



0571057

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. Edward Zwak
Air Brake Specialist, Inc.
1609 North 31st Street
Tampa, Florida 33605

Dear Mr. Zwak:

The Department has received the Title V General Permit Notification Form for the asbestos manufacturing and fabrication facility that you submitted on August 29, 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. Liz Deken, Hillsborough County

8/30/96

AIR BRAKE SPECIALISTS, INC

NOTE: For recordkeeping requirements. The rule says that log of "Date and time of inspection" will be kept on site.

Therefore under Recordkeeping information on page 12 of Appt' please see that the responsible official item: (b) Equipment inspection log.

Alvin C. Williams

COMMISSION

DOTTIE BERGER
PHYLIS BUSANSKY
JOE CHILLURA
CHRIS HART
JIM NORMAN
ED TURANCHIK
SANDRA WILSON

EXECUTIVE DIRECTOR

ROGER P. STEWART



ADMINISTRATIVE OFFICES, LEGAL &
WATER MANAGEMENT DIVISION
1900 - 9TH AVENUE
TAMPA, FLORIDA 33605
TELEPHONE (813) 272-5960
FAX (813) 272-5157

AIR MANAGEMENT DIVISION
TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION
TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION
TELEPHONE (813) 272-7104

M E M O R A N D U M

DATE: August 26, 1996

TO: Sandy Bowman

FROM: Jeff Ouellette *jo*

SUBJECT: Air Brake Specialists - General Permit

This application was hand-delivered to our office. This facility has an operating permit which will be replaced with a general permit on the effective date.

If you have any questions, please let me know.

Facility Information

Indicate with an "X" the classification of your facility.

Asbestos Manufacturing

Asbestos Fabrication

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) Visible emissions monitoring

(b) Equipment inspection log

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.

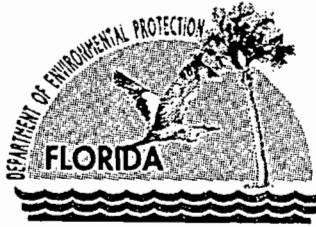
Responsible Official Certification

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

8-26-96
Date



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 4, 2001

Mr. Edward Zwak
Air Brake Specialists
1609 North 31 Street
Tampa, Florida 33605

Dear Mr. Zwak:

Thank you for your submittal of the Asbestos Manufacturing and Fabrication Facilities Air General Permit Notification Form. The Department received your submittal on August 31.

In reviewing your submittal, it was noted that Air Brake Specialists elected to surrender its existing Title V air general permit (AIRS ID 0571057). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/jw
Enclosure

cc: Mr. Thomas Shelton, Hillsborough County, "Air Protection, Less Process"

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:30 TIME OUT: 10:30 AIRS ID#: 0571057
 TYPE OF FACILITY: Asbestos Manufacturing + Fabrication
 FACILITY NAME: Air Brake Specialist, Inc DATE: 7/22/92
 FACILITY LOCATION: 1609 N. 31st St
Tampa, FL 33605
 RESPONSIBLE OFFICIAL: Ed Zwak PHONE NUMBER: _____

- 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: X 1 year
(Approximate)

INSPECTION CONDUCTED BY: Bruce M. King
(Please Print)

INSPECTOR'S SIGNATURE: Bruce M. King PHONE NUMBER: 813-272-5531

AIRS ID#: 0571057

acc RECEIVED
Revised 10/10/96

Asbestos Manuf. + Fabrication

AIR QUALITY GENERAL PERMIT

AUG 11 1997

ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: <u>Air Brake Specialist Inc</u>	DATE: <u>7/25/97</u>
FACILITY LOCATION: <u>1609 N. 31st St.</u>	
<u>Tampa FL 33605</u>	

Annual Reporting Period: 8/26 19 96 TO 7/25 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: _____

#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: *[Signature]* EDWARD ZWAK 7-25-97
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.

**ASBESTOS MANUFACTURING AND FABRICATION
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 05 71057 DATE: 7/22/97 TIME IN: 9:30 TIME OUT: 10:30
 FACILITY NAME: Air Brake Speedtest, Inc.
 FACILITY LOCATION: 1609 N. 31st St
Tampa, FL 33605

PART I: NOTIFICATION

(check appropriate box)

Facility notified DARM by 9/1/96
 Facility notified DARM 30 days prior to startup
 Facility failed to notify DARM to use a general permit

PART II: GENERAL CONTROL REQUIREMENTS

What method does the facility use to control emissions?

Facility discharges no visible emissions to the outside air.
 Facility uses methods specified in 40 CFR 61.162 (filtering device) to clean emissions.

