



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

February 4, 1997

Mr. Dave Crockett
Vishay Intertechnology
5900 Australian Avenue
West Palm Beach, Florida 33407

Re: Facility No. 0990528

Dear Mr. Crockett:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on December 5, 1997.

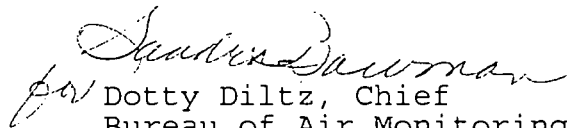
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Al Grasso, Palm Beach County

DEC 5 1997

Halogenated Solvent Degreasers Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	VISHAY INTERTECHNOLOGY
2. Site Name (For example, plant name or number):	SPRAGUE PALM BEACH INC.
3. Hazardous Waste Generator Identification Number:	FLD 021417464
4. Facility Location: Street Address:	5900 AUSTRALIAN AVE
City:	WEST PALM BEACH County: PALM BEACH Zip Code: 33407
5. Facility Identification Number (DEP Use)	0990528

Responsible Official

6. Name and Title of Responsible Official:	DAVE CROCKETT PLANT OPERATIONS MANGER
7. Responsible Official Mailing Address: Organization/Firm:	SEE ITEM 4 ABOVE
Street Address:	SEE ITEM 4 ABOVE
City:	County: Zip Code:
8. Responsible Official Telephone Number:	Telephone: (561) 863 - 1800 Fax: (561) 863 - 1811

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ALAN G. SAHLBACH FACILITY SERVICES / ENVIRONMENTAL
10. Facility Contact Address:	SEE ITEM # 4 ABOVE
Street Address:	SEE ITEM # 4 ABOVE
City:	County: Zip Code:
11. Facility Contact Telephone Number:	Telephone: (561) 863 - 1800 Fax: (561) 863 - 1811

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	<u>1</u>	<u>29-JULY-93</u>	<u>1-JULY-97</u>	_____	_____	_____
x > 1.21 m ²	_____	_____	_____	_____	_____	_____
Batch Cold	_____	_____	_____	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

110 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:

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

12/1/97

Date

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
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Equipment Monitoring and Recordkeeping Information

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- (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



RECEIVED

DEC 14 1998

Bureau of Air Monitoring
& Mobile Sources

December 8, 1998
General Permits Section
Bureau of Air Monitoring and Mobile Services
MS-5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Attention: Ms. Sandy Bowman

Dear Ms. Bowman,

This letter is to inform you and the State of Florida that Sprague Palm Beach Incorporated, 5900 Australian Avenue in West Palm Beach, Florida is no longer using Trichloroethylene in our vapor degreasing machine. We have found an alternate material known as "Ensolve" (n-Propyl Bromide). I have attached a copy of the MSDS sheet for your review. Also, I have returned the renewal application form (blue paper) based on the discussion with local Health Department representative. I was told that no fee or registration would be required because of the Trichloroethylene replacement being used.

The conversion to this material took place in December of 1997, and did not go into production usage until January, 1998. We have successfully ran this material without issues of any kind.

I have documentation to support consumption and waste generation on file. I also had our local representatives from the City of West Palm Beach Health Department in our facility to look at our machine and view records that I keep on file. I also maintain the recording format (used with Trichloroethylene) to track the "En-Solve" usage and waste accordingly. At this time, I will continue to monitor all parameters (based on the requirements for Trichloroethylene) as I feel this information will be useful going forward, and I would be able to provide this data to the local Health Department officials if so required.

I have also sent copies of the MSDS sheets to my hazardous waste haulers for waste stream profiles: this material has been accepted for disposal as we generate waste from this material.



Please contact me if you need more information or if I can answer your questions. I want to thank you for your assistance on the air permit registration process to completion, and I hope this will meet your requirement for notification on no use of Trichlorethylene in our facility.

Sincerely,

A handwritten signature in black ink that reads "Alan G. Sahlbach".

Alan G. Sahlbach

Facility Services Manager / Environmental

CC: City of WPB Health Dept.
(c/o Rasik Chokshi
Alfred Grasso)



Department of Environmental Protection

RECEIVED

DEC 14 1998

Bureau of Air Monitoring & Mobile Sources

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

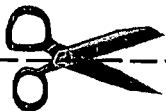
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

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 # 0990528
SPRAGUE PALM BEACH INC
DAVE CROCKETT
5900 AUSTRALIAN AVE
WEST PALM BEACH FL 33407

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



POSTAGE
REQUIRED

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

MATERIAL SAFETY DATA SHEET

STOCK ITEM
P.N. 2080985

EnSolv[®]

May be used to comply with OSHA's Hazard Communication Standard 29 CFR 1910.1200. Standard must be consulted for specific requirements

QUICK IDENTIFIER

Common Name (used on label and list)

This information is furnished without warranty, expressed or implied, except that it is accurate to the best knowledge of Enviro Tech International Inc. The data on this sheet related only to the specific material designated herein. Enviro Tech International Inc. assumes no legal responsibility for use or reliance upon these data.

