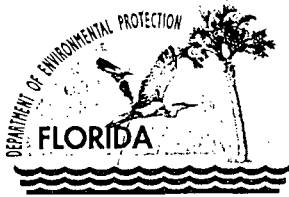


1030313

9/6/96

Inactivate



1030313

# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 23, 1996

Mr. Arthur W. Schmidt III  
President  
Hit Promotional Products, Inc.  
7150 Bryan Dairy Road  
Largo, Florida 33777

Dear Mr. Schmidt:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 28, 1996.

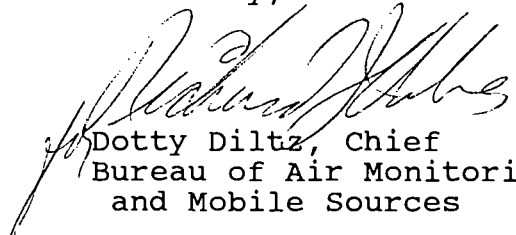
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,



Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Mr. Gary Robbins, Pinellas County

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



1030313

# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 20, 1996

Mr. Arthur W. Schmidt III  
President  
Hit Promotional Products, Inc.  
7150 Bryan Dairy Road  
Largo, Florida 33777

Dear Mr. Schmidt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 1996.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

*[Signature]*  
for  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

*Nalo degran...*

/DD

cc: Mr. Gary Robbins, Pinellas County

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

# HIT PROMOTIONAL PRODUCTS

# 3(b) - need to check "meeting requirements for batch cold cleaning machines" also.

Equipment Monitoring & Recordkeeping Information - need to check (a), "purchase receipts..."

-Erin Pichard

# DISTRICT ROUTING SLIP

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

CC:  
TO:

	<b>PENSACOLA</b>	<b>Northwest District</b>	
	<b>PANAMA CITY</b>	Northwest District Branch Office	
	<b>TALLAHASSEE</b>	Northwest District Branch Office	
	<b>TAMPA</b>	<b>Southwest District</b>	
	<b>ORLANDO</b>	<b>Central Florida District</b>	
	<b>MELBOURNE</b>	Central Florida District Branch Office	
	<b>JACKSONVILLE</b>	<b>Northeast District</b>	
	<b>GAINESVILLE</b>	Northeast District Branch Office	
	<b>FORT MYERS</b>	<b>South Florida District</b>	
	<b>PUNTA GORDA</b>	South Florida District Branch Office	
	<b>MARATHON</b>	South Florida District Branch Office	
	<b>WEST PALM BEACH</b>	<b>Southeast Florida District</b>	
	<b>PORT ST. LUCIE</b>	Southeast Florida District Branch Office	

Reply Optional <input type="checkbox"/>	Reply Required <input type="checkbox"/>	Info Only <input type="checkbox"/>
Date Due: _____	Date Due: _____	

COMMENTS:

FROM: \_\_\_\_\_ TEL: \_\_\_\_\_

# Halogenated Solvent Degreasers Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): HIT PROMOTIONAL PRODUCTS, INC.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: FLD 101847804
4. Facility Location: Street Address: 7150 Bryan Dairy Road City: Largo County: Pinellas Zip Code: 33777
5. Facility Identification Number (DEP Use): 1030313

## Responsible Official

6. Name and Title of Responsible Official: Arthur W. Schmidt III, President
7. Responsible Official Mailing Address: Organization/Firm: Hit Promotional Products, Inc. Street Address: 7150 Bryan Dairy Road City: Largo County: Pinellas Zip Code: 33777
8. Responsible Official Telephone Number: Telephone: (813) 541 - 5561 Fax: (813) 541- 5130

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Sidney D. Hyde, Plant Engineer
10. Facility Contact Address: Street Address: 7150 Bryan Dairy Road City: Largo County: Pinellas Zip Code: 33777
11. Facility Contact Telephone Number: Telephone: (813) 541 - 5561 Fax: (813) 541- 5130

**RECEIVED**  
AUG 28 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						
x < 1.21 m <sup>2</sup>	91691	29-Nov-93	29-Nov-93	_____	_____	_____
x > 1.21 m <sup>2</sup>	_____	_____	_____	_____	_____	_____
Batch Cold	SP119-A	29-Nov-93	29-Nov-93	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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

[ 515 ] 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.

