1030329

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 24, 1996

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

Dear Mr. Ladoniczki:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on September 3, 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

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Gary Robbins, Pinellas County

Halogenated Solvent Degreasers Facility Notification

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:
   Street Address: 3675 Tampa Rd.
   City: Oldsmar, FL County: Pinellas Zip Code: 34677
5. Facility Identification Number (DEP Use): 1030329

Responsible Official

6. Name and Title of Responsible Official:
   Steve Ladoniczki, President
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address:
   City: County: Zip Code:
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: ( ) -

RECEIVED
SEP 3 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						
$x < 1.21\ m^2$	2516	28-SEPT-89	28-SEPT-89	____	_____	_____
$x > 1.21\ m^2$	____	_____	_____	____	_____	_____
Batch Cold	____	_____	_____	____	_____	_____
In-line						
New	____	_____	_____	____	_____	_____
Existing	____	_____	_____	____	_____	_____

2. (a) What was the total amount of halogenated solvents purchased in the latest 12 months?
[165] 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

[X] 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

[X] 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.)

[X] 1.0 freeboard ratio

[ ] super-heated vapor

[X] freeboard refrigeration device

[ ] carbon adsorber

[ ] dwell time

[ ] working mode cover

[X] 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	[X]
(b) Inspection records	[X]
(c) Temperature monitoring	[X]
(d) Idling emission concentration monitoring	[ ]
(e) Instrument calibration	[X]
(f) Dwell time records	[ ]
(g) Solvent content records	[X]
(h) Remedial action log	[X]
(i) Control device monitoring	[X]
(j) Log of solvent additions and removals	[X]
(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) _____.

[X] 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 8/29/96

Halogenated Solvent Degreasers Facility Notification

(keep a copy of the completed form on-site)

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:
   Street Address: 3675 TAMPA ROAD
   City: OLDSMAR, FL. County: PINELLAS Zip Code: 34677
5. Facility Identification Number (DEP Use ONLY - do not fill in):

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: ( ) -

RECEIVED
MAR 13 1998
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.

Affected Machines	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Cntrl Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
$x \leq 1.21\ m^2$	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?
[44] 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 Page 10).

[ ] 1.0 freeboard ratio
[ ] carbon adsorber
[ ] dwell time
[ ] reduced room draft
[ ] working mode cover
[ ] super-heated vapor
[ ] 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 [✓]
(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 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) _____.

[X] 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.

STEVE LADONICZKI
Print name of responsible official

Signature

2-23-98
Date

ASTRA PRODUCTS CO., INC.
OF TAMPA

3675 Tampa Road Post Office Box 711 Oldsmar, Florida 34677

(813) 855-3021 (813) 855-5126

March 10, 1998

Bur. of Air Monitoring & Mobile Sources
Dept. of Environmental Protection
Mail Station 5510
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Dear Sirs:

Included is our new "Facility Notification" form.

We have determined that with the low use of our vapor degreaser, that we will comply with the "Alternative Emission Limits" requirements set forth in the air general permit.

If you have any questions, please give me a call.

Sincerely,

Steve Ladoniczki
President

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HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1030329 **DATE:** 2/23/98 **TIME IN:** 11:00 **TIME OUT:** 15:00

FACILITY NAME: Astra Products

FACILITY LOCATION: 3675 Tampa Rd.
Oldsmar FL 34677

RESPONSIBLE OFFICIAL : Steve Ladoniczki **PHONE:** 813-855-0782

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	☐	methylene chloride	☐
trichloroethylene	☐	1,1,1-trichloroethane	☑
carbon tetrachloride	☐	chloroform	☐

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

Batch Vapor, $x \leq 1.21\ m^2$	☑	New In-line	☐	Batch Cold	☐
Batch Vapor, $x > 1.21\ m^2$	☐	Existing In-line	☐		

