



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 23, 1997

Mr. Mark Snyder, Vice President
Linvatec Corporation
11311 Concept Boulevard
Largo, Florida 33773

Re: Facility No. 1030387

Dear Mr. Snyder:

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

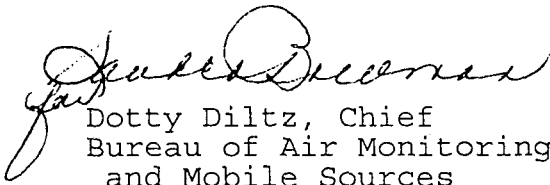
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 18, 1997

*Halogenated
degreasing*

Mr. Mark Snyder, Vice President
Linvatec Corporation
11311 Concept Boulevard
Largo, Florida 33773

Re: Facility No. 1030387

Dear Mr. Snyder:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 11, 1997.

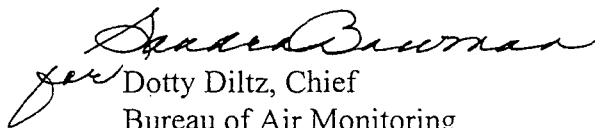
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Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

RECEIVED

RECEIVED

JUL 1 1997

JUL 10 1997
BUREAU OF
AIR REGULATION

Halogenated Solvent Degreasers Facility Notification

EHS DEPT.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): LINVATEC CORPORATION
2. Site Name (For example, plant name or number): SAME
3. Hazardous Waste Generator Identification Number: FLD982075756
4. Facility Location: Street Address: 11311 Concept Blvd. City: Largo County: Pinellas Zip Code: 33773
5. Facility Identification Number (DEP Use): 1030384

97 JUL -8 AM 10:2
STORAGE TANK
REGULATION
RECEIVED

Responsible Official

6. Name and Title of Responsible Official: Mark Snyder, Vice President
7. Responsible Official Mailing Address: 11311 Concept Blvd. Organization/Firm: Street Address: 11311 Concept Blvd. City: Largo County: Pinellas Zip Code: 33773
8. Responsible Official Telephone Number: Telephone: (813) 392 - 6464 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Connie Graves
10. Facility Contact Address: 11311 Concept Blvd Street Address: City: Largo County: Pinellas Zip Code: 33773
11. Facility Contact Telephone Number: Telephone: (813) 399 - 5293 Fax: (813) 399 9900

RECEIVED RECEIVED

JUL 18 1997

JUN 11 1997

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): LINVATEC CORPORATION
2. Site Name (For example, plant name or number): SAME
3. Hazardous Waste Generator Identification Number: FLD982075756
4. Facility Location: Street Address: 11311 Concept Blvd. City: Largo County: Pinellas Zip Code: 33773
5. Facility Identification Number (DEP Use): 1030387

Responsible Official

6. Name and Title of Responsible Official: Mark Snyder, Vice President
7. Responsible Official Mailing Address: 11311 Concept Blvd. Organization/Firm: Street Address: 11311 Concept Blvd. City: Largo County: Pinellas Zip Code: 33773
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JUN 11 1997



11311 Concept Boulevard Largo, FL 34643 813 392-6464

HUMAN RESOURCES FAX NUMBER (813) 399-9900

THIS FACSIMILE MESSAGE IS CONFIDENTIAL AND MAY CONTAIN ATTORNEY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR COMPANY NAMED.

IF THE READER IS NOT THE INTENDED RECIPIENT, OR EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, SO THAT WE MAY ARRANGE FOR THE RETURN OF THE ORIGINAL MESSAGE TO US. THANK YOU.

PLEASE DELIVER THE FOLLOWING FAX MESSAGE

TO: RICK BUTLER

FROM: CONNIE GRAVES

DATE: 7-16-97

TOTAL NUMBER OF PAGES TRANSMITTED, INCLUDING THIS PAGE: 6

IN CASE OF ERROR IN TRANSMISSION, PLEASE NOTIFY: (813) 399-52-93

EXT. n/a

ADDITIONAL INFORMATION: Rick

 Here's the fax, I have
 included the document showing I
 mailed the permit to you on 6/10/97
 (overnight delivery). I am still working on
 the letter documenting the metal Finishing process
 to receive a waiver of other permits from your
 office. csg

RECEIVED

JUL 1 1997

EHS DEPT.