[ X ] perchloroethylene

[ ] methylene chloride

[ X ] 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:

[ X ] 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)**

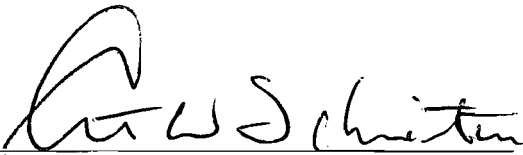
Please indicate with an "X" the appropriate selection:

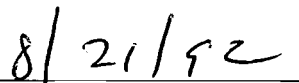
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.
  
- No air permits currently exist for the operation of the facility indicated in this notification form.

**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

asi-61125



1030313

April 30, 1997

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

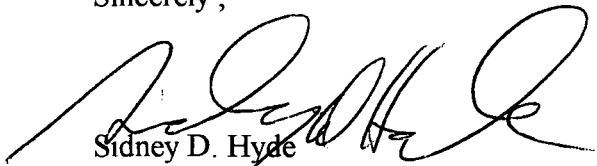
Re: Title V General Permit

Dear Sir:

At the request of Pinellas County Air Quality Division, I am forwarding a copy of the letter sent to that office on February 28, 1997, stating that we no longer use a Vapor Degreaser.

If there are any questions regarding this matter, please do not hesitate to contact me.

Sincerely ,



Sidney D. Hyde  
Plant Engineer

- Attachments
1. Department letter dated September 20, 1996
  2. Hit Promotion Products letter dated February 28, 1997

CC Margaret Hennis, Pinellas County Air Quality Division

**HIT PROMOTIONAL PRODUCTS, INC.**

7150 Bryan Dairy Road, Largo, FL 34647  
Telephone: (813) 541-5561 • Fax: (813) 541-5130

*file*



February 28, 1997

Mr. Gary Robbins  
Air Quality Division  
300 South Garden Avenue  
Clearwater, FL 33616

Re: Title V General Permit

Dear Mr. Robbins:

On August 28, 1996, Hit Promotional Products, Inc. submitted a Title V General Permit Notification form that included a Vapor Degreaser S/N 91691, and a Cold Batch Cleaner S/N SP119-A.

As of this date, the Vapor Degreaser has been taken out of operation and is no longer in use, but the Cold Batch Cleaner is still in operation.

If additional information is required, or a site inspection is necessary, please contact Sid Hyde at 813-541-5561.

Sincerely,

Arthur W. Schmidt, III  
President

AWS/bhs

**HIT PROMOTIONAL PRODUCTS, INC.**

7150 Bryan Dairy Road, Largo, FL 34647  
Telephone: (813) 541-5561 • Fax: (813) 541-5130



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 20, 1996

Mr. Arthur W. Schmidt III  
President  
Hit Promotional Products, Inc.  
7150 Bryan Dairy Road  
Largo, Florida 33777

Dear Mr. Schmidt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 1996.

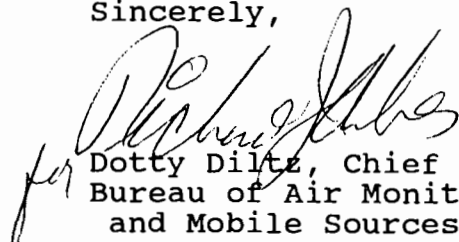
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

  
for Dotty Dilts, 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"*

A.R 9 DIU

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33616

asi-61125



**RECEIVED**

**APR 8 1998**

Bureau of Air Monitoring  
& Mobile Sources

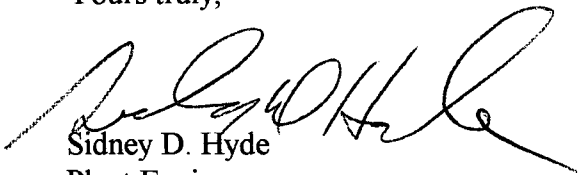
April 3, 1998

Dept. Of Environmental Protection  
Bureau of Air Monitoring and Mobile Sources  
MS 5510  
2600 Blair Stone Road  
Tallahassee, FL 32399

Dear Sir::

In accordance with our Title V General Air Permit #1030313 and those regulations pertaining to Halogenated Solvent Cleaning Machines, the attached six months compliance report is submitted.

