

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 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, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

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EUR CALL OF MODIFORM

SEP 1 2 1996 Halogenated Solvent Degreasers Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

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

Pacificy Identification Number (DEP Use):

Responsible Official

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

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AUG 6 1996

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

Page 17 of 20

Bureau of Air, Monitoring & Mobile Şources

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 x > 1.21 m ²	64948 N/A	1984	1984			
Batch Cold	N/A_					
In-line New Existing	N/A 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
[XY] implementing a control device combination/work practice standards
meeting an idling emission limit/work practice standards
meeting the requirements for batch cold cleaning machines

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

4. Based upon your response to 3(b), please select the appropriate c provided below. (Indicate with an "X" all options that apply to you	
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 Recordkee	ping Information
Check all logs which are required to be kept on-site in accordance w	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	
(1) Rolling 3-month average emissions calculations	
(m) Cleaning capacity calculations	[]

DEP Form No. 62-213.900(4)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

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

DEP Form No. 62-213.900(4)

Effective: 6-25-96

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and the state of t	
provided below. (Indicate with an "X" all options that apply to your	ntrol equipment combination from the list 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 Recordkeepi	ng Information
Check all logs which are required to be kept on-site in accordance with	h the requirements of this general permit:
(a) Purchase receipts for halogenated solvent purchases	[<u>X</u>] .
(b) Inspection records	_ <u>x</u> _
(c) Temperature monitoring	[<u>*</u>] .
(d) Idling emission concentration monitoring	نــا
(e) Instrument calibration	نت
(f) Dwell time records	<u>_ K_J</u> .
(g) Solvent content records	[X]
(h) Remedial action log	<u></u>
(i) Control device monitoring	[x]
(j) Log of solvent additions and removals	X
(k) Monthly emissions calculations	<u></u>
(1) Rolling 3-month average emissions calculations	[]

(m) Cleaning capacity calculations



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



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:					
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). 05. [J5.1.03]					
Responsible Official					
6. Name and Title of Responsible Official:					
STEVE OPUSZYNSKI PRES ®DENT/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: () -					

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

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 $x < 1.21 \text{ m}^2$ $x > 1.21 \text{ m}^2$	5 <u>0736</u> 21	4/98	4/98	5 - <u>1 9 2 </u> 4 -	not new 93 8/98	original 1993
Batch Cold					· · · · · · · · · · · · · · · · · · ·	
In-line New Existing				- <u></u>		

2. (a)	What was the total amount of halogenated solvents purchased in the latest 12 months? [1 2 6 5] 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

(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

_l chloroform

4. Based upon your response to 3(b), please select the appropriate control equip provided below. (Indicate with an "X" all options that apply to your facility.)	oment combination from the list					
[XXX] 1.0 freeboard ratio						
[] super-heated vapor						
[] freeboard refrigeration device						
[] carbon adsorber						
[XXX] dwell time						
[] working mode cover						
[XXX] reduced room draft						
Equipment Monitoring and Recordkeeping Information	nation					
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:					
(a) Purchase receipts for halogenated solvent purchases	{ X X}					
(b) Inspection records	<u> </u>					
(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	[XXX]					
(j) Log of solvent additions and removals	[X XX]					
(k) Monthly emissions calculations	[]					
(I) Rolling 3-month average emissions calculations						
(m) Cleaning capacity calculations	[]					

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:						
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
[]	No air permits currently exist for the operation of the facility indicated in this notification form.						
·	Responsible Official Certification						
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	mptly notify the Department of any changes to the information contained in this notification.						

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corpora	tion, agency, or individual owner):				
SIFCO TURBINE COMP. SERVICES					
2. Site Name (For example, plant name or number):	<u> </u>				
SIFCO FLORIDA					
3. Hazardous Waste Generator Identification Number	r: 130 15 4				
FLD 980083747	TI MODIE TO THE STATE OF THE ST				
4. Facility Location: 4910 SAVARESE CIR Street Address:	CLE BUILD OF THE SOURCES OF THE SOURCE OF THE SO				
	HILLSBOROUGH Zip Code: 33634				
5. Facility Identification Number (DEP Use)					
Responsib	ole Official				
6. Name and Title of Responsible Official:					
STEVE OPUSZYNSKI PRESIDENT/GEN	ERAL 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 $x < 1.21 \text{ m}^2$ $x > 1.21 \text{ m}^2$	5 <u>0736</u> 21 	4/98	4/98	5 - 1 9 2 4		original 1993			
Batch Cold									
In-line New Existing									
2. (a) What was the to	otal amount o _] gallons	f halogenate	d solvents purchased	in the latest	12 months?				
	(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 ha	logenated solvents ar	e used at yo	ur facility.	4			
[] percl	aloroethylene					70			
[] meth	ylene chlorid	e			Q L	Q C			
[X] trich	loroethylene					1/1			
[] 1,1,1	-trichloroeth	ane				I sty			
[] carbo	on tetrachlori	de			•	Thomas of the second			
[] chlor	roform					PECE LA Monitorine			
(b) The total volument this requirement by:	ne of haloger	ated solvent	emissions shall not e	xceed 10 to					
[] com	plying with a	n alternative	solvent emission limi	t `					
[<u>X X X]</u> impl	ementing a co	ontrol device	combination/work pr	ractice stand	ards				
[] meet	ing an idling	emission lim	it/work practice stand	dards	•				
[] meet	ing the requi	rements for b	atch cold cleaning m	achines					

4. Based upon your response to 3(b), please select the appropriate control equip provided below. (Indicate with an "X" all options that apply to your facility.)	oment combination from the list
[XXX] 1.0 freeboard ratio	
super-heated vapor	
[] freeboard refrigeration device	÷
[] carbon adsorber	
[XXX] dwell time	
[] working mode cover	
[XXX] reduced room draft	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:
(a) Purchase receipts for halogenated solvent purchases	[X X]
(b) Inspection records	<u> </u>
(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	[XXX]
(j) Log of solvent additions and removals	[X x x]
(k) Monthly emissions calculations	[]
(1) Rolling 3-month average emissions calculations [] (m) Cleaning capacity calculations []	
(m) Cleaning capacity calculations	[]
•	

Surrender of Existing Air Permit(s)

Please indica	te 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
this noti statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and at the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signatur	asked Suzyuhi 9/14/98 Date

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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

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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 RECEIVED

SEP 2 3 1999

Bureau of Air Monitoring & Mobile Sources

4910 Savarese Circle Tampa, FL 33634-2493

FAA Repair Station TO4R551M



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

CERTIFIED

Z 380 312 084





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General Permits Section

Bureau of Air Monitoring and Mobile

Sources, MS 5510

Department of Environmental Protection

2600 Blair Stone Road

Tallahassee, FL 32399-2400

10 8128-EEESS

COMMISSION

DOTTIE BERGER JOE CHILLURA **CHRIS HART** JIM NORMAN JAN PLATT THOMAS SCOTT, **ED TURANCHIK**



1900 - 9TH AVENUE TAMPA, FLORIDA 33605 TELEPHONE (813) 272-5960 FAX (813) 272-5157

ADMINISTRATIVE OFFICES, LEGAL &

WATER MANAGEMENT DIVISION

AIR MANAGEMENT DIVISION TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION TELEPHONE (813) 272-7104

EXECUTIVE DIRECTOR

ROGER P. STEWART

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

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

Sincerely,

Roger/Zhu

Air Toxics Engineer

· 5.4.55 2.54



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:

EPO SING AM MANAGEMENT APR 2 1998

Bureau of Air Monitoring

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

Bureau of Air Montoring and Mobile Sources

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HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring AIRS ID#0571031 SIFCO KEN GOVE DR 4910 SAVARESE CIRCLE **TAMPA FL 33634** Do NOT Remove Label Annual Reporting Period: \(\sqrt{UVE} \) 1997 TO \(\sqrt{EC} \) 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. LNO. 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: _____ to_____ Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Bureau of Air Monitoring Method used to demonstrate compliance: & 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 MEC

*This form is made available to you as an aid in order to meet your annual comphance certification requirements. It is at the discretion of the responsible official to use this form.

