



0310374

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 12, 1996

Mr. Richard Monsorno
Vice President
American Technical Ceramics Corporation
2201 Corporate Square Boulevard
Jacksonville, Florida 32216

Dear Mr. Monsorno:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 28, 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, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Ms. Lori Tilley, Duval County

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

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>American Technical Ceramics Corp.</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: <i>FLD 039 677 810</i>
4. Facility Location: Street Address: <i>2201 Corporate Square Blvd.</i> City: <i>Jacksonville</i> County: <i>Duval</i> Zip Code: <i>32216</i>
5. Facility Identification Number (DEP Use): <i>0310374</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Richard Monsorno, V.P.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>American Technical Ceramics</i> Street Address: <i>2201 Corporate Square Blvd.</i> City: <i>Jacksonville</i> County: <i>Duval</i> Zip Code: <i>32216</i>
8. Responsible Official Telephone Number: Telephone: <i>(904) 724 - 2000</i> Fax: <i>(904) 724 - 8007</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Dennis McCarthy, Environmental Mgr.</i>
10. Facility Contact Address: <i>American Technical Ceramics</i> Street Address: <i>2201 Corporate Square Blvd.</i> City: <i>Jacksonville</i> County: <i>Duval</i> Zip Code: <i>32216</i>
11. Facility Contact Telephone Number: Telephone: <i>(904) 724 - 2000</i> Fax: <i>(904) 724 - 8007</i>

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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	1 2	29 NOV 93 29 NOV 93	29 NOV 93 29 NOV 93	3 4	29 NOV 93 29 NOV 93	29 NOV 93 29 NOV 93
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

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:

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.)

- 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:

- (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.

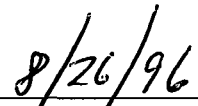
Responsible Official Certification

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

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	<u>0310374</u>	DATE:	<u>9/2/98</u>	TIME IN:	<u>9:30</u>	TIME OUT:	<u>1015</u>
FACILITY NAME:	<u>American Technical Ceramics Corp.</u>						
FACILITY LOCATION:	<u>2201 Corporate Square Blvd.</u> <u>Jacksonville, FL 32216</u>						
RESPONSIBLE OFFICIAL:	<u>Dennis McCarthy</u>	PHONE:	<u>904-724-2000</u>				
CONTACT NAME:	<u>Same</u>	PHONE:	<u>Same</u>				

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	<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	<input type="checkbox"/>
4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

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

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

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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, $x \leq 1.21 \text{ m}^2$

control comb.
selected

- | | In use |
|---|--|
| <input type="checkbox"/> working mode cover / 1.0 freeboard ratio / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / dwell | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / working mode cover | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / reduced room draft | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / dwell | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> carbon adsorber / 1.0 freeboard ratio / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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

control comb.
selected

- | | In use |
|--|--|
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / working mode cover | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / reduced room draft | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / reduced room draft / dwell | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / reduced room draft / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> 1.0 freeboard ratio / reduced room draft / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

C. Existing In-Line Machines

control comb.
selected

- | | In use |
|---|--|
| <input type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> superheated vapor / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / dwell | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> carbon adsorber / dwell | <input type="checkbox"/> <input type="checkbox"/> |

D. New In-Line Machines

control comb.
selected

- | | In use |
|---|---|
| <input type="checkbox"/> freeboard refrig. device / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> superheated vapor / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> |

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

PART VI: ADDITIONAL SITE INFORMATION

Facility has 2 tanks with approximately 5 gallons in each one. Both tanks have tank lids or covers. They keep the tanks covered when not in use. Both tanks meet and exceed the free board area ratio and Both tanks are in good condition. Emissions are estimated to be zero due to complete total enclosure of each tank.

