



1030187

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 23, 1996

Mr. Ray Marquis
General Manager
Kimchok, Inc.
1063 Cephas Road
Clearwater, Florida 34625

Dear Mr. Marquis:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on July 29, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and 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. Gary Robbins, Pinellas County

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

ORIGINAL

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	KIMCHOK Inc.		
2. Site Name (For example, plant name or number):	KIMCHOK Inc.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	1063 CEPHAS RD.		
Street Address:			
City:	Clearwater	County:	Pinellas
		Zip Code:	34625
5. Facility Identification Number (DEP Use):	1030287		

Responsible Official

6. Name and Title of Responsible Official:	RAY MARQUIS GEN. MGR.		
7. Responsible Official Mailing Address:	KIMCHOK Inc.		
Organization/Firm:	1063 CEPHAS RD		
Street Address:	Clearwater		
City:	Pinellas	Zip Code:	34625
8. Responsible Official Telephone Number:	(813) 442-8682		
Telephone:	Fax: (813) 442-9290		

Facility Contact (If different from Responsible Official):

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

RECEIVED

JUL 29 1996

Facility Information

1. Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor		<i>SEE ATTACHMENT "A"</i>				
x ≤ 1.21 m ²						
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

** ONLY USED 2.5 TONS IN ONE YR.*

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 *WATER COOLED (CLOSED LOOP)*
- 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.

Ray Maguire

Signature

7/27/96

Date

ATTACHMENT "A"

The Vapor system is a modified Baron Blakelees. The unit was for freon. We where forced to abandon freon, so the refrigerator unit was removed and replaced with a water cooling system. When the covered vapor tank is on, the water is pumped through the coils on the inside top part of the vapor tank. The vapor is about 240 degree's at this point. The cool coil (130 degree's) converts the vapor to a liquid. Then the clean perkchloroethylene is sent to a holding tank. The holding tank has a pump for spraying the printed circuit boards. The time the spray is on is for about 1 minute per board. After the boards are cleaned they are put in a holding area to dry. The holding tank has a large blower to exhaust the air to outside. The perkchloroethylene is cool in the holding tank, about 100 degree's. The modifications to the Baron Blakelee tank are as fellows:

1. converted to closed loop water cooled
2. 6000 watts of heater added
3. 1/4" steel plate cover added cork seal
4. wash tank and blower assembly added
5. Relay protection
6. temperature protected to 350 degrees to protect if level goes below heater strips.

BEST AVAILABLE COPY

REVISED Aug 16, 1996
Ray Mangin

Facility Information

1. Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor						
x < 1.21 m ²	_____	_____	_____	_____	_____	_____
x > 1.21 m ²	_____	_____	_____	_____	_____	_____
Batch Cold	1	29-NOV-93	_____	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

385 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

BEST AVAILABLE COPY

REVISED Aug 16, 1996
Ray Wiggins

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
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- (m) Cleaning capacity calculations

REVISED Aug 16, 1996
Ray Wiggins

BEST AVAILABLE COPY

REVISED Aug 16, 1996
Ray Mangin

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x > 1.21 m ²	_____	_____	_____	_____	_____	_____
Batch Cold	1	29-NOV-93				
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. (a) Please indicate which of the following halogenated solvents are used at your facility.

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

(b) The total volume of halogenated solvent emissions shall not exceed 10 tons per year. I choose to meet this requirement by:

- complying with an alternative solvent emission limit
- implementing a control device combination/work practice standards
- meeting an idling emission limit/work practice standards
- meeting the requirements for batch cold cleaning machines

BEST AVAILABLE COPY

REVISED Aug 16, 1996
Ray Wiggins

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
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- (k) Monthly emissions calculations
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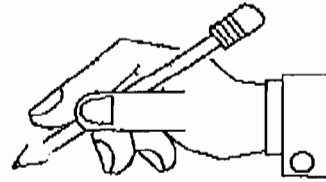
REVISED Aug 16, 1996
Ray Wiggins



KIMCHUK INC.

1063 Cephaa Road
Clearwater, Florida 34625

FAX...



813-442-9290

TO: ERVIN RICHARD DATE _____

FROM: RAY MARQUIS

PAGES TO FOLLOW 1

COMMENTS maybe this will help

if there are ANY questions

Please CALL.