PART III: RECORDKEEPING/REPORTING REQUIREMENTS

Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site? Y N

Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? *(must record date/time and presence/absence of visible emissions)* Y N

If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department? Y N N/A

Has the facility recorded descriptions of corrective actions taken, including date and time? Y N N/A

For facilities using a filter device:

Does the facility properly inspect the filtering device weekly? Y N

Does the facility keep records of the condition of fabric filters? Y N N/A

Does the facility record the daily hours of operation for each air cleaning device? Y N

PART V: ADDITIONAL SITE INFORMATION

House keeping was poor and Mr. Zwak was informed to clean-up scrap at the end of each day.

The asbestos waste material was stored outdoors and some bags were deteriorated and needed to be re-bagged. Mr. Zwak stated he would dispose of all waste material by the end of the week.

Ed Zwak

Name of Responsible Official

Bruce M King / NEAL B. JONES

Inspector's Name

7/22/97

Date of Inspection

Bruce M King / Neal B. Jones

Inspector's Signature

X 1 yr.

Approximate Date of Next Inspection

**ASBESTOS MANUFACTURING AND FABRICATION
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

RECEIVED
SEP 13 2001
Bureau of Air Monitoring
Mobile Sources

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)

AIRS ID#: 0571057 DATE: 8/29/01 TIME IN: 9 AM TIME OUT: 11 AM

FACILITY NAME: Air Brakes Specialists, Inc.

FACILITY LOCATION: 1609 N. 31st. street
Tampa, FL 33605 *file*

RESPONSIBLE OFFICIAL: Edward Zawak PHONE: (813) 247-5030

CONTACT NAME: Daryl Zawak PHONE: (813) 247-5030

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN
 Facility notified DARM 30 days prior to startup (ARMS Data) MNC
 Facility failed to notify DARM to use a general permit SNC

PART II: GENERAL CONTROL REQUIREMENTS

What method does the facility use to control emissions?
 Facility discharges no visible emissions to the outside air.
 Facility uses methods specified in 40 CFR 61.152 (filtering device) to clean emissions.

PART III: RECORDKEEPING/REPORTING REQUIREMENTS

Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site? Y N

Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? *(must record date/time and presence/absence of visible emissions)* Y N

If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department? Y N N/A

Has the facility recorded descriptions of corrective actions taken, including date and time? Y N N/A

For facilities using a filter device:

Does the facility properly inspect the filtering device weekly? Y N

Does the facility keep records of the condition of fabric filters? Y N N/A

Does the facility record the daily hours of operation for each air cleaning device? Y N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

M. Nozari
Inspector's Name

Aug 29, 01
Date of Inspection

M. Nozari
Inspector's Signature

1 year
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Air Brake Specialists, Inc.			PAGE 1 OF 1	
FACILITY ADDRESS: 1609 N. 31 st Street			CITY: Tampa PHONE: (813) 247-5030	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33605
INSPECTION DATE: August 29, 2001	TIME IN: 9:00 AM	TIME OUT: 11: AM	INSPECTION TYPE: Annual	STATUS: In Compliance
NEDS NUMBER: 0571057				
SOURCE DESCRIPTION: asbestos Brakes Lining				
CONTACT (S): Edward or Daryl Zwak				
<p>Roger Zhu and I visited the Air Brake facility for an annual inspection. Roger and I met Mr. Edward Zwak. The De-lining machine was out commission due to a broken hydraulic pressure line. Mr. Zwak said a water spray is applied in the stripping process to reduce emissions. After the lining was removed, the brake base metal was put into a sandblasting machine. The sandblasting machine was connected via a 6" pipe to a vertical Burlap bag house to capture the stripped lining. There are about 30 bags in an open area ready for shipment. All the bags were properly sealed.</p> <p>The daily VE record keeping was completely recorded. I gave Mr. Zwak a new notification form. He completed the form while we inspected the facility.</p> <p>We went out side the building to inspect the facility's parking area. I saw fire burning. I immediately brought up to the attention of Mr. Zwak and had him put the fire out. This incident was reported to EPC'S FIMO section.</p>				
INSPECTED BY: Mohammad Nozari / Roger Zhu			DATE: August 29, 2001	

ASBESTOS MANUFACTURING AND FABRICATION
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
 SEP 13 2001
 Bureau of Air Monitoring
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (C)
 RE-INSPECTION (FUI)

AIRS ID#: 0571224 DATE: 8/28/01 TIME IN: 2:pm TIME OUT: 4:00 pm
 FACILITY NAME: Gardner Asphalt Corp.
 FACILITY LOCATION: 4161 E. 7th Ave
Tampa, FL 33675
 RESPONSIBLE OFFICIAL: Scott, PHONE: (813) 248-2441
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN
 Facility notified DARM 30 days prior to startup (ARMS Data) MNC
 Facility failed to notify DARM to use a general permit SNC

PART II: GENERAL CONTROL REQUIREMENTS

What method does the facility use to control emissions?
 Facility discharges no visible emissions to the outside air.
 Facility uses methods specified in 40 CFR 61.152 (filtering device) to clean emissions.

