refrigeration device

[ ] carbon adsorber

[X] dwell time

[X] working mode cover

[ ] reduced room draft

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts for halogenated solvent purchases [X]

(b) Inspection records [X]

(c) Temperature monitoring [X]

(d) Idling emission concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Dwell time records [X]

(g) Solvent content records [X]

(h) Remedial action log [X]

(i) Control device monitoring [X]

(j) Log of solvent additions and removals [X]

(k) Monthly emissions calculations [ ]

(l) Rolling 3-month average emissions calculations [ ]

(m) Cleaning capacity calculations [ ]

SIFCO
FLORIDA

July 29, 1996

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

Dear Sir/Madam;

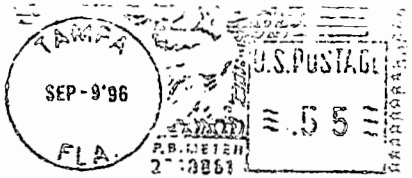
Enclosed please fine one executed "Halogenated Solvent Degreaser Facility Notification" form. Contact information for SIFCO, Tampa is listed below for your information:

Ken Gove - President/General Manager
Steve Bia Rossi - Operations Manager
Mark Mellon - Technical Contact

Feel free to contact any one of us for any additional information you may require.

Sincerely,

Mark Mellon



First Class Mail

From:
4910 Savarese Circle, Tampa, Florida 33634-2493

SIFCO TURBINE COMPONENT SERVICES

FAA REPAIR STATION
TO4R551M

To:

FDEP
BUREAU OF AIR MONITORING AND MOBILE SOURCES
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

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

SIFCO TURBINE COMP. 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): 0571031

RECEIVED
OCT 15 1993
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:

STEVE OPUSZYNSKI PRESIDENT/GENERAL MANAGER

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address:
City: SAME County: Zip Code:

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

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.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor					not new original	
$x < 1.21\ m^2$	5073621	4/98	4/98	5-1924-93	8/98	1993
$x > 1.21\ m^2$						
Batch Cold						
In-line						
New						
Existing						

2. (a) What was the total amount of halogenated solvents purchased in the latest 12 months?
[1265] 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:

[ ] complying with an alternative solvent emission limit

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

[ ] meeting an idling emission limit/work practice standards

[ ] meeting the requirements for batch cold cleaning machines

4. Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

[X X X] 1.0 freeboard ratio

[____] super-heated vapor

[____] freeboard refrigeration device

[____] carbon adsorber

[X X X] dwell time

[____] working mode cover

[X X X] reduced room draft

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts for halogenated solvent purchases [X X X]

(b) Inspection records [X X X]

(c) Temperature monitoring [____]

(d) Idling emission concentration monitoring [____]

(e) Instrument calibration [____]

(f) Dwell time records [X X X]

(g) Solvent content records [____]

(h) Remedial action log [____]

(i) Control device monitoring [X X X]

(j) Log of solvent additions and removals [X X X]

(k) Monthly emissions calculations [____]

(l) Rolling 3-month average emissions calculations [____]

(m) Cleaning capacity calculations [____]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[___] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature _____ Date 9/16/98

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   SIFCO TURBINE COMP. 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):

Responsible Official

6. Name and Title of Responsible Official:
   STEVE OPUSZYNSKI PRESIDENT/GENERAL MANAGER
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address:
   City: SAME County: Zip Code:
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
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.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
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x < 1.21 m^2	5073621	4/98	4/98	5-1924-93	8/98	not new original 1993
x > 1.21 m^2						
Batch Cold						
In-line						
New						
Existing						

2. (a) What was the total amount of halogenated solvents purchased in the latest 12 months?
[1265] gallons

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Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

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[ ] perchloroethylene

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(b) The total volume of halogenated solvent emissions shall not exceed 10 tons per year. I choose to meet this requirement by:

[ ] complying with an alternative solvent emission limit

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

[ ] meeting an idling emission limit/work practice standards

[ ] meeting the requirements for batch cold cleaning machines

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[____] super-heated vapor

[____] freeboard refrigeration device

[____] carbon adsorber

[X X X] dwell time

[____] working mode cover

[X X X] reduced room draft

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts for halogenated solvent purchases [X X X]

(b) Inspection records [X X X]

(c) Temperature monitoring [____]

(d) Idling emission concentration monitoring [____]

(e) Instrument calibration [____]

(f) Dwell time records [X X X]

(g) Solvent content records [____]

(h) Remedial action log [____]

(i) Control device monitoring [X X X]

(j) Log of solvent additions and removals [X X X]

(k) Monthly emissions calculations [____]

(l) Rolling 3-month average emissions calculations [____]

(m) Cleaning capacity calculations [____]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[____] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

9/16/98
Date

SIFCO
FLORIDA

March 15, 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: General Permit, AIRS ID# 0571031

Dear Permitting Official:

The intent of this letter is to inform you that SIFCO'S "Responsible official" has changed. Effective March 11, 2002, the "Responsible Official" for this facility is Brian J. Martin, General Manager. If you have any questions or comments concerning this matter please contact me at (813) 349-0404

Thank You,

Sincerely,

Brian J. Martin, General Manager
SIFCO Florida

Cc: Mr. Mohammed Nozari
Environmental Protection Commission of Hillsborough County
1410 N. 21st Street
Tampa, Florida 33605

SIFCO
FLORIDA

4910 Savarese Circle
Tampa, FL 33634-2493

Tel: 813.884.3426
Fax: 813.884.9299
FAA Repair Station T04R551M

September 20, 1999

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

Dear Permitting Official:

The intent of this letter is to inform you that SIFCO-Florida's "Responsible Official" has changed. Effective immediately, the "Responsible Official" for this facility is John Parkinson, General Manager. If you have any questions or comments regarding this change, please contact me at (813) 884-3426. Thank you.