Halogenated Solvent Degreasers Facility Notification**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	LINVATEC CORPORATION		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:	FLD982075756		
4. Facility Location:	Street Address: 11311 Concept Blvd. City: Largo County: Pinellas Zip Code: 33773		
5. Facility Identification Number (DEP Use):	1030381		

Responsible Official

6. Name and Title of Responsible Official:	Mark Snyder, Vice President		
7. Responsible Official Mailing Address:	11311 Concept Blvd. Organization/Firm: Street Address: 11311 Concept Blvd. City: Largo County: Pinellas Zip Code: 33773		
8. Responsible Official Telephone Number:	Telephone: (813) 392 - 6464 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Connie Graves		
10. Facility Contact Address:	11311 Concept Blvd Street Address: City: Largo County: Pinellas Zip Code: 33773		
11. Facility Contact Telephone Number:	Telephone: (813) 399 - 5293 Fax: (813) 399 9900		

RECEIVED

JUN 11 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	4-5921-86	29 NOV 93				
x < 1.21 m ²		N/A	01 FEB 95			
x > 1.21 m ²						
Batch Cold	N/A					
In-line						
New	N/A					
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: eliminating the device completely. 12/97

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.)

n/a

- 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: n/a

- (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:

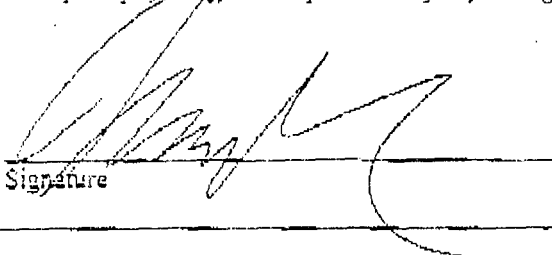
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

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

6/6/97

Shipping Memo



1311 Concept Boulevard
Largo, Florida 34643
813 392-6484
RCC 237-0169

Requested Shipping Method: OVERNIGHT
Ship to Attention of: Tim V. Gen. Permits, etc.
Ship to Company: Bureau of Air Monitoring
Address: 105-5510 Dept. of Permitting etc.
2400 Blair Stone Rd.
Tallahassee, FL
City, State, Zip: 32399-2400

Return Authorization #
Dept. Name: HR/EHS
Dept. #: 906060
Purchase Order #
Debit Memo #
Date: 6-10-97
Initiator: C. Graves

Merchandise Being Sent For:

- Rejected (returned for replacement/repair) T-104
- Rejected (returned for credit) T-104
- Rejected Material (debit vendor for shipping charges)
- Inspection Report No. _____
- Receiver No. _____
- Other (describe) _____
- Outside Process - no transaction
- Samples - no transaction
- Debit Memo Only - no transaction
- No Charge Replacement
- Product Literature

Quantity Ordered	Quantity Shipped	Part Number	Description	Unit Price	Amount
			permit for halogenated solvent degreasing		
			0190599098		

Comments:

Picked By: _____ Shipped By: HR Date: 6-10 Nbr. Cartons: _____ Weight: _____ Charge: 5.15

Authorized Signature: [Signature] Title: EHS Coord. Date: 6-10-97

Shipping Memo



11311 Concept Boulevard
Largo, Florida 34643
813 392-6464
800 237-0169

RECEIVED

JUN 11 1997

Requested Shipping Method OVERNIGHT

Return Authorization # _____

Ship to Attention of Title V Gen. Permit. ofc.

Dept. Name HR/EHS

**Bureau of Air Monitoring
& Mobile Sources**

Ship to Company Bureau of Air Monitoring

Dept. # 90660

Address MS-5510 Dept. of Permitting ofc.

