



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

December 6, 2007

Mr. Michael Vanderputten
Micro Med Precision, Incorporated
18849 Titus Road, Unit 3
Hudson, Florida 34667

Re: Facility No.: 1010503-001

Dear Mr. Vanderputten:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on November 1, 2007.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

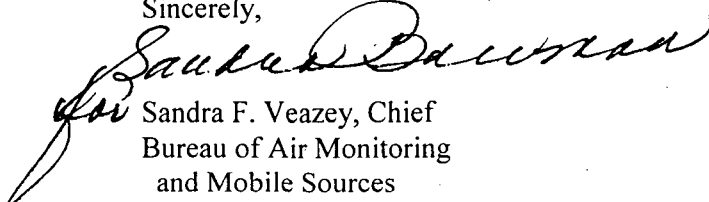
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Christopher Bradley, Southwest District

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
NOV 01 2007
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

| |
|---|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Micro Med Precision Inc |
| 2. Site Name (For example, plant name or number): Same |
| 3. Hazardous Waste Generator Identification Number: |
| 4. Facility Location: Street Address: 18849 Titus Rd. Unit 3 City: Hudson County: Pasco Zip Code: 34667 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): 1010503-001 |

Responsible Official

| |
|---|
| 6. Name and Title of Responsible Official: Name: Michael Vanderputten Title: President |
| 7. Responsible Official Mailing Address: Organization/Firm: Micro Med Precision Inc Street Address: 18849 Titus Rd Unit 3 City: Hudson County: Pasco Zip Code: 34667 |
| 8. Responsible Official Telephone Number: Telephone: (727) 697 -0365 Fax: (727) 388 -9720 |

Facility Contact (If different from Responsible Official)

| |
|--|
| 9. Name and Title of Facility Contact (For example, plant manager): Same As Above |
| 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.

| Affected Machines | Date Initially Purchased From Manufacturer | Machine Classification (circle one) | Date Control Device Installed (if none, enter N/A) |
|--|--|-------------------------------------|--|
| Batch Vapor (solvent-air interface area) | | NEW/EXISTING | |
| x ≤ 1.21 m ² | _____ | NEW/EXISTING | _____ |
| x > 1.21 m ² | X | NEW/EXISTING | 01/01/88 |
| Batch Cold | _____ | NEW/EXISTING | _____ |
| In-line | _____ | NEW/EXISTING | _____ |

2. (a) What was the total amount of halogenated solvents used in the latest 12 months?
 gallons *Est. of use for 12 mo 150-200 gal on this FS*
A High number

(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 (Purposed Use)
 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 (choose one):

- complying with an alternative solvent emission limit
 implementing a control device combination/work practice standards
 meeting an idling emission limit/work practice standards

OR

meeting the requirements for **batch cold cleaning machines**

4. If you choose to implement a control device combination, please select the appropriate controls from the list provided below. Indicate with an "X" all controls that apply to your facility. (Refer to paragraph (5)(c)1.-4.).

- | | |
|--|---|
| <input type="checkbox"/> 1.0 freeboard ratio | <input type="checkbox"/> carbon adsorber |
| <input type="checkbox"/> dwell time | <input type="checkbox"/> reduced room draft |
| <input checked="" type="checkbox"/> working mode cover | <input type="checkbox"/> super-heated vapor |
| <input checked="" type="checkbox"/> freeboard refrigeration device | |

5. 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:

ALL FACILITIES

- | | |
|--|-------------------------------------|
| (a) Estimates of monthly halogenated solvent consumption | <input checked="" type="checkbox"/> |
| (b) Inspection records | <input type="checkbox"/> |
| (h) Remedial action log | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> |
| (g) Solvent content records | <input checked="" type="checkbox"/> |

FOR FACILITIES USING CONTROL COMBINATIONS

- | | |
|-------------------------------|--------------------------|
| (c) Temperature monitoring | <input type="checkbox"/> |
| (f) Dwell time records | <input type="checkbox"/> |
| (i) Control device monitoring | <input type="checkbox"/> |

FOR FACILITIES MEETING EMISSION STANDARDS

- | | |
|---|-------------------------------------|
| (j) Log of solvent additions and removals | <input checked="" type="checkbox"/> |
| (d) Idling emission concentration monitoring | <input type="checkbox"/> |
| (k) Monthly emissions calculations | <input type="checkbox"/> |
| (l) Rolling 3-month average emissions calculations* | <input type="checkbox"/> |
| (m) Cleaning capacity calculations* | <input type="checkbox"/> |

* Only for facilities meeting the alternative emission limitation standards*

6. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:

_____.

No DEP 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.