Sincerely,

John Parkinson, General Manager
SIFCO-Florida

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

SIFCO
FLORIDA

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

CERTIFIED

Z 380 312 084

MAIL

UNITED STATES POSTAL SERVICE

0000

U.S. POSTAGE
PAID
TAMPA,FL
33618
SEP 20,'99
AMOUNT

$2.98
00042546-06

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

32399-6316 01

ENVIRONMENTAL PROTECTION COMMISSION
HILLSBOROUGH COUNTY

ADMINISTRATIVE OFFICES, LEGAL & WATER MANAGEMENT DIVISION
1900 - 9TH AVENUE
TAMPA, FLORIDA 33605
TELEPHONE (813) 272-5960
FAX (813) 272-5157

AIR MANAGEMENT DIVISION
TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION
TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION
TELEPHONE (813) 272-7104

March 25, 1998

Ken Gove
SIFCO
4910 Savarese Circle
Tampa, FL 33634

Dear Sir;

We recently received the enclosed letter from the Florida Department of Environmental Protection (FDEP) concerning your Annual Compliance Certification, also enclosed. As pointed out by FDEP, you need to make the following correction to the form:

Your permit application indicated that the Responsible Official is Ken Gove. Please have that person sign the Annual Compliance Certification.

Once you have made the above correction, please mail the form back to:

Title V Air General Permits
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
Attention: Rick Butler

If you have any questions, please call Rick Butler at (850) 921-9586.

Sincerely,

Roger Zhu
Air Toxics Engineer

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 3, 1998

Mr. Leroy Shelton
Hillsborough County Environmental
Protection Commission
1410 North 21 Street
Tampa, Florda 33605

Dear Mr. Shelton:

One requirement for a facility to maintain its eligibility for the Title V Air General Permit is the submittal of an Annual Compliance Certification to the Department. This year, the certifications were sent to each active facility along with the annual invoices. The certification form is provided as an aid in submitting the statement of compliance.

Upon review of the Title V Air General Permit Annual Compliance Certifications recently submitted by the facilities, discrepancies were found. The discrepancies involve the Annual Reporting Period dates and/or the Responsible Official certification.

For the Annual Reporting Period, the "ending date" should be the date the annual certification is being completed. The annual reporting period should extend from the "ending date" back 10-12 months to the most recent of these three "beginning dates": the permit notification effective date, the inspection date, or the annual certification date. Annual Compliance Certification forms are designed to certify compliance for a "past" period of time. They cannot be used to certify compliance for future dates, that is, beyond the date the certification form is completed. The Responsible Official certification must be signed by the same person who signed as the responsible official on the notification form for that facility.

Please review the enclosed Annual Compliance Certification forms for your area and have them corrected during your scheduled annual inspections. Once the forms are corrected, send them to my attention in the Title V Air General Permit section, mail station 5510. If there are any questions concerning this matter, feel free to call me at 850/921-9586 or Suncom 291-9586.

Sincerely,

Rick Butler

Rick Butler
Bureau of Air Montoring
and Mobile Sources

CRB/

Enclosures

AIRS ID#: 0571031

Revised 01/13/98

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

acc

AIRS ID#0571031
SIFCO
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

Do NOT Remove Label

RECEIVED
APR 2 1998
Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period: JUNE 1 1997 TO DEC 31 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. ☑ YES ☐ NO

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

RECEIVED
JAN 22 1998
Bureau of Air Monitoring & Mobile Sources

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: MARK MELLON (Name Please Print) | Signature | 1/19/98 (Date)

KEN GOVE

3/27/98

*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.

Revised 01/13/98

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

SIFCO
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

AIRS ID 0571031

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO December 31 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. ☑ YES ☐ NO

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: MARK MELLOR (Name Please Print) _____ (Signature) 3/5/98 (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.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 8:45 TIME OUT: 10:05 AIRS ID#: 05 7103 1

TYPE OF FACILITY: Halogenated Solvent Degreaser

FACILITY NAME: Sifco DATE: 9/9/97

FACILITY LOCATION: 4960 Savarese Circle, Tampa, FL

RESPONSIBLE OFFICIAL: ~~Gary Anderson~~ Unknown PHONE NUMBER: 813-884-3426

☐ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Sifco has installed or is the process of installing 2 new degreaser units. Parameter one submission and inspection cannot be performed	New notification forms given to management

RECEIVED
OCT 16 1997
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 2 wks (Approximate)

INSPECTION CONDUCTED BY: Bruce M Fung (Please Print)

INSPECTOR'S SIGNATURE: Bruce M Fung **PHONE NUMBER:** 813-272-5530

Revised 10/96

HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0571031 **DATE:** 9/9/98 **TIME IN:** 9:45 **TIME OUT:** 10:05

FACILITY NAME: Sifco

FACILITY LOCATION: 4910 Savarese Circle
Tampa, FL 33634

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	☐	methyl chloride	☐
trichloroethylene	☐	1,1,1-trichloroethane	☐
carbon tetrachloride	☐	chloroform	☐

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 (3)(c)6.b of the permit notifcation? ☐Y ☐N
2. Maintain a freeboard ratio of 0.75 or greater? ☐Y ☐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 less than 0.9 m/min (3 ft/sec)? ☐Y ☐N

4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? ☐Y ☐N

5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? ☐Y ☐N

6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. ☐Y ☐N ☐N/A

7. Have each machine equipped with --

   a. a device to shut off sump heat if the solvent level drops to the heater coils? ☐Y ☐N

   b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? ☐Y ☐N

   c. a primary condenser? ☐Y ☐N

8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? ☐Y ☐N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? ☐Y ☐N

2. Use a flexible hose or flushing device only within the freeboard area? ☐Y ☐N

3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? ☐Y ☐N

4. Maintain the solvent level inside the machine at or below the fill line? ☐Y ☐N

5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? ☐Y ☐N

6. Operate the agitator to produce a rolling motion? *(applicable only when air- or pump-agitated solvent bath used)* ☐Y ☐N ☐N/A

7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? ☐Y ☐N

8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? ☐Y ☐N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. ☐Y ☐N

Immersion Type Only --

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. ☐Y ☐N

PART IV: PROCESS VENT CONTROLS *(not applicable to batch cold cleaning machines)*

Facility chose to meet requirements using:

