



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 28, 1997

Mr. William A. Lange II
Leader Tech Inc.
14100 McCormick Drive
Tampa, Florida 33626

0571104

Dear Mr. Lange:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on November 26, 1996.

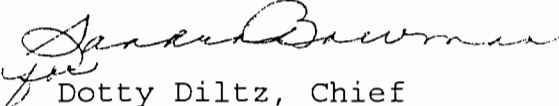
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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: Mr. Thomas Shelton, Hillsborough County

COMMISSION

DOTTIE BERGER
PHYLLIS BUSANSKY
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EXECUTIVE DIRECTOR

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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

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DATE: August 20, 1996

AUG 22 1996

TO: Marnie Brynes

Bureau of Air Monitoring
& Mobile Sources

FROM: Jeff Ouellette *JO*

SUBJECT: Initial Notification - Halogenated Solvent Cleaner

I have enclosed a copy of the initial notification report for Leader Tech, Inc. This facility was found during our routine inspection process on 6/26/96. I have sent them a copy of the general permit notification form which you should receive by 9/01/96.

If you have any questions, let me know.

RECEIVED

BEST AVAILABLE COPY

Air Toxics

AUG 16 1996

EPC of HC

INITIAL NOTIFICATION REPORT

AIR ~~Applicable Rule:~~ 40 CFR Part 63, Subpart T - National Emission Standards for Halogenated Solvent Cleaning

1. Print or type the following for each facility performing halogenated solvent cleaning:

Owner/Operator _____
Title _____ Phone Number 813-855-6921
Company Name LEADER TECH INC
Street Address 14100 Mc CORMICK DR
City TAMPA State FL Zip Code 33626
Facility Contact/Title Wm. A. LANGE Sr. PRESIDENT

2. Fill out the information and check the applicable category:

NEW MACHINE will be

A) Date of machine installation: installed OCT. 96

- The machine was installed on or before 11/29/93 (existing)
The machine was installed after 11/29/93 (new)

B) Type of machine: Batch Vapor Cold In-line Vapor In-line

C) Solvent/air interface area: 864 square inches

D) Existing Controls: Freeboard ratio of 1.0 Carbon adsorber Working-mode cover
Super-heated vapor Dwell Other
Freeboard refrigeration device Reduced room draft

E) Anticipated compliance approach: Basic equipment Alternative standard Idling emissions standard

F) Solvent(s) used: Carbon Tetrachloride Trichloroethylene Chloroform
1,1,1-Trichloroethylene Methylene Chloride Perchloroethylene

G) Annual estimate of halogenated solvent consumption _____ pounds/year

3. The following section applies to new sources only (see 2.A):

A) Proposed construction or reconstruction commencement date 8/14/96
B) Expected construction or reconstruction completion date 10/14/96
C) Anticipated initial startup date 9/1/96

pg. 19 of 20
#5 Equipment
Monitoring &
Record Keeping Info.
Needs X by the
following:

(a) b

(g) g

(h) h

(i) i

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NOV 26 1996

Bureau of Air Monitoring
& Mobile Sources

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): LEADER TECH INC.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 14100 MCCORMICK DRIVE City: TAMPA County: HILLSBOROUGH Zip Code: 33626
5. Facility Identification Number (DEP Use): 0571104

Responsible Official

6. Name and Title of Responsible Official: WILLIAM A. LANGE II, VICE PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (813)855 - 6921 Fax: (813) 855- 3291

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

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
NEW MACHINE TO BE INSTALLED						
Batch Vapor						
x < 1.21 m ²	1	11/25/96				
x > 1.21 m ²						
Batch Cold						
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:

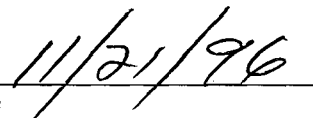
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

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

LEADER TECH
14100 McCormick Drive
Tampa, FL 33626
(813) 855-6921 • FAX (813) 855-3291

