

Jeb Bush
Governor

Department of Environmental Protection

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

July 30, 2001

David B. Struhs
Secretary

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

Re: Facility No.: 1030329-002

Dear Mr. Ladoniczki:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on June 15, 2001.

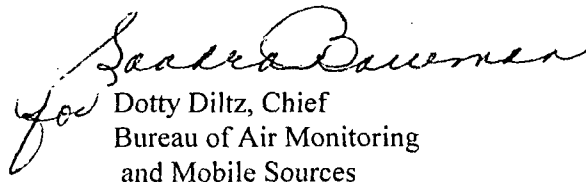
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC 2
Compliance IN

1030329-002

p19

5(b)

(h)

(m)

Required. Should be marked

p20

Responsible official sign and date
for changes made.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

CC To

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due _____

Reply Required
Date Due: _____

Info Only

Comments:

From: _____

Tel: _____

RECEIVED

JUN 15 2001

Bureau of Air Monitoring & Mobile Sources
HAZARDOUS 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):	- - - -		
3. Hazardous Waste Generator Identification Number:	FLD069680148		
4. Facility Location:	3675 TAMPA ROAD		
Street Address:	3675 TAMPA ROAD		
City:	OLDSMAR, FL.	County:	PINELLAS
		Zip Code:	34677
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030329-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: STEVE LADONICZKI Title: PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm: ASTRA PRODUCTS CO. INC.		
Street Address:	3675 TAMPA ROAD		
City:	OLDSMAR, FL.	County:	PINELLAS
		Zip Code:	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 ²	9/28/85	NEW/EXISTING	NONE N/A
x > 1.21 m ²	_____	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?

[65] 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.).

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

5. Equipment Monitoring and Recordkeeping Information

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

ALL FACILITIES

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

FOR FACILITIES USING CONTROL COMBINATIONS

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

FOR FACILITIES MEETING EMISSION STANDARDS

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

* Only for facilities meeting the alternative emission limitation standards*

6. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

STEVE LAONICZKI
Print name of responsible official

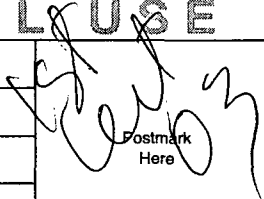

Signature

6-13-01
Date

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

ID# 1030329
 STEVE LADONICZKI
 ASTRA PRODUCTS CO INC
 3675 TAMPA ROAD
 OLDSMAR, FL 34677

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 0919

SENDER: COMPLETE THIS SECTION

- 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:

ID# 1030329
 STEVE LADONICZKI
 ASTRA PRODUCTS CO INC
 3675 TAMPA ROAD
 OLDSMAR, FL 34677

2 Article Number

(Transfer from service label)

7003 2260 0003 5650 0919

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

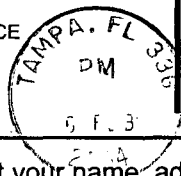
[Handwritten Name] *2-6-04*

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

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box.

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436202 FEB11 2004

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

1030329
STEVE LADONICZKI
ASTRA PRODUCTS CO INC
3675 TAMPA ROAD
OLDSMAR FL 34677

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
FEB 18 2004
Bureau of Air Mobility
& Mobile Support

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456952 DEC19 2005

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

1030329 11
ASTRA PRODUCTS CO INC
3675 Tampa Road
OLDSMAR, FL 34677

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

RECEIVED
DEC 21 2005
Bureau of Air Mobility
& Mobile Support

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

444969 JAN24 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1030329 11 ASTRA PRODUCTS CO INC 3675 Tampa Road OLDSMAR, FL 34677

Printed on recycled paper.

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

Bureau of Air Monitoring
& Mobile Sources

JAN 26 2005

RECEIVED

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

420752 DEC16 2002

Do NOT Remove Label

AIRS ID#1030329 ASTRA PRODUCTS CO INC STEVE LADONICZKI 3675 TAMPA ROAD OLDSMAR FL 34677
--

Bureau of Air Monitoring
& Mobile Sources

DEC 18 2002

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--

✓ ARM



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413300 JAN18 2002 ✓

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 # 1030329
ASTRA PRODUCTS CO INC
STEVE LADONICZKI
3675 TAMPA ROAD
OLDSMAR FL
34677

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273