☐ control device combination / work practice standards

- ☐ alternative solvent emission limit *(proceed to Part V)*
- ☐ idling emission limit / work practice standards *(proceed to Part V)*

A. Batch Vapor Machines, $x \leq 1.21 m^2$

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, $x > 1.21 m^2$

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

PART VI: ADDITIONAL SITE INFORMATION

Sifco has upland the old degreaser with a new unit and are in the process of installing a second degreaser. Until the notification is completed on these 2 units the parameters are unknown and specific operating procedures cannot be confirmed. Sifco is to contact me NLT Sept 11, 98 to arrange for an inspection additionally new notification forms were given to plant manager whom was informed to complete prior to our inspection

unknown
Name of Responsible Official

Bruce M Finn
Inspector's Name

9/9/98
Date of Inspection

Bruce M Finn
Inspector's Signature

2 wks
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: 12:30 TIME OUT: 4:00 AIRS ID#: 0571031

TYPE OF FACILITY: Solvent Degreaser

FACILITY NAME: S-Tec DATE: 11/5/98

FACILITY LOCATION: 4916 Savarese Circle
Tampa, FL 33577

RESPONSIBLE OFFICIAL: Steve Opuszynski PHONE NUMBER: (813) 884-3426

[X] Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

[ ] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
DEC 16 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1yr
(Approximate)

INSPECTION CONDUCTED BY: Bruce M King
(Please Print)

INSPECTOR'S SIGNATURE: Bruce M King **PHONE NUMBER:** (813) 272-5530

Revised 10/96

HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 057/0351 DATE: 11/5/98 TIME IN: 12:30 TIME OUT: 4:00

FACILITY NAME: S.A.C.O.

FACILITY LOCATION: 4910 Savarese Circle
Tampa, FL 33634

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	☐	methyl chloride	☐
trichloroethylene	☐	1,1,1-trichloroethane	☐
carbon tetrachloride	☐	chloroform	☐

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 notifcation? ☒Y ☐N
2. Maintain a freeboard ratio of 0.75 or greater? ☒Y ☐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 less than 0.9 m/min (3 ft/sec)? ☐Y ☒N

4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? ☒Y ☐N

5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? ☒Y ☐N

6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. ☐Y ☐N ☒N/A

7. Have each machine equipped with --

   a. a device to shut off sump heat if the solvent level drops to the heater coils? ☒Y ☐N

   b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? (Detroit) one machine only ☒Y ☐N

   c. a primary condenser? ☐Y ☐N

8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? ☒Y ☐N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? ☒Y ☐N

2. Use a flexible hose or flushing device only within the freeboard area? ☒Y ☐N

3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? ☒Y ☐N

4. Maintain the solvent level inside the machine at or below the fill line? ☒Y ☐N

5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? ☒Y ☐N

6. Operate the agitator to produce a rolling motion? *(applicable only when air- or pump-agitated solvent bath used)* ☐Y ☐N ☒N/A

7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? ☒Y ☐N

8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? ☒Y ☐N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. ☐Y ☐N

Immersion Type Only --

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. ☐Y ☐N

PART IV: PROCESS VENT CONTROLS *(not applicable to batch cold cleaning machines)*

Facility chose to meet requirements using:

☒ control device combination / work practice standards

☐ alternative solvent emission limit *(proceed to Part I)*

☐ idling emission limit / work practice standards *(proceed to Part I)*

A. Batch Vapor Machines, x≤1.21m²

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	☐	☐	☐

Brenson Unit #1924-93

Detrex Unit #73621

B. Batch Vapor Machines, x>1.21m²

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

PART VI: ADDITIONAL SITE INFORMATION

All record keeping items maintained. This facility has installed five machines, one new, one used Sept/NOV 98

Steve Opuszynski
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M King
Inspector's Signature

11/5/98
Date of Inspection

1 yr
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Sifco				PAGE 1 OF 1
FACILITY ADDRESS: 4910 Savasese Circle				CITY: Tampa PHONE: (813) 884-3426
MAILING ADDRESS: Same			CITY:	FLA ZIP:
INSPECTION DATE: November 5, 1998	TIME IN: 12:30	TIME OUT: 4:00	INSPECTION TYPE:	STATUS:
NEDS NUMBER: 0571031				
SOURCE DESCRIPTION: Degreaser				
CONTACT(S): Mark Mellon				

This is an attachment to the annual Solvent Degreaser inspection form.

Besides inspecting the degreaser and reviewing record keeping for each unit an additional inspection was conducted on all aspects of the facility. Findings are as follows:

Facility no longer uses spray paint. They now use a powder coating paint system whereas the part is placed in the powder coating and is heated to a point that the coating adheres to the part.

Solvent used is expected to double to about 2500 gallons. I informed Mr. Mellon that this uses level places the facility very close to being classified as a major facility for HAP's. He stated that they were aware of this. Mr. Mellon also stated that they were investigation the use of changing to a less hazardous solvent.

They still conduct blasting operations prior to painting the parts. They use about 52,000 lb.'s of blasting material. Attached is the spec's for the bag house.

Housekeeping throughout the facility was excellent. All waste containers were store in a special area and all containers were closed.

INSPECTED BY: Bruce M. King, Air Toxics Engineer II Roger Zhu, Air Toxic Engineer I	DATE: November 13, 1998

HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 571031 **DATE:** 4/28/97 **TIME IN:** 1430 **TIME OUT:** 1645

FACILITY NAME: SIFCO

FACILITY LOCATION: 4910 SAVARESE CIR
TAMPA, FL 33634

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	☐	methyl chloride	☐
trichloroethylene	☒	1,1,1-trichloroethane	☐
carbon tetrachloride	☐	chloroform	☐

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 notifcation? ☐Y ☒N
2. Maintain a freeboard ratio of 0.75 or greater? ☒Y ☐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 less than 0.9 m/min (3 ft/sec)? ☐Y ☐N

