0250749

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 24, 1996

Ms. Elizabeth Sosa
A. Sosa Industries, Inc.
3850 Northwest 37 Avenue
Miami, Florida 33142

Dear Ms. Sosa:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on September 4, 1996.

Please note that in November 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

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   A. Sosa Industries Inc.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 3850 N.W. 37 ave.
   City: Miami County: Dade Zip Code: 33142.
5. Facility Identification Number (DEP Use): 0250719

Responsible Official

6. Name and Title of Responsible Official:
   Elizabeth Sosa
7. Responsible Official Mailing Address:
   Organization/Firm: A. Sosa Ind. Inc.
   Street Address: 3850 N.W. 37 ave.
   City: Miami FL. County: Dade Zip Code: 33142
8. Responsible Official Telephone Number:
   Telephone: (305) 634-2351 Fax: (305) 635-2350

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   Elizabeth Sosa See / TREW.
10. Facility Contact Address:
    Street Address: 3850 N.W. 37 ave.
    City: Miami FL. County: Dade Zip Code: 33142
11. Facility Contact Telephone Number:
    Telephone: (305) 634-2351 Fax: (305) 635-2350

RECEIVED
SEP 4 1996
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						
$x < 1.21\ m^2$	____	_____	_____	____	_____	_____
$x > 1.21\ m^2$	____	_____	_____	____	_____	_____
Batch Cold	020	1996	1996	____	_____	_____
In-line						
New	____	_____	_____	____	_____	_____
Existing	____	_____	_____	____	_____	_____

2. (a) What was the total amount of halogenated solvents purchased in the latest 12 months?
[330] 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

[X] 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

[X] 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

[X] 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 [X]

(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 [X]

(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:

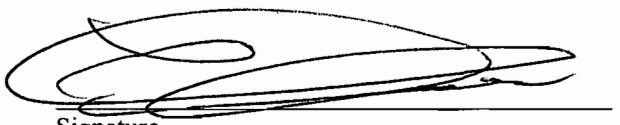
[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] 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

8-28-96

Date

Bowman, Sandy

From: Thomas, Bruce X.
Sent: Tuesday, December 10, 2002 4:02 PM
To: barrom@miamidade.gov
Cc: Bowman, Sandy; Butler, Rick; McKeough, Stephen
Subject: Elizabeth Sosa phone conversation, 12/10/02 - A. Sosa Industries, Inc.

Importance: High

Marcelo:

Elizabeth Sosa initially confirmed that the parts are not immersed in the solvent tank, and instead are suspended above the tank during the cleaning process. When I explained that the parts must be immersed for the process to be classified as cold batch, otherwise it would be considered a batch vapor process, she reconsidered and stated that she wasn't really sure if the parts were or were not immersed, and that she would have to check with her father. She also said she had purchased a thermometer since your last visit, but wasn't clear on the monitoring frequency. As far as the operation or accuracy of the thermometer goes, it is hard to believe much cleaning is occurring @ 120F, as the solvent has a boiling point of 188F. I also suggested that it would be helpful if she could arrange to be present with her father during your upcoming visit, so that everyone would be on the same page.

It sounds like her only options are to submerge the parts basket and monitor the bath temperature more accurately, or go to the expense of adding some type of condensing unit. I would appreciate it if you would let me know how this turns out.

Regards,

Bruce

A. Sosa Industries Inc.
3850 N.W. 37TH AVENUE
MIAMI, FL. 33142
PHONE: (305) 634-2351
FAX: (305) 635-2350

RECEIVED
JAN 09 2003
Bureau of Air Monitoring
& Mobile Sources

January 6, 2003

Marcelo Barros
Miami-Dade County
Environmental Resources Management
33 SW 2nd Ave
Suite 900
Miami, FL 33130

Re: Title V Air General Permit

Marcelo,

As per our conversation please allow this letter to serve as notice to your office of our intention to discontinue the use of the vapor degreaser located on our premises. Effective Wednesday December 18th, 2002, we ceased operating and using any cleaning method that requires use of trichloethylene. We are currently in the process of converting our cleaning method and will no longer require the above referenced permit.