EnSolv[®] Vapor Degreasing & Cleaning Solvent U.S. Patent 5616549. Other patents pending.

Section I-CHEMICAL PRODUCT AND COMPANY INFORMATION

Manufacturer's Name		Enviro Tech International Inc.	
Address	2525 W. LeMoyné Ave	Emergency Telephone No.	1-800-255-3924
City, State and ZIP	Melrose Park, IL 60160	Other Information Calls	1-708-343-6641
Date Prepared	May 10, 1996	Date Revised	July 7, 1998

Chemical Name:	Proprietary Mixture	CAS No:	Proprietary Mixture	Synonyms	Proprietary Mixture	Chemical Formula:	Proprietary Mixture	Chemical Family:	Proprietary
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Section II-HAZARDOUS INGREDIENTS / IDENTITY

Hazardous Component(s) (chemical & common name(s))	CAS No.	OSHA PEL	ACGIH TLV	Other Exposure Limits	% (Optional)
NONE					

COMPOSITION/ INFORMATION ON INGREDIENTS

COMPONENT MATERIAL	CAS NUMBER	% wt.
1 Bromopropane	106-94-5	95.50
Butylene Oxide (CERCLA RQ 100)*	106-88-7	.50
1,3 Dioxolane	646-06-0	2.50
Nitromethane	75-52-5	.25
Proprietary Component **	Proprietary	.75
Saturated Terpene Proprietary Blend	Proprietary	.50

**Additional Patents Pending

* Requires a release of 20,000 pounds of **EnSolv[®]** to met RQ.

Section III-PHYSICAL & CHEMICAL CHARACTERISTICS

Boiling Point	156 ^o F (69.5 ^o C)	Specific Gravity (H ₂ O=1)	1.332	Vapor Pressure (mm Hg)@ 20 ^o C	110	Vapor Density (Air=1)	4.3
Solubility in Water	Negligible 0.25 g/100ml		Reactivity in Water	Not Readily Hydrolyzed	Evaporation Rate (n-butyl acetate=1)	4.5	
Appearance and Odor	Clear colorless to pale straw liquid with sweet odor		Melting Point	<-166 ^o F (<-110 ^o C)			

Section IV-FIRE & EXPLOSION DATA

Flash Point	None	Method Used	TCC	Flammable Limits in Air % by Volume	LEL Lower: 4.6%	UEL Upper: 8.5%	
Auto-Ignition Temperature	400 ^o C	Extinguisher Media	Material is not flammable. Extinguishing media should be chosen based on surrounding conditions.				
Special Fire Fighting Procedures	Wear NIOSH approved, self contained breathing apparatus in positive pressure mode. Use water spray or fog to cool exposed equipment and containers.						
Unusual Fire and Explosion Hazards	Product will form flammable mixture with air between 4.6% -8.5% by volume. Avoid contact with flames, sparks or high intensity heat sources. Product will decompose rapidly at temperatures above 400 ^o C releasing toxic fumes of carbon monoxide, carbon dioxide, hydrogen halide and toxic fumes of bromides.						

MATERIAL SAFETY DATA SHEET

EnSolv[®]

May be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Standard must be consulted for specific requirements.

QUICK IDENTIFIER
Common Name (used on label and list)

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Section V-REACTIVITY DATA

Stability	Unstable		Conditions to Avoid:	Avoid temperatures above 400 ° C
	Stable	X		

Incompatibility (Materials to Avoid) Avoid strong oxidizers and acids. Avoid prolong contact (soaking) of aluminum, magnesium and zinc alloys for extended periods of time. May attack some rubber and coatings.

Hazardous Decomposition or Byproducts Thermal decomposition may produce carbon monoxide, carbon dioxide, hydrogen halide and bromides.