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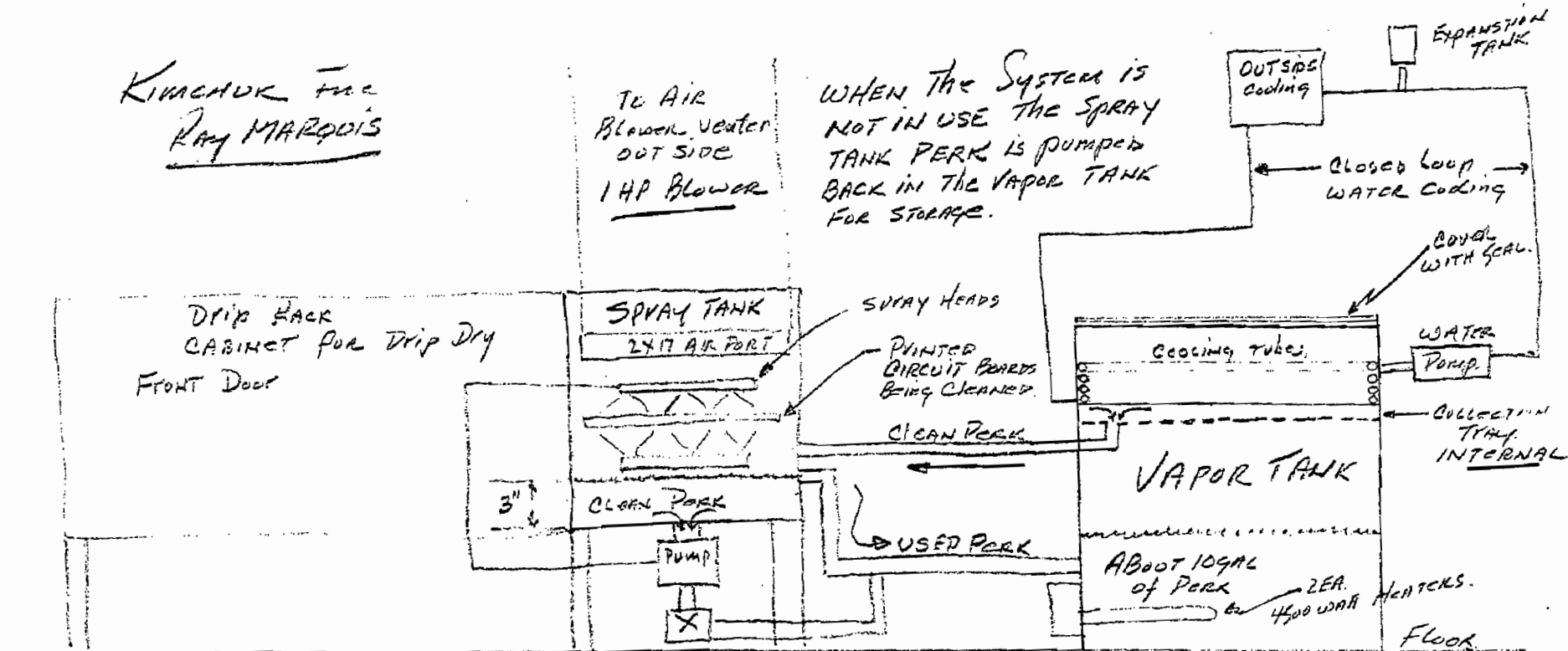
AUG 14 1996

Bureau of Air Monitoring
& Mobile Sources

KINCHUK For
RAY MARQUIS

TO AIR
Blower heater
OUTSIDE
1 HP Blower

WHEN THE SYSTEM IS
NOT IN USE THE SPRAY
TANK PERK IS PUMPED
BACK IN THE VAPOR TANK
FOR STORAGE.



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AUG 14 1996

Bureau of Air Monitoring
& Mobile Sources

Extra Copy

A Copy was sent to Pinellas Co.
with Revision.