DATE _____

SUBJECT _____

TO:

FLORIDA DEPT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR MONITORING AND MOBILE
SOURCES
M/S 5510, 2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

HALOGENATED SOLVENT DEGREASER

RECEIVED
JAN 27 1998
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
APR 08 1998
Bureau of Air Monitoring
& Mobile Sources

~~DRY-CLEANER AIR QUALITY GENERAL PERMIT~~
ANNUAL COMPLIANCE CERTIFICATION FORM

LEADER TECH INC WILLIAM A LANGE II 14100 MCCORMICK DRIVE HILLSBOROUGH FL 33626	AIRS ID#0571104
---	-----------------

Do NOT Remove Label

Annual Reporting Period: 8/6 1997 TO 1/20 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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 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: W. A. LANGE II [Signature] 1/20/98
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.

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**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#: 0571104
 TYPE OF FACILITY: Halogenated Solvent Degreasers
 FACILITY NAME: Leader Tech DATE: 7/22/98
 FACILITY LOCATION: 14100 McCormick Dr.
Tampa, FL 33587
 RESPONSIBLE OFFICIAL: William Lange PHONE NUMBER: 813-855-6921

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
40 CFR, Subpart T, 63.466(a)(1). Does not have a thermometer or thermocouple to measure the temperature at the center of the air blanket during idling mode.	Obtain a thermometer or install a thermocouple to measure FRD compliance. Warning Notice Sent
40 CFR Part 63, Subpart T, 63.467(b)(1) not keeping control device monitoring records.	Establish a log book to document FRD temperature during idling mode weekly.

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 AUG 18 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: This is the 2nd violation for not measuring FRD compliance. Warning Notice Sent. Facility has 30 days to comply with standard.

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

DATE OF NEXT INSPECTION: 30 days
 (Approximate)

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

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

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0571104 DATE: 7/22/98 TIME IN: 1:30 TIME OUT: 3:00
FACILITY NAME: Leadin Tech
FACILITY LOCATION: 14100 McCormick Rd.
Tampa, FL 33626

PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM by 9/1/96
- 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
 - trichloroethylene
 - carbon tetrachloride
 - methyl chloride
 - 1,1,1-trichloroethane
 - chloroform
- Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.
 - Batch Vapor, $x < 1.21 \text{ m}^2$ New In-line Batch Cold
 - Batch Vapor, $x > 1.21 \text{ m}^2$ Existing In-line

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AUG 18 1998
Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

- Indicate the machine type(s) observed at the facility:
 - Batch Vapor, $x < 1.21 \text{ m}^2$ New In-line Batch Cold (immersion)
 - Batch Vapor, $x > 1.21 \text{ m}^2$ Existing In-line Batch Cold (remote reservoir)

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines
Does the facility:

- 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
- 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)?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> 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.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
c. a primary condenser?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
B. Batch Cold Cleaning Machines	
Does the facility:	
1. Collect and store all waste solvent in closed containers?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Use a flexible hose or flushing device only within the freeboard area?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Maintain the solvent level inside the machine at or below the fill line?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Operate the agitator to produce a rolling motion? (<i>applicable only when air- or pump-agitated solvent bath used</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Remote Reservoir Type Only --</i>	
9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Immersion Type Only --</i>	
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.	<input type="checkbox"/> Y <input type="checkbox"/> 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 checked="" type="checkbox"/> <input checked="" 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 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

Does not have a method to perform the Freeboard Refugation Reverse operability test. This is the second time facility has been cited for this violation (40CFR, Subpart T, 63.486(a)(1))

Facility added 128.6 gallons of TCE (in the past year) to the respiring vent.