Hazardous Polymerization	May Occur		
	Will Not Occur	X	

Section VI-HEALTH HAZARD DATA

Routes of Entry:	Inhalation?	Irritant	Skin?	Irritant	Ingestion	Irritant
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Health Hazards (Acute and Chronic) Can produce eye and skin irritation. High concentrations are irritating to the respiratory tract. May cause headache, dizziness, nausea, vomiting or narcosis in confined or poorly ventilated areas. LD50 intraperitoneal, rat 2950 mg/kg; LD50 intraperitoneal, mouse 2530 mg/kg; LD50 oral, rat 4260 mg/kg; LC50 inhalation rat 253000 mg/m³/30 min; LD50 oral, rabbit 540 mg/kg. Gave negative results in Ames bacterial mutation study using five strains of *Salmonella typhimurium*.

CARCINOGENICITY:	NTP?	Not listed	IARC?	Not listed	OSHA Regulated?	Not Regulated
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Signs and Symptoms of Exposure Inhalation in high concentrations produces irritation to upper respiratory tract and eye irritation. May include discomfort such as nausea, headache or weakness. Prolonged skin contact may produce irritation with discomfort or rash. Eye contact may cause irritation or pain. Ingestion may result in irritation of mouth and gastro-intestinal tract.

Medical Conditions Generally Aggravated by Exposure Persons having pre-existing diseases of the lungs, eyes or skin may have increased susceptibility to the hazards of excessive exposure.

Emergency and First Aid Procedures INHALATION- remove to fresh air. Provide oxygen if breathing is difficult. Administer CPR if victim is not breathing. SKIN- use soap and water on contacted area. EYE- Irrigate eye for minimum 15 minutes. INGESTION- If swallowed, if victim is conscious, DO NOT induce vomiting have victim drink large amounts of water. **For eye contact or ingestion call a physician.**

MATERIAL SAFETY DATA SHEET

EnSolv[®]

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Section VII-PRECAUTIONS FOR SAFE HANDLING & USE

Steps to be Taken in Case Material is Released or Spilled	Contain spill with dikes or absorbent material to prevent migration into sewer or water ways. For a large spill: Evacuate and ventilate the area. Use recommended personal protection equipment. Clean up spills with earth, sand, or other non-combustible absorbent material. Pick up and keep in closed container.
Waste Disposal Method	Follow federal, state, local regulations. Burn in incinerator with afterburner and scrubbers. Do NOT flush into sanitary sewer or waterway.
Precautions to Be Taken in Handling and Storing	Store in well ventilated, cool, dry area. Keep closed when not in use. Avoid moisture.
Other Precautions	Do not inhale vapors. Do not use <i>EnSolv[®]</i> in open containers unless appropriate safety equipment and safeguards are used. Do not weld or cut with a torch any drums that have contained <i>EnSolv[®]</i> . Residue vapors in the drum could be in the flammable range and an explosion could occur. Keep out of reach of children.

Section VIII-CONTROL MEASURES

Respiratory Protection (Specify Type)	NIOSH approved organic vapor respirator when airborne exposure is excessive.		
Ventilation	Local Exhaust	Maintain adequate ventilation	Special Not necessary
	Mechanical (General)	Recommended	Other Not applicable
Protective Gloves:	Viton gloves recommended. Nitrile, neoprene or butyl gloves offer less than 30 minutes of protection and should be used for splash protection only. DO NOT use natural rubber gloves	Eye Protection	Safety goggles/full face shield. Contact lenses should NOT be worn when working with this material.
Other Protective Clothing or Equipment	Chemical resistant protective clothing to avoid skin contact. DO NOT use natural rubber aprons or boots.		
Work/Hygienic Practices	Avoid unnecessary and prolonged exposures beyond recommended exposure levels. Avoid breathing vapors and/or mists. Do NOT drink, eat or smoke while working with this product. Launder soiled clothes. Provide emergency eye bath and safety shower.		

MATERIAL SAFETY DATA SHEET



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Section IX-TRANSPORTATION INFORMATION

Hazardous Material Description and Proper Shipping Names	Not Regulated for Transportation Cleaning Solvent Mixture
Hazard Class	Not Regulated for Transportation
Identification Number	Not Regulated for Transportation
Packing Group	Not Regulated for Transportation
Label(s) Required	Not Regulated for Transportation
Quantity Limitations	Not Regulated for Transportation
Marine and Air Transportation	Not Regulated for Transportation