Name (Please Print)

Bureau of Air Monitoring & Mobile Sources HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0571031 SIFCO KEN GOVE DR 4910 SAVARESE CIRCLE **TAMPA FL 33634** 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. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. RESPONSIBLE OFFICIAL: MARK MELLON Name (Please Print)

^{*}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	COMPL	AINT/DISCOVERY	RE-INSPECTION	
TYPE OF FACILITY: A alogense FACILITY NAME: Sife		1 -	DATE: 9/9/9 7	
RESPONSIBLE OFFICIAL: LINK NELLEN		PHONE NUMBER: 2	113-884-3426	
compliance with DEP Rule 62-213.300, Flor	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			
COMPLIANCE REQUIREMENT/PRO	OBLEM	FOLLOW-UP ACTIO	N REQUIRED	
Sifes has enotabled or is the performance on sun dequare one unknown a consister cannot be perfor	ins	Hew natification to management	forms given	
			PKO	
		ç	areal of A	
			to Sources Lyay	
			η	
COMMENTS:				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: Quels (Approximate)				
INSPECTION CONDUCTED BY: Conducted By: Co				
INSPECTOR'S SIGNATURE: X Muse /	mxmy	PHONE NUMBER:	8/3-2/2-5530	
	Page of	<u>. L</u> .	Revised 10/96	

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: <u>OS 7103/</u> DA FACILITY NAME:	TE: 9/9/98 TIME IN: 5 Sifco 4910 Savareas Tampa, F	9:45 TIME OUT: 10:	<u>05</u>
PART I: NOTIFICATION			
(check appropriate boxes)			
1. Facility notified DARM by 9/	1796		
2. Facility notified DARM 30 d	ays prior to starting up		a l
3. Facility failed to notify DAR	A to use a general permit		a
4. Halogenated solvent used at t	he facility:		1
perchloroethylene	nethyl chlori	ide 🗀	
trichloroethylene	l 1, ktrichlor	roethane \square	
carbon tetrachloride	chloroform		
5. Facility indicated on notifica applicable.	ion form that it has the following	machine type(s). Check more than	one box if
Batch Vapor, x<1.21 m	New In-line	Barch Cold 🗆	
Batch Vapor, x>1.21 m	Existing In-line		
	_		
PART II: CLASSIFICATION			
1. Indicate the machine type(s)	observed at the facility:		
Batch Vapor, x<1.21 m		Batch Cold (immersion)	۵
Batch Vapor, x>1.21 m	Existing In-line	Batch Cold (remote reservoir)	
PART III: GENERAL CONT	ROL REQUIREMENTS		,
A. Batch Vapor and In-Line I Does the facility:	fachines		
that completely covers, has r	atime mode cover that is readfly on o cracks, holes, or defects; OR m to Part II, Section (3)(c) & b of the	aintain a room designed	□и
2. Maintain a freeboard ratio of	0.75 or greater?	ΩY	□и

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)?	ΟY	ПN	
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	ΠY	□и	
5.	Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?	ΠY	ПΝ	
6.	Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover.	ПY	ם אם	JN/A
7.	Have each machine equipped with			
	a. a device to shur off sump heat if the solvent level drops to the heater coils?	QY	ПN	
	b. a device to shut off sump heat if the vapor level rises above the height of the			
	vapor condenser?	ПY	ПN	
	c. a primary condenser	ПY	ПN	
8.	Store all waste solvent, still bottoms, and sump bottoms in closed containers?	ПY	ПN	
B.	Batch Cold Cleaning Machines			
l	es the facility:			
1.	Collect and store all waste solvent in closed containers?	ΠY	ПΝ	
2.	Use a flexible hose or flushing device only within the freeboard area?	ΠY	ПΝ	
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	ΠY	ПΝ	
4.	Maintain the solvent level inside the machine at or below the fill line?	ΠY	ПΝ	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	ΟY	□и	
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	ΟY	ON (⊐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?	ΟY	□и	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	QY	ПΝ	
Rei	mote Reservoir Type Only			
9.	Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	ΟY	ПΝ	
Imi	mersion 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.	ΟY	' □N	
-				
D.A	DT IV. BDOCECC VENT CONTROL C. Advantable Lateral and all all and all all all and and all all and all all all and all all all and all all all all all all all and all all all all all all all all all al	1		

PART IV: PROCESS VENT CONTROLS	(not applicable to batch cold cleaning machines)
Facility chose to meet requirements using.	
☐ control device combination / work	practice standards

l \	emative solvent emission limit (proceed to Part V)		
□ idli	ng emission limit / work practice standards (proceed to Part V)		
A. Batch Vapo	r Machines, x≤1.21m²		
control comb. selected	Injuse		
selected	working mode cover / 1.0 freeboard ratio / superheated vapor \Box \Box		
۵	reduced room draft / 1.0 freeboard ratio / superheated vapor		
, a	reduced room draft / 1.0 freeboard ratio / dwell		
۵	freeboard refrig. device / superheated vapor		
ے ا	freeboard refrig device / working mode cover		
۵	freeboard refrig. device / reduced room draft		
۵.	freeboard refrig. device / 1.0 freeboard ratio		
۵	freeboard refrig. device / dwell		
D,	freeboard refrig. device / carbon adsorber		
	carbon adsorber / 1.0 freeboard ratio / superheated vapor		
B. Batch Vapo	or Machines, x>1.21m ²		
control comb.			
selected	freeboard refrig. device / superfleated vapor / 1.0 freeboard ratio		
۵	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		
۵	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	freeboard refrig. device / 1.0 freeboard ratio		
	superheated vapor / 1.0 freeboard ratio		
	freeboard/refrig. device / dwell		
	carbon adsorber / dwell		
,			
D. New In-Line Maghines			
control comb.			
selected	freeboard refrig. device / superheated vapor		
	freeboard refrig. device / carbon adsorber		
	superheated vapor / carbon adsorber		

13 # 2.24%, Walt

Has the responsible official maintained the following: 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? OY ON 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. OY ON 3. Halogenated solvent content for each solvent used? (exempt if <6% by weight) 4. Estimates of annual solvent consumption folleach machine? OY ON 5. Dates of solvent additions and amounts added to each machine? (applicable only to DY UN UN/A those using an alternative emission limit) 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling omissions limit) DY ON ON/A 7. All control device and parameter monitoring! (applicable only to batch vapor and DY DN DN/A in-line machines) 8. Information on remedial actions in the exent of exceedances or other repairs and DY ON ON/A subsequent monitoring of affected parameters? 9. Monthly emissions calculations (applicable only to those using an alternative or idling DY DN DN/A emission limit) 10. 3-month rolling average emissions calculations? (applicable only to those using an OY ON ON/A alternative emission limit) 11. Cleaning capacity calculations? (applicable only to those using an alternative emission DY DN DN/A limit without a solvent-air interface) PART VI: ADDITIONAL SITE INFORMATION Name of Responsible Official Inspector's Name Approximate Date of Next Inspection Inspector's Signature