(MH)

8/26

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>KIMCHOK Inc.</i>
2. Site Name (For example, plant name or number): <i>KIMCHOK Inc.</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>1063 CEPHAS RD.</i> City: <i>CLEARWATER</i> County: <i>PINELLAS</i> Zip Code: <i>34625</i>
5. Facility Identification Number (DEP Use): <i>4145 ED 1030087</i>

Responsible Official

6. Name and Title of Responsible Official: <i>KAY MARQUIS GEN. MGR.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>KIMCHOK Inc.</i> Street Address: <i>1063 CEPHAS RD.</i> City: <i>CLEARWATER</i> County: <i>PINELLAS</i> Zip Code: <i>34625</i>
8. Responsible Official Telephone Number: Telephone: <i>(813) 442-8682</i> Fax: <i>(813) 442-9290</i>

Facility Contact (If different from Responsible Official)

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

RECEIVED

JUL 29 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

1. Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor		<i>SEE ATTACHMENT "A"</i>				
x < 1.21 m ²	_____	_____	_____	_____	_____	_____
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:

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- implementing a control device combination/work practice standards
- meeting an idling emission limit/work practice standards
- meeting the requirements for batch cold cleaning machines

** ONLY USED 2.5 TONS IN ONE YR.*

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 *WATER COOLED (CLOSED LOOP)*
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- carbon adsorber
- dwell time
- working mode cover
- reduced room draft

Equipment Monitoring and Recordkeeping Information

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- (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.

Ray Marquis

Signature

7/27/96

Date

ATTACHMENT "A"

The Vapor system is a modified Baron Blakelees. The unit was for freon. We where forced to abandon freon, so the refrigerator unit was removed and replaced with a water cooling system. When the covered vapor tank is on, the water is pumped through the coils on the inside top part of the vapor tank. The vapor is about 240 degree's at this point. The cool coil (130 degree's) converts the vapor to a liquid. Then the clean perkchloroethylene is sent to a holding tank. The holding tank has a pump for spraying the printed circuit boards. The time the spray is on is for about 1 minute per board. After the boards are cleaned they are put in a holding area to dry. The holding tank has a large blower to exhaust the air to outside. The perkchloroethyline is cool in the holding tank, about 100 degree's. The modifications to the Baron Blakelee tank are as follows:

1. converted to closed loop water cooled
2. 6000 watts of heater added
3. 1/4" steel plate cover added cork seal
4. wash tank and blower assembly added
5. Relay protection
6. temperature protected to 350 degrees to protect if level goes below heater strips.

AIRS ID#: _____

Revised 01/13/98

Alle ✓

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1030287
KIMCHOK INCORPORATED RAY MARQUIS 1063 CEPHAS ROAD CLEARWATER FL 34625

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JAN 23 1998

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: JAN 21 19 97 TO JAN 21 19 98

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: RAY MARQUIS *Ray Marquis* 01/21/98
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030287 001</u>	DATE: <u>8/27/98</u>	TIME IN: <u>11:00</u>	TIME OUT: <u>12:00</u>
FACILITY NAME: <u>Kimchuk, Inc.</u>			
FACILITY LOCATION: <u>1063 Cephas Road</u>			
<u>Clearwater, FL 34625</u>			
RESPONSIBLE OFFICIAL: <u>Mr. Ray Marquis</u>		Phone No.: <u>727-442-8682</u>	
Permit No. <u>1030287-001-AG</u>	Exp. Date: <u>9/30/2001</u>		

RECEIVED
SEP 23 1998
Bureau of Air Monitoring
& Mobile Sources

- 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 (only items which are checked):

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
<input checked="" type="checkbox"/> A tight fitting cover, that shall be closed at all times except during parts entry and removal, was not employed.	Employ a tight fitting cover that shall be closed at all times, except during parts entry and removal, for the tank and for any remote reservoirs.
<input checked="" type="checkbox"/> Facility did not provide assurance that, when the cover is open, the cold cleaning machine is not exposed to drafts greater than 40 meters per minute, as measured between 1 and 2 meters upwind and at the same elevation as the tank lip.	Accurately measure the room draft, at a distance between 1 and 2 meters upwind and at the same elevation as the tank lip, to determine if less than or equal to 40 meters per minute (132 feet per minute), keeping records of all measurements. Methods of reducing room draft include, but are not limited to, redirecting fans and/or air vents to not blow across the cleaning machine, moving the cleaner to a corner where there is less room draft, and constructing a partial or complete enclosure around the cleaning machine.
<input type="checkbox"/>	

Comments: Facility operates a wave solder machine that is vented to outside. Mr. Marquis reports using 55 gallons/year isopropyl alcohol and 5 gallons per year flux. Mr. Marquis also reports using the wave solder machine once per month and the degreaser 2 times per month. 2970 pounds of perchloroethylene was purchases in previous 12 months. Information on waste reduction and solvent substitution is available through Pinellas County's Polution Prevention Program (464-3547).