As per you request I will forward a copy of this letter to the Department of Environmental Protection agency in Tallahassee. If there is any additional information you would require, please feel free to contact me at your convenience.

Sincerely,

Eliabeth Sosa

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

RECEIVED
MAR - 1 1999
Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0250749 **DATE:** 12/30/98 **TIME IN:** 11:25 am **TIME OUT:** 12:00pm

FACILITY NAME: A. Sosa Industries Inc.

FACILITY LOCATION: 3850 NW 37 Ave.
Miami, FL 33142

RESPONSIBLE OFFICIAL: Elizabeth Sosa **PHONE:** (305) 634-2351

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM 30 days prior to starting up ☑
2. Facility failed to notify DARM to use a general permit ☐
3. Halogenated solvent used at the facility:

perchloroethylene	☐	methylene chloride	☐
trichloroethylene	☑	1,1,1-trichloroethane	☐
carbon tetrachloride	☐	chloroform	☐

4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x \leq 1.21$ m^2	☐	New In-line	☐	Batch Cold	☑
Batch Vapor, $x > 1.21$ m^2	☐	Existing In-line	☐		

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, $x \leq 1.21$ m^2	☐	New In-line	☐	Batch Cold (immersion)	☑
Batch Vapor, $x > 1.21$ m^2	☐	Existing In-line	☐	Batch Cold (remote reservoir)	☐

MB 1/5/99

12/31/99 ARMS

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 notifcation? ☐Y ☐N
2. 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 0.9 m/min (3 ft/sec) or less? ☐Y ☐N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? ☐Y ☐N
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
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

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/min (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 ☑N/A

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 ☐N/A

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

Facility chose to meet requirements using:

- ❑ control device combination / work practice standards
- ❑ alternative solvent emission limit *(proceed to Part V)*
- ❑ idling emission limit / work practice standards *(proceed to Part V)*

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

control comb. selected		In use		
❑	working mode cover / 1.0 freeboard ratio / superheated vapor	❑	❑	❑
❑	reduced room draft / 1.0 freeboard ratio / superheated vapor	❑	❑	❑
❑	reduced room draft / 1.0 freeboard ratio / dwell	❑	❑	❑
❑	freeboard refrig. device / superheated vapor	❑	❑	
❑	freeboard refrig. device / working mode cover	❑	❑	
❑	freeboard refrig. device / reduced room draft	❑	❑	
❑	freeboard refrig. device / 1.0 freeboard ratio	❑	❑	
❑	freeboard refrig. device / dwell	❑	❑	
❑	freeboard refrig. device / carbon adsorber	❑	❑	
❑	carbon adsorber / 1.0 freeboard ratio / superheated vapor	❑	❑	❑

B. Batch Vapor Machines, $x > 1.21\ m^2$

control comb. selected		In use		
❑	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	❑	❑	❑
❑	freeboard refrig. device / superheated vapor / working mode cover	❑	❑	❑
❑	freeboard refrig. device / superheated vapor / reduced room draft	❑	❑	❑
❑	freeboard refrig. device / superheated vapor / carbon adsorber	❑	❑	❑
❑	freeboard refrig. device / reduced room draft / dwell	❑	❑	❑
❑	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	❑	❑	❑
❑	1.0 freeboard ratio / reduced room draft / superheated vapor	❑	❑	❑

C. Existing In-Line Machines

control comb. selected		In use		
❑	freeboard refrig. device / 1.0 freeboard ratio	❑	❑	❑
❑	superheated vapor / 1.0 freeboard ratio	❑	❑	❑
❑	freeboard refrig. device / dwell	❑	❑	
❑	carbon adsorber / dwell	❑	❑	