Section X-REGULATORY INFORMATION

TCSA Status	The ingredients of this product are on the TSCA inventory and in compliance with (15 USC 2601-2629)
SARA Status	NA
NESHAP	NA
HAP	NA
RCRA	NA
N.T.I.	NA
I.A.R.C.	NA
TWA – ETI WPEG (Guideline is the airborne concentration averaged over an 8 hour shift)	Not established by OSHA or ACGIH. Occupational Exposure Limits (OEL) under review by the U.S. EPA SNAP program. Enviro Tech International, Inc. is recommending a Workplace Exposure Guideline of 100 ppm Time Weighted Average (TWA) as an interim exposure guideline pending EPA's review of OEL. A recommendation of 200 ppm has been obtained by an independent test lab and this assessment has been verified by Environment Canada's Environmental Technology Verification Program.
California Proposition 65	NA
SNAP	Submitted for approval (Pending)
EC (EINECS)	Ingredients listed
Canada (DSL)	Ingredients listed
Australia (AICS)	Ingredients listed
Japan (MITI)	Ingredients listed

HMIS Hazard Rating

0=Insignificant 1=Slight 2=Moderate 3=High 4=Extreme

EnSolv® HMIS Ranking 2=Health Hazard 0=Fire Hazard 0=Reactivity Hazard

Section XI-EMERGENCY TELEPHONE INFORMATION

EMERGENCY CONTACT PHONE NUMBER FOR CHEM-TEL INC.
 CALL DIRECT OR COLLECT
 IN THE U.S.A., CANADA, PUERTO RICO AND THE U.S. VIRGIN ISLANDS
 (800) 255-3924
 OUTSIDE OF THE NORTH AMERICAN CONTINENT
 (813) 248-0573

AIRS ID#: 0990528

ace Revised 01/13/98 ✓

**HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

<p style="text-align: right;">AIRS ID#0990528</p> <p>VISHAY INTERTECHNOLOGY DAVE CROCKETT 5900 AUSTRALIAN AVE WEST PALM BEACH FL 33407</p>	<p>RECEIVED</p> <p>JAN 26 1998</p> <p>Bureau of Air Monitoring & Mobile Sources</p>
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Do **NOT** Remove Label

Annual Reporting Period: JANUARY 21, 1997 TO JANUARY 21, 1998

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: G. David Crockett *[Signature]* 1/21/98
Name (Please Print) Signature Date

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

ARMS ✓

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:10 TIME OUT: 1:35 AIRS ID#: 0990528

TYPE OF FACILITY: HALOGENATED Solvent Degreaser

FACILITY NAME: VISHAY Inter Technology DATE: 3-26-98

FACILITY LOCATION: (Sprague Palm Beach Inc)
5900 Australian Ave, WPTB, FL 33407

RESPONSIBLE OFFICIAL: Alan Sahlbach PHONE NUMBER: 863-1855
1811

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 APR 13 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: This facility has fixed 3 issues as was asked on 2-25-98. 1. They put cover on long opening 2. They installed timer & sign (proper work)

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

DATE OF NEXT INSPECTION: March 1999 (Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi (Please Print)

INSPECTOR'S SIGNATURE: *R.V. Chokshi* PHONE NUMBER: 355-3070



RECEIVED

APR 14 1999

Bureau of Air Monitoring & Mobile Sources

April 8, 1999
General Permits Section
Bureau of Air Monitoring and Mobile Services
MS-5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

22 Dec '97
Inactive
0990528
file

Attention: Ms. Sandy Bowman

Dear Ms. Bowman,

This letter is to inform you and the State of Florida that Vishay Sprague Palm Beach Incorporated, 5900 Australian Avenue in West Palm Beach, Florida is no longer using Trichloroethylene in our vapor degreasing machine. We have found an alternate material known as "Ensolve" (n-Propyl Bromide). Also, I am returning the renewal application form (blue paper) based on the discussion with you (Ms. Bowman) concerning status. I am to understand that no fee or registration would be required because of the Trichloroethylene replacement being used. At this time, please cancel the permit # 0990528 (Airs I.D.) until further notice. Vishay Sprague does not see any more use of Trichloroethylene, or any other halogenated solvents at this time.

The conversion to this material took place in December of 1997, and did not go into production usage until January, 1998. We have successfully ran this material without issues of any kind.

I have documentation to support consumption and waste generation on file. I also had our local representatives from the City of West Palm Beach Health Department in our facility to look at our machine and view records that I keep on file. I also maintain the recording format (used with Trichloroethylene) to track the "En-Solve" usage and waste accordingly. At this time, I will continue to monitor all parameters (based on the requirements for Trichloroethylene) as I feel this information will be useful going forward, and I would be able to provide this data to the local Health Department officials if so required.

I have also sent copies of the MSDS sheets to my hazardous waste haulers for waste stream profiles: this material has been accepted for disposal as we generate waste from this material.