Michael Vander Putter
Print name of responsible official


Signature

10/30/07
Date

Aires ID # 1010503-001-AG
EXP: 12/02/12

RECEIVED
Revised 01/18/00

AIRS ID#: _____

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

JAN 12 2010

Bureau of Air Monitoring
& Mobile Sources

| | |
|---|----------------------------|
| FACILITY NAME: <u>Micro Med Precision</u> | DATE: <u>1/7/10</u> |
| FACILITY LOCATION: <u>18849 Titus Rd unit 3</u> | |
| <u>Hudson Fl 34667</u> | |
| ME ID <u>82765</u> | EPA ID <u>FIR000143719</u> |

Annual Reporting Period: 1/1 2009 TO 12/31 2009

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

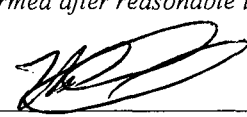
Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

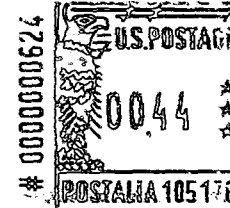
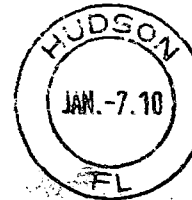
All operators of solvent cleaning machines have received training on the proper operation of the machine and their control devices sufficient to pass the test required in 40 CFR Part 63 Subpart T. YES NO

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

RESPONSIBLE OFFICIAL: Michael VanderPutten  1/7/10
Name (Please Print) Signature Date

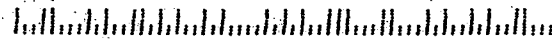
*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Micro Med Precision
18849 Titus Rd Unit 3
Hudson FL, 34667



General Permits Section
Bureau Of Air Monitoring And mobile Sources MS 551C
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee FL, 32399-2400

323992400



memo

AIR GENERAL PERMITTING

To: KIMBERLY CREWS
From: Dick Dibble
Date: 1/19/2010
Re: RETURN CHECK #2103, dated 07-JAN-10, in the amount of \$50.00
REASON: NO FEE DUE
RETURN TO:
MICRO MED PRECISION INC
ATTN: MR. MICHAEL VANDER PUTTEN
18849 TITUS RD UNIT #3
HUDSON, FLORIDA 34667

Comments: Kimberly,

Please prepare a "return check" cover letter for Becky's signature.

I have attached the subject item check to be returned.

Let me know if you have any questions.

Thank you,





Dick



MVP ~~200~~ @ ~~7~~ 100.

MICROMED

PRECISION.COM

| | | | |
|---|-------------------------------|---|---|
| MICRO MED PRECISION, INC. 18849 TITUS RD UNIT 3 HUDSON, FL 34667 727-697-0365 | | Bank of America ACH R/T 021200339 | 2103 |
| PAY TO THE ORDER OF Florida Department of Revenue EPA | | 1/7/2010 |  |
| Fifty and 00/100***** | | \$50.00 | |
| Florida Department of Revenue EPA | | | DOLLARS  |
| MEMO | Annual Fee For title 5 permit |  | |
|  | | AUTHORIZED SIGNATURE | |

Details on Back. Security Features Included

| | | |
|-----------------------------------|----------|-------|
| MICRO MED PRECISION, INC. | | 2103 |
| Florida Department of Revenue EPA | 1/7/2010 | 50.00 |

| | | |
|-----------------|-------------------------------|-------|
| Bank Of America | Annual Fee For title 5 permit | 50.00 |
|-----------------|-------------------------------|-------|

Dibble, Dickson

From: Dibble, Dickson
Sent: Tuesday, January 19, 2010 12:16 PM
To: 'mvp@micromedprecision.com'
Subject: FW: AIRS ID# 1010503-001-AG;Micro Med Precision, 18849 Titus Rd, Unit 3, Hudson, FL 34667
Attachments: 1010503-001-AG;MicoMedPrecisionInc.pdf

Michael,

Let's try it again...

Dick

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Dibble, Dickson
Sent: Tuesday, January 19, 2010 11:56 AM
To: 'mvp860@micromedprecision.com'
Cc: Ajhar, Rebecca; Nasca, Mara; Henry, Danielle D.; Panetta, Joe
Subject: FW: AIRS ID# 1010503-001-AG;Micro Med Precision, 18849 Titus Rd, Unit 3, Hudson, FL 34667

Dear Michael Vander Putten,

Good morning Michael,

It was a pleasure to speak with you this morning.

