



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

February 24, 1997

Mr. Miroslav Mitusina  
President  
B & M Precision, Inc.  
1225 Fourth Street Southwest  
Ruskin, Florida 33570

Re: Facility No. 0571122

Dear Mr. Mitusina:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on February 11, 1997.

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

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

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

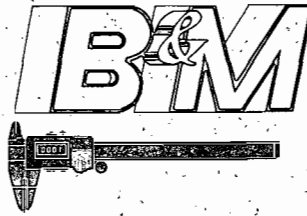
If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Mr. Thomas Shelton, Hillsborough County



B & M PRECISION, INC

RECEIVED  
JAN 31 1997

January 28, 1997

Environmental Protection Commission  
of Hillsborough County  
1410 N. 21st Street  
Tampa, Florida 33605

EPC of HC  
AIR MANAGEMENT

Attn: Bruce M. King, QEP

Dear Mr. King

Enclosed are the forms "A" - Initial Notification Report For New Machines and pages 17 through 20 - DEP Form No. 62-213.900(4) for our facility here in Ruskin.

To the best of my knowledge these are filled out correctly per our conversation of Tuesday, January 28, 1997. I did note, at 3(b) of the DEP form, that we already meet the requirement of "not exceeding 10 tons per year".

Awaiting any further direction you may offer,

On behalf of Miroslav Mitusino, President

Sincerely Yours,

Richard Gray, CMfgE

RECEIVED  
FEB 11 1997

Bureau of Air Monitoring  
& Mobile Sources



**VAPOR DEGREASERS**

**INITIAL NOTIFICATION REPORT FOR NEW MACHINES**

Machine installed on or before November 29, 1993

1. Company Name: B & M PRECISION, INC.

2. Mailing Address: 1225 4TH STREET S.W.  
Street Address

RUSKIN FLORIDA 33570  
City State Zip Code

3. Facility Location: 1225 4TH STREET S.W.  
Street Address

RUSKIN FLORIDA 33570  
City State Zip Code

4. Facility Representative: CHARLENE SMITH Date of Report: 1-29-97

5. Telephone #: 813-645-1188 6. Cleaner Serial/Model #: SONICOR CVDR - S0SF  
SERIAL # 65375-0587

7. Type of machine: (check as applicable)  
 Batch vapor  In-line

8. Solvent/air interface area: 252 square meters or square inches  
(circle one)

9. Existing controls: (check as applicable)  
 Freeboard ratio of 1.0  Carbon adsorber  Reduced room draft  
 Freeboard refrigeration device  Dwell  Super-heated vapor  
 Working-mode cover  Other

10. Date of machine installation: MARCH 1991

11. Anticipated compliance approach: (check as applicable)  
 Basic equipment  Alternative standard  Idling emission standards

12. Annual estimate of halogenated solvent consumption 3325 pounds/year or kilograms/year  
(circle one)

13. Solvent(s) used: (check as applicable)  
 Methylene Chloride  Trichloroethylene  1,1,1-Trichloroethane  
 Chloroform  Carbon Tetrachloride  Perchloroethylene

*Return completed form to:*

Florida Department of Environmental Protection  
Bureau of Air Monitoring and Mobile Sources  
Mail Station 5510  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

For assistance, call Small Business Assistance Program, (800)722-7457.

# Halogenated Solvent Degreasers Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	B + M PRECISION, INC
2. Site Name (For example, plant name or number):	N/A
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 1225 4TH STREET S.W. City: RUSKIN County: HILLSBOROUGH Zip Code: 33570	
5. Facility Identification Number (DEP Use):	0541122

## Responsible Official

6. Name and Title of Responsible Official:	MIROSLAV MITUSINA - PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: B + M PRECISION, INC Street Address: 1225 4TH STREET S.W. City: RUSKIN County: HILLSBOROUGH Zip Code: 33570	
8. Responsible Official Telephone Number: Telephone: (813) 645-1188 Fax: (813) 645-5907	

## Facility Contact (If different from Responsible Official)

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

RECEIVED

FEB 11 1997

**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 <sup>2</sup>	_____	<u>02-28-91</u>	_____	_____	_____	_____
x > 1.21 m <sup>2</sup>	_____	_____	_____	_____	_____	_____
Batch Cold	_____	_____	_____	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

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

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: WE MEET THIS REQUIREMENT ALREADY

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

meeting an idling emission limit/work practice standards

meeting the requirements for batch cold cleaning machines

#0571122

pg 19 Equipment Monitoring  
and Recordkeeping

(c) If has a freeboard  
refrigeration device  
this should be  
checked

(i) should be checked.