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, $x \leq 1.21\ m^2$	☑	New In-line	☐	Batch Cold (immersion)	☐
Batch Vapor, $x > 1.21\ m^2$	☐	Existing In-line	☐	Batch Cold (remote reservoir)	☐

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines A, B- N/A if using Alternative Solvent emissions limit

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 notifcation?	☐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?	☐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	☐N/A
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	☐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 ≤ 1.21 m² N/A

control comb. selected		In use		
☐	working mode cover / 1.0 freeboard ratio / superheated vapor	☐	☐	☐
☐	reduced room draft / 1.0 freeboard ratio / superheated vapor	☐	☐	☐
☐	reduced room draft / 1.0 freeboard ratio / dwell	☐	☐	☐
☐	freeboard refrig. device / superheated vapor	☐	☐	
☐	freeboard refrig. device / working mode cover	☐	☐	
☐	freeboard refrig. device / reduced room draft	☐	☐	
☐	freeboard refrig. device / 1.0 freeboard ratio	☐	☐	
☐	freeboard refrig. device / dwell	☐	☐	
☐	freeboard refrig. device / carbon adsorber	☐	☐	
☐	carbon adsorber / 1.0 freeboard ratio / superheated vapor	☐	☐	☐

B. Batch Vapor Machines, x > 1.21 m² NA

control comb. selected		In use		
☐	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	☐	☐	☐
☐	freeboard refrig. device / superheated vapor / working mode cover	☐	☐	☐
☐	freeboard refrig. device / superheated vapor / reduced room draft	☐	☐	☐
☐	freeboard refrig. device / superheated vapor / carbon adsorber	☐	☐	☐
☐	freeboard refrig. device / reduced room draft / dwell	☐	☐	☐
☐	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	☐	☐	☐
☐	1.0 freeboard ratio / reduced room draft / superheated vapor	☐	☐	☐

C. Existing In-Line Machines NA

control comb. selected		In use		
☐	freeboard refrig. device / 1.0 freeboard ratio	☐	☐	☐
☐	superheated vapor / 1.0 freeboard ratio	☐	☐	☐
☐	freeboard refrig. device / dwell	☐	☐	
☐	carbon adsorber / dwell	☐	☐	

D. New In-Line Machines NA

control comb. selected		In use	
☐	freeboard refrig. device / superheated vapor	☐	☐
☐	freeboard refrig. device / carbon adsorber	☐	☐
☐	superheated vapor / carbon adsorber	☐	☐

PART V: RECORDKEEPING REQUIREMENTS

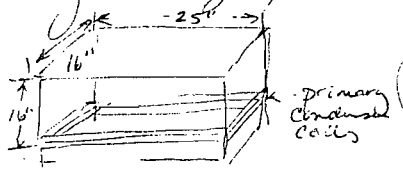
Has the responsible official maintained the following:

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

Spec. gravity = 1.32 (× 8.34) = 11 #'s/gal (TCA) Area = $(\frac{16}{12})(\frac{25}{12}) = 2.77 ft^2$

Using ≈ 55 gal / 15 mos = 3.66 gal/mo × 11 lb/gal = 40.3 lb/mo



Complying w/ average monthly emissions limit
150 kg/m³ (30.7 lbs/ft²)

40.3 lb/mo / 2.77 ft² = 14.5 lbs/ft²/month (< 30.7)

Branson ®
w/ lid + lip exhaust
w/ carbon filtration
Freeboard Ratio = 16" / 16" = 1

Facility will send in revised Notification (TV6P) to change from "control device combination" to "alternative solvent emiss. limit."

Margaret V. Harris
Inspector's Name

2/23/98
Date of Inspection

Margaret V. Harris
Inspector's Signature

4/98
Approximate Date of Next Inspection

Facility has 2 Binks Spray booths

One booth is adjacent to degreaser and is used to coat circuit boards w/ a clear-conformal-coating (Humiseal) Records indicate purchases of 25 Pounds / 3 mos -

The other booth is larger and is used to coat metal housings for defense products + power supplies. Mr. Ladonicznki indicates that they paint 2-3 hours / week. Observed paint, Catalysts. + thinners. Assuming an average density of 10 #/gal coating, purchase orders indicated ~340 lbs / coatings used / 3 mos.