PART III: RECORDKEEPING/REPORTING REQUIREMENTS

Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site? Y N
 Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? *(must record date/time and presence/absence of visible emissions)* Y N
 If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department? Y N N/A
 Has the facility recorded descriptions of corrective actions taken, including date and time? Y N N/A
For facilities using a filter device:
 Does the facility properly inspect the filtering device weekly? Y N
 Does the facility keep records of the condition of fabric filters? Y N N/A
 Does the facility record the daily hours of operation for each air cleaning device? Y N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

M. Nozani
Inspector's Name

8-12-01
Date of Inspection

M. Nozani
Inspector's Signature

→
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Gardner Asphalt Corp.

PAGE 1 OF 1

FACILITY ADDRESS: 4161 E. 7TH Ave

CITY: Tampa

PHONE: (813) 248-2441

MAILING ADDRESS: Same

CITY: Tampa

FLA

ZIP: 33675

INSPECTION DATE:

TIME IN:

TIME OUT:

INSPECTION TYPE:

STATUS:

August 28, 2001

2:00 PM

4:00 PM

Annual

In Compliance

NEDS NUMBER: 0571224

SOURCE DESCRIPTION: Asbestos

CONTACT (S): Scott Operation Manger

Roger Zhu and I visited Gardner Asphalt. This visit was a follow up of the previous inspection we performed on July 26, 2001.

All the asbestos was properly stacked up in one place and the working area was much improved. The Operation Manager said they are going to modify the method of shipping and receiving. He continued to say they may shut the facility down about half an hour early and clean the working area before they go home.

After they finish remodeling their shipment receiving, we are going to re-inspect this facility, about October 20, 2001.

INSPECTED BY:
Mohammad Nozari

DATE:
July 26, 2001

BEST AVAILABLE COPY

Monitoring
Mobile Sources

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:30 TIME OUT: 3:00 AIRS ID#: 0571057
 TYPE OF FACILITY: Asbestos Fabrication
 FACILITY NAME: Air Brake Specialist, Inc. DATE: 9/4/98
 FACILITY LOCATION: 1609 N. 31st St., Tampa, FL 33605
 RESPONSIBLE OFFICIAL: Edward Zook PHONE NUMBER: (813)-247-5030

- 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

RECEIVED
 OCT 16 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 year
 (Approximate)

INSPECTION CONDUCTED BY: Bruce M. King
 (Please Print)

INSPECTOR'S SIGNATURE: Bruce M. King PHONE NUMBER: (813) 272-5530

**ASBESTOS MANUFACTURING AND FABRICATION
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	<u>0571057</u>	DATE:	<u>9/4/98</u>	TIME IN:	<u>1:30</u>	TIME OUT:	<u>3:00</u>
FACILITY NAME:	<u>Air Brake Specialist, Inc.</u>						
FACILITY LOCATION:	<u>1609 N. 31st Street Tampa, FL 33605</u>						

PART I: NOTIFICATION

(check appropriate box)

Facility notified DARM by 9/1/96	<input type="checkbox"/>
Facility notified DARM 30 days prior to startup	<input type="checkbox"/>
Facility failed to notify DARM to use a general permit	<input type="checkbox"/>

PART II: GENERAL CONTROL REQUIREMENTS

What method does the facility use to control emissions?

<input type="checkbox"/> Facility discharges no visible emissions to the outside air.
<input type="checkbox"/> Facility uses methods specified in 40 CFR 61.162 (filtering device) to clean emissions.

PART III: RECORDKEEPING/REPORTING REQUIREMENTS

Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site?	<input type="checkbox"/> Y <input type="checkbox"/> N
Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? <i>(must record date/time and presence/absence of visible emissions)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Has the facility recorded descriptions of corrective actions taken, including date and time?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<i>For facilities using a filter device:</i>	
Does the facility properly inspect the filtering device weekly?	<input type="checkbox"/> Y <input type="checkbox"/> N
Does the facility keep records of the condition of fabric filters?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Does the facility record the daily hours of operation for each air cleaning device?	<input type="checkbox"/> Y <input type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

Asbestos waste bags were stored in a
rapid off site and a box trailer
is being prepared to permanently
store the waste bags until disposal.