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

Inspection Conducted by: Margaret V. Hennis (Please Print)

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422 Date of next Inspection: 10/1/98

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

RECEIVED
SEP 25 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030287 DATE: 8/27/98 TIME IN: 11:00 TIME OUT: 12:00
 FACILITY NAME: Kim Chak, Inc.
 FACILITY LOCATION: 1063 Cephas Rd.
Clearwater FL 34625
 RESPONSIBLE OFFICIAL: Ray Marquis PHONE: 727-442-8682
 CONTACT NAME: " PHONE: "

PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM 30 days prior to starting up

2. Facility failed to notify DARM to use a general permit

3. Halogenated solvent used at the facility:

perchloroethylene	<input checked="" type="checkbox"/>	methylene chloride	<input type="checkbox"/>
trichloroethylene	<input type="checkbox"/>	1,1,1-trichloroethane	<input type="checkbox"/>
carbon tetrachloride	<input type="checkbox"/>	chloroform	<input type="checkbox"/>

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

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

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility: *- Did not indicate which one on notification card*

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

> with remote reservoir, however solvent remains in bottom of tank (23") during parts cleaning. Rule requires them to follow requirements for Batch Cold immersion w/ covered remote reservoir.

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines

Does the facility:

1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification? Y N
2. Maintain a freeboard ratio of 0.75 or greater? Y N
3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at 0.9 m/min (3 ft/sec) or less? Y N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? Y N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? Y N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Y N N/A
7. Have each machine equipped with --
 - a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (applicable only when air- or pump-agitated solvent bath used) Y N N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open? *Employs a 1 HP blower, via a 2" x 17" Air port at back of cleaner. Vents to outside uncontrolled.* Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? *(However - Tank Sides are made of plywood (unfinished), Remote Reservoir Type Only --)* Y N
9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. *Has remote reservoir but retains ~3" solvent in bottom of cleaner.* Y N N/A
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. *Freeboard Ratio = 2.7/2.5 = 1.08, no cover* Y N N/A

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

Facility chose to meet requirements using:

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

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

control comb.
selected

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

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

control comb.
selected

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

C. Existing In-Line Machines

control comb.
selected

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

D. New In-Line Machines

control comb.
selected

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- | | |
|---|--|
| 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) 100% Perc. | <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 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 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 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 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 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 type="checkbox"/> N/A |

PART VI: ADDITIONAL SITE INFORMATION

1-55 gal on site
 1-55 gal - waste drum - covered

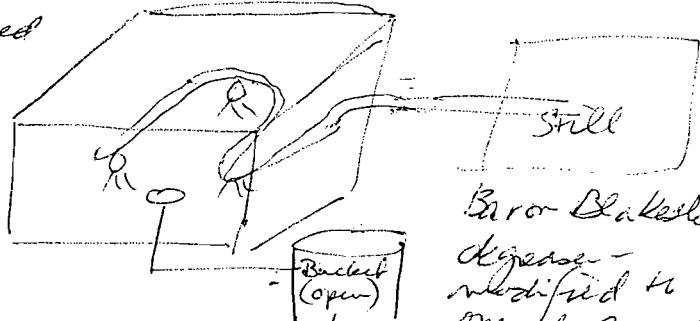
7/10 1-55 gal

7/16 1-55 gal

22 1-55 gal

3/27 1-55 gal

$220 \text{ gal} \times 13.5 \text{ \#/gal} = 2970 \text{ \#/yr}$



Baron Blakeslee
 design -
 modified to
 operate as a still

Margaret J. Hennis
 Inspector's Name

8/27/98
 Date of Inspection

Margaret J. Hennis
 Inspector's Signature

10/1/98
 Approximate Date of Next Inspection

(Modified Still) to use old degreaser to clean solvent
- PC boards are sprayed - cold.