25 + 340 = 365 total weight (Solids + VOC) / 3 mos

365 / 92 days = 4 lbs / day (Solids + VOC)

365 / 13 (days) = 28 lbs/day. X 0.5 =
296.500(3) Exemptions for VOC RACT - exempt Sources emitting 4#'s / hour or 15#'s / day VOC. Astra Products appears to meet this exemption based on purchased amounts. They have not been maintaining daily usage records of VOC. ASTRA products leases out space to a metal Stamping Shops. No VOC used but welding is performed. Astra products also has ~10 lead Soldering Stations (circuit boards). There they also are using ~10 gal / year of ALPHA per chloro Ethylene to wipe off flux. Purchased 10 gal of ALPHA 564M Cleaning Solvent.

Astra has a full-new-drum of 111 TCA which is being phased out of manufacture. Currently have 2 other 55 gallon drums of used Solvent - for re-use when needed.

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☑ RE-INSPECTION ☐

AIRS ID#: 1030329 001 **DATE:** 2/23/98 **TIME IN:** 11:00 **TIME OUT:** 15:00

FACILITY NAME: Astra Products Co.,Inc.

FACILITY LOCATION: 3675 Tampa Rd.

Oldsmar, FL

RESPONSIBLE OFFICIAL: Mr. Steve Ladoniczki Phone No.: 813-855-3021

Permit No. 1030329-001-AG Exp. Date: 09/25/2001

☐ Based of 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
☑	Monthly emissions calculations were not performed.	On the first business day of the month, ensure that the cleaning machine contains only "clean" solvent and indicate a fill-line on the solvent tank during the initial measurement. Return the solvent level within the the machine to the fill-line each month, immediately prior to calculating the monthly emissions.
☑	Did not record dates of solvent additions, and amounts added to each machine.	Develop and maintain a log of solvent additions and removals for each machine and ensure that emissions from each machine are equal to, or less than, the applicable emissions limit calculated on a three month rolling average.
☑	Monthly emissions calculations were not maintained as three month rolling averages.	Develop and maintain a monthly log that calculates the three month rolling average monthly emissions. The emissions limit for a batch vapor cleaning machine shall not exceed 150 kg/m^2 (30.7 lbs/ft^2).
☑	Did not maintain records of information on remedial actions in the event of exceedences or other repairs and subsequent monitoring of affected parameters.	Develop a maintenance log to record information on remedial actions in the event of exceedences or other repairs and subsequent monitoring of affected parameters.

Comments: This facility is operating two Binks spray paint boothes. Usage/purchase records of all coatings, thinners, catalyts used for parts must be maintained to demonstrate ability to meet 62-296.500 F.A.C., (RACT) exemption criteria (<3 lbs./hr and ,15 lbs/day, VOC). Current purchase records indicate that Astra Products is currently exempt from RACT.

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: 4/98 (Approximate)

I:\USERS\AIRQUAL\WPDOCS\AQTOX\CAA\DEGREASE\032998AV.MVH

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: OLDSMAR, FL. County: PINELLAS Zip Code: 34677
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1230329

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 RD.
   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))	MANUFACTURED BY: BRANSON PURCHASED: 9/28/85		BSV2516 CONTROL DEVICE NONE
(x ≤ 1.21 m^2)	.258 m^2	NEW/(EXISTING)	
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?
[50] 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 [✓]

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 LADONICZKI
Print name of responsible official

Signature

4/20/99
Date

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: OLDSMAR, FL. County: PINELLAS Zip Code: 34677
5. Facility Identification Number (DEP Use ONLY - do not fill in): 70

