

RECEIVED

HALOGENATED SOLVENT DEGREASERS  
AIR GENERAL PERMIT NOTIFICATION FORM

APR 06 2011

Bureau of Air Monitoring  
& Mobile Sources

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): UNILENS CORP., USA
2. Site Name (For example, plant name or number): UNILENS CORP., USA
3. Hazardous Waste Generator Identification Number: FDL057727836
4. Facility Location: Street Address: 10431 72ND STREET NORTH City: LARGO County: PINELLAS Zip Code: 33777-1511
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>1030481-003</b>

Responsible Official

6. Name and Title of Responsible Official: Name: ALAN FRAZER Title: DIR QUALITY ASSURANCE
7. Responsible Official Mailing Address: Organization/Firm: UNILENS CORP., USA Street Address: 10431 72ND STREET NORTH City: LARGO County: PINELLAS Zip Code: 33777-1511
8. Responsible Official Telephone Number: Telephone: (727) 544-2531 Fax: (727) 545-1883

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): ALAN FRAZER, DIR QUALITY ASSURANCE
10. Facility Contact Address: Street Address: 10431 72ND STREET NORTH City: LARGO County: PINELLAS Zip Code: 33777
11. Facility Contact Telephone Number: Telephone: (727) 544-2531 Fax: (727) 545-1883

**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	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
x ≤ 1.21 m <sup>2</sup>	29 NOV 1993	NEW/EXISTING	N/A
x > 1.21 m <sup>2</sup>	_____	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?

[ 23 ] gallons (MAR 2010 THROUGH MAR 2011)

(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 (choose one):

- [ X ] 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                     | <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 checked="" type="checkbox"/> |
| (h) Remedial action log                                  | <input checked="" type="checkbox"/> |
| (e) Instrument calibration                               | <input type="checkbox"/>            |
| (g) Solvent content records                              | <input 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:

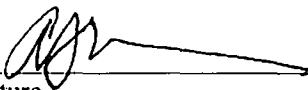
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:  
1030481-002-AG Expires 2/5/11 [Note: there is no physical permit]
- No DEP air permits currently exist for the operation of the facility indicated in 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.*

ALAN J. FRAZER  
Print name of responsible official

  
Signature

4 APRIL 2011  
Date

RECEIVED

APR 06 2011

Bureau of Air Monitoring  
& Mobile Sources

Unilens Corp., USA  
10431 72nd Street North  
Largo, Florida 33777  
727.544.2531  
800.446.2020  
Fax: 727.545.1883

4 April 2011

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

RE: Perchloroethylene Dry cleaning Facility Air General Permit 1030481-002-AG Expires  
2/5/2011

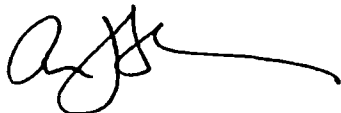
Mr. Dibble:

Mr. Jeff Morris of Air Compliance, Hazardous Air Pollutants/Toxics of Pinellas County requested that I send you a copy of the permit renewal application that was previously sent to the State Bureau of Air Monitoring and Mobile Sources dated 4 Nov 2010.

Please note that there are changes from the original you received dated 4 Nov 2010: the quantities have been updated and the responsible official has been changed from Michael Pecora, President to Alan Frazer, Director of Quality Assurance.

If there are any questions, please contact me directly; Michael Pecora has authorized me within Unilens Corp., USA as his representative for the air permit.

Regards,



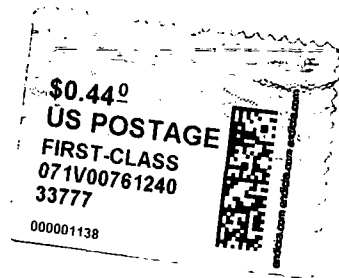
Alan J. Frazer  
Director of Quality Assurance  
[alan.frazer@unilens.com](mailto:alan.frazer@unilens.com)

c: G. Robbins



CORP., USA

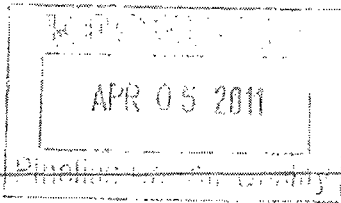
10431 72nd Street North  
Largo, FL 33777



Mr. Dickson Dibble  
General Permits Section  
Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

3239932400





Unilens Corp., USA  
10431 72nd Street North  
Largo, Florida 33777  
727.544.2531  
800.446.2020  
Fax: 727.545.1883

4 April 2011

Mr. Gary Robbins  
Air Compliance  
Hazardous Air Pollutants/Toxics  
300 S. Garden Avenue  
Clearwater, Florida 33756

RE: Perchloroethylene Dry cleaning Facility Air General Permit 1030481-002-AG Expires  
2/5/2011

Mr. Robbins:

Mr. Jeff Morris of your office requested that I send you a copy of the permit renewal application that has been sent to the State Bureau of Air Monitoring and Mobile Sources. A copy is attached.

Please note that there are changes from the copy you received dated 14 Jan 2011 of the original that was sent to the state bureau dated 4 Nov 2010: the quantities have been updated and the responsible official has been changed from Michael Pecora, President to Alan Frazer, Director of Quality Assurance.

If there are any questions, please contact me directly; Michael Pecora has authorized me within Unilens Corp., USA as his representative for the air permit.

Regards,

Alan J. Frazer  
Director of Quality Assurance  
alan.frazer@unilens.com

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|---|---|
| <input type="checkbox"/> perchloroethylene    | <input type="checkbox"/> methylene chloride               |
| <input type="checkbox"/> trichloroethylene    | <input checked="" type="checkbox"/> 1,1,1-trichloroethane |
| <input type="checkbox"/> carbon tetrachloride | <input type="checkbox"/> 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):

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FOR FACILITIES MEETING EMISSION STANDARDS

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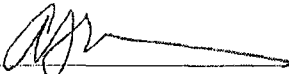
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*I will promptly notify the Department of any changes to the information contained in this notification.*

ALAN J. FRAZER

Print name of responsible official

Signature



4 APRIL 2011

Date

## Brynes, Marnie

---

**From:** Robbins, Gary W [grobbins@co.pinellas.fl.us]  
**Sent:** Wednesday, April 06, 2011 4:39 PM  
**To:** Brynes, Marnie  
**Subject:** Unilens Corporation, USA, 1030481-003-AG  
**Attachments:** 20110406163048153.pdf

Attached is a notification form for Unilens Corporation, USA, 1030481. They submitted us a copy on 1/18/11 saying they had sent you the original and copied us. Apparently you did not receive that copy , so I am forwarding a copy of this notification

Gary Robbins  
Environmental Program Coordinator  
Pinellas County Air Quality Division

-----Original Message-----

**From:** Robbins, Gary W  
**Sent:** Wednesday, April 06, 2011 4:31 PM  
**To:** Robbins, Gary W  
**Subject:**

This E-mail was sent from "RNPAEF27E" (Aficio 3245C).

Scan Date: 04.06.2011 16:30:48 (-0400)  
Queries to: [mevans@pinellascounty.org](mailto:mevans@pinellascounty.org)