Jeff Winter
Inspector's Name

Jeffrey Winter
Inspector's Signature

9/2/98
Date of Inspection

August, 1999
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:30 TIME OUT: 10:15 AIRS ID#: 0310374
 TYPE OF FACILITY: Halogenated Solvent Degreaser
 FACILITY NAME: American Technical Ceramics, Corp. DATE: 9/2/98
 FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL. 32216
 RESPONSIBLE OFFICIAL: Dennis McCarthy PHONE NUMBER: 904-724-2000

- 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:

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

DATE OF NEXT INSPECTION: August, 1999
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Winter* PHONE NUMBER: 904-630-2800

8/30/46

American Technical Ceramics

NOTE: The following item(s)
should be checked in the
EQUIPMENT MONITORING and RECORD-
KEEPING INFORMATION section on
page 19:

~~(h)~~ Am

(h)

(i)

(L)

(K)

Alvin C. Williams

8/30/96

American Technical Ceramics

NOTE: The following item(s)
should be checked in the
EQUIPMENT MONITORING and RECORD-
KEEPING INFORMATION section on
page 19:

- ~~(A)~~ Am
- (b)
- (i)
- (L)
- (K)

John C. Williams

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>American Technical Ceramics Corp.</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: <i>FLD 039 677 810</i>
4. Facility Location: Street Address: <i>2201 Corporate Square Blvd.</i> City: <i>Jacksonville</i> County: <i>Duval</i> Zip Code: <i>32216</i>
5. Facility Identification Number (DEP Use): <i>0310374</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Richard Monsorno, V.P.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>American Technical Ceramics</i> Street Address: <i>2201 Corporate Square Blvd.</i> City: <i>Jacksonville</i> County: <i>Duval</i> Zip Code: <i>32216</i>
8. Responsible Official Telephone Number: Telephone: <i>(904) 724 - 2000</i> Fax: <i>(904) 724 - 8007</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Dennis McCarthy, Environmental Mgr.</i>
10. Facility Contact Address: <i>American Technical Ceramics</i> Street Address: <i>2201 Corporate Square Blvd.</i> City: <i>Jacksonville</i> County: <i>Duval</i> Zip Code: <i>32216</i>
11. Facility Contact Telephone Number: Telephone: <i>(904) 724 - 2000</i> Fax: <i>(904) 724 - 8007</i>

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Bureau of Air Monitoring
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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	1	29 NOV 93	29 NOV 93	3	29 NOV 93	29 NOV 93
	2	29 NOV 93	29 NOV 93	4	29 NOV 93	29 NOV 93
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

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:

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

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.

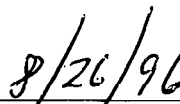
Responsible Official Certification

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.

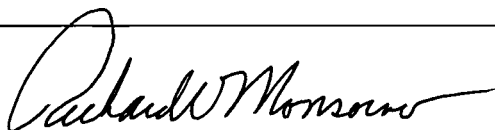
I will promptly notify the Department of any changes to the information contained in this notification.

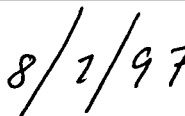


Signature



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.)

- 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:

- (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 *Per*
- (i) Control device monitoring *Per*
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations *Per*
- (l) Rolling 3-month average emissions calculations *Per*
- (m) Cleaning capacity calculations

AIRS ID#: 0310374

all

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HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AUG 20 1997

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: American Technical Ceramics Corp. DATE: 8/5/97
 FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL 32216

Annual Reporting Period: August 28 1996 TO August 5 1997

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: RICHARD V. MONSORNO *Richard Monsorno* 8/7/97
 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.

AIRS ID#: _____

300999

Revised 01/13/98

**HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

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JAN 29 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0310374
AMERICAN TECHNICAL CERAMICS CORP
RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

Do **NOT** Remove Label

Annual Reporting Period: JANUARY 1 19 97 TO December 31 19 97

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: _____

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MAIL ROOM
JAN 27 98

#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:

RICHARD MONSORNO

Richard Monsorno

1-21-98

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.