D. New In-Line Machines

control comb. selected		In use	
❑	freeboard refrig. device / superheated vapor	❑	❑
❑	freeboard refrig. device / carbon adsorber	❑	❑
❑	superheated vapor / carbon adsorber	❑	❑

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?	☑Y ☐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.	☑Y ☐N
3. Halogenated solvent content for each solvent used? *(exempt if <5% by weight)*	☑Y ☐N
4. Estimates of annual solvent consumption for each machine?	☑Y ☐N
5. Dates of solvent additions and amounts added to each machine? *(applicable only to those using an alternative emission limit)*	☑Y ☐N ☐N/A
6. Idling emissions limit tests, including values obtained during the initial performance test? *(applicable only to those using an idling emissions limit)*	☐Y ☐N ☑N/A
7. All control device and parameter monitoring? *(applicable only to batch vapor and in-line machines)*	☐Y ☐N ☑N/A
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	☐Y ☐N ☑N/A
9. Monthly emissions calculations *(applicable only to those using an alternative or idling emission limit)*	☐Y ☐N ☑N/A
10. 3-month rolling average emissions calculations? *(applicable only to those using an alternative emission limit)*	☐Y ☐N ☑N/A
11. Cleaning capacity calculations? *(applicable only to those using an alternative emission limit without a solvent-air interface)*	☐Y ☐N ☑N/A

PART VI: ADDITIONAL SITE INFORMATION

Initial notification form indicates a "cold batch" system. Upon inspection it was discovered that the solvent is indeed heated in this unit. The RO explained that when filling out the notification form, she had numerous conversations with FDEP (Tallahassee) about the correct classification. She recalled that Lorraine Clark determined the unit to be a "cold batch" based on the degree to which the solvent is heated (≤ 170°). The RO did not have any record of this determination. Will contact Tallahassee to verify determination.

Debora Griner
Inspector's Name

12/30/98
Date of Inspection

Inspector's Signature

12/99
Approximate Date of Next Inspection

AIRS ID#: 0250749 Acc

Revised 05/18/98

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A. Sosa Industries Inc. DATE: 12/30/98

FACILITY LOCATION: 3850 NW 37 Ave

Miami, FL 33142

RECEIVED
MAR - 1 1999
Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period: 12 1997 TO 12 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: _____

All operators of solvent cleaning machines have received training on the proper operation of the machine and their control devices sufficient to pass the test required in 40 CFR Part 63 Subpart T. ☑ YES ☐ NO

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

RESPONSIBLE OFFICIAL: Elizabeth Sosa _____ 12/30/98

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.

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

RECEIVED
MAR
Bureau of Air Monitoring & Mobile Sources

TIME IN: 11:25 am TIME OUT: 12:00 pm AIRS ID#: 0250749

TYPE OF FACILITY: Halogenated Solvent Degreaser

FACILITY NAME: A. Sosa Industries Inc. DATE: 12/30/98

FACILITY LOCATION: 3850 NW 37 Ave
Miami, FL 33142

RESPONSIBLE OFFICIAL: Elizabeth Sosa PHONE NUMBER (305) 634-2351

[X] 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: File records readily available. Equipment Satisfactory.

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

DATE OF NEXT INSPECTION: 12/99 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: Debora Griner PHONE NUMBER: (305) 372-6936

Revised 10/96

AIRS ID#: 0250749

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A. Sosa Industries Inc. DATE: 5-14-97

FACILITY LOCATION: 3850 N W 37 Ave
Miami Fl. 33142

Annual Reporting Period: January 19 96 TO December 19 96

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 belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: E. Sosa _____ 5-14-97
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.

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

248955

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐

RE-INSPECTION ☐

AIRS ID#: 0250749 DATE: 5-14-97 TIME IN: 10:05am TIME OUT: 11:15am

FACILITY NAME: A. Sosa Industries Inc.

FACILITY LOCATION: 3850 NW 37 Ave.