9/9/98 - all asbestos waste bags
are presently stored in a trailer.

no further action necessary

Edward Beck
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M. King
Inspector's Signature

9/4/98
Date of Inspection

1 year
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:30 TIME OUT: 2:45 AIRS ID#: 0571057
 TYPE OF FACILITY: Asbestos Fabrication
 FACILITY NAME: Air Brake Specialist, Inc. DATE: 7/14/98
 FACILITY LOCATION: 1609 N. 31st St, Tampa, FL 33605
 RESPONSIBLE OFFICIAL: Edward Zwak PHONE NUMBER: 247-5030

- 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
<i>House keeping poor, Brake linings scattered on floor throughout work area.</i>	<i>Daily clean-up of work area. Place all waste material in bags and seal.</i>
<i>Asbestos waste storage bags and storage area not maintained. Bags torn open and deteriorated, ACM scattered on ground.</i>	<i>Re-bag asbestos waste, clean-up waste debris around storage site, and protect/store bags to prevent damage.</i>
<i>Daily V.E.'s not being accomplished and/or recorded.</i>	<i>Begin log book recording daily V.E. readings from the building emission point.</i>
<i>ACM waste shipping documents were not available for inspection.</i>	<i>Find and send copies of ACM waste records to appropriate office.</i>

RECEIVED
 AUG 18 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: *Warning Notice sent to facility for the above violations.*

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

DATE OF NEXT INSPECTION: 30 day
 (Approximate)

INSPECTION CONDUCTED BY: Bruce M King / Neal Jenis
 (Please Print)

INSPECTOR'S SIGNATURE: *Bruce M King* **PHONE NUMBER:** 813-272-5530

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

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1:30 TIME OUT: 2:50 AIRS ID#: 0571057
 TYPE OF FACILITY: Asbestos Fabrication
 FACILITY NAME: Air Brake Specialist, Inc DATE: 9/1/97
 FACILITY LOCATION: 1609 N. 31st St, Tampa, FL 33605
 RESPONSIBLE OFFICIAL: Edward Gack PHONE NUMBER: 813-247-5030

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
<u>Waste storage bags improperly stored</u>	<u>Establish a specific area out from vehicle to store and where bags are protected from the elements</u>

RECEIVED
 OCT 16 1997
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 9/4/97
 (Approximate)

INSPECTION CONDUCTED BY: Bruce M. King
 (Please Print)

INSPECTOR'S SIGNATURE: Bruce M. King PHONE NUMBER: 813-272-5530

**ASBESTOS MANUFACTURING AND FABRICATION
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0571057 DATE: 9/1/98 TIME IN: 1:30 TIME OUT: 2:55
 FACILITY NAME: Air Brake Specialist, Inc
 FACILITY LOCATION: 1609 N. 31st St
Tampa, FL 33605

PART I: NOTIFICATION

(check appropriate box)

- Facility notified DARM by 9/1/96
- Facility notified DARM 30 days prior to startup
- Facility failed to notify DARM to use a general permit

PART II: GENERAL CONTROL REQUIREMENTS

What method does the facility use to control emissions?

- Facility discharges no visible emissions to the outside air.
- Facility uses methods specified in 40 CFR 61.162 (filtering device) to clean emissions.

PART III: RECORDKEEPING/REPORTING REQUIREMENTS

- Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site? Y N
- Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? *(must record date/time and presence/absence of visible emissions)* Y N
- If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department? Y N N/A
- Has the facility recorded descriptions of corrective actions taken, including date and time? Y N N/A
- For facilities using a filter device:*
- Does the facility properly inspect the filtering device weekly? Y N
- Does the facility keep records of the condition of fabric filters? Y N N/A
- Does the facility record the daily hours of operation for each air cleaning device? Y N

PART V: ADDITIONAL SITE INFORMATION

- ① House keeping much improved - Area clean of debris
 - ② Waste shipment documents were available for inspection
 - ③ Storage area still has a potential to result in the asbestos material waste bags being damaged. Recommend a storage area away from vehicle traffic flow be established. Additionally the bags should be protected from the weather.
- Will reinspect 9/4/98.

Edward Zwick
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M. King
Inspector's Signature

9/1/98
Date of Inspection

9/4/98
Approximate Date of Next Inspection

**ASBESTOS MANUFACTURING AND FABRICATION
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 05 7105 7 DATE: 7/14/98 TIME IN: 1:30 TIME OUT: 2:45
 FACILITY NAME: Air Brake Specialist, Inc.
 FACILITY LOCATION: 1609 N. 31st St, Tampa, FL 33605
phone: 813-247-5030

PART I: NOTIFICATION

(check appropriate box)

Facility notified DARM by 9/1/96 **N/A**

Facility notified DARM 30 days prior to startup

Facility failed to notify DARM to use a general permit

RECEIVED
AUG 18 1998
Bureau of Air Monitoring & Mobile Sources

PART II: GENERAL CONTROL REQUIREMENTS

What method does the facility use to control emissions?