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	<u>0310374</u>	DATE:	<u>8/20/99</u>	TIME IN:	<u>915</u>	TIME OUT:	<u>1000</u>
FACILITY NAME:	<u>American Technical Ceramics Corp.</u>						
FACILITY LOCATION:	<u>2201 Corporate Square Blvd.</u> <u>Jacksonville, FL 32216</u>						
RESPONSIBLE OFFICIAL:	<u>Richard Monsorno</u>	PHONE:	<u>904-724-8007</u>				
CONTACT NAME:	<u>Dennis McCarthy</u>	PHONE:	<u>904-724-8007</u>				

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	<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	<input type="checkbox"/>
4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

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

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

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. (11 ft/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, $x \leq 1.21 \text{ m}^2$

control comb. selected	In use
<input type="checkbox"/> working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

control comb. selected	In use
<input type="checkbox"/> freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected	In use
<input type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected	In use
<input type="checkbox"/> freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

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

[Empty box for additional site information]

Jeff Winter

Inspector's Name

Jeff Winter
Inspector's Signature

8/20/99

Date of Inspection

August, 2000
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

RECEIVED

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 915 TIME OUT: 1000 AIRS ID#: 031037421999

TYPE OF FACILITY: Halogenated Solvent Degreaser

FACILITY NAME: American Technical Ceramics DATE: 8/24/99

FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL 32216

RESPONSIBLE OFFICIAL: Richard Monsorno PHONE NUMBER: 904/724-2000

- 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:

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

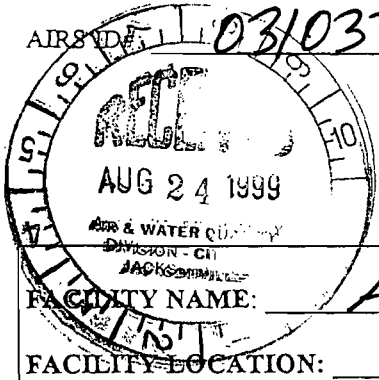
DATE OF NEXT INSPECTION: August, 2000
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeff Winter PHONE NUMBER: 904/638-3484

0310374

ACC



HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: American Technical Ceramics DATE: 8/20/99
FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL 32216

Annual Reporting Period: August 20, 1998 TO August 20, 1999

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: Richard Monsoreno Richard Monsoreno 8-23-99
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.

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HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	0310374	TIME IN:	1100	TIME OUT:	1130
FACILITY NAME:	American Technical Ceramics Corp.				
FACILITY LOCATION:	2201 Corporate Square Blvd. Jacksonville, Florida 32216				

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 <input type="checkbox"/>	methyl chloride <input type="checkbox"/>
trichloroethylene <input checked="" type="checkbox"/>	1,1,1-trichloroethane <input type="checkbox"/>
carbon tetrachloride <input type="checkbox"/>	chloroform <input type="checkbox"/>
5. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x < 1.21 \text{ m}^2$ <input type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold <input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input type="checkbox"/>	Existing In-line <input type="checkbox"/>	

PART II: CLASSIFICATION

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

Batch Vapor, $x < 1.21 \text{ m}^2$ <input type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold (immersion) <input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input type="checkbox"/>	Existing In-line <input type="checkbox"/>	Batch Cold (remote reservoir) <input type="checkbox"/>

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 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 *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

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, $x \leq 1.21m^2$

control comb. selected	In use
<input type="checkbox"/> working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

control comb. selected	In use
<input type="checkbox"/> freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected	In use
<input type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

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

PART VI: ADDITIONAL SITE INFORMATION

Only 1 Solvent Tank in use (4 on site) (Batch Cold only).
Other 3 will not be used.

Additional Site Information, cont.