Miami, FL.

PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM by 9/1/96 ☑
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 m^2	☐	New In-line	☐	Batch Cold	☑
Batch Vapor, x>1.21 m^2	☐	Existing In-line	☐		

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, x<1.21 m^2	☐	New In-line	☐	Batch Cold (immersion)	☑
Batch Vapor, x>1.21 m^2	☐	Existing In-line	☐	Batch Cold (remote reservoir)	☐

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 notifcation? ☐Y ☐N
2. Maintain a freeboard ratio of 0.75 or greater? ☐Y ☐N

Revised 10/28/96

AKMS 5.15.97 RR

MD 5/19/97

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

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

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

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

- ☐ alternative solvent emission limit *(proceed to Part V)*
- ☐ idling emission limit / work practice standards *(proceed to Part V)*

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

control comb. selected		In use		
☐	working mode cover / 1.0 freeboard ratio / superheated vapor	☐	☐	☐
☐	reduced room draft / 1.0 freeboard ratio / superheated vapor	☐	☐	☐
☐	reduced room draft / 1.0 freeboard ratio / dwell	☐	☐	☐
☐	freeboard refrig. device / superheated vapor	☐	☐	
☐	freeboard refrig. device / working mode cover	☐	☐	
☐	freeboard refrig. device / reduced room draft	☐	☐	
☐	freeboard refrig. device / 1.0 freeboard ratio	☐	☐	
☐	freeboard refrig. device / dwell	☐	☐	
☐	freeboard refrig. device / carbon adsorber	☐	☐	
☐	carbon adsorber / 1.0 freeboard ratio / superheated vapor	☐	☐	☐

B. Batch Vapor Machines, $x > 1.21 m^2$

control comb. selected		In use		
☐	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	☐	☐	☐
☐	freeboard refrig. device / superheated vapor / working mode cover	☐	☐	☐
☐	freeboard refrig. device / superheated vapor / reduced room draft	☐	☐	☐
☐	freeboard refrig. device / superheated vapor / carbon adsorber	☐	☐	☐
☐	freeboard refrig. device / reduced room draft / dwell	☐	☐	☐
☐	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	☐	☐	☐
☐	1.0 freeboard ratio / reduced room draft / superheated vapor	☐	☐	☐

C. Existing In-Line Machines

control comb. selected		In use		
☐	freeboard refrig. device / 1.0 freeboard ratio	☐	☐	☐
☐	superheated vapor / 1.0 freeboard ratio	☐	☐	☐
☐	freeboard refrig. device / dwell	☐	☐	
☐	carbon adsorber / dwell	☐	☐	

D. New In-Line Machines

control comb. selected		In use	
☐	freeboard refrig. device / superheated vapor	☐	☐
☐	freeboard refrig. device / carbon adsorber	☐	☐
☐	superheated vapor / carbon adsorber	☐	☐

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?	☐Y ☑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.	☑Y ☐N
3. Halogenated solvent content for each solvent used? *(exempt if <5% by weight)*	☑Y ☐N
4. Estimates of annual solvent consumption for each machine?	☑Y ☐N
5. Dates of solvent additions and amounts added to each machine? *(applicable only to those using an alternative emission limit)*	☐Y ☐N ☑N/A
6. Idling emissions limit tests, including values obtained during the initial performance test? *(applicable only to those using an idling emissions limit)*	☐Y ☐N ☑N/A
7. All control device and parameter monitoring? *(applicable only to batch vapor and in-line machines)*	☐Y ☐N ☑N/A
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	☐Y ☐N ☑N/A
9. Monthly emissions calculations *(applicable only to those using an alternative or idling emission limit)*	☐Y ☐N ☑N/A
10. 3-month rolling average emissions calculations? *(applicable only to those using an alternative emission limit)*	☐Y ☐N ☑N/A
11. Cleaning capacity calculations? *(applicable only to those using an alternative emission limit without a solvent-air interface)*	☐Y ☐N ☑N/A

PART VI: ADDITIONAL SITE INFORMATION

Verbal Warning given instructing not to use extractor fan located on facilitys' south wall while unit cover is open.