William Lange
Name of Responsible Official

Bruce M King
Inspector's Name

Bruce M King
Inspector's Signature

7/22/98
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: 10:00 TIME OUT: 11:35 AIRS ID#: 0571104
 TYPE OF FACILITY: Halogenated Solvent Degreaser
 FACILITY NAME: Leader Tech DATE: 9/1/98
 FACILITY LOCATION: 1400 McCormick Pl.
Tampa, FL 33626
 RESPONSIBLE OFFICIAL: William Lange PHONE NUMBER: 813-855-6921

- 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

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 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

**HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0571104 DATE: 9/1/98 TIME IN: 10:00 TIME OUT: 11:35
 FACILITY NAME: Leader Tech
 FACILITY LOCATION: 14100 Mc Cormick Dr
Tampa, FL 33626

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 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 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 type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input checked="" 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)?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	<input type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> 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.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. a primary condenser?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?.	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Batch Cold Cleaning Machines	
Does the facility:	
1. Collect and store all waste solvent in closed containers?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Use a flexible hose or flushing device only within the freeboard area?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Maintain the solvent level inside the machine at or below the fill line?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Operate the agitator to produce a rolling motion? (<i>applicable only when air- or pump-agitated solvent bath used</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Remote Reservoir Type Only --</i>	
9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Immersion Type Only --</i>	
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.	<input type="checkbox"/> Y <input type="checkbox"/> 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 checked="" 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? 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

Facility personnel are using a hand held RAY-TEK, Raynage ST digital temperature gauges to measure FRD operability. The measurements are being maintain in a log book

William Lange
Name of Responsible Official
Bruce M. King
Inspector's Name
Bruce M. King
Inspector's Signature

9/1/97
Date of Inspection
1 year
Approximate Date of Next Inspection

COMMISSION

PAT FRANK
CHRIS HART
JIM NORMAN
JAN PLATT
THOMAS SCOTT
RONDA STORMS
BEN WACKSMAN

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

October 7, 1999

Ms. Dottie Diltz
Chief, Bureau of Air Monitoring and Mobile Sources
Florida Department of Environmental Protection
Twin Towers Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Inspections conducted September 1999

Dear Ms. Diltz;

Enclosed are the inspection reports for the facilities that the Environmental Protection Commission of Hillsborough County conducted in September 1999. EPC staff inspected 11 known NESHAP sources.

Eleven inspection reports are enclosed for eleven permitted facilities, including: six (6) chromium electroplating, two (2) asbestos, one (1) degreaser, one (1) surface coating and one (1) cast polymer sources. Annual Compliance Certifications are being addressed during our annual inspections and any completed forms are included. All ARMS entries for permitted facilities (eleven) have been made. Based on our inspections, the following correction needs to be made to your data base:

AIRS ID# 0571104, Leader Tech, Inc. at 14100 McCormick Drive, Tampa, FL 33626, no longer uses the halogenated solvent (TCE) in their degreasing operations. Therefore, the facility is not subject to the NESHAP and its permit should be inactivated.

If you have any questions, please call me at (813)-272-5530.

Sincerely,

Leroy Shelton,
Environmental Manager,
Air Toxics and Air Monitoring Department

RECEIVED
OCT 11 1999
Bureau of Air Monitoring
& Mobile Sources

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9: Am TIME OUT: 10 Am AIRS ID#: 0571104
 TYPE OF FACILITY: Halogenated Solvent Degreasers
 FACILITY NAME: Leader Tech DATE: _____
 FACILITY LOCATION: 14100 McCormick Dr.
Tampa, FL 33626
 RESPONSIBLE OFFICIAL: William Lange PHONE NUMBER: (813)855-6921

- 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
Switched to NON HAP Chemical	

COMMENTS: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
 DATE OF NEXT INSPECTION: 9-1-99 NOT REQUIRED

INSPECTION CONDUCTED BY: Mohammad Nozari
 (Please Print)

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

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRES ID# 0571104 DATE: 9-1-99 TIME IN: 9:AM TIME OUT: 10:AM
 FACILITY NAME: Leader Tech
 FACILITY LOCATION: 14100 McCormick Dr.
 Tampa, FL 33626

