

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

June 25, 2002

Mr. Erich Klopfer
F. K. Instrument Company, Inc.
2131 Sunnydale Boulevard
Clearwater, Florida 33765

Re: Facility No.: 1030389-002

Dear Mr. Klopfer:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on May 22, 2002.

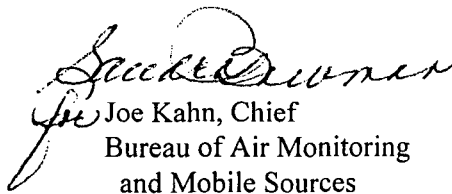
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

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

Printed on recycled paper.

1030389-002

Page 19

5(a)(1) Inspection
records and Remedial
action log should be
marked.

RECEIVED

MAY 22 2002

Bureau of Air Monitoring
& Mobile Sources

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	F.K. INSTRUMENT Co., Inc.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FKIG 4391 - FLD 982084089		
4. Facility Location:	Street Address: 2134 SUNNYdale Blvd.		
	City: CLEARwater	County: PINELLAS	Zip Code: 33765
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030389-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: ERICH KLOPFER Title: Vice President		
7. Responsible Official Mailing Address:	Organization/Firm: F.K. INSTRUMENT Co., Inc.		
	Street Address: 2131 SUNNYdale Blvd.		
	City: CLEARwater	County: PINELLAS	Zip Code: 33765
8. Responsible Official Telephone Number:	Telephone: (727) 787-1485 Fax: (727) 447-5166		

Facility Contact (If different from Responsible Official)

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

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.

Affected Machines	BRANSON BSD1216	Date Initially Purchased From Manufacturer	1982	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)					
$x \leq 1.21 \text{ m}^2$		1982		NEW/EXISTING	
$x > 1.21 \text{ m}^2$				NEW/EXISTING	
Batch Cold				NEW/EXISTING	
In-line				NEW/EXISTING	

2. (a) What was the total amount of halogenated solvents used 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 (choose one):

- complying with an alternative solvent emission limit
 implementing a control device combination/work practice standards
 meeting an idling emission limit/work practice standards

OR

meeting the requirements for batch cold cleaning machines

4. If you choose to implement a control device combination, please select the appropriate controls from the list provided below. Indicate with an "X" all controls that apply to your facility. (Refer to paragraph (5)(c)1.-4.).

- | | | |
|---|------|---|
| <input type="checkbox"/> 1.0 freeboard ratio | | <input type="checkbox"/> carbon adsorber |
| <input type="checkbox"/> dwell time | N.A. | <input type="checkbox"/> reduced room draft |
| <input type="checkbox"/> working mode cover | | <input type="checkbox"/> super-heated vapor |
| <input type="checkbox"/> freeboard refrigeration device | | |

5. 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:

ALL FACILITIES

- | | |
|--|-------------------------------------|
| (a) Estimates of monthly halogenated solvent consumption | <input checked="" type="checkbox"/> |
| (b) Inspection records | <input type="checkbox"/> |
| (h) Remedial action log | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> |
| (g) Solvent content records | <input checked="" type="checkbox"/> |

FOR FACILITIES USING CONTROL COMBINATIONS

- | | |
|-------------------------------|--------------------------|
| (c) Temperature monitoring | <input type="checkbox"/> |
| (f) Dwell time records | <input type="checkbox"/> |
| (i) Control device monitoring | <input type="checkbox"/> |

FOR FACILITIES MEETING EMISSION STANDARDS

- | | |
|---|-------------------------------------|
| (j) Log of solvent additions and removals | <input checked="" type="checkbox"/> |
| (d) Idling emission concentration monitoring | <input type="checkbox"/> |
| (k) Monthly emissions calculations | <input checked="" type="checkbox"/> |
| (l) Rolling 3-month average emissions calculations* | <input checked="" type="checkbox"/> |
| (m) Cleaning capacity calculations* | <input type="checkbox"/> |

* Only for facilities meeting the alternative emission limitation standards*

6. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are: _____
- No DEP 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.