Yours truly,



Sidney D. Hyde  
Plant Engineer

Enclosures

**HIT PROMOTIONAL PRODUCTS, INC.**

7150 Bryan Dairy Road, Largo, FL 34647  
Telephone: (813) 541-5561 • Fax: (813) 541-5130

# HALOGENATED SOLVENT CLEANER NESHAP:

## Compliance Report for Batch Cold Cleaners

Bureau of Air Monitoring  
& Mobile Sources

APR 8 1998

RECEIVED

### PART ONE - General Information

Person Preparing Form: HYDE SIDNEY D. Date: 04/03/98

Last Name, First Name, Middle Initial

Company Name HIT PROMOTIONAL PRODUCTS, INC.

Mailing Address P. O. BOX 10200 ST. PETERSBURG FL 33733-0200  
Number, Street, City/Town, State, Zip Code

Equipment Location Address 7150 BRYAN DAIRY ROAD LARGO FL 33777  
Number, Street, City/Town, State, Zip Code

### Cleaning Machine Summary

Identification Number

S/N SP119-A

Description

DUPONT CYREL  
PROCESSOR MODEL 1215

# HALOGENATED SOLVENT CLEANER NESHAP:

## Compliance Report for Batch Cold Cleaners

Bureau of Air Monitoring  
& Mobile Sources

APR 8 1998

RECEIVED

### PART TWO - Information Required per Machine

(Make copies for additional machines as necessary)

Cleaner Identification Number:            S/N SP119-A

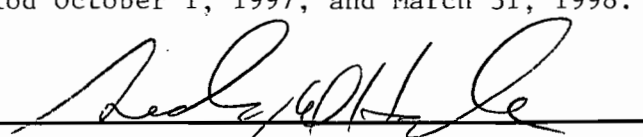
Cleaning Machine Type (circle one):

Immersion

Remote-Reservoir

This batch cold cleaner complies with the rule, and there has been no exceedance during the period October 1, 1997, and March 31, 1998.

Signature

  
Sidney D. Hyde

Date

4-3-98

Method of Compliance (circle one):

Cover and Water  
Layer

Cover and a 0.75  
Freeboard Ratio or  
Greater with Work  
Practices

Cover with Work  
Practices



asi-61125



October 9, 1998

Dept. of Environmental Protection  
Bureau of Air Monitoring and Mobile Sources  
MS 5510  
2600 Blair Stone Road  
Tallahassee, FL 32399

RECEIVED


OCT 12 1998

Bureau of Air Monitoring  
& Mobile Sources

Dear Sir:

In accordance with our Title V General Air Permit #1030313 and those regulations pertaining to Halogenated Solvent Cleaning Machines, the attached six months compliance report is submitted.

Yours truly,

  
Sidney D. Hyde  
Plant Engineer

SDH/bs

Enclosures

**HIT PROMOTIONAL PRODUCTS, INC.**

7150 Bryan Dairy Road, Largo, FL 34647  
Telephone: (813) 541-5561 • Fax: (813) 541-5130

HALOGENATED SOLVENT CLEANER NESHAP:

RECEIVED

OCT 12 1998

Compliance Report for Batch Cold Cleaners

Bureau of Air Monitoring & Mobile Sources

PART ONE - General Information

Person Preparing Form: HYDE SIDNEY D. Date: 10/09/98
Last Name, First Name, Middle Initial

Company Name HIT PROMOTIONAL PRODUCTS, INC.