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

Bureau of Air Monitoring & Mobile Sources

OCT 11 1999

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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 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)?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	<input type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> 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.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. a primary condenser?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Batch Cold Cleaning Machines	
Does the facility:	
1. Collect and store all waste solvent in closed containers?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Use a flexible hose or flushing device only within the freeboard area?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Maintain the solvent level inside the machine at or below the fill line?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Operate the agitator to produce a rolling motion? (<i>applicable only when air- or pump-agitated solvent bath used</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Remote Reservoir Type Only --</i>	
9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Immersion Type Only --</i>	
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.	<input type="checkbox"/> Y <input type="checkbox"/> 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Halogenated solvent content for each solvent used? (<i>exempt if <5% by weight</i>) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Estimates of annual solvent consumption for each machine? | <input 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 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 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 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 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 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 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 type="checkbox"/> N/A |

PART VI: ADDITIONAL SITE INFORMATION

they switched to a non HAP chemical

William Large
Name of Responsible Official

M. Nozari / L. Shelton
Inspector's Name

M. Nozari
Inspector's Signature

9-1-99
Date of Inspection

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Leader Tech **PAGE 1 OF 1**

FACILITY ADDRESS: 14100 McCormick Drive **CITY:** Tampa
PHONE: (813)737-3768

MAILING ADDRESS: Same **CITY:** Tampa **FLA** **ZIP:** 33626

INSPECTION DATE: September 1, 1999	TIME IN: 9:30AM	TIME OUT: 10:15AM	INSPECTION TYPE: CDS	STATUS: In Compliance
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NEDS NUMBER: 571104

SOURCE DESCRIPTION: Halogenated Solvent Degreasers

CONTACT(S): Mr. William Lange

The facility makes thin metal stampings for circuit boards. In the corner of the warehouse, there is a room that contains one heated vapor batch degreaser and two large hot salt tanks. The batch vapor degreaser previously contained trichloroethylene for circuit board cleaning. However, Mr. Lange said that since January of 1999 they no longer use trichloroethylene and switched to a non HAP chemical that call HFE-71DA 3M specialty liquid with the following ingredients:

Ingredient	CAS. NO
a. 1, 2-Trans – Dichloroethylene	156-60-5
b. Methyl Nonafluoroisbutyl Ether	163702-08-7
c. Methyl Nonafluorobutyl Ether	163702-07-6
d. Ethyl Alcohol	64-17-5
e. Isopropyl Alcohol	67-63-0

For further information please see Material Safety data sheets (MSDS) in the file
 Since Leader Tech no longer uses trichloroethylene, they are no longer subject to the NESHAP rules and their permit needs to be inactivated.

INSPECTED BY: Mohammad Nozari	DATE: September 17, 1999
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HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	<u>057 1104</u>	DATE:	<u>6/3/97</u>	TIME IN:	<u>1330</u>	TIME OUT:	<u>1630</u>
FACILITY NAME:	<u>Lesper Tech</u>						
FACILITY LOCATION:	<u>14100 Mc Cormick</u>						
	<u>Tampa, FL 33626</u>						

PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM by 9/1/96
- 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"/>	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"/>
- 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 checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input 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, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input 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:

- 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
- Maintain a freeboard ratio of 0.75 or greater? Y N

3. Utilize a parts basket or parts whose size is less than <u>50% of the solvent-air interface area</u> ; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/ ^{min} sec)?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
c. a primary condenser?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
B. Batch Cold Cleaning Machines	
Does the facility:	
1. Collect and store all waste solvent in closed containers?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Use a flexible hose or flushing device only within the freeboard area?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Maintain the solvent level inside the machine at or below the fill line?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Operate the agitator to produce a rolling motion? (<i>applicable only when air- or pump-agitated solvent bath used</i>)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Remote Reservoir Type Only --</i>	
9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Immersion Type Only --</i>	
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.	<input type="checkbox"/> Y <input type="checkbox"/> 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 checked="" type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input checked="" 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? 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? *see note* 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

see attached

William Leage
Name of Responsible Official

James D. Holton
Inspector's Name

James D. Holton
Inspector's Signature

6/3/97
Date of Inspection

~1 year
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: Leader Tech Degreaser Operations