PART V: RECORDKEEPING REQUIREMENTS

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /2:30	TIME OUT: 4'	AIRS ID#: 0	571031
TYPE OF FACILITY:	Solvent Degree	see	
FACILITY NAME:	Stro		DATE: ///5/9>
FACILITY LOCATION: 4	918 Savasey C	inilo	
<u> </u>	Tampa FL 3	3577	
RESPONSIBLE OFFICIAL:	teve Opuszynsk	PHONE NUMBER	:(213) 884-3426
	the compliance requirements evalule 62-213.300, Florida Adminis	luated during this inspection, the fastrative Code (F.A.C.).	acility is found to be in
Based on the results of t discrepancies were note		luated during this inspection, the fo	ollowing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACT	TON REQUIRED
			PEC
			Super State L
			Surest of Surestoring
			,
	·		
COMMENTS:		.	-
The Annual Compliance Certific	cation form has been properly cer	rtified and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTIO		ry .	
INSPECTION CONDUCTED	BY: Bruce Mi	Approximate) /// Please Print)	
INSPECTOR'S SIGNATURE:	Druce M. Bing	PHONE NUMBE	R: [2/3] 272-5530
	Page	of .	Revised 10/96

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DISCOVERY	<u> </u>
AIRS ID#: <u>(35[*]7/65/</u> DAT	TE: <u>///5⁻/98</u> TIME	E IN: <u>//</u> 2	: 30 TIME OUT: 41 6	<u>z)</u>
FACILITY NAME:	54co			
FACILITY LOCATION:	4918 Savas			
	Tampa,	FL	33634	
PART I: NOTIFICATION				
(check appropriate boxes)				Ì
1. Facility notified DARM by 9/1	./96	/		ם ا
2. Facility notified DARM 30 day	ys prior to starting up			
3. Facility failed to notify DARM	l to use a general permit			۵
4. Halogenated solvent used at th	e facility:			
perchloroethylene	□ methyl	chloride	۵	
trichloroethylene	□ N,1,1-tr	richloroet	hane 🗆	1
carbon tetrachloride	□ chlore(form		
Facility indicated on notification applicable.	on form that it has the foll	owing ma	achine type(s). Check more than o	one box if
Batch Vapor, x<1.21 m ²	New In-line		Ratch Cold 🗆	
Batch Vapor, x>1.21 m ²	☐ Existing In-line	: 0		
OF LOCATION				
PART II: CLASSIFICATION				
1. Indicate the machine type(s) of	3/		7 - 1 0 11 (
Batch Vapor, x<1.21 m ²	<i>></i> (Batch Cold (immersion)	
Batch Vapor, x>1.21 m ²	Existing In-line	: Q 	Batch Cold (remote reservoir)	
CENTRE AT CONTRE				1
PART III: GENERAL CONTR				1
A. Batch Vapor and In-Line Ma Does the facility:	achines		f ·	
1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification?				
2. Maintain a freeboard ratio of 0.75 or greater?				

3.	Utilitie 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)?	DY , N
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	DAY ON
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?	MY ON
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.	OY ON DIN/A
7.	Have each machine equipped with	,
	a. a device to shut off sump heat if the solvent level drops to the heater coils?	DY ON
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? (Detreh) one mallene only	AY ON
	c. a primary condenser?	OY ON
8.	Store all waste solvent, still bottoms, and sump bottoms in closed containers?	NO AN
В.	Batch Cold Cleaning Machines	,
Do	es the facility:	
1.	Collect and store all waste solvent in closed containers?	DY ON
2.	Use a flexible hose or flushing device only within the freeboard area?	DY ON
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	DV DN
4.	Maintain the solvent level inside the machine at or below the fill line?	NO YO
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	אם אם
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	OY ON DWA
7.	Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open?	MY ON
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	NO YE
Ren	mote Reservoir Type Only	
9.	Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	OY ON
Imn	nersion Type Only	
10	Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal.	□У □И
	<u> </u>	

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

Facility chose to meet requirements using:

control device combination / work practice standards

alto	alternative solvent emission limit (proceed to Part V)			
. 🗀 idli	idling emission limit / work practice standards (proceed to Part 1)			
A. Batch Vapo	r Machines, x≤1.21m²			
control comb.				
selected	working mode cover / 1.0 freeboard ratio / super	heated vapor	In use	
	reduced room draft / 1.0 freeboard ratio / superh			
) Š	reduced room draft / 1.0 freeboard ratio / dwell	carea vape.	Dienven Vinit	
	freeboard refrig. device / superheated vapor	•	一个并192Y-93	
	freeboard refrig. device / working mode cover			
	freeboard refrig. device / reduced room draft			
	freeboard refrig. device / 1.0 freeboard ratio		0 0) Notaed land	
	freeboard refrig. device / dwell		} Detrex lent	
	freeboard refrig. device / carbon adsorber	·		
	carbon adsorber / 1.0 freeboard ratio / superheat	ed vapor		
B. Batch Vapo	r Machines, x>1.21m ²			
control comb.				
selected	freeboard refrig. device / superheated vapor / 1.0) freeboard rati	In use O 🔲 🗀 🗓	
	freeboard refrig. device / superheated vapor / wo	orking mode co	ver 🗆 🗆 🗆	
	freeboard refrig. device / superheated vapor / red	iuced room dra	ft 🗀 🗀 🗆	
a	freeboard refrig. device / superheated vapor / ca	rbon adsorber		
	freeboard refrig. device / reduced room draft / de	well		
	freeboard refrig. device / reduced room draft / 1.	.0 freeboard rat	io 🗆 🗆 🗆	
	1.0 freeboard ratio / reduced room draft / superh	neated vapor		
C. Existing In-	-Line Machines			
control comb.		_		
selected	freeboard refrig. device / 1.0 freeboard ratio	In use		
	superheated vapor / 1.0 freeboard ratio			
	freeboard refrig. device / dwell			
۵	carbon adsorber / dwell	a a .		
D. New In-Line Machines				
			<i>f</i> •	
control comb.		In use	:	
	freeboard refrig. device / superheated vapor			
	freeboard refrig. device / carbon adsorber	0 '0	,	
	superheated vapor / carbon adsorber			

Revised 10/28/96

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

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

DY	\square N
١ _	/



- □N □N/A
- □N □N/A

PART VI: ADDITIONAL SITE INFORMATION

All second keeping been maintained. This faulity has installed two machines, one new, one used

Steve Opus 3 ynst Name of Responsible Official Bruce M. Kung

\$ignature

Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY									
FACILITY: Sifeo					PAGE 1 OF 1				
					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:		PE:	STATUS:			
NEDS NUMBER: 0571031									
SOURCE DESCRIPTION: Degreaser									
CONTACT(S): Mark N	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.

Roger Zhu, Air Toxic Engineer I

DATE: November 13, 1998

1.