4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? ☒Y ☐N

5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? ☐Y ☒N

6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. ☐Y ☐N ☒N/A

7. Have each machine equipped with --

   a. a device to shut off sump heat if the solvent level drops to the heater coils? ☒Y ☐N

   b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? ☒Y ☐N

   c. a primary condenser? ☒Y ☐N

8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? ☒Y ☐N

B. Batch Cold Cleaning Machines

Does the facility: N/A

1. Collect and store all waste solvent in closed containers? ☐Y ☐N

2. Use a flexible hose or flushing device only within the freeboard area? ☐Y ☐N

3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? ☐Y ☐N

4. Maintain the solvent level inside the machine at or below the fill line? ☐Y ☐N

5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? ☐Y ☐N

6. Operate the agitator to produce a rolling motion? *(applicable only when air- or pump-agitated solvent bath used)* ☐Y ☐N ☐N/A

7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? ☐Y ☐N

8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? ☐Y ☐N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. ☐Y ☐N

Immersion Type Only --

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. ☐Y ☐N

PART IV: PROCESS VENT CONTROLS *(not applicable to batch cold cleaning machines)*

Facility chose to meet requirements using:

☒ control device combination / work practice standards

- ☐ alternative solvent emission limit *(proceed to Part V)*
- ☐ idling emission limit / work practice standards *(proceed to Part V)*

A. Batch Vapor Machines, x≤1.21m²

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>1.21m²

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	☐	☐	

N/A

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

PART VI: ADDITIONAL SITE INFORMATION

SEE ATTACHED REPORT

MET WITH MARK MELLON

DR KEN GOVE (NOT AVAILABLE)
Name of Responsible Official

LEROY SHELTON & JIM HOUSTON
Inspector's Name

4/28/97
Date of Inspection

Inspector's Signature

1 YR
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: SIFCO			PAGE 1 OF 2	
FACILITY ADDRESS: 4910 SAVARESE CIRCLE		CITY: TAMPA		
MAILING ADDRESS: 4910 SAVARESE CIR		CITY: TAMPA	ST: FL	ZIP:33634
INSPECTION DATE: APRIL 28, 1997	TIME IN: 1430	TIME OUT: 1645	INSPECTION TYPE CDS TYPE III	STATUS: 0
NEDS #: 571031				
SOURCE DESCRIPTION: HALOGENATED SOLVENT DEGREASER				
CONTACT(S): MARK MELLON, JIM & STAN (MAINTENANCE PERSONNEL)				

Todays visit was an annual compliance inspection to determine compliance with the terms of their Title V general permit.

Jim Holton and I met with Mark Mellon, SIFCO's QA and FAA program manager. He had also just inherited the air permit responsibilities because of the departure of Mr. Steve Bai Rossi. Dr. Ken Gove is still the responsible official, but he was unavailable.

Mr. Mellon showed us the degreaser. It is a Detrex VS-800-E model serial number 64948. There is an overhead crane hoist that lowers the baskets containing the turbine blades to be cleaned into the degreaser. Mr. Mellon showed us the owners manual for the degreaser, which contained the dimensions of 40"x25"x25". He pointed out how SIFCO had added to the height of the sides to increase the freeboard ratio to 1.0. The degreaser had hinged covers which must be opened manually. They were closed at the time, as the unit was operating. No fumes or odors were observed. However, the covers peaked slightly (about an inch) in the middle where they meet leaving an opening at either end of the unit. SIFCO has several size baskets they use with the largest measuring 25"x28" (more than 50% of the solvent air interface). The electrically operated hoist appeared to operate at less than "3 ft/sec", but we suggested to Mr. Mellon that they might want to check this to insure they were in compliance with that work practice standard.

We asked Mr. Mellon how they operated the degreaser. Jim, one of SIFCO's maintenance personnel, said that different size baskets of parts are lowered into the vapor cloud. Because the parts are warmer than the vapor, the vapor cloud shrinks initially, but very quickly returns back to its original height. Jim said that when the vapor cloud has enclosed all the parts, the cleaning is complete. SIFCO does not keep any records of dwell time.

When asked if they conduct any spray cleaning in the degreaser, Jim said they have a four foot wand for that purpose. Because of its length, the wand forces the user to put the end of the wand into the vapor cloud just to use it.

The degreaser has no temperature gauges on it, but has thermocouples that lead to the controller. SIFCO can not read temperatures directly, but the controller is set to shut the degreaser down if the solvent level falls below the electric heating coils or if the temperature of refrigeration coils is too high.

INSPECTOR(S) LEROY SHELTON & JIM HOLTON	REPORT DATE APRIL 29, 1997

FACILITY SIFCO	REPORT NUMBER

There was one 55 gallon drum of trichloroethylene next to the degreaser. It had a hand pump and hose attached. Jim (SIFCO) said that when the level of the solvent gets too low, an employee pumps solvent into the degreaser. SIFCO has no records of how much or how often this is done. Stan said there were two more 55 gallon drums outside. He also said that SIFCO replaces all the solvent about every 90 days. It is picked up by a waste disposal company.

SIFCO actually has two identical Detrex degreasers which they swap out every six months. Stan said they pump out the solvent, disconnect the unit, and move it outside for cleaning. He showed us the disconnected unit sitting outside. It was identical in size and design to the operating unit, and was obviously out of service. Of note, SIFCO has recently acquired a third degreaser. It is bigger than the other two and has a sliding cover. It is not operational and SIFCO is trying to decide if it will be cost effective to make it operational. I reminded them that they need to consider the NESHAP air pollution control requirements as part of their calculations. Also, they need to notify the state if they do intend to use this degreaser.

Mr. Mellon then showed us SIFCO's purchase and disposal records for the solvent. The disposal records show that Feb 12, 1996, SIFCO disposed of 1,1,1-trichloroethane. Since then, SIFCO has disposed of trichloroethylene on July 19, 1996 and January 13, 1997. SIFCO has purchased 825 gallons of trichloroethylene between June 7, 1996 and April 23, 1997.

SIFCO appears to be operating the degreaser properly, however they have not yet established adequate record keeping. SIFCO is going to review the control combinations they proposed to DEP in their permit and propose a record keeping program for us to review. We also pointed out that the cover for the operating degreaser needs to be fixed so it closes properly.

We left a copy of the annual owner certification form for the responsible official to sign.