Using ~55 gal IPA/year
~20 gal flux/year
no purchase receipts available.

- Inlet draws into bucket - not covered - remove reservoir
- ~3 inches of perc remains in tank prior to next board.
- Lip Exhaust Fan stays on while in use
- Using once a month
- Every part is worked on

tank is emptied at end of shift
- one shift per day - 2 plant employees
- Cleaner cleans flux off of PC boards
- Using Kestler - Rosin Soldering Flux 1585 w/ Ethanol.

Ethanol-based flux thinned w/ IPA to maintain viscosity / spec gravity

1- Wave Soldering machines also vented to outside.

Process Rate (Cleaning/Soldering) = 7/15 min, perc. is vented, 4 min/pallet = process rate

Chemical Storage

1-55 gal is approx total on site
4420

Inspector - experienced headaches, vertigo, + sleepiness
Et conclusion of insp + continuing for several hours into evening.

1-55 gal - D - Soldering Cleaner
Gardner Solder Co 55560
1-55 gal perc + 1-55 gal waste perc.

680
4420

Business type -

job stop. - two employees + manager
no soldering stations

History 8 years ago degreaser was modified to distill perc - degreaser still is covered
Previously used 10 years w/ freon as a degreaser
Parts cleaner is 8 years old.
Degreaser 14" x 7.5" deep 23"

Florida Chemical IPA

Flux ordered through parent Co 6 x 5 gallons = 30 gallons
Mr. Margis stated - using 5 gal. flux/year - operated wave solder / cleaning machine 1/2 month
Cleaning machine used ~ 21 months

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030287 TIME IN: 1:00 TIME OUT: 1:15
FACILITY NAME: Kimchak
FACILITY LOCATION: 1063 Cephas Rd.
Clearwater, FL 33765

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

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility: *no longer in use - no solvent in remote reservoir.*

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)? Y N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? Y N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? Y N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Y N N/A
7. Have each machine equipped with --
- a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. Y N

Immersion Type Only --

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. Y N

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

Facility chose to meet requirements using:

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

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

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

PART VI: ADDITIONAL SITE INFORMATION

As indicated in their response to an Air Quality Warning letter dated 9/3/98, this facility has removed their degreaser (w/ Sprays). It is no longer on site. They still have the remote reservoir, but no solvent remains. In compliance by shut down. MDT

Additional Site Information, cont.

[Empty box for Additional Site Information]

Ray Margolis

Name of Responsible Official

Margaret V. Hennis

Inspector's Name

Margaret V. Hennis

Inspector's Signature

12/1/98

Date of Inspection

NA

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030287 001</u>	DATE: <u>12/1/98</u>	TIME IN: <u>1:00</u>	TIME OUT: <u>1:15</u>
FACILITY NAME: <u>Kimchuk, Inc.</u>			
FACILITY LOCATION: <u>1063 Cephas Road</u>			
<u>Clearwater, FL 34625</u>			
RESPONSIBLE OFFICIAL: <u>Mr. Ray Marquis</u>		Phone No.: <u>727-442-8682</u>	
Permit No. <u>1030287-001-AG</u>	Exp. Date: <u>9/30/2001</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 (only items which are checked):

Inspection Summary Report Guidance

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments:

Facility no longer has spray / cold bath degreaser. No pens used or stored any longer

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

Inspection Conducted by: Margaret V. Hennis (Please Print)

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422 Date of next Inspection: _____

(Approximate)



KIMCHUK INC.

1063 Cephas Road
Clearwater, Florida 34625

Headquarters:
Commerce Park • Corporate Drive
Danbury, Connecticut 06810-4130
Phone (203) 790-7800

RECEIVED

SEP 18 1998

AIR QUALITY

September 16, 1998

Mr. Peter Hessling
Department of Environmental Management
Air Quality Division
300 South Garden Avenue
Clearwater, Florida 33756

Mr. Hessling:

We are not using perchloroethylene (perc) anymore. I contacted a waste management company to remove all the remaining perc. We will dismantle the cleaning operation.