HALOGENATED SOLVENT DEGREASERS

Market Children

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION)X	COMPLAINT/DISCOVER	Υ□	
F'7 -71		_ = - +	11125		
AIRS ID#: 571031 I	PATE: 4 7.8 97 TI	ME IN:	TIME OUT: 10	043	
FACILITY NAME:	SIFCO				
FACILITY LOCATION:	4910 SAV	ANTSE	Cyr		
	TAMPA, Fr	_ 33	634		
			•		
PART I: NOTIFICATION					
(check appropriate boxes)			·	<i>,</i> .	
1. Facility notified DARM by	9/1/96			76.	
2. Facility notified DARM 30 days prior to starting up					
3. Facility failed to notify DA		t	•		
4. Halogenated solvent used a	-		_		
perchloroethylene	_	hyl chloride			
trichloroethylene	, ,	1-trichloroe			
carbon tetrachloride		oroform		, , , ,	
Facility indicated on notific applicable.	cation form that it has the	following m	achine type(s). Check more t	han one box if	
Batch Vapor, x<1.21	m ² Mew In-line		Batch Cold		
Batch Vapor, x>1.21	m ² D Existing In-l	ine 🛚			
PART II: CLASSIFICATION					
1. Indicate the machine type(s	\./	_		_	
Batch Vapor, x<1.21	,		Batch Cold (immersion)		
Batch Vapor, x>1.21 i	n² ☐ Existing In-l	ine 🗆	Batch Cold (remote reserve	oir) 🗆	
PART III: GENERAL CON	TROL REQUIREMENT	`S ======	a sale way	-	
A. Batch Vapor and In-Line Does the facility:	Machines				
Maintain an idling and dow that completely covers, has with reduced draft according	no cracks, holes, or defect	ts; OR main	tain a room designed	NG AI	
2. Maintain a freeboard ratio	of 0.75 or greater?		7	ýy □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)?	ΠY	Πи	
4.	. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?			
5.	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?			
6.	5. 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.			≱MN/A
7.	Have each machine equipped with			
	a. a device to shut off sump heat if the solvent level drops to the heater coils?	AK	ПN	
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	,æįā	ПN	
	c. a primary condenser?	XX	ПN	
8.	Store all waste solvent, still bottoms, and sump bottoms in closed containers?	YY	ΠN	
В.	Batch Cold Cleaning Machines			
ł	es the facility:			
1.	Collect and store all waste solvent in closed containers?	ПY	Ωи	
2.	Use a flexible hose or flushing device only within the freeboard area?	ΠY	ПN	
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	ΠY	ПN	
4.	Maintain the solvent level inside the machine at or below the fill line?	ПY	ПN	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	ПY	ПN	
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	ΩY	ПN	□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?	ΩY	□и	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	ΩY	ΠN	
Ren	note Reservoir Type Only			
9.	Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	ΠY	ΩN	
Inın				
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.	ΟY	Эи	

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

Facility chose to meet requirements using:

control device combination / work practice standards

□ alte	emative solvent emission limit (proceed to Part V)	
🗖 idli	ing emission limit / work practice standards (proceed to I	Part V)
A. Batch Vapo	r Machines, x≤1.21m²	
control comb.		In use
selected .	working mode cover / 1.0 freeboard ratio / superheated	
	reduced room draft / 1.0 freeboard ratio / superheated v	
	reduced room draft / 1.0 freeboard ratio / dwell	
	freeboard refrig. device / superheated vapor	a a
1	freeboard refrig. device / working mode cover	àr òc
	freeboard refrig. device / reduced room draft	· /
×	freeboard refrig. device / 1.0 freeboard ratio	pi pi
	freeboard refrig. device / dwell	a a
	freeboard refrig. device / carbon adsorber	
	carbon adsorber / 1.0 freeboard ratio / superheated vapo	or 🔾 🔾 🗅
B. Batch Vapo	r Machines, x>1.21m²	
control comb.		
selected	freeboard refrig. device / superheated vapor / 1.0 freebo	In use
٥	freeboard refrig. device / superheated vapor / working i	
۵	freeboard refrig. device / superheated vapor / reduced r	
	freeboard refrig. device / superheated vapor / carbon ad	
	freeboard refrig. device / reduced room draft / dwell	0 0 0
۵	freeboard refrig. device reduced room draft / 1.0 freeb	board ratio 🔾 🗆 🗅
	1.0 freeboard ratio / reduced room draft / superheated v	
C. Existing In-	-Line Machines	
control comb.		/
selected	freeboard refrig. device / 1.0 freeboard ratio	
	superheated vapor / 1.0 freeboard ratio	///
	freeboard refrig. device / dwell	
	carbon adsorber / dwell	ı
D. New In-Lin	e Machines	
control comb.	In use	
Selected	freeboard refrig. device / superheated vapor	. \
	freeboard refrig. device / carbon adsorber	ם
	superheated vapor / carbon adsorber	ם

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:	
 Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? 	MAY ON
2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93.	XY ON
3. Halogenated solvent content for each solvent used? (exempt if <5% by weight)	X ∪ N PX
4. Estimates of annual solvent consumption for each machine?	MY ON
5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)	OY ON MUA
6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)	OY ON MINA
7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)	OY KAN ON/A
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	ana may ya
 Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) 	OY ON DONA
10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit)	OY ON MYA
11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)	OY ON DAN/A

PART VI: ADDITIONAL SITE INFORMATION

SEE ATTACHED PEPOVET

·	
DR K-GJ GOVE (NOT AVAILABLE) Name of Responsible Official LERUY SHELTUN & June HOUTENS Inspector's Name Inspector's Signature	MET WITH MARK MELLON LI 128/9-7 Date of Inspection Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

PAGE 1 OF

FACILITY ADDRESS: 4910 SAVARESE CIRCLE

CITY: TAMPA

MAILING ADDRESS: 4910 SAVARESE CIR

CITY: TAMPA

ST: FL ZIP:33634

INSPECTION DATE:

TIME IN:

TIME OUT:

INSPECTION

STATUS:

APRIL 28, 1997

FACILITY: SIFCO

1430

1645 TYPE

CDS TYPE III

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 There was one 55 gallon drum of trichloroethylene next to the degreaser. It had a hand pump

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 LATE LEROY SHELTON & JIM HOLTON DATE APRIL 29, 1997

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION							
TIME IN: 1430 TIME OUT: 16	15 AIRS ID#: 571031							
TYPE OF FACILITY: HALOGENIATED SOLL	ient Dégréser							
FACILITY NAME: SIFCO	DATE: 4/28/97							
FACILITY LOCATION: 4910 STVANESCO	1.12							
TAMPA, A 33	7,34							
RESPONSIBLE OFFICIAL: DR. KCN (FOVE PHONE NUMBER: 813-884-3424.								
Based on the results of the compliance requirements evacompliance with DEP Rule 62-213.300, Florida Admin	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).							
Based on the results of the compliance requirements evaluation discrepancies were noted:	aluated during this inspection, the following compliance							
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED							
COVER WAS PEAKED IN MIDDLE WOND NOT LIE FLAT (OPENING AS	INSURE COVER LIES FLAT							
20-CORD KEÉPING NON-EXISTENT EXCERT FOR PURCHASE LOGS	, INSTITUTE AROPER RECORD.							
	-							
COMMENTS: LEFT COPY WITH MR. MELLOW T	o FORWARD TO R.O.							
The Annual Compliance Certification form has been properly of	ertified and submitted to the inspector. YES NO							
DATE OF NEXT INSPECTION:	LYR							
	Approximate)							
	(Please Print)							
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 813 272 530							

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00 TIME OUT: 11=0-0	AIRS 1D# 1
TYPE OF FACILITY: HALOGENATED SOLV	IENT DECREASER
FACILITY NAME: SIFCO	DATE: 1/11/00
FACILITY LOCATION: 4910 SAVALESE	
TAMPA, FL 3363	
RESPONSIBLE OFFICIAL: JOHN PARKINSON	PHONE NUMBER: (813) 884 - 3426
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	A COLLEGE OF THE SECOND OF THE
	ic it is it
COMMENTS:	•
	·
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
(A _I	pproximate) OCR ZHU
HIST ECTION CONDUCTED DI.	lease Print)
	PHONE NUMBER: (813) 272 - 5530

Page of .