ELIZABETH SOSA
Name of Responsible Official

Rosana Rivera
Inspector's Name

5-14-97
Date of Inspection

Rosana Rivera
Inspector's Signature

5-14-98
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 10:05 am TIME OUT: 11:15 am AIRS ID#: 0250749

TYPE OF FACILITY: Halogenated Solvent Degreaser

FACILITY NAME: A. Sosa Industries, Inc. DATE: 5-14-97

FACILITY LOCATION: 3850 NW 37 Ave., Miami, Fl.

RESPONSIBLE OFFICIAL: ELIZABETH SOSA PHONE NUMBER: 634-2351

☐ 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
Owners' manual, design specifications and other instructional materials for cleaning machine and control equipment not available.	Must provide said information during the next inspection.

COMMENTS: As per Miss Sosa the unit was bought in a Government Auction and no instructional materials were provided with it.

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

DATE OF NEXT INSPECTION: 5-14-98 (Approximate)

INSPECTION CONDUCTED BY: Rosana Rivera (Please Print)

INSPECTOR'S SIGNATURE: Rosana Rivera PHONE NUMBER: 372-6942

Ammended Copy: 5-19-97

Bureau of Air Monitoring & Mobile Sources
NOV 13 2000
RECEIVED

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

✓ **TYPE OF INSPECTION:** ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CO) ☐
RE-INSPECTION (FUI) ☐

AIRS ID#: 0250749 **DATE:** 9/13/00 **TIME IN:** 11:00am **TIME OUT:** 11:35am

FACILITY NAME: Sosa Industries

FACILITY LOCATION: 3850 NW 37 Ave.
Miami, FL 33142

RESPONSIBLE OFFICIAL: Elizabeth Sosa **PHONE:** (305)634-2351

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

Facility Compliance Status: IN ☐ (ARMS Data) MNC ☐ SNC ☐

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐
3. Halogenated solvent used at facility:

perchlorethylene	☐	methylene chloride	☐
trichloroethylene	☒	1,1,1-trichloroethane	☐
carbon tetrachloride	☐	chloroform	☐

4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable:

Batch Vapor, $x \leq 1.21$ m²	☐	New In-line	☐	Batch Cold	☒
Batch Vapor, $x > 1.21$ m²	☐	Existing In-line	☐		

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, $x \leq 1.21$ m²	☐	New In-line	☐	Batch Cold (immersion)	☒
Batch Vapor, $x > 1.21$ m²	☐	Existing In-line	☐	Batch Cold (remote reservoir)	☐

DFG 11/6/00

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? ☐Y ☐N
2. 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 0.9 m/min (3 ft/sec) or less? ☐Y ☐N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? ☐Y ☐N
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
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

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/min (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 ☒N/A

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 ☒N/A

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

Facility chose to meet requirements using:

- ❑ control device combination / work practice standards
- ❑ alternative solvent emission limit *(proceed to Part V)*
- ❑ idling emission limit / work practice standards *(proceed to Part V)*

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

control comb. selected		In use
❑	working mode cover / 1.0 freeboard ratio / superheated vapor	❑ ❑ ❑
❑	reduced room draft / 1.0 freeboard ratio / superheated vapor	❑ ❑ ❑
❑	reduced room draft / 1.0 freeboard ratio / dwell	❑ ❑ ❑
❑	freeboard refrig. device / superheated vapor	❑ ❑
❑	freeboard refrig. device / working mode cover	❑ ❑
❑	freeboard refrig. device / reduced room draft	❑ ❑
❑	freeboard refrig. device / 1.0 freeboard ratio	❑ ❑
❑	freeboard refrig. device / dwell	❑ ❑
❑	freeboard refrig. device / carbon adsorber	❑ ❑
❑	carbon adsorber / 1.0 freeboard ratio / superheated vapor	❑ ❑ ❑