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

- 1.0 freeboard ratio
- super-heated vapor
- freeboard refrigeration device
- carbon adsorber
- dwell time
- working mode cover
- reduced room draft

#### Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts for halogenated solvent purchases
- (b) Inspection records
- (c) Temperature monitoring
- (d) Idling emission concentration monitoring
- (e) Instrument calibration
- (f) Dwell time records
- (g) Solvent content records
- (h) Remedial action log
- (i) Control device monitoring
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

**Surrender of Existing Air Permit(s)**

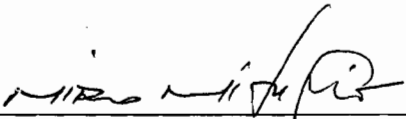
Please indicate with an "X" the appropriate selection:

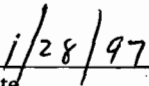
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.
- No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date



Ent 2/12/97

### Halogenated Solvent Degreasers Facility Notification

#### Facility Name and Location



1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	B + M PRECISION, INC	
2. Site Name (For example, plant name or number):	N/A	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location:		
Street Address:	1225 4TH STREET S.W.	
City:	RUSKIN	County: HILLSBOROUGH Zip Code: 33570
5. Facility Identification Number (DEP Use):	0541122	

#### Responsible Official

6. Name and Title of Responsible Official:	MIROSLAV MITOSINA - PRESIDENT	
7. Responsible Official Mailing Address:		
Organization/Firm:	B + M PRECISION, INC	
Street Address:	1225 4TH STREET S.W.	
City:	RUSKIN	County: HILLSBOROUGH Zip Code: 33570
8. Responsible Official Telephone Number:		
Telephone:	(813) 645-1188	Fax: (813) 645-5907

#### Facility Contact (If different from Responsible Official)

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

RECEIVED

FEB 11 1997

Ent 2/12/97

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

JAN 27 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	The DKD Companies Inc dba Eagle Cleaners
2. Site Name (For example, plant name or number):	Killian Road
3. Hazardous Waste Generator Identification Number:	3-097-51-1037-6 Safety Klean # ) DEP # Applied For
4. Facility Location: Street Address: 1368 N. Killian Dr Bay C/D City: Lake Park County: Palm Beach Zip Code: 33403	
5. Facility Identification Number (DEP Use):	0990481

Responsible Official

6. Name and Title of Responsible Official:	Clarence D. Denton Jr President
7. Responsible Official Mailing Address: Organization/Firm: The DKD Companies, Inc Street Address: 1368 N. Killian Dr Bay C/D City: Lake Park County: Palm Beach Zip Code: FL	
8. Responsible Official Telephone Number: Telephone: (561) 963-6444 Fax: (561) 963-8315	

Facility Contact (If different from Responsible Official)

SAME AS ABOVE

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

RECEIVED  
JAN 27 1997  
DEP - JACKSONVILLE

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
*Marie S. Morrison, Morrison's Cleaners*

2. Site Name (For example, plant name or number):  
*Morrison's Cleaners # I*

3. Hazardous Waste Generator Identification Number:  
*Safety-Kleen, no no yet,*

4. Facility/Location:  
Street Address:  
City: *304 Main St. Mayp.* County: *Lafayette Co.* Zip Code: *32066*

5. Facility Identification Number (DEP Use):  
*0670003*

Responsible Official

6. Name and Title of Responsible Official:  
*Marie S. Morrison*

7. Responsible Official Mailing Address:  
Organization/Firm:  
Street Address: *304 main St*  
City: *Mayp, Fla.* County: *Lafayette* Zip Code: *32066*