On June 3, 1997, I visited Leader Tech to perform an inspection on their Air General Permit 0571104 requirements. Arrival time at the facility was approximately 1330 hours, and I met with Mr. Gerald Vickers (Production Manager), Mr. David Ireland (Tool Room Supervisor), and Mr. Mitch Newberry (Maintenance Worker). The Responsible Official, Mr. William Lange, was not on site at the time of this inspection. I explained to them the purpose of this inspection, which was to review their records, verify that a new machine had been installed (as indicated in communications between Leader Tech and the EPC in 1996), and inspect the machine. Additional portions of this inspection was to determine if they had established all control requirements for operating the degreaser, which includes the General Control Technology, Process Vent Controls, and Work Practices.

The degreaser has recently been installed (within the last 6 months), and was purchased new. The unit appears to have been designed to meet the degreaser rules.

Gerald Vickers stated that the general practice for operating the degreaser at this facility is a periodic energizing of it when a sufficient amount of materials have been processed that requires degreasing. Actual degreasing operations is performed every 3 to 10 days, depending on the work load. The degreaser is located in a room in one corner of the building. This room is isolated by a thick plastic strip curtain hanging over the entry way. The room has ventilation fans that keep the room under negative pressure. These fans automatically turn off when the degreaser covers are opened (covers meet downtime/idle/operating mode requirements). These covers slide horizontally, and a contact switch has been installed on the cover doors. This switch breaks contact once the doors have been separated at the middle, thus de-energizing the ventilation fans. This process helps in the reduction of a draft that otherwise would blow across the top of the freeboard area when the top was open, providing a potential means for emissions release. Although reduced room draft is one of various combinations for process vent controls, Leader Tech's Permit does not require this operation. This is one additional control measure they utilize as a standard practice.

Placement of items requiring cleaning is performed by placing them into a basket and manually lowering the basket into the vapor zone. The basket is less than 50% of the freeboard area, thus not requiring the assurance of insertion/removal to be proven at 3 ft/min, or less. However, the method of manual insertion/removal does not meet the General Control Requirements of utilizing an automated parts handling system.

Mitch Newberry and David Ireland stated that they follow the manufacturer's manual when starting turning the degreaser on and off. This manual has proper succession of starting and stopping degreaser components, as required by the Work Practices. The spraying operations performed are done so within the vapor zone.

The Process Vent Control selected was the combination of a 1.0 freeboard ratio and the freeboard refrigeration device (FRD). The degreaser appears to have a combination FRD and a primary condenser. The fluid flowing through the FRD/Condenser is water chilled by a chiller to approximately 40°F. The required testing of the chilled air zone (weekly temperature measurements at the mid-line of the chilled zone) is not be performed. The unit does have a 1.0 freeboard ratio.

The degreaser has all required control instruments as described in the General Control Requirements, as outlined in Part II, (5)(a) of the FDEP Notification form 62-213.300(2). To be specific, these devices perform the following:

- shut off the sump heat if the sump liquid solvent level drops to the sump heater coils;
- shuts off the sump heat if the vapor level in the cleaning machine rises above the height of the primary condenser.

Leader Tech has not established a maintenance plan as of yet to maintain the degreaser in accordance with the manufacturer's specifications, however Mitch Newberry stated that he was in the process of reviewing the manual to determine these requirements.

Current means for addition of TCE (addition has not been necessary as of yet) involves removal of a pipe cap from the top of a TCE reservoir externally attached to the sump and sticking a hose into the hole.