B. Batch Vapor Machines, $x > 1.21\ m^2$

control comb. selected		In use
❑	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	❑ ❑ ❑
❑	freeboard refrig. device / superheated vapor / working mode cover	❑ ❑ ❑
❑	freeboard refrig. device / superheated vapor / reduced room draft	❑ ❑ ❑
❑	freeboard refrig. device / superheated vapor / carbon adsorber	❑ ❑ ❑
❑	freeboard refrig. device / reduced room draft / dwell	❑ ❑ ❑
❑	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	❑ ❑ ❑
❑	1.0 freeboard ratio / reduced room draft / superheated vapor	❑ ❑ ❑

C. Existing In-Line Machines

control comb. selected		In use
❑	freeboard refrig. device / 1.0 freeboard ratio	❑ ❑ ❑
❑	superheated vapor / 1.0 freeboard ratio	❑ ❑ ❑
❑	freeboard refrig. device / dwell	❑ ❑
❑	carbon adsorber / dwell	❑ ❑

D. New In-Line Machines

control comb. selected		In use
❑	freeboard refrig. device / superheated vapor	❑ ❑
❑	freeboard refrig. device / carbon adsorber	❑ ❑
❑	superheated vapor / carbon adsorber	❑ ❑

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?	☒Y ☐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.	☒Y ☐N
3. Halogenated solvent content for each solvent used? *(exempt if <5% by weight)*	☒Y ☐N
4. Estimates of annual solvent consumption for each machine?	☒Y ☐N
5. Dates of solvent additions and amounts added to each machine? *(applicable only to those using an alternative emission limit)*	☒Y ☒N ☐N/A
6. Idling emissions limit tests, including values obtained during the initial performance test? *(applicable only to those using an idling emissions limit)*	☐Y ☐N ☒N/A
7. All control device and parameter monitoring? *(applicable only to batch vapor and in-line machines)*	☐Y ☐N ☒N/A
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	☐Y ☐N ☒N/A
9. Monthly emissions calculations *(applicable only to those using an alternative or idling emission limit)*	☐Y ☐N ☒N/A
10. 3-month rolling average emissions calculations? *(applicable only to those using an alternative emission limit)*	☐Y ☐N ☒N/A
11. Cleaning capacity calculations? *(applicable only to those using an alternative emission limit without a solvent-air interface)*	☐Y ☐N ☒N/A

PART VI: ADDITIONAL SITE INFORMATION

2 drums every 3-4 months.
~ 1 1/2 hrs. top open every day
Spraying solvent on parts with hose.
- Revisit Cold Batch Issue

Debora Griner
Inspector's Name

9/13/00
Date of Inspection

Inspector's Signature

9/2001
Approximate Date of Next Inspection

MIAMI-DADE

TITLE V AIR QUALITY GENERAL PERMIT
FIELD NOTICE OF VIOLATION

DERM
DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT

Miami-Dade County Department of
Environmental Resources Management
33 S.W. 2nd Ave. Suite 900
Miami, FL 33130-1540
(305)372-6925 (305)372-6954 fax

FACILITY OWNER/COMPANY NAME: A Sosa Industries Inc.

