



ID# 0112242

Department of Environmental Protection



Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 28, 1996

Mr. Alan Lowe, President
Acro Molded Products
3001 Northwest 16th Terrace
Pompano Beach, Florida 33064

Dear Mr. Lowe:

The Department has reviewed your notification form to operate a halogenated solvent degreaser facility with a general permit pursuant to Section 62-213.300, Florida Administrative Code. In accordance with the information included in your notification form, it appears that your facility is exempt from this air general permit requirement.

An exemption from this air general permit requirement does not necessarily exempt you from all Department permits. Please contact your nearest DEP district or local program office to determine if any other permits are required. You may also contact the Small Business Assistance Program at 800/722-7457.

Sincerely,

Dotty Diltz
Bureau of Air Monitoring
and Mobile Sources

DD/sb

cc: Mr. Robert Wong, Broward County

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): ACRO MOLDED PRODUCTS, INC.
2. Site Name (For example, plant name or number): ACRO MOLDED PRODUCTS
3. Hazardous Waste Generator Identification Number: FLD 984175190
4. Facility Location: Street Address: 3001 N.W. 16TH TERRACE City: POMPANO BEACH County: BROWARD Zip Code: 33064
5. Facility Identification Number (DEP Use): 0112242

Responsible Official

6. Name and Title of Responsible Official: ALAN LOWE, PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: ACRO MOLDED PRODUCTS Street Address: 3001 N.W. 16TH TERRACE City: POMPANO BEACH County: BROWARD Zip Code: 33064
8. Responsible Official Telephone Number: Telephone: (954) 977-9665 Fax: (954) 977-9715

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): JOSE' A. PRIETO, HUMAN RESOURCES MANAGER
10. Facility Contact Address: Street Address: 3001 N.W. 16TH TERRACE City: POMPANO BEACH County: BROWARD Zip Code: 33064
11. Facility Contact Telephone Number: Telephone: (954) 977-9665 Fax: (954) 977-9715

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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	_____	_____	_____	_____	_____	_____
x > 1.21 m ²	_____	_____	_____	_____	_____	_____
Batch Cold	_____	_____	N/A	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

gallons

(b) If less than 12 months, how many? months N/A

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 N/A

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

N/A

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
- N/A

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 N/A
- (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) _____


N/A

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

8/20/96
Date