Facility discharges no visible emissions to the outside air.

Facility uses methods specified in 40 CFR 61.162 (filtering device) to clean emissions.

PART III: RECORDKEEPING/REPORTING REQUIREMENTS

Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site? Y N

Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? (must record date/time and presence/absence of visible emissions) Y N

If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department? Y N N/A

Has the facility recorded descriptions of corrective actions taken, including date and time? Y N N/A

For facilities using a filter device:

Does the facility properly inspect the filtering device weekly? **N/A** Y N

Does the facility keep records of the condition of fabric filters? Y N N/A

Does the facility record the daily hours of operation for each air cleaning device? Y N

PART V: ADDITIONAL SITE INFORMATION

- ① Housekeeping poor. Brake linings (ACM waste) scattered on floor throughout the debiting work area.
- ② ACM waste placed in appropriate bags in work area, however, bags are not sealed.
- ③ ACM Waste Storage area poorly maintained. Bags are torn and deteriorated, material scattered on the ground throughout the storage area.
- ④ There were no records available documenting daily V.E. test are being performed.
- ⑤ ACM Waste Shipping documents were available for inspection.

Edward Zwick
Name of Responsible Official

Bruce M. King / Neal Jones
Inspector's Name

Bruce M. King Neal B. Jones
Inspector's Signature

7/14/98
Date of Inspection

30 days
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:00 TIME OUT: 10:30 AIRS ID#: 571057
 TYPE OF FACILITY: ASBESTOS FABRICATION
 FACILITY NAME: AIR BRAKE SPECIALIST, INC DATE: 9/2/99
 FACILITY LOCATION: 1609 N. 31 ST ST.
TAMPA, FL 33605
 RESPONSIBLE OFFICIAL: EDWARD ZWAK PHONE NUMBER: (813)247-5030

- 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 N/A

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU / GEORGE BROWN
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

AIRS ID#: 571057

Revised 10/10/96

~~DRY CLEANER~~
**ASBESTOS
DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: <u>AIR BRAKE SPECIALIST, INC</u>	DATE: <u>10/7/99</u>
FACILITY LOCATION: <u>1609 N. 31st STREET</u>	
<u>TAMPA, FL 33605</u>	

Annual Reporting Period: Sep 4 19 98 TO Oct 7 19 99

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: _____

RECEIVED
OCT 11 1999
Bureau of Air Monitoring
& Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: DARRELL ZWAK [Signature] 10-7-99

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.

**ASBESTOS MANUFACTURING AND FABRICATION
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	571057	DATE:	9/2/99	TIME IN:	9:00	TIME OUT:	10:30
FACILITY NAME:	AIR BRAKE SPECIALIST, INC						
FACILITY LOCATION:	1609 N. 31st ST. TAMPA, FL 33605						

PART I: NOTIFICATION	
(check appropriate box)	
Facility notified DARM by 9/1/96	<input type="checkbox"/>
Facility notified DARM 30 days prior to startup	N/A <input type="checkbox"/>
Facility failed to notify DARM to use a general permit	<input type="checkbox"/>

PART II: GENERAL CONTROL REQUIREMENTS	
What method does the facility use to control emissions?	
<input checked="" type="checkbox"/> Facility discharges no visible emissions to the outside air.	
<input type="checkbox"/> Facility uses methods specified in 40 CFR 61.162 (filtering device) to clean emissions.	

PART III: RECORDKEEPING/REPORTING REQUIREMENTS	
Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? (must record date/time and presence/absence of visible emissions)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Has the facility recorded descriptions of corrective actions taken, including date and time?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
<i>For facilities using a filter device:</i>	
Does the facility properly inspect the filtering device weekly?	<input type="checkbox"/> Y <input type="checkbox"/> N
Does the facility keep records of the condition of fabric filters?	N/A { <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Does the facility record the daily hours of operation for each air cleaning device?	<input type="checkbox"/> Y <input type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

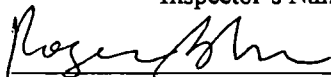
SEE ATTACHED INSPECTION REPORT

EDWARD ZWAK

Name of Responsible Official

ROGER ZHU / GEORGE BROWN

Inspector's Name



Inspector's Signature

9/2/99

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Air Brake Specialist, Inc. PAGE 1 OF 1

FACILITY ADDRESS: 1609 N. 31st Street CITY: Tampa
PHONE: 813-247-5030

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33605

INSPECTION DATE: Sept 2, 1999	TIME IN: 9:00	TIME OUT: 10:30	INSPECTION TYPE: non- CDS	STATUS: In Compliance
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NEDS NUMBER: 571057

SOURCE DESCRIPTION: Asbestos Fabrication

CONTACT(S): Edward Zwak

George Brown and I visited Air Brake Specialist, Inc. today to conduct the annual inspection. The responsible official, Mr. Edward Zwak, wasn't in the facility during our visit. We met with his brother, Daryl.