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 RD.
   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))	MANUFACTURED BY: BRANSON PURCHASED: 9/28/05		BSV2516 CONTROL DEVICE NONE
(x ≤ 1.21 m^2)	.258 m^2	NEW/(EXISTING)	
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?
[50] 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
[ ] carbon adsorber
[ ] dwell time
[ ] reduced room draft
[ ] working mode cover
[ ] super-heated vapor
[ ] 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 [✓]
(b) Inspection records [ ]
(h) Remedial action log [ ]
(e) Instrument calibration [ ]
(g) Solvent content records [✓]

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 LADONICZKI

Print name of responsible official

Signature

4/20/99

Date

ASTRA PRODUCTS CO., INC.
OF TAMPA

3675 Tampa Road Post Office Box 711 Oldsmar, Florida 34677
(813) 855-3021 (813) 855-5126

IT HAS BEEN BROUGHT TO OUR ATTENTION, THAT THIS FORM MAY NOT BE IN YOUR FILES.

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE ME A CALL!

STEVE LADONICZKI

3-31-99

Halogenated Solvent Degreasers Facility Notification

(keep a copy of the completed form on-site)

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:
   Street Address: 3675 TAMPA ROAD
   City: OLDSMAR, FL. County: PINELLAS Zip Code: 34677
5. ~~Facility Identification Number (DEP use ONLY - do not fill in):~~

Responsible Official

6. Name and Title of Responsible Official:
   Name: STEVE LADONICZKI Title: PRESIDENT
7. Responsible Official Mailing Address:
   Organization/Firm: ASTRA PRODUCTS CO.
   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 Cntrl Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area) VAPOR DEGREASER: BRANSON BSV2516			
$x \leq 1.21\ m^2$	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?
[44] 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 Page 10).

[ ] 1.0 freeboard ratio
[ ] carbon adsorber
[ ] dwell time
[ ] reduced room draft
[ ] working mode cover
[ ] super-heated vapor
[ ] 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 [✓]
(b) Inspection records [ ]
(h) Remedial action log [ ]
(e) Instrument calibration [ ]
(g) Solvent content records (i.e. from MSDS) [X]

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 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) _____.

[X] 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.

STEVE LADONICZKI
Print name of responsible official

Signature

2-23-98
Date

Department of
Environmental Protection

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

Jeb Bush
Governor

David B. Struhs
Secretary

April 8, 1999

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

Dear Mr. Ladonczki:

Thank you for your submittal of the Perchloroethylene Dry Cleaning Facility Notification form received by the Department on April 5.

The form you used to notify the Department of your intent to use the general permit is a draft and not an approved form. Therefore, I am sending you the notification form that is in effect [DEP Form 62-213.900(2), Effective 2-24-99]. Please complete and submit this form to the Department in the enclosed envelope.

I appreciate your attention to this matter and apologize for any inconvenience. If you have any questions, please call either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

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

SB\

Enclosures

cc: Matt McCann, Pinellas County

HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☑
RE-INSPECTION ☐

AIRS ID#: 1030329 **TIME IN:** 10:30 **TIME OUT:** 11:00

FACILITY NAME: Astra Products

FACILITY LOCATION: 3675 Tampa Rd.
Oldsmar FL 34677

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	☐
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^2	☒	New In-line	☐	Batch Cold	☐
Batch Vapor, x>1.21 m^2	☐	Existing In-line	☐		

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, x<1.21 m^2	☑	New In-line	☐	Batch Cold (immersion)	☐
Batch Vapor, x>1.21 m^2	☐	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 notifcation? ☐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, $x \leq 1.21 m^2$

control comb. selected		In use
☐	working mode cover / 1.0 freeboard ratio / superheated vapor	☐ ☐ ☐
☐	reduced room draft / 1.0 freeboard ratio / superheated vapor	☐ ☐ ☐
☐	reduced room draft / 1.0 freeboard ratio / dwell	☐ ☐ ☐
☐	freeboard refrig. device / superheated vapor	☐ ☐
☐	freeboard refrig. device / working mode cover	☐ ☐
☐	freeboard refrig. device / reduced room draft	☐ ☐
☐	freeboard refrig. device / 1.0 freeboard ratio	☐ ☐
☐	freeboard refrig. device / dwell	☐ ☐
☐	freeboard refrig. device / carbon adsorber	☐ ☐
☐	carbon adsorber / 1.0 freeboard ratio / superheated vapor	☐ ☐ ☐