INSPECTOR LEROY SHELTON & JIM HOLTON	DATE APRIL 29, 1997	REPORT NUMBER

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1430 TIME OUT: 1645 AIRS ID#: 571031

TYPE OF FACILITY: HALOGENATED SOLVENT DEGREASER

FACILITY NAME: SIFCO DATE: 4/28/97

FACILITY LOCATION: 4910 SAVARESE CIR
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: DR. KEN GOVE PHONE NUMBER: 813-884-3424

☐ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COVER WAS PEAKED IN MIDDLE AND DID NOT LIE FLAT (OPENING AT EACH END)	INSURE COVER LIES FLAT
RECORD KEEPING NON-EXISTENT, EXCEPT FOR PURCHASE LOGS	INSTITUTE PROPER RECORD KEEPING

COMMENTS:
LEFT COPY WITH MR. MELLON TO FORWARD TO R.O.

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

DATE OF NEXT INSPECTION: 1 YR
(Approximate)

INSPECTION CONDUCTED BY: LEROY SKELTON & JIM HOLTON
(Please Print)

INSPECTOR'S SIGNATURE: [signature] **PHONE NUMBER:** 813-272-5530

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 9:00 TIME OUT: 11:00 AIRS ID#: 571031

TYPE OF FACILITY: HALOGENATED SOLVENT DEGREASER

FACILITY NAME: SIFCO DATE: 1/11/00

FACILITY LOCATION: 4910 SAVARESE CIRCLE
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: JOHN PARKINSON PHONE NUMBER: (813) 884-3426

[X] Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

[ ] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu **PHONE NUMBER:** (813) 272-5530

Roger Zhu

AIRS ID#: 571031

RECEIVED
JAN 26 2000
EPC & HC
AIR MANAGEMENT

Revised 10/10/96

DEGREASERS AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SIFCO DATE: 1/11/00

FACILITY LOCATION: 4910 SAVARESE CIRCLE
TAMPA, FL 33634

Annual Reporting Period: Nov 5 19 98 TO Jan 11 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: JPARKINSON JOHN PARKINSON Jan 29 '00
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#: 571031 DATE: 1/11/00 TIME IN: 9:00 TIME OUT: 11:00

FACILITY NAME: SIFCO

FACILITY LOCATION: 4910 SAVARESE CIRCLE
TAMPA, FL 33634

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	☐	methyl chloride	☐
trichloroethylene	☒	1,1,1-trichloroethane	☐
carbon tetrachloride	☐	chloroform	☐

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 notifcation? ☒Y ☐N
2. Maintain a freeboard ratio of 0.75 or greater? ☒Y ☐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 less than 0.9 m/min (3 ft/sec)?	☒Y ☐N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	☒Y ☐N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?	☐Y ☒N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover.	☐Y ☐N ☒N/A
7. Have each machine equipped with --	
a. a device to shut off sump heat if the solvent level drops to the heater coils?	☒Y ☐N
b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	☒Y ☐N
c. a primary condenser?	☒Y ☐N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?	☒Y ☐N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers?	☐Y ☐N
2. Use a flexible hose or flushing device only within the freeboard area?	☐Y ☐N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	☐Y ☐N
4. Maintain the solvent level inside the machine at or below the fill line?	☐Y ☐N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	☐Y ☐N
6. Operate the agitator to produce a rolling motion? *(applicable only when air- or pump-agitated solvent bath used)*	☐Y ☐N ☐N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open?	☐Y ☐N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	☐Y ☐N
Remote Reservoir Type Only --	
9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	☐Y ☐N
Immersion Type Only --	
10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal.	☐Y ☐N

PART IV: PROCESS VENT CONTROLS *(not applicable to batch cold cleaning machines)*

Facility chose to meet requirements using:

☒ control device combination / work practice standards

- ☐ alternative solvent emission limit *(proceed to Part V)*
- ☐ idling emission limit / work practice standards *(proceed to Part V)*

A. Batch Vapor Machines, $x \leq 1.21 m^2$

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, $x > 1.21 m^2$

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

PART VI: ADDITIONAL SITE INFORMATION

JOHN PARKINSON
Name of Responsible Official

ROGER ZHU
Inspector's Name

Roger Zhu
Inspector's Signature

1/11/00
Date of Inspection

1 YEAR
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: SIFCO				PAGE 1 OF 1
FACILITY ADDRESS: 4910 Savarese Circle				CITY: Tampa PHONE: (813) 884-3426
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33605
INSPECTION DATE: Jan 11, 2000	TIME IN: 9:00	TIME OUT: 11:00	INSPECTION TYPE: non- CDS	STATUS: In Compliance

NEDS NUMBER: 571031

SOURCE DESCRIPTION: Halogenated Solvent Decreaser

CONTACT(S): Thomas J. Malitsky

Today's visit was an annual compliance inspection.

Mohammad Nozari and I met with Thomas Malitsky, the environmental manager, and Steven Canan, the controller. The former R.O. left the company, the new R.O. is John Parkinson, the general manager, but he was unavailable this week. SIFCO already informed FDEP on 9/20/99 about the change of the R.O's.

Mr. Malitsky and Mr. Canan showed us the two degreasers (Detrex VS-2000-E and Branson 73621). Both the units have been operating for the whole year in 1999.

During our visit, the two machines were not in operation, and they were fully shielded from air disturbances by the sliding covers on top of the machines. No odors or fumes were noticed.

Trichloroethylene is the cleaning solvent being used. The purchase receipts indicated that a total of 27 drums (55 gal/drum) of solvent were purchased in 1999. Therefore, the annual usage is 1485 gallons comparing to 2500 gallons in the previous year.

Also, we were told that both the cleaning machines can be automatically shut off if the solvent level falls below the electric heating coils or if the temperature of refrigeration is too high.

For the parts surface coating, the facility has been using powder coating instead of spray paint.

There is no records of dwell time available. We told Mr. Malitsky that he should keep records of dwell time as well.