Revised 10/96

Auger Shu

AIRS ID#: 571031

JAN 28 2000

Revised 10/10/96

DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM TO

					MANAG:	EMENT	
FACILITY NAME:	SIFCO		<u>.</u>	_		DATE:	1/11/00
FACILITY LOCATION:	1010	SAVARE	SE C	IRCL	<u> </u>		
·	TAMPA	, FL	336	34			
<u> </u>				<u> </u>			
Annual Reporting Period: _	- NOV	5	19 <u>_</u> 4	2 TO _	Dan	!!	# 200
Bassi sa saab taan aa aasali	ining seals Tining		_:	bi		: :	
Based on each term or condi 62-213.300, Florida Admini							INO
If NO, complete the following		, <u> </u>					
							•
#1. Term or condition of the	e general permit t	that has not been	in continuou	s complianc	e during the	reporting peri	od stated above:
·							<u> </u>
Exact period of non-complia	ance: from _	·		tc	o		· .
Action(s) taken to achieve o	ompliance:					-	
Method used to demonstrate	e compliance:						
#2. Term or condition of th	le general permir 1	that has not been	ı in continuou	s complianc	a during the	reporting peri	od stated above:
·	_			· .			
Exact period of non-complia	ance: from _	<u></u>		<u>.</u> to			
Action(s) taken to achieve o	compliance:				·	÷	
Method used to demonstrate		•		3			
DICTION WAS WE WANTED	- Compilario		•	· ••			
				••		•	
As the responsible official, , made in this notification ar			ution and beli	ef formed af	ter reasonab	le inquiry, the	it the statements
-						•	•
	-20	POINS	em	tous!	Durara	10nx	Jan 29 '00
RESPONSIBLE OFFICIA	Nan	ne (Please Print)	807	VOLIN	Signature	70 01 4	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 \$ CC	MPLAINT/DISCOVERY O
	ATE: 1/11/00 TIME IN: 9=0 SIFCO 4910 SAVARESE O TAMPA, FL 336	CIRCLE
PART I: NOTIFICATION		
(check appropriate boxes)		
1. Facility notified DARM by	9/1/96	Ż
2. Facility notified DARM 30		.
3. Facility failed to notify DAI		<u> </u>
4. Halogenated solvent used a	the facility:	
perchloroethylene	☐ methyl chloride	
trichloroethylene	1,1,1-trichloroethane	
carbon tetrachloride	□ chloroform	
Facility indicated on notific applicable.	ation form that it has the following machin	te type(s). Check more than one box if
Batch Vapor, x<1.21 r	n ² 🌠 New In-line 🛭 Ba	tch Cold 🔲
Batch Vapor, x>1.21 r	n ² D Existing In-line D	
PART II: CLASSIFICATION		
1. Indicate the machine type(s		tah Cald (immanian)
Batch Vapor, x<1.21 r Batch Vapor, x>1.21 r	•	tch Cold (immersion)
Batch Vapor, x>1.21 f	n ² D Existing In-line D Ba	ich Cold (Telliote Teservoir)
PART III: GENERAL CON	TROL REQUIREMENTS	
A. Batch Vapor and In-Line Does the facility:		
that completely covers, has	ntime mode cover that is readily opened a no cracks, holes, or defects; OR maintain a g to Part II, Section (5)(c)6 b of the permit	a room designed
2. Maintain a freeboard ratio	of 0.75 or greater?	————————————————————————————————————

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	□и	
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	X 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	ХN	
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.	ΠY	□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?	ŻΥ	ПΝ	
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	% Y	ПN	
	c. a primary condenser?	YY	ПΝ	
8.	Store all waste solvent, still bottoms, and sump bottoms in closed containers?	Y	ΠN	
В.	Batch Cold Cleaning Machines	•		
Do	es the facility:			
1.	Collect and store all waste solvent in closed containers?	ΠY	MC	
2.	Use a flexible hose or flushing device only within the freeboard area?	ÞΥ	ΠN	-
3.	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	ΠY	□N	
4.	Maintain the solvent level inside the machine at or below the fill line?	ΠY	ΠN	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	ΩY	ΠN	
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated 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?	ΠY	□N	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	ПY	□и	
Rei	mote Reservoir Type Only			
9.	Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	ΠY	□N	
Imr	nersion Type Only			
10	Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal.	ΩY	□и	

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

Facili	ty (chose	to	meet	require	ements	using:
--------	------	-------	----	------	---------	--------	--------

control device combination / work practice standards

□ alte	rnative solvent emission limit (proceed to Part V)								
☐ idli	ng emission limit / work practice standards (proce	ed to F	Part V) ·					
A. Batch Vapor	Machines, x≤1.21m²		.:						
control comb.									
selected	working mode cover / 1.0 freeboard ratio / superl	heated '	vapor		In use	ב			
٥	reduced room draft / 1.0 freeboard ratio / superhe	eated va	apor			ב			i
٥	reduced room draft / 1.0 freeboard ratio / dwell		-			ב			
٥	freeboard refrig. device / superheated vapor	:							
; x f	freeboard refrig. device / working mode cover			X	X				
, 	freeboard refrig. device / reduced room draft				, 				
	freeboard refrig. device / 1.0 freeboard ratio			Ø)2 4.				
	freeboard refrig. device / dwell			Ø	X				
	freeboard refrig. device / carbon adsorber			Ġ					
	carbon adsorber / 1.0 freeboard ratio / superheate	ed vapo	r			ב			
B. Batch Vapor	Machines, x>1.21m²							7	
control comb.						_	/		=
selected	freeboard refrig. device / superheated vapor / 1.0	freebo	ard ra	tio	۵	In use	Ø		
٥	freeboard refrig. device / superheated vapor / wo	rking r	node d	cover	ر ت	d			
۵	freeboard refrig. device / superheated vapor / red	luced re	oom d	raft	/6	ū			
	freeboard refrig. device / superheated vapor / car	bon ad	sorber	. /					
	freeboard refrig. device / reduced room draft / dv	vell	/						
	freeboard refrig. device / reduced room draft / 1.	0 freeb	oard r	atio					
	1.0 freeboard ratio / reduced room draft / superh	eated v	apor			Ġ			
C. Existing In-	Line Machines								
control comb.		_							
selected	freeboard refrig. device / 1.0 freeboard ratio	In u							
٥	superheated vapor / 1.0 freeboard ratio	ا ت	ם, ו				-		
	freeboard refrig. device / dwell)						
	carbon adsorber / dwell		1		•				
D. New In-Lin	e Machines								
	e machines								
control comb. selected		In use			,				
9	freeboard refrig. device / superheated vapor)						
	freeboard refrig. device / carbon adsorber)						
	superheated vapor / carbon adsorber)						