B. Batch Vapor Machines, $x > 1.21 m^2$

control comb. selected		In use
☐	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	☐ ☐ ☐
☐	freeboard refrig. device / superheated vapor / working mode cover	☐ ☐ ☐
☐	freeboard refrig. device / superheated vapor / reduced room draft	☐ ☐ ☐
☐	freeboard refrig. device / superheated vapor / carbon adsorber	☐ ☐ ☐
☐	freeboard refrig. device / reduced room draft / dwell	☐ ☐ ☐
☐	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	☐ ☐ ☐
☐	1.0 freeboard ratio / reduced room draft / superheated vapor	☐ ☐ ☐

C. Existing In-Line Machines

control comb. selected		In use
☐	freeboard refrig. device / 1.0 freeboard ratio	☐ ☐ ☐
☐	superheated vapor / 1.0 freeboard ratio	☐ ☐ ☐
☐	freeboard refrig. device / dwell	☐ ☐
☐	carbon adsorber / dwell	☐ ☐

D. New In-Line Machines

control comb. selected		In use
☐	freeboard refrig. device / superheated vapor	☐ ☐
☐	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? w/ trouble shooting guide.	☑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)* 100 %	☑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

~~Used 56.16 gal since last April. March (1998).~~

Used 56.16 gal. 1,1,1 Trichloroethane since last March (1998) Meeting Emission limit - under Alternative Std - by staying below 30.71 #/ft²/month, 3-month rolling average.

Additional Site Information, cont.

51.84 gal/ft² × 11 #/gal ÷ 570 ft² = 205.1/12 = 17 #/ft² Ave-12 mos
- 4.7 gal
51.84 / 2.78 = 18.6 #/ft² (< 30 #/ft²)

Keeping records of paint usage in log. pints + quarts

10 gal SW E90HC4 Prime
4 qts SW R7KC341 Reducer
2 gal SW V93TC1 Catalyst
(#387) 11 gal SW F93GC128 Green finish coat
(#383) 4 gal SW R7KC340 Polane reducer
(#383) 3 gal V66 V476 Cat for 383
9 gal 595-26307 Gray Polane T enamel

Steve Ladomierski
Name of Responsible Official

Margaret Hennis
Inspector's Name

Margaret V. Hennis
Inspector's Signature

4/1/99
Date of Inspection

3/2000
Approximate Date of Next Inspection

7 gal - SW yellow enamel = (add varnish (transformers))
1 gal - SW Polane
4 gal - Polane T Black
6 gal - Polane T Reducer R7K69
2 gal - Polan Reducer R R7K84
2 gal Polane T Cat. V66V27
2 1/2 gal Polane B Cat
1/2 gal: Bruno gray Polyurethan EV86 13981

Total gals = 67 (< 750 gal)
RACT exempt.
(67 + 55 = 122 gals)

Purchase 55 gal in 11/4/98 Varnish
Used ~1/2 of varnish. No current orders to fill (transformers)

AIRS ID#: 1030329

Revised 05/18/98

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Astra Products DATE: 4/1/99

FACILITY LOCATION: 3675 Tampa Rd.
Oldsmar FL 34677

Annual Reporting Period: 2/23 1998 TO 4/1 1999

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

If **NO**, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

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

RESPONSIBLE OFFICIAL: STEVE LADONICZKI (Name (Please Print)) _____ (Signature) 4/1/99 (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 ☐