Mailing Address P. O. BOX 10200 ST. PETERSBURG, FL 33733-0200
Number, Street, City/Town, State, Zip Code

Equipment Location Address 7150 BRYAN DAIRY ROAD LARGO FL 33777
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

S/N SP119-A

Description

DUPONT CYREL PROCESSOR MODEL 1215

HALOGENATED SOLVENT CLEANER NESHAP: **RECEIVED**

Compliance Report for Batch Cold Cleaners

OCT 12 1998

Bureau of Air Monitoring  
& Mobile Sources

**PART TWO - Information Required per Machine**  
(Make copies for additional machines as necessary)

---

Cleaner Identification Number: S/N SP119-A

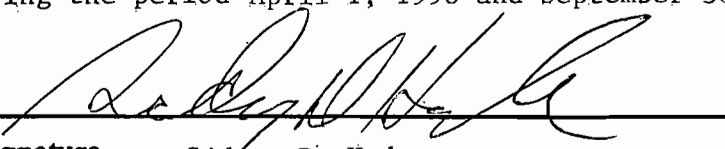
Cleaning Machine Type (circle one):

**Immersion**

Remote-Reservoir

This batch cold cleaner complies with the rule, and there has been no exceedance during the period April 1, 1998 and September 30, 1998.

Signature

  
Sidney D. Hyde

October 9, 1998

Date

Method of Compliance (circle one):

Cover and Water  
Layer

Cover and a 0.75  
Freeboard Ratio or  
Greater with Work  
Practices

**Cover with Work  
Practices**

4/7/99  
mailed  
Copy  
Sent  
to Pinella  
CO



RECEIVED  
APR - 7 1999  
Bureau of Air Monitoring  
& Mobile Sources

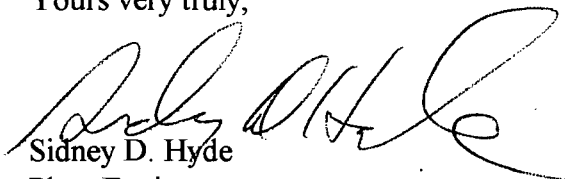
April 1, 1999

Department of Environmental Protection  
Bureau of Air Monitoring and Mobile Sources  
MS 5510  
2600 Blair Stone Road  
Tallahassee, FL 32399

Dear Sir:

In Accordance with our Title V General Air Permit #1030313 and those regulations pertaining to Halogenated Solvent Cleaning Machines, the attached six months compliance report is submitted.

Yours very truly,



Sidney D. Hyde  
Plant Engineer

SDH/bs

Enclosures

RECEIVED  
APR - 7 1999

Bureau of Air Monitoring  
& Mobile Sources

# HALOGENATED SOLVENT CLEANER NESHAP:

## Compliance Report for Batch Cold Cleaners

### PART ONE - General Information

Person Preparing Form: HYDE SIDNEY D. Date: 04/01/99  
Last Name, First Name, Middle Initial

Company Name HIT PROMOTIONAL PRODUCTS, INC.

Mailing Address P.O. BOX 10200 ST. PETERSBURG FLORIDA 33733-0200  
Number, Street, City/Town, State, Zip Code

Equipment Location Address 7150 BRYAN DAIRY ROAD LARGO, FLORIDA 33777  
Number, Street, City/Town, State, Zip Code

### Cleaning Machine Summary

Identification Number

S/N SP119-A

Description

DUPONT CYREL  
PROCESSOR MODEL 1215

# HALOGENATED SOLVENT CLEANER NESHAP:

## Compliance Report for Batch Cold Cleaners

RECEIVED  
APR - 7 1999  
Bureau of Air Monitoring  
& Mobile Sources

### PART TWO - Information Required per Machine

(Make copies for additional machines as necessary)

Cleaner Identification Number:      S/N      SP 119-A

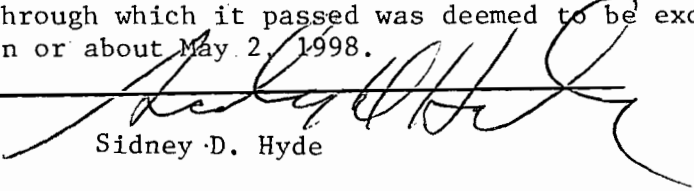
Cleaning Machine Type (circle one):

Immersion

Remote-Reservoir

This batch cold cleaner complies with the rule. On April 30, 1998, Hit Promotional Products, Inc. was found in violation of Pinellas County Code Section 58-205.29. Specifically, the clearance between the waste solvent drain tube and the drum bung hole through which it passed was deemed to be excessive. That defect was remedied on or about May 2, 1998.