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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? MA DN 2. Date of installation for cleaning machine and all control devices? If the exact date is MU YA unknown, they must have a letter stating installation occurred before or after 11/29/93. MY ON 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) XY ON 4. Estimates of annual solvent consumption for each machine? 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit) DY DN DYNA 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) DY DN DYN/A 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines) DY DN **X**N/A 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? □Y **Ø**N □N/A 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) DY DN **M**N/A 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) DY DN MYNA 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)

PART VI: ADDITIONAL SITE INFORMATION	
··	· · · · · · · · · · · · · · · · · · ·
JOHN PARKINSON	
Name of Responsible Official NOGEN ZHU	1/11/00
Inspector's Name Roser Bh	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

		•			
INSPECTION F	EPORT FORM				
ENVIRONMENTAL PROTECTION COM		BOROUGH	COUNTY		
FACILITY: SIFCO		PAGE	1	OF	1
FACILITY ADDRESS: 4910 Savarese Circle			ampa		
NAME DISCOURTS OF THE PROPERTY	LOTTY T	PHONE:	`		
MAILING ADDRESS: Same	CITY: Tampa	FLA			
INSPECTION DATE: TIME IN: TIME OUT		1		TATUS	
Jan 11, 2000 9:00 11:00 NEDS NUMBER: 571031	non- C	D8	In C	Compliar	nce
SOURCE DESCRIPTION: Halogenated Solvent I	Decreaser				
CONTACT(S): Thomas J. Malitsky					
Today's visit was an annual compliance inspection Mohammad Nozari and I met with Thomas M. Canan, the controller. The former R.O. left the general manager, but he was unavailable this we about the change of the R.O's. Mr. Malitsky and Mr. Canan showed us the tree to the Table 1. Both the units have been operating for the During our visit, the two machines were not in disturbances by the sliding covers on top of the m. Trichloroethylene is the cleaning solvent being of 27 drums (55 gal/drum) of solvent were purchagallons comparing to 2500 gallons in the previous Also, we were told that both the cleaning mach level falls below the electric heating coils or if the For the parts surface coating, the facility has been there is no records of dwell time available. We dwell time as well.	alitsky, the envelopment, the eek. SIFCO alrew degreasers e whole year in operation, and achines. No odused. The purely sed in 1999. The year in the envelopment of t	new R.O. ready informatically refrigeratic coating in formatically coating in	is John med FDD S-2000-E fully shi es were rots indicate annual shut off on is too stead of she was shut off sh	Parkins EP on Second Earth and Edded fronticed. Ited that usage If if the high. Expray parts	Branson from air t a total is 1485 solvent aint.

Roger Zhu / Mohammad Nozari

DATE:

1/11/00

INSPECTED BY:

PAP

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 AM TIME OUT: 11:00 A	M AIRS ID#: 057/03/
TYPE OF FACILITY: SIF-CO	
FACILITY NAME: 4910 SQUARESE CIC.	DATE:
FACILITY LOCATION: Tampa, F1. 33634	
RESPONSIBLE OFFICIAL: Mr. John Parkinson	PHONE NUMBER: (813) 884-3426
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	The an of A. Mobile
	Nonitoring Sources
COMMENTS:	
<u> </u>	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	proximate)
INSPECTION CONDUCTED BY: Mohammad Noza	- ,
	ease Print)
INSPECTOR'S SIGNATURE: M. NO 3 gri	PHONE NUMBER: (813) 272-5530

Page of .

Revised 10/96

ARS ID#: 057/031

Revised 10/10/96

DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SIFCO			DATE: 12-14-00
FACILITY LOCATION: 4910 S	averese Circle	<u>le</u>	
Tampa,	KI 33634	<u>.</u>	
Annual Reporting Period:	<u> </u>	TO 12-14	20 00
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	-	·	
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous	compliance during the repo	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	<u> </u>	·•	·
Method used to demonstrate compliance:	<u></u>		<u>.</u>
#2. Term or condition of the general permit	t that has not been in continuou	s compliance during the rep	orting 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: John	and complete. Further, my and does not exceed 2,100 gallons	nual consumption of perchlo	proethylene solvent, based
RESPONSIBLE OFFICIAL: Na	ame (Please Print)	Signature	Date 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.

ASOF

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL	(INSI,	INS2)	Œ

COMPLAINT/DISCOVERY (CI) □

RE-INSPECTION (FUI) □

AIRS ID#: 57/03)	DATE: 12-1	4-00 TI	ME IN:	9:30 Am TIM	E OUT: 11: A	ч
FACILITY NAME: 5	IFCO				· ·	
FACILITY LOCATION: 4	910 Sav	a Rese	<u> </u>	17.		
<u>T</u> .	impa, K)	336	34	-		
RESPONSIBLE OFFICIAL : J				PHONE: (813)	884-342	6
CONTACT NAME:				PHONE:		
DARK NOTIFICATION						
PART I: NOTIFICATION						
(check appropriate box)			Fa	cility Compliance S	tatus: IN	
1. New facility notified DARM 30) days prior to sta	artup		(ARMS Data)	MNC	
2. Facility failed to notify DARM	to use general po	ermit			SNC	<u> </u>
3. Halogenated solvent used at fac	:ility;	•				
perchlorethylene	u /	methyle	ne chlori	ide 🗖		
trichloroethylene	4	1,1,1-tri	chloroetl	hane 🗆		
carbon tetrachloride	٥	chlorofo	rm ·	. •		
4. Facility indicated on notificatio	n form that it has	s the follow	ing mac	hine type(s). Check	more than one b	oox if
applicable:						
Batch Vapor, x ≤ 1.21 m ²	New I	In-line		Batch Cold C	a ,	
Batch Vapor, x > 1.21 m ²	☐ Existin	ng In-line				
PART II: CLASSIFICATION						
1. Indicate the machine type(s) of	oserved at the fac	cility:				
Batch Vapor, $x \le 1.21 \text{ m}^2$	New I	In-line		Batch Cold (immer	rsion)	O.
Batch Vapor, x > 1.21 m ²	☐ Existi	ng In-line		Batch Cold (remote	e reservoir)	

PART III: GENERAL CONTROL REQUIREMENTS

	Batch Vapor and In-Line Machines s the facility:	
tł	Maintain an idling and downtime mode cover that is readily opened and closed, hat 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?	מם עצ
2. N	Maintain a freeboard ratio of 0.75 or greater?	GAY ON
	Itilize a parts basket or parts whose size is less than 50% of the solvent-air interface rea; OR introduce parts or parts basket at 0.9 m/min (3 ft/sec) or less?	DY ON
	Conduct all spraying operations within the vapor zone or an area not directly exposed to mbient air?	MY ON }
	nstall and maintain an automated parts handling system capable of moving he parts/parts basket at 3.4 m/min. (11ft/min) or less?	DAY ON
n	nstall and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Have each machine equipped with	OY ON WON/A
	a. a device to shut off sump heat if the solvent level drops to the heater coils?	DEY ON
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	ON ON
	c. a primary condenser?	MAX ON
	Store all waste solvent, still bottoms, and sump bottoms in closed containers? Batch Cold Cleaning Machines	
Does	s the facility:	
1. 0	Collect and store all waste solvent in closed containers?	□Y □N
2. ኚ	Use a flexible hose or flushing device only within the freeboard area?	□Y □N
l .	Orain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is onger?	OY ON
4. I	Maintain the solvent level inside the machine at or below the fill line?	OY ON
l .	immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	□Ү □И
	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	OY ON ON/A
	Ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open?	OY ON
8. I	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	UY UN
Rem	ole Reservoir Type Only	
l	Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	OY ON ON/A
Imm	ersion Type Only	
l	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.	OY ON ON/A