TIME IN: 10:30	TIME OUT: 11:00	AIRS ID#	**1030389 001**
TYPE OF FACILITY:	**Halogenated Solvent Degreaser**		
FACILITY NAME:	**Astra Products**	DATE: 4/1/99	
FACILITY LOCATION :	**3675 Tampa Road, Oldsmar, FL 34677**		
RESPONSIBLE OFFICIAL:	**Mr. Steve Ladoniczki**	PHONE NUMBER:	**(727)**

☑ Based of 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:

Comments:

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

DATE OF NEXT INSPECTION: 3/2000 (Approximate)

INSPECTION CONDUCTED BY: Margaret V. Hennis (Please Print)

INSPECTOR'S SIGNATURE: Margaret V. Hennis PHONE NUMBER: 727-464-4422

Revised 10/96

0329SUM.DOC

AIRS ID#: 1030389-001 / 10303 29

Acc

Revised 10/10/96

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Astra Products DATE: 5/3/00

FACILITY LOCATION: 3675 Tampa Rd
Oldsmar FL 34677

Annual Reporting Period: April 1 19 99 TO May 3, 2000 ~~19~~

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
JUN - 7 2000
Bureau of Air Monitoring & Mobile Sources

#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: STEVE LADONICZKI (Name (Please Print)) _____ (Signature) 5/3/00 (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.

HALOGENATED SOLVENT DEGREASERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

10303 29

AIRS ID#: 1030389 TIME IN: 10:15 TIME OUT: 12:00

FACILITY NAME: Astra Products

FACILITY LOCATION: 3675 Tampa Rd
Oldsmar FL 34677

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	☐
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^2	☒	New In-line	☐	Batch Cold	☐
Batch Vapor, x>1.21 m^2	☐	Existing In-line	☐		

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, x<1.21 m^2	☒	New In-line	☐	Batch Cold (immersion)	☐
Batch Vapor, x>1.21 m^2	☐	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 notifcation? ☐Y ☐N

2. Maintain a freeboard ratio of 0.75 or greater? distance condenser coils to	☐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, $x \leq 1.21 m^2$

control comb. selected		In use		
☐	working mode cover / 1.0 freeboard ratio / superheated vapor	☐	☐	☐
☐	reduced room draft / 1.0 freeboard ratio / superheated vapor	☐	☐	☐
☐	reduced room draft / 1.0 freeboard ratio / dwell	☐	☐	☐
☐	freeboard refrig. device / superheated vapor	☐	☐	
☐	freeboard refrig. device / working mode cover	☐	☐	
☐	freeboard refrig. device / reduced room draft	☐	☐	
☐	freeboard refrig. device / 1.0 freeboard ratio	☐	☐	
☐	freeboard refrig. device / dwell	☐	☐	
☐	freeboard refrig. device / carbon adsorber	☐	☐	
☐	carbon adsorber / 1.0 freeboard ratio / superheated vapor	☐	☐	☐

B. Batch Vapor Machines, $x > 1.21 m^2$

control comb. selected		In use		
☐	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	☐	☐	☐
☐	freeboard refrig. device / superheated vapor / working mode cover	☐	☐	☐
☐	freeboard refrig. device / superheated vapor / reduced room draft	☐	☐	☐
☐	freeboard refrig. device / superheated vapor / carbon adsorber	☐	☐	☐
☐	freeboard refrig. device / reduced room draft / dwell	☐	☐	☐
☐	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	☐	☐	☐
☐	1.0 freeboard ratio / reduced room draft / superheated vapor	☐	☐	☐

C. Existing In-Line Machines

control comb. selected		In use		
☐	freeboard refrig. device / 1.0 freeboard ratio	☐	☐	☐
☐	superheated vapor / 1.0 freeboard ratio	☐	☐	☐
☐	freeboard refrig. device / dwell	☐	☐	
☐	carbon adsorber / dwell	☐	☐	

D. New In-Line Machines

control comb. selected		In use	
☐	freeboard refrig. device / superheated vapor	☐	☐
☐	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

Additional Site Information, cont.