The de-lining machine (LS Industries) was in operation during our visit. It cuts through the rivets and strips the lining from the shoe. We saw the machine is fitted with an approved bag to collect those stripped linings. The next process is shoe-cleaning by using the shot blasting machine to remove all paint and residues on the surface of the shoes. We noticed a bag house inside the building next to the blasting machine. The final process is of re-lining in which those cleaned brake shoes are dipped in water base paint, then re-lined.

During our visit, we noticed that there was no a water spray in the stripping process. We pointed out to Mr. Zwak and the machine operator that a water spray must be applied in continuous operation. Mr. Zwak told some employees to install a water hose immediately for the mist purpose after we told them.

The record keeping is excellent. The daily V.E. inspections have been recorded consistently. It indicates the time and date recorded.

The stripped linings are stored and sealed properly. We saw a truck loaded with those waste bags ready for a shipment to the landfill.

INSPECTED BY: Roger Zhu / George Brown DATE: 9/2/99

Roger Zhu / George W. Brown

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>9:15</u>	TIME OUT: <u>10:30</u>	AIRS ID#: <u>571057</u>
TYPE OF FACILITY: <u>ASBESTOS</u>		
FACILITY NAME: <u>AIR BRAKE SPECIALIST, INC</u>	DATE: <u>8/16/00</u>	
FACILITY LOCATION: <u>1609 N. 31ST STREET</u> <u>TAMPA, FL 33605</u>		
RESPONSIBLE OFFICIAL: <u>EDWARD ZWAK</u>	PHONE NUMBER: <u>(813) 247-5030</u>	

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: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU / GEORGE BROWN

INSPECTOR'S SIGNATURE: Roger Zhu / George Brown (Please Print) PHONE NUMBER: (813) 272-5530

AIRS ID#: 571057

Revised 10/10/96

ASBESTOS AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>AIR BRAKE SPECIALIST, INC</u>	DATE: <u>8/16/00</u>
FACILITY LOCATION: <u>1609 N. 31ST STREET</u>	
<u>TAMPA, FL 33605</u>	

Annual Reporting Period: Oct 8 1999 TO Aug 16 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: DARRYL ZWAK D. Zwak 8-16-00

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.

ASBESTOS MANUFACTURING AND FABRICATION

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI)

AIRS ID#:	571057	DATE:	8/16/00	TIME IN:	9:15	TIME OUT:	10:30
FACILITY NAME:	AIR BRAKE SPECIALIST, INC						
FACILITY LOCATION:	1609 N. 31 ST STREET TAMPA, FL 33605						
RESPONSIBLE OFFICIAL:	EDWARD ZWAK	PHONE:	(813) 247-5030				
CONTACT NAME:	DARYL ZWAK	PHONE:	(813) 247-5030				

PART I: NOTIFICATION

(check appropriate box)	Facility Compliance Status:	IN	<input checked="" type="checkbox"/>
Facility notified DARM 30 days prior to startup	<input checked="" type="checkbox"/> (ARMS Data)	MNC	<input type="checkbox"/>
Facility failed to notify DARM to use a general permit	<input type="checkbox"/>	SNC	<input type="checkbox"/>

PART II: GENERAL CONTROL REQUIREMENTS

What method does the facility use to control emissions?

Facility discharges no visible emissions to the outside air.

Facility uses methods specified in 40 CFR 61.152 (filtering device) to clean emissions.

PART III: RECORDKEEPING/REPORTING REQUIREMENTS

Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? <i>(must record date/time and presence/absence of visible emissions)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Has the facility recorded descriptions of corrective actions taken, including date and time?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
<i>For facilities using a filter device:</i>	
Does the facility properly inspect the filtering device weekly?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Does the facility keep records of the condition of fabric filters?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Does the facility record the daily hours of operation for each air cleaning device?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

ROGER ZHU

Inspector's Name

8/16/00

Date of Inspection

Roger Zhu / Henry W. Brown

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Air Brake Specialist, Inc. PAGE 1 OF 1

FACILITY ADDRESS: 1609 N. 31st Street CITY: Tampa
PHONE: 813-247-5030

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33605

INSPECTION DATE: Aug 10, 2000	TIME IN: 9:30	TIME OUT: 11:20	INSPECTION TYPE: non- CDS	STATUS: Minor Out Compliance
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NEDS NUMBER: 571057

SOURCE DESCRIPTION: Asbestos Fabrication

CONTACT(S): Edward Zwak

Today's visit was to conduct the annual inspection. George Brown and I met with the R.O., Mr. Edward Zwak. The de-lining machine was not in operation during our visit. Mr. Zwak said a water spay is applied in the stripping process to reduce emissions. Also, we saw the machine is fitted with a burlap bag for collecting stripped linings. There are about 55 bags in an open area ready for shipment. We noticed that 7 bags contained the stripped linings were not properly sealed. We told Mr. Zwak the compliance discrepancy should be corrected immediately. Mr. Zwak said he'd let his employee to seal these bags right away.