Ray Marquis
Kimchuk Inc.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 12, 1999

Mr. Ray Marquis
Kimchuk, Inc.
1063 Cephas Road
Clearwater, Florida 34625

AIRSID
10302819

Dear Mr. Marquis:

Thank you for your note received March 5 informing us that the annual air operations fee is no longer applicable to Kimchuk, Inc.

Our database indicates that Kimchuk, Inc. currently has an *inactive* status. The inactive status is based on a copy of your September 16, 1998 letter written to Mr. Peter Hessling of the Pinellas County Department of Environmental Management stating that Kimchuk, Inc. no longer uses perchloroethylene in its halogenated degreasing operations. Ms. Margaret Hennis of Pinellas County conducted an inspection of the facility on December 1, 1998 and confirmed that perchloroethylene was no longer in use.

However, Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility to submit payment of an annual \$50 operations fee to the Department upon notice. This fee is due and payable annually between January 15 and March 1 for the *preceding* year the facility was in operation and subject to the requirements of the rule. Our files indicate that the halogenated degreasing operation using perchloroethylene at Kimchuk, Inc. was in service for part of 1998. Therefore, the fee for 1998 is now due and payable.

If you have any questions regarding this matter, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

SEBA

Enclosure

cc: Matt McCann, Pinellas County
Margaret Hennis, Pinellas County



1063 Cephas Road
Clearwater, Florida 34625

Headquarters:
Commerce Park • Corporate Drive
Danbury, Connecticut 06810-4130
Phone (203) 790-7800

RECEIVED

SEP 18 1998


AIR QUALITY

September 16, 1998

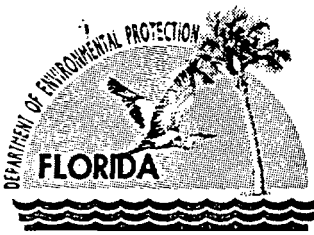
Mr. Peter Hessling
Department of Environmental Management
Air Quality Division
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Clearwater, Florida 33756

Mr. Hessling:

We are not using perchloroethylene (perc) anymore. I contacted a waste management company to remove all the remaining perc. We will dismantle the cleaning operation.



Ray Marquis
Kimchuk Inc.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 12, 1999

3755
2273

0365046

Mr. Ray Marquis
Kimchuk, Inc.
1063 Cephass Road
Clearwater, Florida 34625

#1030284

Dear Mr. Marquis:

Thank you for your note received March 5 informing us that the annual air operations fee is no longer applicable to Kimchuk, Inc.

Our database indicates that Kimchuk, Inc. currently has an *inactive* status. The inactive status is based on a copy of your September 16, 1998 letter written to Mr. Peter Hessling of the Pinellas County Department of Environmental Management stating that Kimchuk, Inc. no longer uses perchloroethylene in its halogenated degreasing operations. Ms. Margaret Hennis of Pinellas County conducted an inspection of the facility on December 1, 1998 and confirmed that perchloroethylene was no longer in use.

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Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

RECEIVED
MAIL ROOM
MAR 24 99

SEB\

Enclosure

cc: Matt McCann, Pinellas County
Margaret Hennis, Pinellas County

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



KIMCHUK INC.

1063 Cephas Road
Clearwater, Florida 34625

Headquarters:
Commerce Park • Corporate Drive
Danbury, Connecticut 06810-4130
Phone (203) 790-7800

RECEIVED

SEP 18 1998

AIR QUALITY

September 16, 1998

Mr. Peter Hessling
Department of Environmental Management
Air Quality Division
300 South Garden Avenue
Clearwater, Florida 33756

Mr. Hessling:

We are not using perchloroethylene (perc) anymore. I contacted a waste management company to remove all the remaining perc. We will dismantle the cleaning operation.

Ray Marquis
Kimchuk Inc.