INSPECTED BY:	Roger Zhu / Mohammad Nozari	DATE:	1/11/00

App

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 9:30 AM TIME OUT: 11:00 AM AIRS ID#: 057/031

TYPE OF FACILITY: SIFCO

FACILITY NAME: 4910 Savarese Cir. DATE:

FACILITY LOCATION: Tampa, FL. 33634

RESPONSIBLE OFFICIAL: Mr. John Parkinson PHONE NUMBER: (813) 884-3426

☒ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
JAN 12 2004
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 year
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari **PHONE NUMBER:** (813) 272-5530

Revised 10/96

AIRS ID#: 057/031

Revised 10/10/96

APSP

DEGREASERS AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SIFCO DATE: 12-14-00

FACILITY LOCATION: 4910 Savarese Circle

Tampa, FL 33634

Annual Reporting Period: Jan 11 ~~'00~~ TO 12-14 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: John Parkinson (Name (Please Print)) J Parkinson (Signature) Dec 14th 2000 (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 (INS1, INS2) ☑ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐

AIRS ID#: 571031 DATE: 12-14-00 TIME IN: 9:30 AM TIME OUT: 11:AM

FACILITY NAME: SIFCO

FACILITY LOCATION: 4910 Savarese Cir.
Tampa, FL 33634

RESPONSIBLE OFFICIAL: John Parkinson PHONE: (813) 884-3426

CONTACT NAME: // PHONE: //

PART I: NOTIFICATION

(check appropriate box) **Facility Compliance Status:** IN ☐

1. New facility notified DARM 30 days prior to startup ☐ (ARMS Data) MNC ☐
2. Facility failed to notify DARM to use general permit ☐ SNC ☐
3. Halogenated solvent used at facility:

perchlorethylene	☐	methylene chloride	☐
trichloroethylene	☑	1,1,1-trichloroethane	☐
carbon tetrachloride	☐	chloroform	☐

4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable:

Batch Vapor, $x \leq 1.21$ 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, $x \leq 1.21$ 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? ☑Y ☐N
2. Maintain a freeboard ratio of 0.75 or greater? ☑Y ☐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? ☑Y ☐N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? ☑Y ☐N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? ☑Y ☐N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. ☐Y ☐N ☑N/A
7. Have each machine equipped with --
   a. a device to shut off sump heat if the solvent level drops to the heater coils? ☑Y ☐N
   b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? ☑Y ☐N
   c. a primary condenser? ☑Y ☐N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? ☑Y ☐N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? ☐Y ☐N
2. Use a flexible hose or flushing device only within the freeboard area? ☐Y ☐N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? ☐Y ☐N
4. Maintain the solvent level inside the machine at or below the fill line? ☐Y ☐N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? ☐Y ☐N
6. Operate the agitator to produce a rolling motion? *(applicable only when air- or pump-agitated solvent bath used)* ☐Y ☐N ☐N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open? ☐Y ☐N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? ☐Y ☐N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. ☐Y ☐N ☐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 ☐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, $x \leq 1.21\ m^2$

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, $x > 1.21\ m^2$

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	☐	☐

10,110 lbs 15 Drum or 55 gallon per

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment?	☑Y ☐N
2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93.	☑Y ☐N
3. Halogenated solvent content for each solvent used? *(exempt if <5% by weight)*	☑Y ☐N
4. Estimates of annual solvent consumption for each machine?	☑Y ☐N 20 to 30 G
5. Dates of solvent additions and amounts added to each machine? *(applicable only to those using an alternative emission limit)*	Every 3 weeks ☑Y ☐N ☐N/A
6. Idling emissions limit tests, including values obtained during the initial performance test? *(applicable only to those using an idling emissions limit)*	☐Y ☐N ☐N/A
7. All control device and parameter monitoring? *(applicable only to batch vapor and in-line machines)*	☐Y ☐N ☐N/A
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	☐Y ☐N ☐N/A
9. Monthly emissions calculations *(applicable only to those using an alternative or idling emission limit)*	☐Y ☐N ☐N/A
10. 3-month rolling average emissions calculations? *(applicable only to those using an alternative emission limit)*	☐Y ☐N ☐N/A
11. Cleaning capacity calculations? *(applicable only to those using an alternative emission limit without a solvent-air interface)*	☐Y ☐N ☐N/A

PART VI: ADDITIONAL SITE INFORMATION

Repair the smaller Air craft Engine Part Convert from Water Cooler to Air Cooler

Mohammad Nozari
Inspector's Name

~~1 year~~ 12-14-00
Date of Inspection

M. Nozari
Inspector's Signature

1 year
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: SIFCO				PAGE 1 of 1
FACILITY ADDRESS: 4910 Savarese Circle				CITY: Tampa PHONE: (813) 884-3426
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33634
INSPECTION DATE: December 14, 2000	TIME IN: 9:30AM	TIME OUT: 11:00AM	INSPECTION TYPE: CDS	STATUS: In Compliance
NEDS NUMBER: 571031				
SOURCE DESCRIPTION: Halogenated Solvent Degreasers				
CONTACT (S): Mr. John Parkinson				

To day's visit was an annual compliance inspection.
Roger Zhu and I met with John Parkinson, the environmental Manager.
Mr. Parkinson escorted us around the facility. SIFCO has two degreasers (Detrex VS-2000-E and Branson73621) and both units operated through out year 2000.
During our visit, the two machines were not in operation, and they were fully covered by sliding door. No odors or fumes were noticed.
Trichloroethylene is the cleaning solvent being used. The purchase receipts indicated that a total of 15 drums (55 gal/drum) of solvent were purchased in 2000. Therefore, the annual usage is 825 gallons comparing to 1485 gallons in the previous year.
The free board well maintained. The cooling coil of the Detrex VS-2000 machine was change from water cool to refrigerator cooling system this modification was taking place when we were touring the facility.
The jet spray cleaning nozzle control was in working order for both machines.
The waste from the cleaning machine was store in sealed container in the enclosed room to be disposed in accordance with EPC regulations.
The part handling system was capable of moving parts or part baskets well below 11 feet per minute as required.

INSPECTED BY: Mohammad Nozari	DATE: December 14,2000

Executive Director
Richard D. Garrity, Ph.D.