The daily VE recordkeeping was not fully completed. A few months of records were missing. A follow-up inspection is necessary for this facility and we will do it next week.

Follow-up on 8/16/00: Today we went back this facility for the re-inspection. We saw all the bags were loaded in one truck and all of them are sealed in a proper way. Also, we noticed the storage site in an open area for shipment is rearranged in order to keep some sort of cleanness. The recordkeeping is OK. The VE has been recorded on a daily basis since our last inspection. Mr. Daryl Zwak, the owner's brother, said he'd make sure to do the recordkeeping every day. Based on the results of today's re-inspection, no further action is necessary, and this facility is in compliance.

INSPECTED BY: Roger Zhu / George Brown	DATE: 8/10/00
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**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:30	TIME OUT: 11:20	AIRS ID: 571057	SEP 17 2000 Bureau of Air Monitoring & Mobile Sources
TYPE OF FACILITY: ASBESTOS		DATE: 8/10/00	
FACILITY NAME: AIR BRAKE SPECIALIST, INC			
FACILITY LOCATION: 1609 N. 31st STREET TAMPA FL 33605			
RESPONSIBLE OFFICIAL: EDWARD ZWAK		PHONE NUMBER: (813) 247-5030	

- 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
BAGS WERE NOT SEALED PROPERLY BEFORE SHIPMENT TO LANDFILL	RE-INSPECT FACILITY NEXT WEEK

COMMENTS:

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

DATE OF NEXT INSPECTION: NEXT WEEK

INSPECTION CONDUCTED BY: ROGER ZHU / GEORGE BROWN
(Approximate)

INSPECTOR'S SIGNATURE: *Roger Zhu / George W. Brown* (Please Print) PHONE NUMBER: (813) 272-5530

**ASBESTOS MANUFACTURING AND FABRICATION
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)

AIRS ID#:	<u>571057</u>	DATE:	<u>8/10/00</u>	TIME IN:	<u>9:30</u>	TIME OUT:	<u>11:20</u>
FACILITY NAME:	<u>AIR BRAKE SPECIALIST, INC</u>						
FACILITY LOCATION:	<u>1609 N. 31ST STREET</u> <u>TAMPA, FL 33605</u>						
RESPONSIBLE OFFICIAL:	<u>EDWARD ZWAK</u>	PHONE:	<u>(813) 247-5030</u>				
CONTACT NAME:	<u>DARYL ZWAK</u>	PHONE:	<u>(813) 247-5030</u>				

PART I: NOTIFICATION

(check appropriate box)	Facility Compliance Status:	IN	<input type="checkbox"/>
Facility notified DARM 30 days prior to startup	<input type="checkbox"/>	(ARMS Data)	MNC <input checked="" type="checkbox"/>
Facility failed to notify DARM to use a general permit	<input type="checkbox"/>		SNC <input type="checkbox"/>

PART II: GENERAL CONTROL REQUIREMENTS

What method does the facility use to control emissions?

Facility discharges no visible emissions to the outside air.

Facility uses methods specified in 40 CFR 61.152 (filtering device) to clean emissions.

PART III: RECORDKEEPING/REPORTING REQUIREMENTS

Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? <i>(must record date/time and presence/absence of visible emissions)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Sep. 99 - Jan 00)
If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Has the facility recorded descriptions of corrective actions taken, including date and time?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
<i>For facilities using a filter device:</i>	
Does the facility properly inspect the filtering device weekly?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Does the facility keep records of the condition of fabric filters?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Does the facility record the daily hours of operation for each air cleaning device?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

ROGER ZHU / GEORGE BROWN

Inspector's Name

8/10/00

Date of Inspection

Roger Zhu / George W. Brown

Inspector's Signature

NEXT WEEK

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Air Brake Specialist, Inc. PAGE 1 OF 1

FACILITY ADDRESS: 1609 N. 31st Street CITY: Tampa
PHONE: 813-247-5030

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33605

INSPECTION DATE: Aug 10, 2000	TIME IN: 9:30	TIME OUT: 11:20	INSPECTION TYPE: non- CDS	STATUS: Minor Out Compliance
----------------------------------	------------------	--------------------	------------------------------	---------------------------------

NEDS NUMBER: 571057

SOURCE DESCRIPTION: Asbestos Fabrication

CONTACT(S): Edward Zwak

Today's visit was to conduct the annual inspection.