Signature

  
Sidney D. Hyde

04/01/99

Date

Method of Compliance (circle one):

Cover and Water  
Layer

Cover and a 0.75  
Freeboard Ratio or  
Greater with Work  
Practices

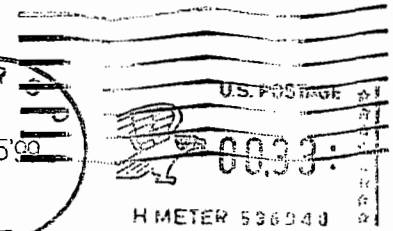
Cover with Work  
Practices



asi-61125

**PROMOTIONAL  
PRODUCTS  
INC.**

P.O. Box 10200  
St. Petersburg, FL 33733-0200



DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF AIR MONITORING AND MOBILE SOURCES

MS 5510

2600 BLAIR STONE ROAD

TALLAHASSEE, FL 32399

32399-6316 01





RECEIVED  
JUL 16 1999  
Bureau of Air Monitoring  
& Mobile Sources

July 13, 1999

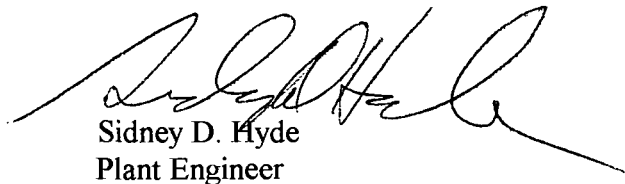
General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Re: Title V General Air Permit  
AIRS ID #1030313

Subject permit was issued to this facility for the operation of a Vapor Degreaser, S/N 91691, and a Cold Batch Cleaner, S/N SP119-A. The Vapor Degreaser was taken out of operation February 28, 1997; and as of this date, the Cold Batch Cleaner has also been removed from service.

Therefore, our Title V General Air Permit, AIRS #1030313, is hereby surrendered. Since a permit certificate was never received by this facility, none is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sidney D. Hyde', is written over a horizontal line. Below the signature, the name and title are printed in a clean, sans-serif font.

Sidney D. Hyde  
Plant Engineer

SDH/bhs

CC Eric Peterson, P. E., DEP  
Gary Robbins, PCDEM  
George C. Sinn, Jr., P.E. CFTL

**HIT PROMOTIONAL PRODUCTS, INC.**

7150 Bryan Dairy Road, Largo, FL 34647  
Telephone: (813) 541-5561 • Fax: (813) 541-5130



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

**RECEIVED**  
 SEP 15 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION:      ANNUAL                            COMPLAINT/DISCOVERY  
    RE-INSPECTION                     

AIRS ID#: 1030313      TIME IN: 8:37am      TIME OUT: 11:11am  
 FACILITY NAME: Hit Promotional Products  
 FACILITY LOCATION: 7150 Bryan Dairy Rd.  
    Largo, FL 33777

**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                            methyl chloride                        
     <sup>-butyl</sup> trichloroethylene                            1,1,1-trichloroethane                        
     carbon tetrachloride                            chloroform                        
 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 m<sup>2</sup>            New In-line                            Batch Cold        
     Batch Vapor, x>1.21 m<sup>2</sup>            Existing In-line                     

**PART II: CLASSIFICATION**

1. Indicate the machine type(s) observed at the facility:  
     Batch Vapor, x<1.21 m<sup>2</sup>            New In-line                            Batch Cold (immersion)                        
     Batch Vapor, x>1.21 m<sup>2</sup>            Existing In-line                            Batch Cold (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 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 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 checked="" 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**

The Halogenated Vapor Degreaser was disconnected on February 27, 1998. Inspection verified the Degreaser to be non-operational.

Additional Site Information, cont.