8. Responsible Official Telephone Number:  
Telephone: *(904) 362 - 7912* Fax: ( ) -

Facility Contact (If different from Responsible Official)

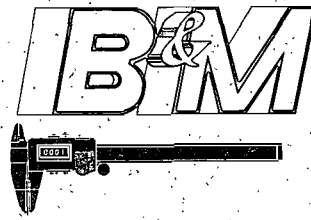
9. Name and Title of Facility Contact (For example, plant manager):  
*Lottie Brown*

10. Facility Contact Address:  
Street Address: *304 main St*  
City: *Mayp, Fla.* County: *Lafayette* Zip Code: *32066*

11. Facility Contact Telephone Number:  
Telephone: *(904) 362 - 7912* Fax: ( ) -

RECEIVED

JAN 31 1997



B & M PRECISION, INC.

RECEIVED

DEC 5 1997

Bureau of Air Monitoring  
& Mobile Sources.

December 01, 1997

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

Re: Air General Permit #0571122

Dear Sirs,

I am writing to inform you that after reviewing the deficiencies of our vapor degreaser system, enumerated in the EPC letter of July 24, 1997, we are electing to discontinue use of this equipment. The associated costs to upgrade or replace this equipment are too costly at this time.

We have replaced the TCE cleaner/degreaser with an aqueous cleaning compound and product specific cleaning fixtures. While we are still struggling to make this cost effective we are confident in this approach. Confidence aside, we are just starting to produce with this aqueous cleaning and could fail to consistently and thoroughly clean our product. Consistent and thorough cleaning is essential to our business. If more development time for our aqueous cleaner and fixtures is required do we have any options?

Regardless we will continue to use TCE but in very small quantities and not in any vapor type system. Typical is a small jar (4" to 5" diameter) and a wipe cloth. The TCE is kept in a closed 1 gallon container for this operation. The present vapor degreaser unit will still be operative and on site but not with any halogenic solvents. It has a heater system for the aqueous cleaning solution and ultrasonics to assist the cleaning process.

Sincerely Yours,

Richard Gray, CMfgE for Miroslav Mitusina, President  
B & M Precision, Inc.  
1225 4th Street SW  
Ruskin, FL 33570  
Ph (813) 645-1188  
Fx (813) 645-5907

cc: M. Mitusina  
C. Smith  
L. Shelton, EPC of Hillsborough County

# Halogenated Solvent Degreasers Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	B + M PRECISION, INC	
2. Site Name (For example, plant name or number):	N/A	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location:	Street Address: 1225 4TH STREET S.W. City: RUSKIN County: HILLSBOROUGH Zip Code: 33570	
5. Facility Identification Number (DEP Use):	0511120	

## Responsible Official

6. Name and Title of Responsible Official:	MIROSLAV MITUSINA - PRESIDENT	
7. Responsible Official Mailing Address:	Organization/Firm: B + M PRECISION, INC Street Address: 1225 4TH STREET S.W. City: RUSKIN County: HILLSBOROUGH Zip Code: 33570	
8. Responsible Official Telephone Number:	Telephone: (813) 645-1188 Fax: (813) 645-5907	

## Facility Contact (If different from Responsible Official)

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

RECEIVED

MAR 7 1997

Bureau of Air Monitoring  
& Mobile Sources

### Facility Information

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

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor						
x < 1.21 m <sup>2</sup>	_____	02-28-91	_____	_____	_____	_____
x > 1.21 m <sup>2</sup>	_____	_____	_____	_____	_____	_____
Batch Cold	_____	_____	_____	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

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

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: **WE MEET THIS REQUIREMENT ALREADY**

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

meeting an idling emission limit/work practice standards

meeting the requirements for batch cold cleaning machines

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

- 1.0 freeboard ratio
- super-heated vapor
- freeboard refrigeration device
- carbon adsorber
- dwell time
- working mode cover
- reduced room draft

#### Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts for halogenated solvent purchases
- (b) Inspection records
- (c) Temperature monitoring
- (d) Idling emission concentration monitoring
- (e) Instrument calibration
- (f) Dwell time records
- (g) Solvent content records
- (h) Remedial action log
- (i) Control device monitoring
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_
- No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

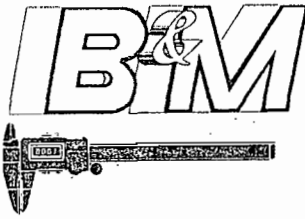
Signature

*MIRO NIFU JR*  
*MIRO NIFU JR*

Date

*3/28/97*  
*3-4-97*





FILE

**B & M PRECISION, INC.**

January 28, 1997

Environmental Protection Commission  
of Hillsborough County  
1410 N. 21st Street  
Tampa, Florida 33605

Attn: Bruce M. King, QEP

Dear Mr. King

Enclosed are the forms "A" - Initial Notification Report For New Machines and pages 17 through 20 - DEP Form No. 62-213.900(4) for our facility here in Ruskin.

To the best of my knowledge these are filled out correctly per our conversation of Tuesday, January 28, 1997. I did note, at 3(b) of the DEP form, that we already meet the requirement of "not exceeding 10 tons per year".

Awaiting any further direction you may offer,

On behalf of Miroslav Mitusino, President

Sincerely Yours,

Richard Gray, CMfgE



**VAPOR DEGREASERS**

**INITIAL NOTIFICATION REPORT FOR NEW MACHINES**

Machine installed on or before November 29, 1993

1. Company Name: B & M PRECISION, INC.

2. Mailing Address: 1225 4TH STREET S.W.  
Street Address

RUSKIN FLORIDA 33570  
City State Zip Code

3. Facility Location: 1225 4TH STREET S.W.  
Street Address

RUSKIN FLORIDA 33570  
City State Zip Code

4. Facility Representative: CHARLENE SMITH Date of Report: 1-29-97

5. Telephone #: 813-645-1188 6. Cleaner Serial/Model #: SONICOR CVDR - S0SF  
SERIAL # 65375-0587

7. Type of machine: (check as applicable)  
 Batch vapor  In-line

8. Solvent/air interface area: 252 square meters or square inches  
(circle one)

9. Existing controls: (check as applicable)  
 Freeboard ratio of 1.0  Carbon adsorber  Reduced room draft  
 Freeboard refrigeration device  Dwell  Super-heated vapor  
 Working-mode cover  Other

10. Date of machine installation: MARCH 1991

11. Anticipated compliance approach: (check as applicable)  
 Basic equipment  Alternative standard  Idling emission standards

12. Annual estimate of halogenated solvent consumption 3325 pounds/year or kilograms/year  
(circle one)

13. Solvent(s) used: (check as applicable)  
 Methylene Chloride  Trichloroethylene  1,1,1-Trichloroethane  
 Chloroform  Carbon Tetrachloride  Perchloroethylene

*Return completed form to:*

Florida Department of Environmental Protection  
Bureau of Air Monitoring and Mobile Sources  
Mail Station 5510  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

For assistance, call Small Business Assistance Program, (800)722-7457.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1345 / 0945 TIME OUT: 1450 / 1145 AIRS ID#: 0571122  
 TYPE OF FACILITY: Degreaser (Halogenated)  
 FACILITY NAME: B<sup>5</sup> M Precision, Inc DATE: 7/10/97 / 7/16/97  
 FACILITY LOCATION: 1225 4th St SW  
Roskin, FL 33570  
 RESPONSIBLE OFFICIAL: Miroslav Mitosing PHONE NUMBER: (813) 645-1188

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No records for maintenance & equipment tests.	Correspondence and corrective actions to complete compliance.
No leakproof fill/drain fittings.	plans are due to be completed 12/2/97.
No parts handling system.	
Failure to be aware of or follow work practices habits.	