[Empty box for Additional Site Information]

Richard Monsorno

Name of Responsible Official

Jeff Winter

Inspector's Name

Jeffrey Winter

Inspector's Signature

8/5/97

Date of Inspection

August, 1998

Approximate Date of Next Inspection

✓

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1100 TIME OUT: 1130 AIRS ID#: 0310374
 TYPE OF FACILITY: Halogenated Solvent Degreaser
 FACILITY NAME: American Technical Ceramics Corp. DATE: 8/5/97
 FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL 32214
 RESPONSIBLE OFFICIAL: Richard Monsorno PHONE NUMBER: (904) 724-2000

- 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:

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

DATE OF NEXT INSPECTION: August, 1998
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Winter PHONE NUMBER: (904) 630-3484

RECEIVED

DEC 27 1999

HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0310374 DATE: 8/20/99 TIME IN: 915 TIME OUT: 1000
 FACILITY NAME: American Technical Ceramics Corp.
 FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL 32216
 RESPONSIBLE OFFICIAL: Richard Monsorno PHONE: 904-724-8007
 CONTACT NAME: Dennis McCarthy PHONE: 904-724-8007

PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM 30 days prior to starting up
- Facility failed to notify DARM to use a general permit
- Halogenated solvent used at the facility:

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	<input type="checkbox"/>
- Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input type="checkbox"/>	New in-line	<input type="checkbox"/>	Batch Cold	<input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing in-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

- Indicate the machine type(s) observed at the facility:

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input type="checkbox"/>	New in-line	<input type="checkbox"/>	Batch Cold (immersion)	<input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

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. (11 ft/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. $x \leq 1.21 \text{ m}^2$

control comb.
selected

- | | In use |
|---|--|
| <input type="checkbox"/> working mode cover / 1.0 freeboard ratio / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> reduced room draft / 1.0 freeboard ratio / dwell | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / working mode cover | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / reduced room draft | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / dwell | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> carbon adsorber / 1.0 freeboard ratio / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

B. Batch Vapor Machines. $x > 1.21 \text{ m}^2$

control comb.
selected

- | | In use |
|--|--|
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / working mode cover | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / reduced room draft | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / superheated vapor / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / reduced room draft / dwell | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / reduced room draft / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> 1.0 freeboard ratio / reduced room draft / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

C. Existing In-Line Machines

control comb.
selected

- | | In use |
|---|--|
| <input type="checkbox"/> freeboard refrig. device / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> superheated vapor / 1.0 freeboard ratio | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / dwell | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> carbon adsorber / dwell | <input type="checkbox"/> <input type="checkbox"/> |

D. New In-Line Machines

control comb.
selected

- | | In use |
|---|---|
| <input type="checkbox"/> freeboard refrig. device / superheated vapor | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> freeboard refrig. device / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> superheated vapor / carbon adsorber | <input type="checkbox"/> <input type="checkbox"/> |

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

PART VI: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Jeff Winter

Inspector's Name

Jeff Winter
Inspector's Signature

8/20/99

Date of Inspection

August, 2000

Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 915 TIME OUT: 1000 AIRS ID#: 0310374
 TYPE OF FACILITY: Halogenated Solvent Degreaser
 FACILITY NAME: American Technical Ceramics DATE: 8/20/99
 FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL 32216
 RESPONSIBLE OFFICIAL: Richard Monsorno PHONE NUMBER: 904/724-2000

- 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: _____

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

DATE OF NEXT INSPECTION: August, 2000
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeff Winter PHONE NUMBER: 904/638-3484

✓

HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
JUL 27 2000
BUREAU OF AIR MONITORING
& MOBILE SOURCES

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCONTINUED
RE-INSPECTION

AIRS ID#: 0310374 DATE: 6/23/2000 TIME IN: 1100 TIME OUT: 1145

FACILITY NAME: American Technical Ceramics Corp.

FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL 32216

RESPONSIBLE OFFICIAL: Richard Mansorno PHONE: 904/724-20009

CONTACT NAME: Dennis McCarthy PHONE: 904/726-3400

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	<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	<input type="checkbox"/>
4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

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

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input checked="" type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

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. (11 ft/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, $x \leq 1.21 \text{ m}^2$

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

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

PART VI: ADDITIONAL SITE INFORMATION

Jeff Winter
Inspector's Name

Jeffrey Winter
Inspector's Signature

6/23/2000
Date of Inspection

June, 2001
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1100 TIME OUT: 1135 AIRS ID#: 0310374
 TYPE OF FACILITY: Halogenated Solvent Degreaser
 FACILITY NAME: American Technical Ceramics DATE: 6/23/00
 FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL 32216
 RESPONSIBLE OFFICIAL: Richard Mansorno PHONE NUMBER: 904-724-2000