SITE NAME: Sosa Industries AIRS ID#: 0250749

FACILITY LOCATION: 3850 NW 37 Ave. Miami, FL 33142

TYPE OF FACILITY:

RESPONSIBLE OFFICIAL: Elizabeth Sosa PHONE NUMBER: (305) 634-2351

YOU ARE HEREBY NOTIFIED that on _____ the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE**, **CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
II(6)(b)(3)	Records of solvent additions. 7/2000 → 9/2000	Begin keeping consistant faccurate record of solvent additions	30 days 10/12/00

ADDITIONAL INFORMATION:

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

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

Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.
Director

By (please print): Debora Griner

Section: Air Facilities Date: 9/13/00

Signature: Debora Griner

Received By (please print): Elizabeth Sosa

Title: RO Date: 9/13/00

Signature:

AIRS ID#: 0250749

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sosa Industries **DATE:** 9/13/00

FACILITY LOCATION: 3850 NW 37 Ave
Miami, FL 33142

Annual Reporting Period: 9 19 99 TO 9 19 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DER 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:

Incomplete recordkeeping

Exact period of non-compliance: from 7/00 to 9/2000

Action(s) taken to achieve compliance: Begin keeping complete records

Method used to demonstrate compliance: form

#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 belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Elizabeth Sosa (Name (Please Print)) _____ (Signature) 9-13-00 (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.

2000 Trichloroethlene Usage Report

January		February		March		April		May		June	
Date	Gallon	Date	Gallon	Date	Gallon	Date	Gallon	Date	Gallon	Date	Gallon
3	4	1	4	6	4	2	4	1	4	3	4
11	4	3	4	14	4	4	4	2	3	5	4
12	4	9	4	15	3	5	3	5	4	6	4
17	4	11	4	20	4	10	4	8	4	7	3
19	4	16	4			12	4	9	4	8	3
25	3	22	4			18	4	12	4	10	6
27	4	25	4			20	4	16	4	12	4
		29	4			24	4	18	4	14	4
						26	4	24	4	15	3
						27	4	25	4	17	3
								30	4	20	3
										21	3
										24	4
										26	4
										27	4

July		August		September		October		November		December	
Date	Gallon	Date	Gallon	Date	Gallon	Date	Gallon	Date	Gallon	Date	Gallon
				13	3	2	4				
				14	2	3	3				
				18	3	4	5				
				19	3	5	4				
				21	5	7	4				
				23	7*	9	3				
				25	3	12	4				
				26	7*						
				27	3						
				29	4						

* Machine Cleaned

Clean ins 10/16/01
mack -
vapor lns
measure
temp -
heat nor -
close to up
temp measured

188.06°F

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

7000 0520 0020 9373 0862

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

AIRS ID # 0250749
A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL
33142

PS Form 3800, February 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:

AIRS ID # 0250749
A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL
33142

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 9/11

C. Signature
X Antonio Sosa ☐ Agent ☐ Addressee

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

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)* 7000 0520 0020 9373 0862

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 210 662 880

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

11 AIRS ID # 0250749001AG
ELIZABETH SOSA
A. SOSA INDUSTRIES INC
3850 NW 37 AVENUE
MIAMI FL 33142

Postage	$
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	

PS Form **3800**, April 1995

Fold at line over top of envelope to the right of the return address

SENDER: C **SECTION ON DELIVERY**

- 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.