Legal & Administrative Offices
Water Management Division
The Robert L. Stewart Environmental Center
1900 - 9th Ave. • Tampa, FL 33605
Ph. (813) 272-5960 • Fax (813) 272-5157
Air Management Fax 272-5605
Waste Management Fax 276-2156
Wetlands Management Fax 272-7144
1410 N. 21st Street • Tampa, FL 33605

ENVIRONMENTAL PROTECTION COMMISSION
of Hillsborough County

FAX Transmittal Sheet

DATE: 3-10-04

TO: Rick Buller

FAX Phone: 850-922-6974 Voice Phone: _____

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE: 4

EPC FAX Transmission Line: (813) 272-5605
For retransmission or any FAX problems, call:
(813) 272-5530 ext. _____

FROM: Mohammad Nozari

(Circle applicable section below)

✓ Air Division

-Compliance -Enforcement/Analysis

-Monitoring/Toxics ✓ Permitting

SPECIAL INSTRUCTIONS: _____

File
0571031

SIFCO
MINNEAPOLIS
Turbine Component Services
Custom Machining Company
FAA R.S. QD2R105
ISO 9001/AS9000 Certified
2430 North Winnetka Avenue,
Minneapolis, Minnesota
55427-3599, U.S.A.
Tel: (763) 544-3511
Fax: (763) 544-2246

Hillsborough County EPC
Attn: Mohammed Nozari
1410 N. 21st Street
Tampa, Florida 33605

Dear Sir,

Please be advised that effective 30 September 2003, SIFCO Florida, located at 4910 Savarese Circle officially closed for business. The Vapor Degreaser was de-activated and crated for storage and all Hazardous Chemicals were sent to an authorized TSDF for processing. Please consider this our notification to you that we will no longer need to exercise use of the Title V General Permit for the Vapor degreaser. If I can be of any further assistance please feel free to contact me as listed below.

Robert J. Harris
SIFCO Minneapolis
2430 N. Winnetka Ave
Minneapolis, MN 55427
PH: (763) 544-3511

SIFCO FLORIDA • TAMPA, FL 33634 • FAA REPAIR STATION TO4R551M

050993

INVOICE DATE	INVOICE NO. / REFERENCE	INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
12-10-98	121198 CHK RQST / 83362	50.00		50.00
12-10-98	AIRS ID / 83362			
12-10-98	0571031 / 83362			
CHECK# 050993 DATED: 12-11-98	TOTALS:	50.00		50.00
PAID TO:DEPT OF ENVIRONMENTAL PROTECT (DEPENV)				
TITLE V AIR GEN.PERM. RECEIPTS P.O.BOX 3070				323153070

9

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

RECEIVED
FEB 10 1999
Bureau of Air Monitoring & Mobile Sources

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
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

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

From:

SIFCO FLORIDA

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

FEB - 3'98
FLA.
POSTAGE REQUIRED

TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315X3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0391301

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
JOHN PARKINSON
4910 SAVARESE CIRCLE
TAMPA FL 33634-2493

RECEIVED
MAIL ROOM
JAN 20 00

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

FAA REPAIR STATION TO4R551M

055185

INVOICE DATE	INVOICE NO. / REFERENCE	INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
1/10/2000	01012000 / 89134	50.00		50.00
CHECK# 055185 DATED 1/17/2000 TOTALS		50.00		50.00

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

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.

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MAIL ROOM
FEB 23 98

TERED - C
N 23 1998

TOTAL AMOUNT DUE: $50.00

303393

Do NOT Remove Label

AIRS ID#0571031
SIFCO
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

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

FA REPAIR STATION TO4R551M

047860

INVOICE DATE	INVOICE NO. / REFERENCE	INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
1-23-98	ANNUAL FEE / 77648	50.00		50.00
1-23-98	AIRS ID#0571031 / 77648			
CHECK# 047860 DATED: 02-19-98 TOTALS:		50.00		50.00

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

ONE PRICE EAST DRY CLEANING, INC. **CLEANER IMAGE**

1060

Dept. of Environmental Protection 2/18/98

02/18/98 Bill # ✓ 50.00

303389

Barnett Bank Checking ID# 0210079 50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 258525

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

RECEIVED
MAIL ROOM
JAN 21 97

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID# 0571031
SIFCO FLORIDA
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

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

FAA REPAIR STATION TO4R551M

043886

INVOICE DATE	INVOICE NO. / REFERENCE	INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
1-10-97	AIRS ID#0571031 / 71974	50.00		50.00
1-10-97	TITLE V AIR / 71974			
1-10-97	GENERAL PERMITS / 71974			
CHECK# 043886 DATED: 01-14-97 TOTALS:		50.00		50.00

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 305632

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

RECEIVED
MAIL ROOM
MAR 10 98

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID 0571031
SIFCO
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

RECEIVED
MAR 13 1998
Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj: 5002273

FAA REPAIR STATION TO4R551M

048057

INVOICE DATE	INVOICE NO. / REFERENCE	INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
1-01-98	1997 PERMIT / 78378	50.00		50.00
1-01-98	AIRS ID# / 78378			
1-01-98	0571031 / 78378			
CHECK# 048057 DATED: 03-10-98 TOTALS:		50.00		50.00

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

AIRS ID#: 057/031

Revised 01/13/98

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

aec

AIRS ID#0571031
SIFCO
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

Do NOT Remove Label

Annual Reporting Period: JUNE 1 19 97 TO DEC 31 19 97

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
JAN 22 1998
Bureau of Air Monitoring & Mobile Sources

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: MARK MELLOR (Name Please Print) _____ (Signature) 1/19/98 (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.

SIFCO
FLORIDA

4910 Savarese Circle
Tampa, FL 33634-2493

Tel: 813.884.3426
Fax: 813.884.9299
FAA Repair Station T04R551M

January 18, 2001

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

Dear Permitting Official:

In accordance with our general air permit , this letter is to inform you that I have assumed the position of General Manager of SIFCO-Florida, replacing John Parkinson, effective January 18, 2001.
In this new capacity, I am the "Responsible Official" for issues concerning our general air permit.