ERICH KLOPPER, Vice President
Print name of responsible official

E. Klopfer
Signature

5/18/02
Date



F.K. Instrument Co., Inc.

2131 Sunnysdale Blvd. • Clearwater, FL 33765 • (727) 461-6060
Fax (727) 447-5166 • E-mail: FKI@IX.Netcom.com

ISO 9002 Registered

Alfred H. Klopfer
President

Erich A. Klopfer
Vice-President

RECEIVED

MAY 22 2002

Bureau of Air Monitoring
& Mobile Sources

May 17, 2002

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

Dear Department of Environmental Protection Representative:

Enclosed is DEP Form No. 62-213.900(4) filled out to continue our general permit for halogenated solvent degreasers.

Erich Klopfer, Vice-President, is now the responsible official at our business.

Please call me if you need additional information.

Very truly yours,

F.K. INSTRUMENT CO., INC.

Carol Bradley, Comptroller

National Tooling &
Machining Association



Member



F. K. Instrument Co., Inc.

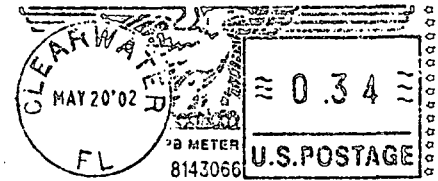
2131 Sunnydale Blvd. • Clearwater, FL 33765
ISO 9002 Registered

National Tooling &
Machining Association



Member

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



32399+2400 01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436137 FEB 9 2004

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

ID# 1030389
ERICH KLOPFER
F. K. INSTRUMENT CO INC
2131 SUNNYDALE BLVD
CLEARWATER, FL 33765

RECEIVED
FEB 13 2004
Bureau of Air & Mobile Sources
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

450295 DEC 16 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1030389 11
F. K. INSTRUMENT CO INC
2134 Sunnydale Blvd
CLEARWATER, FL 33765

RECEIVED
DEC 19 2005
Bureau of Air & Mobile Sources
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443516 DEC20 2004

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 1030389 11
F. K. INSTRUMENT CO INC
2134 Sunnydale Blvd
CLEARWATER, FL 33765



2 ✓
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

421716 JAN13 2003

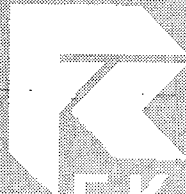
Do **NOT** Remove Label

AIRS ID# 1030389
 F. K. INSTRUMENT CO INC
 ERICH KLOPFER
 2131 SUNNYDALE BLVD
 CLEARWATER FL
 33765

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

Bureau of Air Monitoring
 & Mobile Sources
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 JAN 17 2003

Document	Date	Gross	Discount	Net	DEPT ENVIRONMENTAL PROTECTION
123102	12/31/2002	\$ 50.00	\$ 0.00	\$ 50.00	045491 Check Date 1/8/2003



AIRS ID# 1030389

F. K. Instrument Co., Inc.

2131 Sunnydale Blvd. Clearwater, FL 33765

Check 45491	Totals	\$ 50.00	\$ 0.00	\$ 50.00
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F. K. Instrument Co., Inc.
 Clearwater, FL 33765

7003 2260 0003 5650 9936

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Restricted Delivery Fee (Endorsement Required)	

Total Postage & ID# 1030389
 ERICH KLOPFER

Sent To F. K. INSTRUMENT CO INC
 2131 SUNNYDALE BLVD
 CLEARWATER, FL 33765

Street, Apt. No.;
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 1030389 ERICH KLOPFER F. K. INSTRUMENT CO INC 2131 SUNNYDALE BLVD CLEARWATER, FL 33765 </div> <p>2 Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Carol Bradley</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> <i>Carol Bradley</i> <input type="checkbox"/> <i>Addressed</i> C. Date of Delivery <input type="checkbox"/> <i>9/6/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
7003 2260 0003 5650 9936	

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Bureau of Air Monitoring
& Mobile Sources

FEB 11 2004

RECEIVED

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