George Brown and I met with the R.O., Mr. Edward Zwak. The de-lining machine was not in operation during our visit. Mr. Zwak said a water spay is applied in the stripping process to reduce emissions. Also, we saw the machine is fitted with a burlap bag for collecting stripped linings.

There are about 55 bags in an open area ready for shipment. We noticed that 7 bags contained the stripped linings were not properly sealed. We told Mr. Zwak the compliance discrepancy should be corrected immediately. Mr. Zwak said he'd let his employee to seal these bags right away.

The daily VE recordkeeping was not fully completed. A few months of records were missing. A follow-up inspection is necessary for this facility and we will do it next week.

INSPECTED BY: Roger Zhu / George Brown

DATE: 8/10/00

Best Available Copy

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

689594

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0571057
AIR BRAKE SPECIALISTS INC
EDWARD ZWAK
1609 N 31ST STREET
TAMPA FL 33605

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

RECEIVED
MAIL ROOM
DEC 16 99

Z 333 660 741

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID # 0571057

AIR BRAKE SPECIALISTS INC
EDWARD ZWAK
1609 N 31ST STREET
TAMPA FL 33605

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 items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571057

AIR BRAKE SPECIALISTS INC
EDWARD ZWAK
1609 N 31ST STREET
TAMPA FL 33605

4a. Article Number
Z 333 660 741

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
3-1

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362345

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
FEB 26 99

Do **NOT** Remove Label

AIRS ID # 0571057
AIR BRAKE SPECIALISTS INC
EDWARD ZWAK
1609 N 31ST STREET
TAMPA FL 33605

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

304577

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 0571057
AIR BRAKE SPECIALISTS INC
EDWARD ZWAK
1609 N 31ST STREET
TAMPA FL 33605

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

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

7001 0320 0001 7975 6493

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To:	AIRS ID#0571057	
Ser.	AIR BRAKE SPECIALISTS INC	
	EDWARD ZWAK	
Str or Cit	1609 N 31ST STREET	
	TAMPA FL	
	33605	
PS	Instructions	

Postmark Here

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#0571057
 AIR BRAKE SPECIALISTS INC
 EDWARD ZWAK
 1609 N 31ST STREET
 TAMPA FL
 33605

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery
 2-7-03

C. Signature

X James Zwak Agent
 Addressee

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

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

2 Article Number
(Transfer from service label)

7001 0320 0001 7975 6493

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

BUR. OF AIR MONITORING
& MOBILE SOURCES

FEB 10 2003

RECEIVED



AIR BRAKE
SPECIALISTS, INC.
1609 N. 31ST STREET
TAMPA, FL 33605

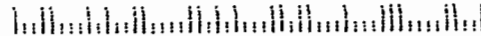


HAPPY
HOLIDAYS
U.S. Postal Service



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315X3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400650

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 # 0571057
AIR BRAKE SPECIALISTS INC
EDWARD ZWAK
1609 N 31ST STREET
TAMPA FL 33605

RECEIVED
MAIL ROOM
DEC 21 00
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Z 210 662 487

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

9 AIRS ID # 0571057001AG
EDWARD ZWAK
AIR BRAKE SPECIALISTS INC
1609 N 31ST STREET
TAMPA FL 33605

PS Form 3800, April 1995

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:

9 AIRS ID # 0571057001AG
EDWARD ZWAK
AIR BRAKE SPECIALISTS INC
1609 N 31ST STREET
TAMPA FL 33605

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

Z 210 662 487

UNITED STATES POSTAL SERVICE



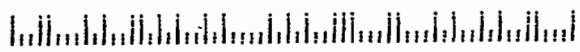
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

RECEIVED
JUN 18 2001



Z 333 613 148

US Postal Service
Receipt for Certified Mail

Insurance Provided

AIRS ID 0571057

AIR BRAKE SPECIALISTS INC
EDWARD ZWAK
1609 N 31ST STREET
TAMPA FL 33605

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	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0571057
AIR BRAKE SPECIALISTS INC
EDWARD ZWAK
1609 N 31ST STREET
TAMPA FL 33605

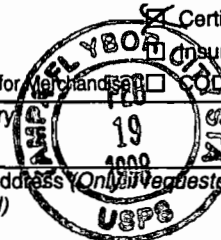
4a. Article Number

Z 333613148

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise Insured

7. Date of Delivery



5. Received By: (Print Name)

MARY GOLDSTEIN

6. Signature: (Addressee or Agent)

X Mary Goldstein

8. Addressee's Address (Only if Requested and fee is paid)

Thank you for using Return Receipt Service.