An additional device that has been attached to one side of the degreaser is a vent duct that apparently was installed to the previous degreaser. The new degreaser did not appear to be of the design containing a lip exhaust. This vent duct had a "slide gate" type shut off that amounted to a sized piece of sheet metal that was attached to the side of the degreaser and could be slid into the inlet of the vent to seal the opening. I indicated to all three Leader Tech individuals that by having this vent installed, they would require additional emissions control measures, such as a possible carbon adsorber and a calorimetric detector tube would have to be installed downstream of the adsorber.

This inspection was concluded with all 3 Leader Tech personnel, and included the discussion with the permit terms and conditions provided in DEP Form No. 62-213.300(4). A copy of this form was left with them with a suggestion they review it and become familiar with it. Additionally, I indicated to them that I would be reviewing my notes from this inspection and compare them with all the requirements for degreasing operations. Upon completion of this review, I stated that I would be sending a letter to Mr. Lange (R.O.) of the results of this inspection and any follow-up that may be necessary.

I left the facility at approximately 1540.

✓

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: <u>1330</u>	TIME OUT: <u>1630</u>	AIRS ID#: <u>0571104</u>
TYPE OF FACILITY: <u>TCE Degreaser</u>		
FACILITY NAME: <u>Leader Tech</u>		DATE: <u>6/4/87</u>
FACILITY LOCATION: <u>14100 McCaskey</u> <u>Tampa, FL 33626</u>		
RESPONSIBLE OFFICIAL: <u>William Lage</u>		PHONE NUMBER: <u>(813) 855-6821</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
<i>Has not established a maintenance plan in accordance w/ manufacturer's recommendations.</i>	<i>Review manual & establish plan for maintaining degreaser.</i>
<i>Does not have an automated parts handler.</i>	<i>Install automated system.</i>
<i>This includes periodic checking of control instruments and testing (weekly) of freon/air refrigeration device chilled zone temperature.</i>	

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: James O Holtan
(Please Print)

INSPECTOR'S SIGNATURE: Jim Holt PHONE NUMBER: (813) 272-5530

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	<u>0571104</u>	DATE:	<u>8/6/97</u>	TIME IN:	<u>0900</u>	TIME OUT:	<u>1230</u>
FACILITY NAME:	<u>Leader Tech</u>						
FACILITY LOCATION:	<u>14100 McCormick Drive</u> <u>Tampa, FL 33626</u>						

PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM by 9/1/96
- 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"/>	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"/>
- 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 checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input 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, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input 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:

- 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
- 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)?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
c. a primary condenser?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
B. Batch Cold Cleaning Machines	
Does the facility:	
1. Collect and store all waste solvent in closed containers?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Use a flexible hose or flushing device only within the freeboard area?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Maintain the solvent level inside the machine at or below the fill line?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Operate the agitator to produce a rolling motion? (applicable only when air- or pump-agitated solvent bath used)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Remote Reservoir Type Only --</i>	
9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>Immersion Type Only --</i>	
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.	<input type="checkbox"/> Y <input type="checkbox"/> 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 checked="" type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input checked="" type="checkbox"/> <input checked="" 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? 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

See Attached

William Lape, II

Name of Responsible Official

James O Holtan

Inspector's Name

8/6/97

Date of Inspection

James O Holtan

Inspector's Signature

~ 1 year

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: Leader Tech Degreaser Operations

On August 6, 1997, I visited Leader Tech to perform a follow up inspection on their Air General Permit 0571104 requirements. I was requested to perform this inspection by Leader Tech personnel to evaluate the program they developed since the annual inspection performed on June 23, 1997. Out time for this inspection was approximately 0900 hours, and I met with Mr. David Ireland and Mr. Mitch Newberry, and briefly with Mr. Gerald Vickers and Mr. William Lange.

Upon review of the program they have developed to meet the current permit requirements, Leader Tech is approaching full compliance. They have established a preventive maintenance program that is performed on a weekly basis, and includes the following checks:

- Operability of the low solvent level heater shut off instrument (instrument consists of a float valve with a limit switch which is manually exercised for shut off verification);
- Operability of the high vapor level heater shut off instrument (temperature instrument with a potentiometer setting that is manually set to the current temperature for shut off verification).