PERMIT
HISTORY
PERMIT #
1030287-001-AG

RECEIVED
JAN 18 2000
Bureau of Air Monitoring
& Mobile Sources

Z 333 667 377

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

Sent to	
Kimchuk, Inc.	
Street & Number	
2048 White wood Ave	
Post Office, State, & ZIP Code	
Spring Hill, FL 34609-6089	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
AIRS # 1030287001 Kimchuk	

PS Form 3800, April 1995

Z 210 662 877

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

11 AIRS ID # 1030287001AG
RAY MARQOIS
KIMCHUK INC.
1063 CEPHAS ROAD
CLEARWATER FL 34625

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

SEN

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

NOTE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

11 AIRS ID # 1030287001AG
RAY MARQOIS
KIMCHUK INC.
1063 CEPHAS ROAD
CLEARWATER FL 34625

Z 210 662 877

2. Article Number (Copy from service label)

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

C. Signature

X

- Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

CERTIFIED
Z 210 662 877

MAIL



*pls
resend*

11 AIRS ID # 1030287001AG
~~PRIME MARQUIS~~
KIMCHUK INC.
1063 CEPHAS ROAD
CLEARWATER FL 34625

KIMC063 337653064 1600 23 06/13/01
FORWARD TIME EXP RTN TO SEND
KIMCHUK INC
2048 WHITEWOOD AVE
SPRING HILL FL 34609-6089
RETURN TO SENDER

Bureau of Air Monitoring
& Mobile Sources

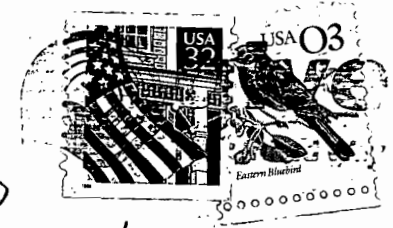
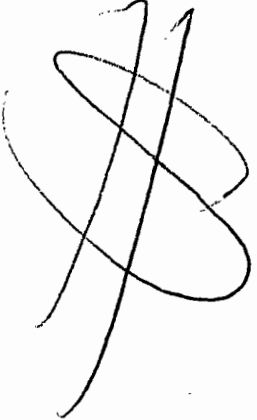
JUN 02 2001

RECEIVED



KIMCHUK INC.

1063 Cephas Road
Clearwater, Florida 34625



Dept of ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE RD.
TALLAHASSEE, FL 32399-2400

32399-2400



P 174 052 651

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

Sent to
AIRS ID # 1030287
KIMCHOK INC.
RAY MARQUIS
1063 CEPHAS ROAD
CLEARWATER FL 34625

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KIMCHOK INC.
RAY MARQUIS
1063 CEPHAS ROAD
CLEARWATER FL 34625

AIRS ID # 1030287

4a. Article Number
P174052651

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
3/1/99

5. Received By: (Print Name)
RAY MARQUIS

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

6. Signature: (Addressee or Agent)
X *Ray Marquis*

Thank you for using Return Receipt Service.

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 1030287001
KIMCHUK INC
2048 WHITEWOOD AVENUE
SPRING HILL FL 34609-6089

4a. Article Number

Z333667377

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6-22-01

5. Received By: (Print Name)

Jeanette M. MARQUIS

6. Signature: (Addressee or Agent)

Jeanette M. Marquis

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

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

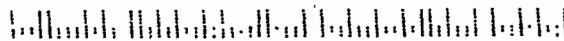
• Print your name, address, and ZIP Code in this box •

BUR OF AIR MONITORING & MOBILE SOURCES
DEPT OF ENV PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 25 2000

RECEIVED



P 174 052 068

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID # 1030287

KIMCHOK INC.
RAY MARQOIS
1063 CEPHAS ROAD
CLEARWATER FL 34625

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
AIRS ID # 1030287
KIMCHOK INC.
RAY MARQOIS
1063 CEPHAS ROAD
CLEARWATER FL 34625

4a. Article Number
P174052068

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/16/99

5. Received By: (Print Name)
RAY MARQOIS

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

6. Signature (Addressee or Agent)
X *Ray Marqois*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

NOT Required Any more

Do **NOT** Remove Label

KIMCHOK INC.
RAY MARQOIS
1063 CEPHAS ROAD
CLEARWATER FL 34625

AIRS ID # 1030287

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300640

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

RECEIVED
MAIL ROOM ✓

TOTAL AMOUNT DUE: \$50.00

JAN 22 98

Do **NOT** Remove Label

KIMCHOK INCORPORATED
RAY MARQOIS
1063 CEPHAS ROAD
CLEARWATER FL 34625

AIRS ID#1030287

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259244

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 9

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 1030287
KIMCHOK INC.
RAY MARQOIS
1063 CEPHAS ROAD
CLEARWATER FL 34625

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