**COMMENTS:** *This inspection is more of compliance assistance to provide facility sufficient time to ensure full compliance can be achieved by 12/2/97.*

The Annual Compliance Certification form has been properly certified and submitted to the inspector. <sup>NOT ANNUAL INSPECT (MIA)</sup> YES  NO

**DATE OF NEXT INSPECTION:** ~ 1 yr (Approximate)

**INSPECTION CONDUCTED BY:** James O Holton (Please Print)

**INSPECTOR'S SIGNATURE:** Jan O Holton **PHONE NUMBER:** (813) 272-5530

# Halogenated Solvent Degreasers Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	B + M PRECISION, INC
2. Site Name (For example, plant name or number):	N/A
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 1225 4TH STREET S.W. City: RUSKIN County: HILLSBOROUGH Zip Code: 33570	
5. Facility Identification Number (DEP Use):	05M1122

## Responsible Official

6. Name and Title of Responsible Official:	MIROSLAV MITOSINA - PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: B + M PRECISION, INC Street Address: 1225 4TH STREET S.W. City: RUSKIN County: HILLSBOROUGH Zip Code: 33570	
8. Responsible Official Telephone Number: Telephone: (813) 645-1188 Fax: (813) 645-5907	

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	CHARLENE SMITH - PLANT MANAGER
10. Facility Contact Address: Street Address: A-S ABOVE City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	

RECEIVED

MAR 7 1997

Bureau of Air Monitoring  
& Mobile Sources

### Facility Information

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

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor						
x < 1.21 m <sup>2</sup>	_____	02-28-91	—	—	—	—
x > 1.21 m <sup>2</sup>	_____	_____	_____	_____	_____	_____
Batch Cold	_____	_____	_____	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

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

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: WE MEET THIS REQUIREMENT ALREADY

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

meeting an idling emission limit/work practice standards

meeting the requirements for batch cold cleaning machines

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

- 1.0 freeboard ratio
- super-heated vapor
- freeboard refrigeration device
- carbon adsorber
- dwell time
- working mode cover
- reduced room draft

#### Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts for halogenated solvent purchases
- (b) Inspection records
- (c) Temperature monitoring
- (d) Idling emission concentration monitoring
- (e) Instrument calibration
- (f) Dwell time records
- (g) Solvent content records
- (h) Remedial action log
- (i) Control device monitoring
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

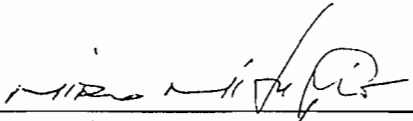
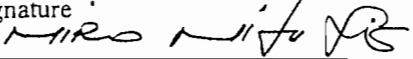
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

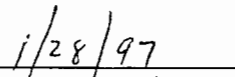
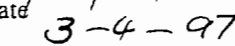
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

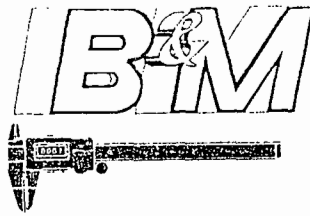
*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature

  
\_\_\_\_\_  


Date

  
\_\_\_\_\_  




FILE

**B & M PRECISION, INC.**

January 28, 1997

Environmental Protection Commission  
of Hillsborough County  
1410 N. 21st Street  
Tampa, Florida 33605

Attn: Bruce M. King, QEP

Dear Mr. King

Enclosed are the forms "A" - Initial Notification Report For New Machines and pages 17 through 20 - DEP Form No. 62-213.900(4) for our facility here in Ruskin.

To the best of my knowledge these are filled out correctly per our conversation of Tuesday, January 28, 1997. I did note, at 3(b) of the DEP form, that we already meet the requirement of "not exceeding 10 tons per year".