Please contact me if you need more information or if I can answer your questions. I want to thank you for your assistance on the air permit registration and cancellation process to completion, and I hope this will meet your requirement for notification on no



use of Trichlorethylene or any other halogenated solvents in our facility.

Also, I would like to point out that we have a new Plant Manager. His name is Robert Ridley; please change accordingly.

Sincerely,

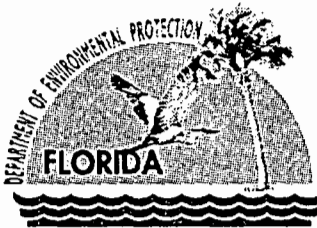
A handwritten signature in black ink, appearing to read "Alan G. Sahlbach".

Alan G. Sahlbach

Facility Services Manager / Environmental

(nsolv99)

CC: City of WPB Health Dept.
(c/o Rasik Chokshi
Alfred Grasso)



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
April 1, 1999

MS 5510

ATTENTION:

David B. Struhs
Secretary

NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year **1998** you operated a facility that is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c) 2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is **\$50** for calendar year **1998**. A notice of your obligation to pay the annual emissions fee was sent to you last year by certified mail, along with an invoice form and instructions. A final notice was sent last month reminding you of the March 1 deadline for submittal of this fee. Since the Department has not received your annual emissions fee, a 50% penalty is being assessed against your facility, in accordance with Rule 62-213.205(1)(g), F.A.C., for a total fee of **\$75** for calendar year **1998**.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will proceed to revoke your facility's Title V Air General Permit and will also seek interest in accordance with Section 220.807, F.S.

To submit your \$75 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

Enclosure: Invoice Form

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

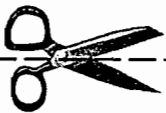
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

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: \$75.00

Do **NOT** Remove Label

AIRS ID # 0990528
SPRAGUE PALM BEACH INC
DAVE CROCKETT
5900 AUSTRALIAN AVE
WEST PALM BEACH FL 33407

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

ARMS ✓

HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: ~~052528~~ ⁰⁹⁹⁰⁵²⁸ DATE: 02-25-98 TIME IN: 1:45 TIME OUT: 3:30
FACILITY NAME: VISHAY Intertechnology
FACILITY LOCATION: Sprague Palm Beach Inc
5900 Australian Ave, WPB, FL 33407
ALAN SAHLBACH 863-1855, 1811

PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM by 9/1/96 *(we received on 12-5-1997)*
- Facility notified DARM 30 days prior to starting up
- Facility failed to notify DARM to use a general permit
- 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"/>
- 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 checked="" 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"/>	

They use Em Solv as Degreaser since 1/5/98

PART II: CLASSIFICATION

- 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"/>

Em Solv is a non Halogenated Degreaser

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines

Does the facility:

- 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
- Maintain a freeboard ratio of 0.75 or greater? Y N

3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/sec)? Y N

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

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

7. Have each machine equipped with --

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

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

 c. a primary condenser? Y N

8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N
(They have Secondary (Secondary Containment) too)

B. Batch Cold Cleaning Machines

Does the facility:

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

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

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

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

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

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

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

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

Remote Reservoir Type Only --

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

Immersion Type Only --

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

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

Facility chose to meet requirements using:

control device combination / work practice standards

This does not really apply because they use

- alternative solvent emission limit (proceed to Part V) *(solvent is used)*
- idling emission limit / work practice standards (proceed to Part V) *as 1/5/98*

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

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

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 checked="" type="checkbox"/> Y <input 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? (exempt if <5% by weight) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Estimates of annual solvent consumption for each machine? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 7. All control device and parameter monitoring? (applicable only to <u>batch vapor</u> and in-line machines) | <input checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: ADDITIONAL SITE INFORMATION

* Cover opening where Basket Suspended parts, needs some kind of basket compatible with clean vapor to cover long opening ~~in~~ space

* Install ~~the~~ timing device to ensure that sun ^{work practice standard (g)} turn off before the condenser shut down

To be completed by March 31, 1998

[Signature] 2/25/98
Name of Responsible Official

[Signature]
Inspector's Name

2/25/98
Date of Inspection

[Signature]
Inspector's Signature

2/25/99
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST INSTRUCTION SHEET
HALOGENATED SOLVENT DEGREASERS**

This instruction sheet will assist in the completion of the halogenated solvent degreaser compliance inspection checklist. Each section contains guidance for completing the appropriate area of the checklist along with recommended actions for facility noncompliance.

TYPE OF INSPECTION

If conducting an ANNUAL INSPECTION, complete all sections.