2 of 4

PART IV: PROC	ESS VENT CONTROLS (not applicable to	batch cold cleanir	ng machines)
Facility chose to	meet requirements using:		
☑ contr	ol device combination / work practice standard	S	
☐ altern	native solvent emission limit (proceed to Part V) .	
☐ idling	g emission limit / work practice standards <i>(proc</i>	eed to Part V)	
control comb.	Machines, $x \le 1.21 \text{ m}^2$		to we
selected	working mode cover / 1.0 freeboard ratio / supe	rheated vapor C	In use
	reduced room draft / 1.0 freeboard ratio / superf	neated vapor	
	reduced room draft / 1.0 freeboard ratio / dwell	C	
	freeboard refrig. device / superheated vapor	C	
	freeboard refrig. device / working mode cover	C	ם כ
	freeboard refrig. device / reduced room draft	C	ם כ
a/ ::	freeboard refrig. device / 1.0 freeboard ratio		ם כ
	freeboard refrig. device / dwell		ם ם
	freeboard refrig. device / carbon adsorber		ם ב
N .	carbon adsorber / 1.0 freeboard ratio / superhead Machines, x > 1.21 m²	ted vapor C	
control comb.			In use
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C. Existing In-L	1.0 freeboard ratio / reduced room draft / superl Line Machines	neated vapor	
ll .	freeboard refrig. device / 1.0 freeboard ratio	□ □ □	
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	carbon adsorber / dwell		
D. New In-Line control comb.	Machines	In use	
ll .	freeboard refrig. device / superheated vapor	III are	
	freeboard refrig. device / carbon adsorber		14
.0	superheated vapor / carbon adsorber		•

PART V: RECORDKEEPING REQUIREMENTS

		<u> </u>
Has the responsible official maintained the following:	,	
1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment?	MY ON	
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.	DY ON	
3. Halogenated solvent content for each solvent used? (exempt if <5% by weight)	ØY ON	
4. Estimates of annual solvent consumption for each machine?	BY ON	200030G
5. Dates of solvent additions and amounts added to each machine? (applicable only to	Eyer 3 wee	(C)
those using an alternative emission limit)	DY ON ON/A	
6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)	OY ON ON/A	
7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)	OY ON ON/A	
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	OY ON ON/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)	OY ON ON/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 Fint Copvert from Water Cooler to Air Cooler

Mohammad Nozari	1-4ear 12-14-00
Inspector's Name	Date of Inspection
K. No. Pori	1 year
Inspector's Signature	Approximate Date of Next Inspection

•			
INSPECTION REPORT ENVIRONMENTAL PROTECTION COMMISSION		BOROU	JGH COUNTY
FACILITY: SIFCO	F	AGE 1	of 1
FACILITY ADDRESS: 4910 Savarese Circle	I .	Y: Tan DNE: (8	npa 313) 884-3426
MAILING ADDRESS: Same CITY:	Tampa	FLA	ZIP: 33634
INSPECTION DATE: TIME IN: TIME OUT: INST December 14, 2000 9:30AM 11:00AM	PECTION TY CDS	PE:	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 environmet Mr. Parkinson escorted us around the facility. SIFCO has Branson73621) and both units operated through out year 2 During our visit, the two machines were not in operation, door. No odors or fumes were noticed. Trichloroethylene is the cleaning solvent being used. The 15 drums (55 gal/drum) of solvent were purchased in 200 gallons comparing to 1485 gallons in the previous year. The free board well maintained. The cooling coil of the D from water cool to refrigerator cooling system this modification to the facility. The jet spray cleaning nozzle control was in working order the waste from the cleaning machine was store in sealed disposed in accordance with EPC regulations. The part handling system was capable of moving parts or minute as required.	two degreases 2000. and they were purchase reconstruction. Therefore, settrex VS-200 deation was taken for both micontainer in	ers (De re fully eeipts in the an 00 mac aking p achine the end	covered by sliding ndicated that a total of anual usage is 825 whine was change place when we were s.

MOTERIMMOD

Pag Frank Ken Hagan Jim Norman Jan K. Platt Thomas Scott Ronda Storms

Kathy Castor

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Executive Director

unistrative Offices. iter Managament Division The Ro 190

Richard D. Garrity, Ph.D.

ENVIRONMENTAL PROTECTION COMMISSIO of Hillsborough County

FAX Transmittal Sheet

DATE: 3-10-04		少 T. C.	, , , ,	2003	
TO: Rich Buller		-{	011111	د د د	_`
FAX Phone: 850-922-6979	Voice Phone:				- -
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TOTAL NUMBER OF PAGES INCLU	DING THIS COVER PAG	E:		. :	
EPC FAX Transmission Line: (813) For retransmission or any FA		€	4		-
FROM: Mohammad Nozani					
(Circle applicable section b	elow)	ı			
AIT Division					
-Compliance	-Enforcement/Analys	is			
-Monitoring/Toxics	Permitting				
SPECIAL INSTRUCTIONS:					_
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Hillsborough County EPC

Attn: Mohammed Nozari

1410 N. 21st Street

Tampa, Florida 33605

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MAR 0 4 2004

EPC of HC AIR MANAGEMENT PAGE

FAA R.S. QD2R10 ISO 9001/AS900 55427-3599, Tel: (763) 544-35 Fax: (763) 544-22

Dear Sir,

Please be advised that effective 30 September 2003, SIFCO Florida, locate lat 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 phyler need to exercise use of the Title V General Permit for the Vapor degreaser. If I do be of any further assistance please feel free to contact me as listed below.

SIFCO Minneapolis 2430 N. Winnetka Ave Minneapolis, MN 55427

PH: (763) 544-3511

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

INVOICE DATE	INVOICE NO. / REFEREN	NCE	INVOICE AMOUNT	DEDUCTIONS	PAID AMOUNT
12-10-98	121198 CHK RQST ,	/ 83362	50.00		50.00
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12-10-98	0571031	/ 83362			
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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

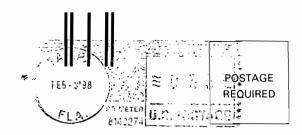
Fund: 20-2-035001

Obj.: 002273





4910 Savarese Circle, Tampa, FL 33634-2493 FAA Repair Station TO4R551M



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

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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

SIFCO FLORIDA JOHN PARKINSON 4910 SAVARESE CIRCLE TAMPA FL 33634-2493

AIRS ID # 0571031

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0571031

SIFCO KEN GOVE DR 4910 SAVARESE CIRCLE TAMPA FL 33634 30339

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00 JAN 21 97

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 Оы.: 002273

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TOTAL AMOUNT DUE: \$50.00 53

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AIRS ID 0571031

SIFCO KEN GOVE DR 4910 SAVARESE CIRCLE TAMPA FL 33634 Burgau of FOR GOVERNMENT USE ONLY Org.; 37550101000 EO: B1
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Obj.; 6002277

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SIFCO KEN GOVE DR

4910 SAVARESE CIRCLE TAMPA FL 33634

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571031

Jec

	<u> </u>	
	Do NOT Remove Label	_
Annual Reporting Period: \(\sqrt{UVE} \)	1997 TO DEC 31	1997
62-213.300, Florida Administrative Code (F. If NO, complete the following:	V general air permit, my facility has remained in compliance with A.C.), during the period covered by this statement. YES	□NO
Exact period of non-compliance: from Action(s) taken to achieve compliance:	to_	
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	EIVED
Action(s) taken to achieve compliance:	FJAI	N 2 2 1998
Method used to demonstrate compliance:	Bureau c	of Air Monitoring bile Sources
made in this notification are true, accurate a RESPONSIBLE OFFICIAL: MARK		that the statements 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.