*Awaiting any further direction you may offer,*

On behalf of Miroslav Mitusino, President

Sincerely Yours,

Richard Gray, CMfgE





VAPOR DEGREASERS

INITIAL NOTIFICATION REPORT FOR NEW MACHINES

Machine installed on or before November 29, 1993

1. Company Name: B & M Precision, Inc.

2. Mailing Address: 1225 4th Street S.W.
Street Address
Ruskin Florida 33570
City State Zip Code

3. Facility Location: 1225 4th Street S.W.
Street Address
Ruskin Florida 33570
City State Zip Code

4. Facility Representative: Charlene Smith Date of Report: 1-29-97

5. Telephone #: 813-645-1188 6. Cleaner Serial/Model #: SONICOR CVDR - S0SF

7. Type of machine: (check as applicable) SERIAL # 65375-0587

[X] Batch vapor [ ] In-line

8. Solvent/air interface area: 252 square meters or square inches (circle one)

9. Existing controls: (check as applicable)
[X] Freeboard ratio of 1.0 [ ] Carbon adsorber [ ] Reduced room draft
[X] Freeboard refrigeration device [ ] Dwell [ ] Super-heated vapor
[X] Working-mode cover [ ] Other

10. Date of machine installation: March 1991

11. Anticipated compliance approach: (check as applicable)
[X] Basic equipment [ ] Alternative standard [ ] Idling emission standards

12. Annual estimate of halogenated solvent consumption 3325 pounds/year or kilograms/year (circle one)

13. Solvent(s) used: (check as applicable)
[ ] Methylene Chloride [X] Trichloroethylene [ ] 1,1,1-Trichloroethane
[ ] Chloroform [ ] Carbon Tetrachloride [ ] Perchloroethylene

Return completed form to:

Florida Department of Environmental Protection
Bureau of Air Monitoring and Mobile Sources
Mail Station 5510
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

For assistance, call Small Business Assistance Program, (800)722-7457.

**HALOGENATED SOLVENT DEGREASERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRES ID#: 0571122 DATE: 7/10 / 7/16/97 TIME IN: 1345 / 0845 TIME OUT: 1450 / 1145  
 FACILITY NAME: B E M Precision  
 FACILITY LOCATION: 1225 4th Street SW  
Ruskin, FL 33570

**PART I: NOTIFICATION**

(check appropriate boxes)

1. Facility notified DARM by 9/1/96

2. Facility notified DARM 30 days prior to starting up

3. Facility failed to notify DARM to use a general permit

4. Halogenated solvent used at the facility:

perchloroethylene	<input type="checkbox"/>	methyl chloride	<input type="checkbox"/>
trichloroethylene	<input checked="" type="checkbox"/>	1,1,1-trichloroethane	<input type="checkbox"/>
carbon tetrachloride	<input type="checkbox"/>	chloroform	<input type="checkbox"/>

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

Batch Vapor, $x < 1.21 \text{ m}^2$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

**PART II: CLASSIFICATION**

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

**PART III: GENERAL CONTROL REQUIREMENTS**

**A. Batch Vapor and In-Line Machines**  
 Does the facility:

1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification?  Y  N

2. Maintain a freeboard ratio of 0.75 or greater?  Y  N

3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/sec)?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? <i>NO SPRAYING CONDUCTED</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
c. a primary condenser?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
<b>B. Batch Cold Cleaning Machines</b>	
Does the facility:	
1. Collect and store all waste solvent in closed containers?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Use a flexible hose or flushing device only within the freeboard area?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Maintain the solvent level inside the machine at or below the fill line?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Operate the agitator to produce a rolling motion? ( <i>applicable only when air- or pump-agitated solvent bath used</i> )	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Remote Reservoir Type Only --</i>	
9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Immersion Type Only --</i>	
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.	<input type="checkbox"/> Y <input type="checkbox"/> N

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

Facility chose to meet requirements using:

control device combination / work practice standards

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

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

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / working mode cover	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

*Currently have all 3, & permit app reflects all 3 methods. However, only required to select one of these two combos.*

**B. Batch Vapor Machines,  $x > 1.21m^2$**

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**C. Existing In-Line Machines**

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

**D. New In-Line Machines**

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

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

**PART VI: ADDITIONAL SITE INFORMATION**

*See attached*

*Miroslav Mitusins*  
Name of Responsible Official

*James J. Holton*  
Inspector's Name

*Jan J. Holb*  
Inspector's Signature

*7/16/97*  
Date of Inspection

*~ 1 year*  
Approximate Date of Next Inspection

## ADDITIONAL SITE INFORMATION: B & M Precision Degreaser Operations

On July 10, 1997, I visited B & M Precision to perform a follow up inspection on their Air General Permit 0571122 requirements. The purpose of this follow up inspection is to determine if the degreaser air program has any deficiencies, and to help provide compliance assistance by identifying these deficiencies, providing B & M sufficient time to come into compliance prior to the December 2, 1997 deadline, as established in DEP Form 62-213.900(4). Arrival time at the facility was at approximately 1345 hours, and I met with Mr. Warren Barrett.