If conducting a COMPLAINT/DISCOVERY INSPECTION, complete all sections. If a facility is discovered and has not notified the Department, the inspector should leave the facility a copy of the notification form, check line 3 in Part I, and schedule an annual inspection.

If conducting a REINSPECTION, complete only the appropriate sections.

FACILITY NAME/LOCATION

The name and location as entered/found in the ARMS database.

PART I: NOTIFICATION

Review the notification form and complete this section prior to conducting the compliance evaluation.

PART II: CLASSIFICATION

Indicate the type(s) of degreasing machines found at the facility. Verify that the correct machine type was reported and make the appropriate corrections, if necessary.

PART III: GENERAL CONTROL REQUIREMENTS

Batch Vapor and In-line Machines: If the answer is "no" to any of these items, the responsible official is required to submit a compliance plan within 30 days of the compliance evaluation to establish milestones for installing appropriate equipment. The inspector should give the responsible official a copy of the compliance plan guidelines before leaving the facility. The responsible official should be instructed to complete and mail a compliance plan to the inspector within 30 days. The responsible official should also be instructed to notify the inspector in writing of the completion status of each milestone in the compliance plan no later than 15 days after the milestone compliance date. The inspector shall enter all milestones for compliance into the ARMS database. A reinspection shall be conducted within 60 days of a missed notification by the responsible official on the completion status of a milestone.

If a compliance plan is not submitted within 30 days, the inspector should contact the responsible official and determine why the compliance plan has not been submitted. If the responsible official is having problems with establishing milestones and a completion date for each milestone, the inspector should offer assistance in the completion of the compliance plan. The inspector and the responsible official should establish a reasonable time for the submittal of the completed compliance plan. If this deadline is not met, the inspector should proceed with enforcement.

If a milestone is not completed when the facility is inspected, or if the facility is being reinspected because of a missed milestone completion date, the inspector should determine why the milestone has not been met by the specified completion date. If the inspector determines that the milestone completion date should be rescheduled, the inspector and responsible official should establish a reasonable completion date for the milestone. If this

deadline is not met within 60 days of the mutually agreed upon compliance date, then the inspector should proceed with enforcement.

Batch Cold Cleaning Machines: If the answer is "no" to any of Items 1-8, the inspector must inform the responsible official of the requirement. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector. If the facility is not in compliance with Items 9 or 10, the facility must submit a compliance plan as described above.

PART IV: PROCESS VENT CONTROLS

Indicate the method the facility has chosen to control emissions. If the facility has chosen to meet the requirements through an alternative emission limit or an idling emission limit, skip the remainder of this section.

For each machine type present at the facility, indicate in the boxes on the left the control combination that was chosen by the facility in the notification. On the right side, indicate if the proper control devices are actually in use at the facility. If the facility does not have one or more of the necessary control devices, the responsible official is required to submit a compliance plan as described in Part III above.

PART V: RECORDKEEPING REQUIREMENTS

If the answer is "no" to any of the applicable requirements, the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

PART VI: ADDITIONAL SITE INFORMATION

This section is provided for any additional information that may need to be included.

✓

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:45 TIME OUT: 3:30 AIRS ID#: 0990528
 TYPE OF FACILITY: HALOGENATED SOLVENT DEGREASERS
 FACILITY NAME: VISHAY Intex Technology DATE: 02-25-98
 FACILITY LOCATION: (Sprague Palm Beach, Inc.)
5900 Australian Ave, WPB, FL 33407
 RESPONSIBLE OFFICIAL: ALAN SAHLBACH PHONE NUMBER: 863-1855,1811

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 2-25-99
(Approximate)

INSPECTION CONDUCTED BY: R.V. CHOKSHI / AL. GRASSO
(Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

ARMS ✓

HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: ~~052528~~ ⁰⁹⁹⁰⁵²⁸ DATE: 02-25-98 TIME IN: 1:45 TIME OUT: 3:30
FACILITY NAME: VISHAY Intertechonology
FACILITY LOCATION: Sprague Palm Beach Inc
5900 Australian Ave, WPB, FL 33407
ALAN SAHLBACH 863-1855, 1811

PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM by 9/1/96 *(we received on 12-5-1997)*
2. Facility notified DARM 30 days prior to starting up
3. Facility failed to notify DARM to use a general permit
4. Halogenated solvent used at the facility:
perchloroethylene methyl chloride
trichloroethylene 1,1,1-trichloroethane
carbon tetrachloride chloroform
5. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.
Batch Vapor, x < 1.21 m² New In-line Batch Cold
Batch Vapor, x > 1.21 m² Existing In-line