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

1 Article Addressed to:

11 AIRS ID # 0250749001AG
ELIZABETH SOSA
A SOSA INDUSTRIES INC
3850 NW 37 AVENUE
MIAMI FL 33142

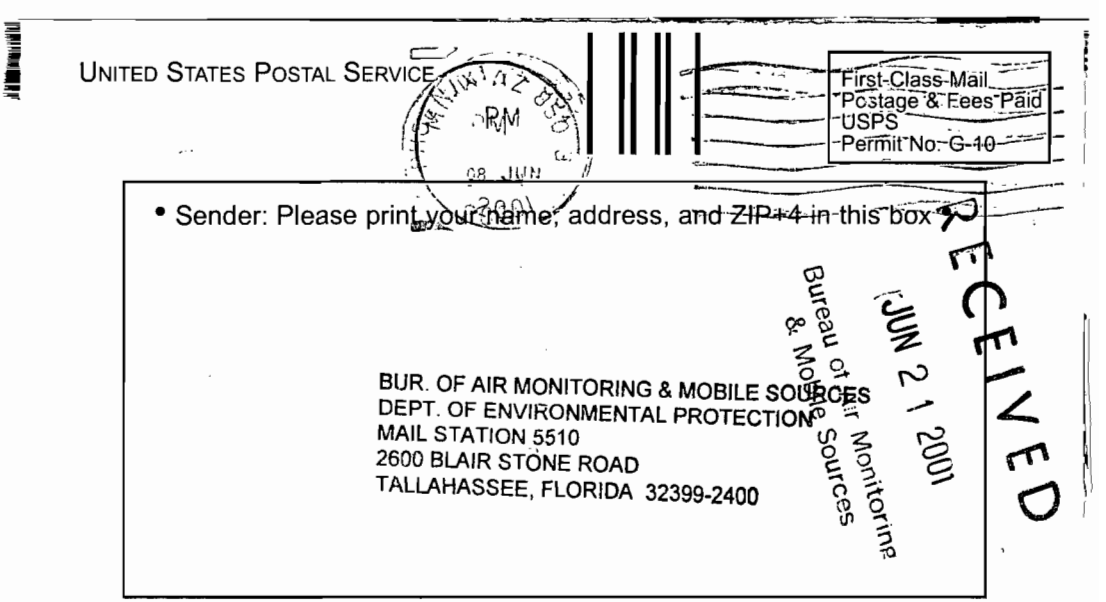
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

Z 210 662 880

2 Article Number *(Copy from service label)*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789


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 •
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400
RECEIVED
JUN 21 2001
Bureau of Air Monitoring & Mobile Sources

Marcelo to call EPA — Paul Coed — demo how op

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

7000 0600 0026 4126 6602

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

Postmark Here

AIRS ID # 0250749

A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION — **COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Received by *(Please Print Clearly)*: C. S. S. — B. Date of Delivery: 2/12/01

C. Signature: Antonio Sosa — ☑ Agent ☑ Addressee

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

1. Article Addressed to:

AIRS ID # 0250749

A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

ALLAPATTAH MIAMI FEB 12 2001 33142 USPS

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)*
7000 0600 0026 4126 6602

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-99-M-1789

Z 210 662 258

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 0250749

A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

Postage	$
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	

PS Form **3800**, April 1995

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:

AIRS ID # 0250749

A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 2/28/00

C. Signature
X Antonio Sosa ☐ Agent ☑ Addressee

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

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)*
7 210 662 258

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 099 2000

US Postal Service

Receipt for Certified Mail

AIRS ID # 0250749

A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

Postage	$
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	

PS Form **3800**, April 1995

Fold at line over top of envelope to

SENDER: *COMPLETE* ... *N DELIVERY*

- 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:

AIRS ID # 0250749

A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

Z333667099

2. Article Number *(Copy from service label)*

A. Received by *(Please Print Clearly)*

B. Date of Delivery 2-14

C. Signature

X [signature] ☐ Agent ☐ Addressee

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

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 300928

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

RECEIVED
MAIL ROOM
JAN 27 98

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID#0250749
A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406170 FEB26 2001

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

RECEIVED
FEB 26 2001
District of Air Monitoring & Mobile Sources

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0250749
A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

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

[redacted] THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414277 FEB18 2002

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 # 0250749
A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL
33142

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

[redacted] THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 392351

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
MAR - 2 2000
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 29 00
MAIL ROOM

Do NOT Remove Label

AIRS ID # 0250749
A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0854295

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
DEC 21 1998
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0250749
A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

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

AIRS ID#: _____ Revised 01/13/98

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
JAN 26 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#0250749
A. SOSA INDUSTRIES INC
ELIZABETH SOSA
3850 NW 37 AVENUE
MIAMI FL 33142

Do NOT Remove Label

Annual Reporting Period: 1-1- 19 98 TO 12-31 19 98

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 belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: _____ Elizabeth Sosa 1-22-98

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.