Responsible Official, Mr. Miroslav Mitusina, was not on site at the time of this inspection. Additionally, the engineer responsible for this program, Mr. Richard Gray, was not on site. I explained to Mr. Barrett the purpose of this inspection, which was as described above. The content of the inspection was to review any records, and to determine if they had established all control requirements for operating the degreaser, which includes the General Control Technology, Process Vent Controls, and Work Practices.

The visit today only included an examination of the machine, which revealed the following:

- There is no parts handling system. The parts basket is lowered into the vapor zone via a hand tool. (General Control Requirement 3.)
- The parts basket surface area is roughly the same as the area in which it is lowered and rested into. This makes the basket <50% of the cleaning area, which requires a handling system vertical speed of  $\leq 3$  ft/min. (Work Practice 5-b.)
- When the basket was pulled from the vapor zone, it was pulled at a rate that caused some of the vapor to escape from the freeboard area. (Work Practice 5-b.)
- Parts are assembled properly in the basket to allow complete drainage, however the basket is pulled from the machine prior to allowing all dripping from ceasing. (Work Practice 5-e.)
- The primary condenser and freeboard refrigeration device appear to be combined.
- When the basket is lowered into the zone, the cover is placed on top, making it a working mode cover. However, is this how it would be after installation of a parts handling system? (Issue involves proper selection of Process Vent Control combination.)

The rest of this inspection will be completed when Richard Gray is on site. This part of this inspection was completed at approximately 1450.

-----

The rest of the inspection was completed on 7/16/97, with a "time in" at 0945. The personnel B & M personnel included in this meeting were Mr. Richard Gray, Ms. Judy Buchanon, and Ms. Virginia (Ginny) Marker. This portion of the inspection consisted of a meeting type format explaining the purpose of the inspection (see notes from July 10 visit, previous page), the areas of the terms and conditions of the notification form that they are required to comply with, and some general questions and answers.

The discussion of maintenance and record keeping came up, and during this meeting Mr. Gray indicated they do not have any records, other than any purchase information regarding the purchase of TCE. The history of the machine basically involved its overhaul to make it operate as a vapor degreaser approximately one year ago. B & M had been using it as a cold cleaning machine for a period of time, and decided to reuse it for its original function.

No maintenance has been performed in accordance with manufacturers recommendation, and no owner's manual existed. I suggested they obtain one from the manufacturer so they can use it as appropriate.

Many of the general control requirements and work practices were not being followed, and the monitoring requirements were not being met as well. The addressing of each specific item can be found in memo attachment form located in the file for this facility.

"Time out" for this inspection was at approximately 1145.

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

7000 0520 0020 9372 8906

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Recd 11 AIRS ID # 0571122001AG *aller)*

MIROSLAV MITUSINA

Street B & M PRECISION

1225 4TH STREET SW

City: RUSKIN FL 33570

PS Form 3811, July 1999

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

*recept 01*

**SENDER:**

1. Article Addressed to:

11 AIRS ID # 0571122001AG  
 MIROSLAV MITUSINA  
 B & M PRECISION  
 1225 4TH STREET SW  
 RUSKIN FL 33570

2. Article Number (Copy from service label)  
 7000 0520 0020 9372 8906

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

4. Restricted Delivery? (Extra Fee)     Yes

A. Received by (Please Print Clearly)    B. Date of Delivery  
*recept 01*    10/24/01

C. Signature  
 Agent     Addressee  
*James M. ...*

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

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