Purchase Order # _____

2600 Blair Stone Rd.

Debit Memo # _____

Tallahassee, FL

Date 6-10-97

City, State, Zip 32399-2400

Initiator C. Graves

Merchandise Being Sent For:

- Rejected (returned for replacement/repair) T,404
- Rejected (returned for credit) T,404
- Rejected Material (debit vendor for shipping charges)
 - Inspection Report No. _____
 - Receiver No. _____
- Other (describe) _____
- Outside Process - no transaction
- Samples - no transaction
- Debit Memo Only - no transaction
- No Charge Replacement
- Product Literature

Quantity Ordered	Quantity Shipped	Part Number	Description	Unit Price	Amount
	1		permit for halogenated solvent degreasing		

Comments:

Picked By	Shipped By	Date	No. Cartons	Weight	Charges

Authorized Signature C. Graves Title EHS Coord. Date 6-10-97



11311 Concept Boulevard Largo, Florida 33773-4908 813 392-6464

RECEIVED

OCT 16 1997

October 8, 1997

Bureau of Air Monitoring
& Mobile Sources

Ms. Dotty Diltz, Chief
Bureau of Air Monitoring & Mobile Sources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Re: Facility No. 1030387

Dear Ms. Diltz:

I am pleased to report that our facility no longer uses a halogenated solvent degreaser in our process, and therefore request that you rescind our Title V General Permit effective immediately.

The vapor degreaser was dismantled and removed from our site on September 10, 1997.

Please feel free to contact Connie Graves at (813)399-5293 if you have any questions regarding this issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark D. Snyder".

Mark D. Snyder
Vice President
Operations

/csg

xc: File
Steve Brodbeck, HR Director
Gary Robbins, Pinellas County Air Quality



A Bristol-Myers Squibb Company

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

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.) n/a

- 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: n/a

- (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

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	4-5421-86	29NDV93				
x < 1.21 m ²	_____	u/k	01 FEB 95	_____	_____	_____
x > 1.21 m ²	_____	_____	_____	_____	_____	_____
Batch Cold	N/A	_____	_____	_____	_____	_____
In-line						
New	N/A	_____	_____	_____	_____	_____
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

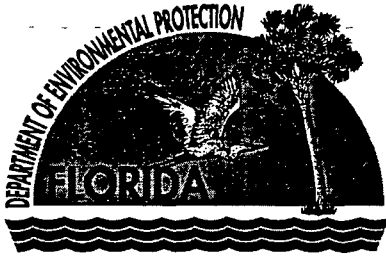
(b) The total volume of halogenated solvent emissions shall not exceed 10 tons per year. I choose to meet this requirement by: eliminating the device completely.

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



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 4/24/2002

TO: BOB SOCIENSKI

PHONE: 727-399-5478

FAX: 727-399-5253

FROM: RICK BUTLER

PHONE: 850-906-9332

Division of Air Resources Management

FAX: 850.922.6979

RE: Linratec Notification Info

CC: _____

Total number of pages including cover sheet: 11

Message

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper

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

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.) n/a

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- super-heated vapor
- freeboard refrigeration device
- carbon adsorber
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- working mode cover
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x < 1.21 m ²	_____	u/k _____	_____	_____	_____	_____
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?

 [550] 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

 [X] 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: eliminating the device completely.

 [] 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

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

OFFICIAL USE

Postage	\$	<i>received</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pk:	11	AIRS ID # 1030387
Sent To	MARK SNYDER	
Street, Apt. or PO Box	LINVATEC CORPORATION	
City, State	11311 CONCEPT BLVD	
	LARGO FL 33773	

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0001 7975 8787

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p>11 AIRS ID # 1030387 MARK SNYDER LINVATEC CORPORATION 11311 CONCEPT BLVD LARGO FL 33773</p>	<p>A. Received by (Please Print Clearly) Mark D. Snyder B. Date of Delivery 7-15-02</p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7001 0320 0001 7975 8787

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-178

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

OFFICIAL USE

7001 0320 0001 7975 8015

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

Postmark
Here

Sent To **11** AIRS ID # 1030387
MARK SNYDER
LINVATEC CORPORATION
11311 CONCEPT BLVD
LARGO FL 33773

PS Form

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 # 1030387
MARK SNYDER
LINVATEC CORPORATION
11311 CONCEPT BLVD
LARGO FL 33773

2 Article Number (Copy from)

7001 0320 0001 7975 8015

COMPLETE THIS SECTION ON DELIVERY

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

Robert Kramer

4/24/12

C. Signature

x R. Kramer

Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes
 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

APR 25 2000

RECEIVED