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

John

RECEIVED
JAN 2 2 2000
Bureau of Air Monitoring

4910 Savarese Circle Tampa, FL 33634-2493

FAA Repair Station TO4R551M





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MS 5510

General Permits Section Bureau of Air Monitoring and Mobile Sources, Department of Environmental Protection

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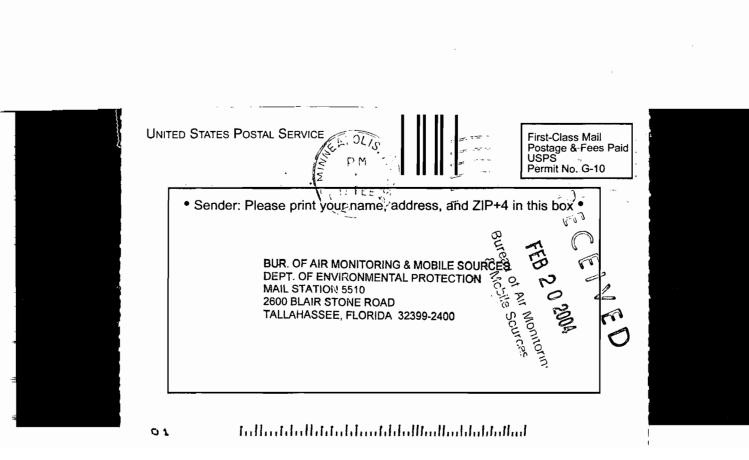
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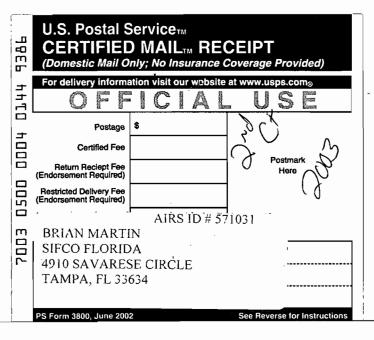
2600 Blair Stone Road Tallahassee, FL 32399-2400

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1724	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	For delivery information visit our website at www.usps.com®
5651	OFFICIAL USE
3	Postage \$
0003	Certified Fee
	Return Reciept Fee (Endorsement Required)
2260	Restricted Delivery Fee (Endorsement Required)
끊	ID# 571031
m	BRIAN MARTIN
	SIFCO FLORIDA
7003	👸 4910 SAVARESE CIRCLE
	oi TAMPA, FL 33634
ĺ	G
	PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: ID# 571031 BRIAN MARTIN SIFCO FLORIDA 4910 SAVARESE CIRCLE 	A. Signature X My Mi Olhu Agent Addressee B. Received by (Printed Name) C. Date of Delivery Addressee D. Is delivery address different from Item 1?
TAMPA, FL 33634	Certified Mail Registered Return Receipt for Merchandise C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Transfer from service label) 7003 22	60 0003 5651 1724
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1 Article Addressed to:	A. Signature X
AIRS ID # 571031 BRIAN MARTIN SIFCO ELCRIDA 4910 SAWARESE CIRCLE TAMPA, FL*33634	3. Service Type Certified Mail
	,4. Restricted Delivery? (Extra Fee)
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PS Form 3811 August 2001 Domestic Bo	eturn 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

D/.P.W/MOBILE SOURCE CONTROL PROCEDURE

DEPT. OF ENVIRONMENTAL PROTECTION

MAIL STATION 5510
2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

19495		MAIL REC	EIPT Coverage Provided)
4128	Postage Certified Fee	\$	Postmark
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7000 0600	Total Pol Recipient' TOM MA Street, Apt 4910 SAV TAMPA I City, State, 33634-249	ALITSKY /ARESE CIRCLE FL	
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1. Article Addressed to: AIRS ID # 0571031 SIFCO FLORIDA TOM MALITSKY 4910 SAVARESE CIRCLE TAMPA FL	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
33634-2493	3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
70006000026 4428 649 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-00-M-0952

Z 210 662 878 US Postal Service s Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0571031001AG 11 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 Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

SENDER: top of envelope to	o anil as blo-i a section on definera
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SIFCO FLORIDA 4910 SAVARESE CIRCLE TAMPA FL 33634-2493	3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
2210 662 878	4. Restricted Delivery? (Extra Fee)
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.007

AIRS ID # 0571031

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SIFCO FLORIDA JOHN PARKINSON 4910 SAVARESE CIRCLE TAMPA FL 33634-2493 FOR GOVERNMENT USE ONLY
OF 3755 101000 EO: A1
Fund: 20-2-055001
Obj.: 002273

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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

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CHECK# 050993 DATED: 12-11-98 TOTALS:

50.00

50.00

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



4910 Savarese Circle Tampa, FL 33634-2493 FAA Repair Station TO4R551M

057 1031

First National Bank of Ashland

An Affiliate of RECEIVED NATIONAL CITY BANK ROOM

050993

0354741



DEC 18 98 2-11-98

050993

PAY

FIFTY AND 00/100 DOLLARS

CHECK AMOUNT

*****50.00

TO THE ORDER OF

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

Haymord G. Dams



RECEIVED

DEC 2 3 1998

Bureau of Air Monitoring & Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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SIFCO FLORIDA TOM MALITSKY 4910 SAVARESE CIRCLE TAMPA FL 33634-2493

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Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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INVOICE DATE INVOICE NO. / REFERENCE	INVOICE AMOUNT . "	DEDUCTIONS	PAID AMOUNT
12-10-98 -121198 CHK RQST / 83362	50.00		50.00
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Z 333 613 147 US Postal Service Receipt for Certified Mail 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 Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	1. Addressee's Address 2. Restricted Delivery		
DDRESS completed	3. Article Addressed to: AIRS ID 0571031 SIFCO KEN GOVE DR 4910 SAVARESE CIRCLE TAMPA FL 33634	4b. Service Registere Express I	Type ad	sing Retu
Is your RETURN A	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994		e's Address (Only if requeste	That

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM SIFCO KEN GOVE DR 4910 SAVARESE CIRCLE TAMPA FL 33634 Do NOT Remove Label

Annual Reporting Period: Janua	ary 1	1997 то	December 31	1997
Based on each term or condition of the Title v 62-213.300, Florida Administrative Code (F.A.				h DEP Rule □NO
If NO, complete the following:				
#1. Term or condition of the general permit t	hat has not been in	continuous compliar	nce 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 t	hat has not been in	continuous compliar	nce during the reporting p	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, be in this notification are true, accurate and con	nplete.	_	,	that the statements made
RESPONSIBLE OFFICIAL: Nan	PRK MELL ne (Please Print)	_os Mari	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.