I did inform them that this was an aggressive pm program, and they may find that eventually, the weekly frequency may not be necessary. This is specifically true since the degreaser may not be operated for up to 10 days at a time (see June, 1997 inspection report). This current pm schedule has Leader Tech starting the degreaser at times solely for the purpose of ensuring operability. I indicated the minimum frequency is that which is recommended by the manufacturer. Mr. Newberry indicated that if they were to reduce the frequency, they would still most likely perform the checks more than manufacturer's recommendation.

The automated parts handling system has not been installed to date, however the parts to assemble this system has been purchased and received. I asked them to have it assembled and operable within the next 30 days. I also recommended they have a procedure established to perform the monthly vertical lift speed test, to ensure consistency in performing this test.

The weekly testing for the FRD temperature had not yet been started, as the Leader Tech personnel were not sure of the proper means of performing this test. An acceptable means of performing this test was described to Mr. Ireland and Mr. Newberry. This description consisted of lowering a temperature instrument in a parts basket to the center of the FRD, allowing the instrument to saturate to temperature. Additionally, I pointed out that the test must be conducted in the idle mode of operation. They indicated they have a digital thermometer which will allow them to read the temperature before they pull it out of the machine.

Additionally, since the degreaser at times is not operated for up to 10 days. Should Leader Tech decide to expand its pm frequency, I suggested they not start the degreaser for the sole purpose of taking the FRD centerline temperature. However, if they do expand the frequency, I recommended they take the temperature after starting up, and prior to cleaning the first batch of material.

The vent duct that was mentioned in the June report has been removed as it was determined to be unnecessary. Additionally, Leader Tech has developed procedures to ensure the proper start-up and shut down of the machine, as well as to allow the solvent to drip over the freeboard until dripping is complete.

During the week of July 28 (last week), approximately 11.2 gallons of solvent had to be added to the machine. The initial start up of this machine was in January, 1997, therefore Leader Tech's estimated annual usage is calculated as follows:

$$[(\omega \times 8.3 \text{ lbs/gal H}_2\text{O}) \times (11.2 \text{ gal TCE}) \times F]/(2000 \text{ lbs/ton}) = 0.14 \text{ tons/yr}$$

Where: ω = 1.47 (specific weight TCE)

F = 2 (frequency of TCE addition per year)

In addition to the inspection and review of Leader Tech's program development occurred, a discussion regarding an alternative solvent was held. Leader Tech is currently evaluating an alternative solvent, and wanted to know if they were allowed to use the alternative. I explained to them that the determination of solvent solutions is their responsibility based on economics and satisfaction of cleanliness the alternative would provide. I further explained to them that the two additional criterion they should consider is the quantity of halogenated solvent (<5% by weight) and VOC's (to maintain < 8 tons VOC emissions per year) in the solution.

The MSDS provided from the manufacturer of this alternative did indicate a total VOC content of 1289 g/l, however due to proprietary formulas, it did not indicate the total content of halogenated solvent, if any existed. It was then explained that if the two requirements were met, as described above, then they can work towards elimination of their permit and applicable regulatory requirements. It was further explained, however, that since the MSDS did not provide the halogenated solvent content, then the manufacturer would need to provide Leader Tech written documentation (on letter head stationary) that this solution did meet the <5% criteria.