I am sending this e-mail as a follow-up to our telephone conversation this morning and as confirmation to you of the activities regarding the submission of your Annual Compliance Certification Form and your check #2103 in the amount of \$50.00.

1. I have requested that your check be returned for the reason that there is "NO FEE DUE" at this time.
2. I have forwarded an electronic copy of the Halogenated Solvent Degreasers Air General Permit Annual Compliance Certification Form for your facility to our FDEP Southwest District Compliance Office for their records.

In the future, and until such time there may be a change in the rules, please submit the Annual Compliance Certification form to the following address:

**FDEP Southwest District Office
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926**

If you have any questions, comments, or concerns please e-mail or call.

Thank you and have a great day!

Dickson E. Dibble

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

Dickson.Dibble@dep.state.fl.us



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From: Dibble, Dickson
Sent: Tuesday, January 19, 2010 11:30 AM
To: Nasca, Mara
Cc: Ajhar, Rebecca; Henry, Danielle D.; Panetta, Joe
Subject: AIRS ID# 1010503-001-AG;Micro Med Precision, 18849 Titus Rd, Unit 3, Hudson, FL 34667

Mara,

Good morning!

You will find attached an electronic copy (pdf file) of the Halogenated Solvent Degreasers AGP Annual Compliance Certification Form for the above subject item facility. It was mailed to our office in error, so I am sending a copy to you for your records.

FYI, I have also included a copy of check #2103 in the amount of \$50.00 which we are returning to the facility owner. It was submitted in error and as you are aware there are no fees due for Title V Air General Permits at this time.

If you should have any questions, comments or concerns, please e-mail or call.

Thank you and have a great day!

Sincerely,

Dick

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
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Tel. (850) 921-9586
FAX (850) 922-6979
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Dickson.Dibble@dep.state.fl.us



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| Air Resource Management System - Facility | | | | | | | | | | | | | |
|---|---|--|-----------|-----------|-----------------|---|--|------------------|---------|--------------------------|----|----|---------|
| AREA | Office * | SWD | SW: TAMPA | County * | PASCO | AIRS ID | ARMINV01 | | | 1010503 | | | |
| Owner/Comp * | MICRO MED PRECISION INC | | | | Site | MICRO MED PRECISION - UNIT 3 | | | | | | | |
| Directions | | | | | | | | | | | | | |
| Street | 18849 TITUS RD UNIT 3 | | | | | | | | | Validate Address | | | |
| City * | HUDSON | | | | Zip | 34667 | | | | | | | |
| UTM Zone | 17 | East | 342.30 | North | 3146.11 | Latitude | 28 | 25 | 55.0020 | Longitude | 82 | 36 | 36.8964 |
| Status * | A | ACTIVE | | | Maj Group SIC * | 34 | FABRICATED METAL PRODUCT, EXCEPT MACHINERY/T | | | | | | |
| Reloc | N | Shtdwn Dt | | | | Strt Dt | | | | Final Shtdwn Dt | | | |
| Gov Fac * | 0 | NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE | | | | HAZ Waste Generator ID: FLD | | | | | | | |
| AOR Req * | N | Ozone/SIP/Facility * | N | Type | 11 | Halogenated Solvent Degreasing Facilities | | | | | | | |
| Compliance Tracking | | | | | | | | | | Current Permit Indicator | AG | | |
| Title V | TITLE V | non-HAP Class | MINOR | HAP Class | MINOR | Public Exempt | N | | | | | | |
| # of Emis Units | C | A | I | | | | | Generator Rating | MW | | | | |
| Comment | 11/01/07-New facility registration, HS degreaser. | | | | | | | | | | | | |

Micro Med Precision Inc
18849 Titus Rd Unit 3
Hudson Fl, 34667

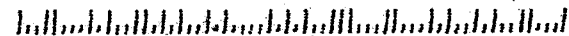
TAMPA FL 336

30 OCT 07 PM 8 T



General Permits Section
Bureau Of Air Monitoring and
mobile sources, MS5510
Department of environmental protection
2600 Blair Stone Road
Tallahassee FL, 32399-2400

32399+2400



NO ACTIVITY FOR FACILITY ✓
EMISSION FEE DATES
SOC REPORTS.....
COMPLIANCE STATUS

No Activity ~~Exist~~ for this facility (New)
Insp - Pasco Co - SWD - CBradley