They use
Em Solv
as
Degreaser
since
1/5/98

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:
Batch Vapor, x < 1.21 m² New In-line Batch Cold (immersion)
Batch Vapor, x > 1.21 m² Existing In-line Batch Cold (remote reservoir)

Em Solv
is a
non Halogenated
Degreaser

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?
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 N
- 4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? Y N 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? Y N N/A
- 6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Y N N/A
- 7. Have each machine equipped with --
 - a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
- 8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N
(They have Secondary Containment)
- B. Batch Cold Cleaning Machines**
- Does the facility:
 - 1. Collect and store all waste solvent in closed containers? Y N
 - 2. Use a flexible hose or flushing device only within the freeboard area? Y N
 - 3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
 - 4. Maintain the solvent level inside the machine at or below the fill line? Y N
 - 5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
 - 6. Operate the agitator to produce a rolling motion? (applicable only when air- or pump-agitated solvent bath used) Y N N/A
 - 7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? Y N
 - 8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N
- Remote Reservoir Type Only --*
 - 9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. Y N
- Immersion Type Only --*
 - 10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. Y N

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

Facility chose to meet requirements using:

control device combination / work practice standards

This does not really apply because they use

- alternative solvent emission limit (proceed to Part V) *(no solvent is used) as 1/5/98*
- 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 checked="" type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 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 / 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 type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input 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"/>

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 checked="" type="checkbox"/> Y <input 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? (exempt if <5% by weight) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Estimates of annual solvent consumption for each machine? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 7. All control device and parameter monitoring? (applicable only to <u>batch vapor and in-line machines</u>) | <input checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: ADDITIONAL SITE INFORMATION

* Cover opening where Basket Suspended parts, needs some kind of Gasket Compatible with Clean Vapor to cover Long opening ~~to~~ space

* Install ~~the~~ timing device to ensure that Sump ^{work} turn off before the Condenser Shut down _{Reaction Stand (g)}

To be Completed by March 31, 1998

[Signature] 2/25/98
Name of Responsible Official

R. U. Chokshi / Alfred M. ...
Inspector's Name

2/25/98
Date of Inspection

R. U. Chokshi / Alfred M. ...
Inspector's Signature

2/25/99
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST INSTRUCTION SHEET
HALOGENATED SOLVENT DEGREASERS**

This instruction sheet will assist in the completion of the halogenated solvent degreaser compliance inspection checklist. Each section contains guidance for completing the appropriate area of the checklist along with recommended actions for facility noncompliance.

TYPE OF INSPECTION

If conducting an ANNUAL INSPECTION, complete all sections.

If conducting a COMPLAINT/DISCOVERY INSPECTION, complete all sections. If a facility is discovered and has not notified the Department, the inspector should leave the facility a copy of the notification form, check line 3 in Part I, and schedule an annual inspection.

If conducting a REINSPECTION, complete only the appropriate sections.

FACILITY NAME/LOCATION

The name and location as entered/found in the ARMS database.

PART I: NOTIFICATION

Review the notification form and complete this section prior to conducting the compliance evaluation.

PART II: CLASSIFICATION

Indicate the type(s) of degreasing machines found at the facility. Verify that the correct machine type was reported and make the appropriate corrections, if necessary.

PART III: GENERAL CONTROL REQUIREMENTS

Batch Vapor and In-line Machines: If the answer is "no" to any of these items, the responsible official is required to submit a compliance plan within 30 days of the compliance evaluation to establish milestones for installing appropriate equipment. The inspector should give the responsible official a copy of the compliance plan guidelines before leaving the facility. The responsible official should be instructed to complete and mail a compliance plan to the inspector within 30 days. The responsible official should also be instructed to notify the inspector in writing of the completion status of each milestone in the compliance plan no later than 15 days after the milestone compliance date. The inspector shall enter all milestones for compliance into the ARMS database. A reinspection shall be conducted within 60 days of a missed notification by the responsible official on the completion status of a milestone.

If a compliance plan is not submitted within 30 days, the inspector should contact the responsible official and determine why the compliance plan has not been submitted. If the responsible official is having problems with establishing milestones and a completion date for each milestone, the inspector should offer assistance in the completion of the compliance plan. The inspector and the responsible official should establish a reasonable time for the submittal of the completed compliance plan. If this deadline is not met, the inspector should proceed with enforcement.

If a milestone is not completed when the facility is inspected, or if the facility is being reinspected because of a missed milestone completion date, the inspector should determine why the milestone has not been met by the specified completion date. If the inspector determines that the milestone completion date should be rescheduled, the inspector and responsible official should establish a reasonable completion date for the milestone. If this

deadline is not met within 60 days of the mutually agreed upon compliance date, then the inspector should proceed with enforcement.