If you should have any questions concerning this report, please call me at (813) 349-0415. Thank you.

Sincerely,

Kevin Whelan, General Manager
SIFCO-Florida

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

SIFCO
FLORIDA

CERTIFIED MAIL

7000 0600 0022 5447 9178

TAMPA, FL 336
PM
19 JAN
2001

TAMPA
JAN 18
FL

US POSTAGE
3.73

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

32399-6542 01

7003 2260 0003 5651 1724

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

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

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Amy Midthun ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Amy Midthun
C. Date of Delivery 2-13-04

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

SIFCO-MPLS
2430 WINNETKA AVE N
MINNEAPOLIS MN 55427

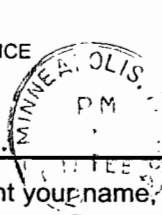
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2 Article Number *(Transfer from service label)* 7003 2260 0003 5651 1724

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

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

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

01

7003 0500 0004 0144 9386

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

2nd Ck

Postmark Here 2003

AIRS ID # 571031

BRIAN MARTIN
SIFCO FLORIDA
4910 SAVARESE CIRCLE
TAMPA, FL 33634

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 3/15/04

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2 Article Number *(Transfer from service label)* 7003 0500 0004 0144 9386

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 19 2004

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4128 6495

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	

Postmark Here

AIRS ID # 0571031

Recipient SIFCO FLORIDA
TOM MALITSKY
Street, Apt 4910 SAVARESE CIRCLE
TAMPA FL
City, State, 33634-2493

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0571031
SIFCO FLORIDA
TOM MALITSKY
4910 SAVARESE CIRCLE
TAMPA FL
33634-2493

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 2-1

C. Signature
X Robert C Harvey ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

7000 0600 0026 4128 6495

2. Article Number *(Copy from service label)*

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Z 210 662 878

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

11 AIRS ID # 0571031001AG
KEVIN WHELAN
SIFCO FLORIDA
4910 SAVARESE CIRCLE
TAMPA FL 33634-2493

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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

S SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

11 AIRS ID # 0571031001AG
KEVIN WHELAN
SIFCO FLORIDA
4910 SAVARESE CIRCLE
TAMPA FL 33634-2493

Z210 662 878

2. Article Number *(Copy from service label)*

A. Received by *(Please Print Clearly)* B. Date of Delivery 6-8-

C. Signature
X J. Carty ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 400136

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

12-16-00 pd

TOTAL AMOUNT DUE: $50.00

RECEIVED DEC 20 2000 Bureau of Air Monitoring & Mobile Sources

RECEIVED MAIL ROOM DEC 18 00

Do NOT Remove Label

AIRS ID # 0571031
SIFCO FLORIDA
JOHN PARKINSON
4910 SAVARESE CIRCLE
TAMPA FL 33634-2493

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

REPAIR STATION TO4R551M 058362

INVOICE DATE	INVOICE NO. / REFERENCE		INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
12/01/00	120100	PPIN02563	50.00		50.00
	AIRS # 0571031				
12/12/00	058362	DEPT OF ENVIRONMENTAL P			50.00

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414287 FEB18 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

duplicate payment pd 2/8/02 DD(413911 #8178

Do NOT Remove Label

AIRS ID # 0571031
SIFCO FLORIDA
TOM MALITSKY
4910 SAVARESE CIRCLE
TAMPA FL
33634-2493

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

FAA REPAIR STATION TO4R551M

062798

INVOICE DATE	INVOICE NO. / REFERENCE		INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
02/12/02	FEB 02	PPIN08919	50.00		50.00

02/13/02 062798 Dept. of Envrnmntl. Protection 50.00

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

FAA REPAIR STATION TO4R551M

BEST AVAILABLE COPY

050993

INVOICE DATE	INVOICE NO. / REFERENCE			INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
12-10-98	121198 CHK RQST	/	83362	50.00		50.00
12-10-98	AIRS ID	/	83362			
12-10-98	0571031	/	83362			
CHECK# 050993 DATED: 12-11-98 TOTALS:				50.00		50.00

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

SIFCO FLORIDA

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

First National Bank of Ashland
An Affiliate of
NATIONAL CITY BANK
Cleveland, Ohio

050993 050993

RECEIVED
MAIL ROOM
DEC 18 98

0354741

0571031

DATE 12-11-98

CHECK AMOUNT
*******50.00

PAY FIFTY AND 00/100 DOLLARS

TO THE ORDER OF

DEPT OF ENVIRONMENTAL PROTECT
TITLE V AIR GEN.PERM. RECEIPTS
P.O.BOX 3070
TALLAHASSEE, FLORIDA 323153070

Raymond G. Dunn

[redacted]

RECEIVED
MAIL ROOM
DEC 18 98

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413911 FEB 8 2002

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

RECEIVED
FEB 12 2002
Bureau of Air Monitoring & Mobile Sources

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0571031
SIFCO FLORIDA
TOM MALITSKY
4910 SAVARESE CIRCLE
TAMPA FL
33634-2493

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

FAA REPAIR STATION TO4R551M

050993

INVOICE DATE	INVOICE NO. / REFERENCE	INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
12-10-98	121198 CHK RQST / 83362	50.00		50.00
12-10-98	AIRS ID / 83362			
12-10-98	0571031 / 83362			
CHECK# 050993 DATED: 12-11-98 TOTALS:		50.00		50.00

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

Z 333 613 147

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID 0571031

SIFCO
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0571031
SIFCO
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

4a. Article Number
Z 333 613 147

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Rebecca Farrell

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

RECEIVED
MAR 18 1998
Bureau of Air Monitoring & Mobile Sources

Revised 01/13/98

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

SIFCO
KEN GOVE DR
4910 SAVARESE CIRCLE
TAMPA FL 33634

AIRS ID 0571031

Do NOT Remove Label

Annual Reporting Period: **January 1** **1997** TO **December 31** **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. ☑ YES ☐ NO

If NO, complete the following:

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

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: MARK MELLOR (Name Please Print) _____ (Signature) 3/5/98 (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.