- 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:

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

DATE OF NEXT INSPECTION: June, 2001
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffery White PHONE NUMBER: 904-630-1212
ext. 3169

ACC

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: American Technical Ceramics DATE: 6/23/00
 FACILITY LOCATION: 2201 Corporate Square Blvd.
Jacksonville, FL 32214

Annual Reporting Period: August 20, 1999 TO June 23, 2000

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 _____

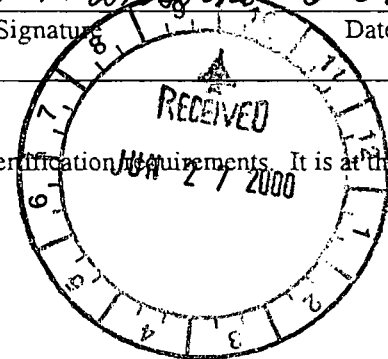
Action(s) taken to achieve compliance: _____

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: Richard Monsorno
Name (Please Print)

Richard Monsorno 6-23-00
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.

Bowman, Sandy

From: Bill Coffman [COFFMAN@coj.net]
Sent: Friday, September 02, 2005 8:18 AM
To: Bowman, Sandy
Cc: Wayne Tutt
Subject: Arms database

Sandy

The following sites are no longer in operation, or are no longer using perc. Please remove them for the active site list in ARMS. We are currently in the process of determining what sites are valid perc sites and which are drop or out of business. This process is ongoing and will take a while.

0310359 No Cleaner at this location
0310510 Vacant Building
0310482 Drop Store
0310437 Drop Store
0310453 Closed
0310374 No longer using process

Site 0310504 and 0310525 are not showing up in the ASGP database, but are in the ARMS database both are active Dry Cleaners

Thanks Bill Coffman

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391015

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 # 0310374
AMERICAN TECHNICAL CERAMICS CORP
RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

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

RECEIVED
MAIL ROOM
JAN 13 00

AMERICAN TECHNICAL CERAMICS

DATE	INVOICE NUMBER	DESCRIPTION	AMOUNT	DEDUCTIONS		NET AMOUNT
				PARTICULARS	AMOUNT	
1-7-00		PO#65744F CG#47102 Vendor#4396	\$50.00			

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356826

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
MAIL ROOM
JAN 11 99

Do **NOT** Remove Label

AIRS ID # 0310374
AMERICAN TECHNICAL CERAMICS CORP
RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

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

7004 2510 0002 3939 3639

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Total Postage: AIRS ID# 310374 1stC
 AMERICAN TECHNICAL CERAMICS
 CORP

Sent To
 Street, Apt. No. or PO Box No. 2201 Corporate Square Blvd
 JACKSONVILLE, FL 32216
 City, State, ZIP

PS Form 3800, June 2002 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# 310374 1stC
 AMERICAN TECHNICAL CERAMICS
 CORP
 2201 Corporate Square Blvd
 JACKSONVILLE, FL 32216

2 Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name)
F. SARK

C. Date of Delivery
 2-7

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447503 FEB 25 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

AIRS ID# 310374 11
AMERICAN TECHNICAL CERAMICS
CORP
2201 Corporate Square Blvd ✓
JACKSONVILLE, FL 32216

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

Printed on recycled paper.

Bureau of Air Monitoring
& Mobile Sources

MAR 11 2005

RECEIVED

Z 210 662 879

US Postal Service
Receipt for Certified Mail

11 AIRS ID # 0310374001AG
RICHARD MONSORNO
AMERICAN TECHNICAL CERAMICS CORP
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

PS Form 3800, April 1995

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	

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 # 0310374001AG
RICHARD MONSORNO
AMERICAN TECHNICAL CERAMICS CORP
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