Batch Cold Cleaning Machines: If the answer is "no" to any of Items 1-8, the inspector must inform the responsible official of the requirement. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector. If the facility is not in compliance with Items 9 or 10, the facility must submit a compliance plan as described above.

PART IV: PROCESS VENT CONTROLS

Indicate the method the facility has chosen to control emissions. If the facility has chosen to meet the requirements through an alternative emission limit or an idling emission limit, skip the remainder of this section.

For each machine type present at the facility, indicate in the boxes on the left the control combination that was chosen by the facility in the notification. On the right side, indicate if the proper control devices are actually in use at the facility. If the facility does not have one or more of the necessary control devices, the responsible official is required to submit a compliance plan as described in Part III above.

PART V: RECORDKEEPING REQUIREMENTS

If the answer is "no" to any of the applicable requirements, the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

PART VI: ADDITIONAL SITE INFORMATION

This section is provided for any additional information that may need to be included.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RECEIVED
APPROVED
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.).
DATE: 2-25-99

TIME IN: 1:45 TIME OUT: 3:30 AIRS ID#: 09900528

TYPE OF FACILITY: HALOGENATED SOLVENT DEGREASING

FACILITY NAME: VISHAY Intertek Technology DATE: 2-25-99

FACILITY LOCATION: (Sprouge Palm Beach, Inc.)
5900 Australian Ave, WPB, FL 33407

RESPONSIBLE OFFICIAL: ALAN SAHLBACH PHONE NUMBER: 863-1855, 1811

- 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
1. Cover opening where Basket suspends Parts, Needs some kind of Cover Long opening space	1. They will fix by 3-31-98
2. Install timing device to ensure that sump turns off before Condenser shut down	2. They will install device by 3-31-98

COMMENTS:

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

DATE OF NEXT INSPECTION: 2-25-99 (Approximate)

INSPECTION CONDUCTED BY: R.V. CHOKSHI / AL. GRASSO (Please Print)

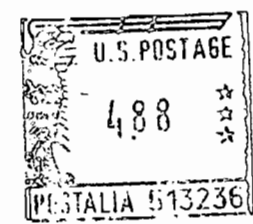
INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 355-3070

CERTIFIED MAIL

**STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400**



7000 1670 0013 3095 4239



BEST AVAILABLE COPY

RECEIVED
AUG 25 2002
Bureau of Air Monitoring
& Mobile Sources

11 AIRS ID # 0990528001AG
DAVE CROCKETT
VISHAY INTERTECHNOLOGY
5900 AUSTRALIAN AVE
WEST PALM BEACH FL
33407

P 174 052 211

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990528

SPRAGUE PALM BEACH INC
DAVE CROCKETT
5900 AUSTRALIAN AVE
WEST PALM BEACH FL 33407

1999

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990528

SPRAGUE PALM BEACH INC
DAVE CROCKETT
5900 AUSTRALIAN AVE
WEST PALM BEACH FL 33407

4a. Article Number
P174 052 211

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
4/15

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *E. M. ...*

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

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

Bureau of Monitoring
& Mobile Sources

DART MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2900 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 301509

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

RECEIVED
MAIL ROOM
FEB -2 98

RECEIVED

FEB 4 1998

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#0990528
VISHAY INTERTECHNOLOGY
DAVE CROCKETT
5900 AUSTRALIAN AVE
WEST PALM BEACH FL 33407

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

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

7000 1670 0013 3095 5600 4239

7000 1670 0013 3095 5600 4239

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

Postmark
Here
Rec Cert
02

Total F 11

AIRS ID # 0990528001AG

Sent To DAVE CROCKETT
Street, A VISHAY INTERTECHNOLOGY
City, State WEST PALM BEACH FL
33407

PS Form 3800, May 2000

See Reverse for Instructions

SENDER COMPLETE THIS SECTION

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

1 Article Addressed to:

11 AIRS ID # 0990528001AG
 DAVE CROCKETT
 VISHAY INTERTECHNOLOGY
 5900 AUSTRALIAN AVE
 WEST PALM BEACH FL
 33407

ADDRESSEE COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent
 Addressee

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

RECEIVED

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

4000 1670 0013 3095 4239

UNITED STATES POSTAL SERVICE



~~RECEIVED~~

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

• Sender: Please print your name, address, ~~and ZIP code~~ in this box •

Bureau of Air Monitoring
& Mobile Sources

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

