

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

June 9, 2006

Mr. Steve T. Ladoniczki  
Astra Products Company, Incorporated  
3675 Tampa Road  
Oldsmar, Florida 34677

Re: Facility No.: 1030329-003

Dear Mr. Ladoniczki:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on May 8, 2006.

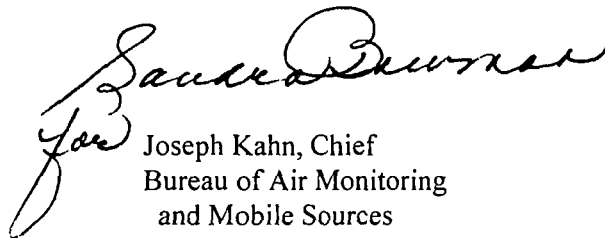
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

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P. 18  
**RECEIVED**  
MAY 08 2006  
Bureau of Air Monitoring  
& Mobile Sources

HALOGENATED SOLVENT DEGREASERS  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ASTRA PRODUCTS CO. INC.		
2. Site Name (For example, plant name or number):	N.A.		
3. Hazardous Waste Generator Identification Number:	FLD069680148		
4. Facility Location: Street Address:	3675 TAMPA ROAD		
City:	County:	Zip Code:	
OLDSMAR, FL.	PINELLAS	34677	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030329 - 003		

Responsible Official

6. Name and Title of Responsible Official: Name:	STEVE T. LADONICZKI		Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm:	ASTRA PRODUCTS CO. INC.			
Street Address:	3675 TAMPA ROAD			
City:	County:	Zip Code:		
OLDSMAR, FL.	PINELLAS	34677		
8. Responsible Official Telephone Number: Telephone:	(813) 855-3021		Fax:	(813) 855-0782

Facility Contact (If different from Responsible Official)

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

**Facility Information**

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

Affected Machines	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
x ≤ 1.21 m <sup>2</sup>	9/28/85	NEW/EXISTING	N/A
x > 1.21 m <sup>2</sup>	_____	NEW/EXISTING	_____
Batch Cold	_____	NEW/EXISTING	_____
In-line	_____	NEW/EXISTING	_____

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

[ 27 ] 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 (choose one):

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

OR

[      ] meeting the requirements for batch cold cleaning machines

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

- 1.0 freeboard ratio
- dwell time
- working mode cover
- freeboard refrigeration device
- carbon adsorber
- reduced room draft
- super-heated vapor

5. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

ALL FACILITIES

- (a) Estimates of monthly halogenated solvent consumption
- (b) Inspection records
- (h) Remedial action log
- (e) Instrument calibration
- (g) Solvent content records (MSDS)

FOR FACILITIES USING CONTROL COMBINATIONS

- (c) Temperature monitoring
- (f) Dwell time records
- (i) Control device monitoring

FOR FACILITIES MEETING EMISSION STANDARDS

- (j) Log of solvent additions and removals
- (d) Idling emission concentration monitoring
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations\*
- (m) Cleaning capacity calculations\*

\* Only for facilities meeting the alternative emission limitation standards\*

6. Surrender of Existing DEP Air Permit(s).

Please indicate with an "X" the appropriate selection:

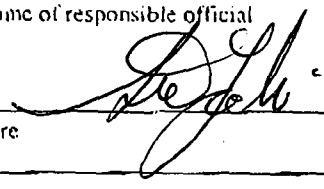
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:  
\_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

STEVE T. LADONICZKI  
Print name of responsible official

  
Signature

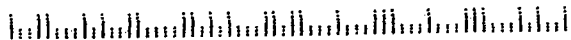
5-3-06  
Date

ASTRA PRODUCTS CO INC A  
3675 Tampa Road, P.O. Box 711  
OLDSMAR, FL 34677

TAMPA FL  
★ ★ ★  
18 JAN 002PM  
37815  
8473 OLDSMAR, FL  
UNITED STATES  
00.390  
PB 85666  
JAN 17 07  
34677  
POSTAGE  
REQUIRED

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

32315+3070-70 8099



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

467448 JAN22 2007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID 1030329  
ASTRA PRODUCTS CO INC  
3675 Tampa Road  
OLDSMAR, FLORIDA 34677

Bureau of All Monitoring  
& Intelligence Sources

JAN 25 2007

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

VEL

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