Z 210 662 879

2 Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

F. SANK 6-13-01

C. Signature

X *F. Sank* Agent Addressee

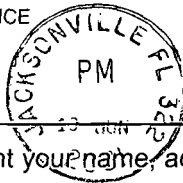
D. Is delivery address different from item 1? Yes No
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4. Restricted Delivery? (Extra Fee) Yes

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

Bureau of Air Monitoring
& Mobile Sources

JUN 18 2001

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32399-2400





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300999

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

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AIRS ID#0310374
AMERICAN TECHNICAL CERAMICS CORP
RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

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

INVOICE DATE	INVOICE NUMBER	CONTROL NUMBER	AMOUNT	DISCOUNT	AMOUNT PAID	REMARKS
01/22/98	P048988	011413	50.00	.00	50.00	
			50.00	.00	50.00	

AMERICAN TECHNICAL CERAMICS CORP.
1 NORDEN LANE
HUNTINGTON STATION, N.Y. 11746

TOTAL AMOUNT ON
CHECK IS LAST FIGURE
IN COLUMN ABOVE

VENDOR NO.
004396

CHECK NO.
089030

PAGE
01



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434813 DEC29 2003

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2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

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Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

INVOICE NUMBER	INVOICE DATE	AMOUNT	DISCOUNT	AMOUNT PAID	P.O. NUMBER	REMARKS
20-2035001	12/01/03	50.00	.00	50.00	13405	
				50.00		

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1 NORDEN LANE
HUNTINGTON STATION, N.Y. 11746

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VENDOR NO	CHECK NO.	PAGE
4396	157081	



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0310374
AMERICAN TECHNICAL CERAMICS CORP
RICHARD MONSORNO
2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL
32216

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

INVOICE NUMBER	INVOICE DATE	AMOUNT	DISCOUNT	AMOUNT PAID	P.O. NUMBER	REMARKS
PO 9485	12/13/02	50.00	.00	50.00	9485	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 02 2002</p> <p style="text-align: center;">Bureau of Air Monitoring & Mobile Sources</p>
				50.00		

AMERICAN TECHNICAL CERAMICS CORP.
1 NORDEN LANE
HUNTINGTON STATION, N.Y. 11746

▲
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VENDOR NO.	CHECK NO.	PAGE
4396	150008	



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

PO 5300

TO: Holder of Title V Air General Permit

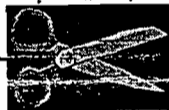
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Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

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VOUCHER # 836
FL



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412935 JAN11 2002

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2201 CORPORATE SQUARE BLVD
JACKSONVILLE FL
32216

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Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

INVOICE NUMBER	INVOICE DATE	AMOUNT	DISCOUNT	AMOUNT PAID	P.O. NUMBER	REMARKS
031-03-74	12/10-1/01	50.00	00	50.00	5300	
				50.00		

AMERICAN TECHNICAL CERAMICS CORP.

1 NORDEN LANE
HUNTINGTON STATION, N.Y. 11746

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4396	141404	



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 JACKSONVILLE FL 32216

179-0102

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AMERICAN TECHNICAL CERAMICS						
DATE	INVOICE NUMBER	DESCRIPTION	AMOUNT	DEDUCTIONS		NET AMOUNT
				PARTICULARS	AMOUNT	
1-17-01		PO# 78360-F CHG# 4396 VENDOR# 47102	\$50.00			

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2201 CORPORATE SQUARE BLVD
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Sent To AIRS ID#0310374.....2nd Cert 05
 AMERICAN TECHNICAL CERAMICS CORP
 Street, Apt. No. or PO Box No. 2201 Corporate Square Blvd
 JACKSONVILLE, FL 32216
 City, State, Zip

PS Form 3800

7004 2510 0002 3939 3356

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- 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#0310374.....2nd Cert 05
 AMERICAN TECHNICAL CERAMICS CORP
 2201 Corporate Square Blvd
 JACKSONVILLE, FL 32216

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Mary Corens* Addressee

B. Received by (*Printed Name*) Agent
 MARY CORENS Addressee

C. Date of Delivery
 3-2

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

7004 2510 0002 3939 3356

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DEPT. OF ENVIRONMENTAL PROTECTION
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