[Empty box for additional site information]

Sydney Hyde  
Name of Responsible Official

Jeff Morris  
Inspector's Name

*Jeff Morris*  
Inspector's Signature

8/11/98  
Date of Inspection

—  
Approximate Date of Next Inspection

# HALOGENATED SOLVENT DEGREASERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 1030313 TIME IN: 8:37am TIME OUT: 11:11am  
 FACILITY NAME: Hit Promotional Products  
 FACILITY LOCATION: 7150 Bryan Dairy Rd  
Largo, FL 33777

RECEIVED  
 DEC - 11 1999  
 Bureau of Air Monitoring  
 Mobile Sources Section

### 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"/>
<sup>-butyl</sup> 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:
 

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?   | <input type="checkbox"/> Y <input type="checkbox"/> 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>B. Batch Cold Cleaning Machines</b>  |  |
| 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 checked="" 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

freeboard refrig. device / superheated vapor

In use

freeboard refrig. device / carbon adsorber

superheated vapor / carbon adsorber

**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**

The Halogenated Vapor Degreaser was disconnected on February 27, 1998. Inspection verified the Degreaser to be non-operational.



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**

RECEIVED  
MAIL ROOM  
JAN 24 97

Do **NOT** Remove Label

AIRS ID# 1030313

HIT PROMOTIONAL PRODUCTS  
 ARTHUR W SCHMIDT III  
 7150 BRYAN DAIRY ROAD  
 LARGO FL 33777

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

0080685<sup>3</sup>

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
000000 1030313	VENDOR 1/14/97	FL DEPT OF ENV PROTECTION 62213.300	50.00	CHECK DATE	1/22/97 50.00
CHECK NO.	80685	TOTALS	50.00		50.00

HIT PROMOTIONAL PRODUCTS, INC. • 7150 BRYAN DAIRY RD. • LARGO, FL 33777



**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

301426 ✓

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#1030313
HIT PROMOTIONAL PRODUCTS ARTHUR W SCHMIDT III 7150 BRYAN DAIRY ROAD LARGO FL 33777

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

0085749 9

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
000000 V AIR PERM	VENDOR 1/01/98	DEPT. OF ENVIRONMENTAL AIRS ID #1030313	50.00	CHECK DATE	1/28/98 50.00
CHECK NO.	85749	TOTALS	50.00		50.00

HIT PROMOTIONAL PRODUCTS, INC. • 7150 BRYAN DAIRY RD. • LARGO, FL 33777

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353858

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 # 1030313	DEC 10 98
HIT PROMOTIONAL PRODUCTS	MAIL ROOM
ARTHUR W SCHMIDT III	RECEIVED
7150 BRYAN DAIRY ROAD	
LARGO FL 33777	

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

RECEIVED  
 DEC 14 1998  
 Bureau of Air Mail Marketing  
 & Mobile Services

0088870

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
VND# 999999	12/1/98	AIRS ID # 1030313	50.00	0.00	50.00
CHECK NO.	88870	TOTALS	50.00	0.00	50.00

HIT PROMOTIONAL PRODUCTS, INC. • 7150 BRYAN DAIRY RD. • LARGO, FL 33777

AIRS ID#:

*add*

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 3 1998

RECEIVED

AIRS ID#1030313  
HIT PROMOTIONAL PRODUCTS  
ARTHUR W SCHMIDT III  
7150 BRYAN DAIRY ROAD  
LARGO FL 33777

Do NOT Remove Label

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

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

RECEIVED  
MAIL ROOM  
JAN 30 98

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: Arthur W. Schmidt III  
Name (Please Print)

*Arthur W. Schmidt III*  
Signature

01/22/98  
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.

RECEIVED

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

*acc* ✓

FEB 2 1998

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#1030313
HIT PROMOTIONAL PRODUCTS ARTHUR W SCHMIDT III 7150 BRYAN DAIRY ROAD LARGO FL 33777

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO December 31 1997

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. 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: Arthur W. Schmidt III  
Name (Please Print)

*Arthur W. Schmidt III* 01/22/98  
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.