Out time for this inspection was approximately 1230.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0900 TIME OUT: 1230 AIRS ID#: 571104
 TYPE OF FACILITY: HAL SOLVENT DEGREASER
 FACILITY NAME: LEADER TECH DATE: 8/6/97
 FACILITY LOCATION: 14100 McCORMICK DR
TAMPA 33626
 RESPONSIBLE OFFICIAL: WILLIAM LANGE PHONE NUMBER: 813-855-6921

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>Automated Parts Handling Device not installed</i>	<i>Currently working relationship made between company & EPC to ensure full compliance is achieved by 12/97</i>
<i>Freeboard Refrigeration Device routine operability test has not been started</i>	
	RECEIVED
	SEP 15 1997
	Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: Jim Holton (Please Print)

INSPECTOR'S SIGNATURE: Jan O Holt PHONE NUMBER: 813-772-5530

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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 WILLIAM A LANGE II
 Street, # LEADER TECH INC
 14100 MCCORMICK DRIVE
 City, State HILLSBOROUGH FL 33626

PS Form 3811, July 1999 Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> 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. 	<table border="1"> <tr> <td>A. Received by <i>(Please Print Clearly)</i></td> <td>B. Date of Delivery</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	C. Signature		<input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent		D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery										
C. Signature											
<input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent											
D. Is delivery address different from item 1? <input type="checkbox"/> Yes											
If YES, enter delivery address below: <input type="checkbox"/> No											
1. Article Addressed to: 1 AIRS ID # 0571104001AG WILLIAM A LANGE II LEADER TECH INC 14100 MCCORMICK DRIVE HILLSBOROUGH FL 33626	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.										
2. Article Number <i>(Copy from service label)</i> 7000 0520 0020 9372 8913	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes										

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

5510

5521



7000 0520 0020 9372 8913



NORTHDAL 33626-9998

- No Such Number Street Unclaimed
- Insuff Address Need Apt Suite
- No Mail Receptacle Vacant Refused
- Attempted Not Known Illegible
- Undeliverable as Addressed,
Unable To Forward

Carrier Init. _____ Rt. _____ Date _____
DO NOT REMAIN IN THIS ENVELOPE

Name _____
1st Notice _____
2nd Notice _____
Return _____

2

11 AIRS ID # 0571104001AG
WILLIAM A LANGE II
LEADER TECH INC
14100 MCCORMICK DRIVE
HILLSBOROUGH FL 33626

Bureau of Air Monitoring
& Mobile Sources

OCT 20 2001

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300782 ✓

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

LEADER TECH INC WILLIAM A LANGE II 14100 MCCORMICK DRIVE HILLSBOROUGH FL 33626	AIRS ID#0571104
---	-----------------

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259245 ✓

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

RECEIVED
MAIL ROOM

JAN 29 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

LEADER TECH INC WILLIAM A LANGE II 14100 MCCORMICK DRIVE HILLSBOROUGH FL 33626	AIRS ID# 0571104
---	------------------

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

ACC
RECEIVED

AIRS ID#0571104

LEADER TECH INC
WILLIAM A LANGE II
14100 MCCORMICK DRIVE
HILLSBOROUGH FL 33626

JAN 27 1998
Bureau of Air Monitoring
& Mobile Sources
RECEIVED
ROOM
23 98

Do NOT Remove Label

Annual Reporting Period: 1/1 1998 TO 12/31 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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 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: W. A. LANGE II [Signature] 1/20/98
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.

LEADER TECH

018426

DEPT. OF ENVIRON. PROTECT
TITLE V AIR GEN PERMITS
RECEIPTS, PO BOX 3070
TALLAHASSEE, FL
32399-2400

INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
AIRS ID#0571104	1-20-97	50.00	0.00	50.00
	01/20			
		TOTAL =		\$50.00

DATE
01/22/97

CHECK NUMBER
00018426

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358006

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 # 0571104

LEADER TECH INC
 WILLIAM A LANGE II
 14100 MCCORMICK DRIVE
 HILLSBOROUGH FL 33626

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

RECEIVED
 MAIL ROOM
 JAN 21 99

LEADER TECH, INC.

021617

DEPT. OF ENVIRON. PROTECT
 TITLE V AIR GEN PERMITS
 RECEIPTS, PO BOX 3070
 TALLAHASSEE, FL
 32315-3070

INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
12/7/98	12/07	50.00	0.00	50.00
TOTAL =				\$50.00

DATE
 01/18/99

CHECK NUMBER
 00021617