Highest three month was 2,137 lb/ft² (rolling average)

Trichloroethylene - 55 gal in 11/2/99 - purchase Jamison Labs.

< 25 gal. paint in last 12 months according to paint log.

Degreaser was covered and not in use (off) during inspection.

Astra still has varnish dipping process - has not purchased varnish during last 12 months. Process / production rate + activities appears same as before - Acetone is used for paint clean-up. Solvent in assembly area is dispensed in automatic closing pump containers.

Steve Ladonicznki
Name of Responsible Official

Margaret Hennis
Inspector's Name

5/3/00
Date of Inspection

Margaret V. Hennis
Inspector's Signature

5/01
Approximate Date of Next Inspection

MONTHLY (3-MONTH ROLLING)
AVERAGE

ALTERNATIVE EMISSION LIMIT CALCULATIONS

MONTH: APRIL 00

SOLVENT: 1-1-1, TRICHLOROETHANE

VAPOR DEGREASER MODEL: BSV2516 (Branson

SPECIFIC GRAVITY OF SOLVENT 1.32

SOLVENT/AIR INTERFACE: 25"X16"= 2.78 ft

EPA, EMISSION LIMITS: | 30.7lb/ft²/month |

1.32 x 8.34 = 11.00#/GALLON

EMISSION LIMIT BASED ON OUR SPECIFIC UNIT:

$\frac{30.7\ lb}{ft^2}$ $\frac{2.78\ ft^2}{}$ = 85.35lb/month; $\frac{85.35}{11}$ = | 7.75gal/month |

E emission =	SA solvent added gal/month	-	LSR liquid solvent removed gal/month	-	SSR liquid solvent removed in solid waste gal/month

$$E = \left[\left[\text{SA } 0\right] - \left[\text{LSR } 0\right] - \left[\text{SSR } 0\right]\right] \times \left[\left[\frac{11\ lb/gal}{2.78\ ft^2}\right]\right]$$

E = 0 lb/ft² (For Most Recent Month)

$$\frac{E^1 + E^2 + E^3}{3} = \frac{0 + 21.36 + 17.09}{3}$$

3 MONTH ROLLING AVERAGE: 12.81

E^1 = Total HAP Solvent Emission during the most recent month report period

E^2 = Total HAP Solvent Emission during the month prior to E^1.

E^3 = Total HAP Solvent Emission during the month priot to E^2.

29\mra

VAPOR DEGREASER

OPERATOR SOLVENT LOG

SOLVENT: 1-1-1-Trichloroethane VAPER DEGREASER MODEL: BSV2516

SOLVENT (GAL.)			OPERATOR	SUPERVISOR
ADDED	REMOVED	DATE	INITIAL	INITIAL
0	0	8/02/99	T E	
1" = 2.16 Gal	0	9/01/99	T E	
2.5" = 5.4 Gal	0	10/01/99	T E.	
2.5" = 5.4 Gal	0	11/01/99	T. E.	
2.5" = 5.4 Gal	0	12/01/99	T. E.	
~~0~~	~~0~~	1/03/00	T E.	
~~0~~	~~0~~	2/01/00	T.E.	
2" = 4.32 Gal	~~0~~	3/01/00	T. E.	
2½" = 5.4 Gal	~~0~~	4/03/00	T. E.	
~~0~~	~~0~~	5/01/00	T. E.	

*ON THE FIRST BUSINESS DAY OF EACH MONTH, RESTORE SOLVENT LEVEL TO "FILLED POINT" AND LOG AMOUNT OF SOLVENT ADDED. SUPERVISOR SHALL THEN PERFORM MONTHLY AND 3-MONTH ROLLING AVERAGE CALCULATIONS.

**GALLONS = 2.16 x (DEPT IN INCHES)

ie: 1 inch = 2.16 gallon

29\SOLVLOG

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 10:15 TIME OUT: 12:00 AIRS ID#: 1030389 1030329

TYPE OF FACILITY: Halogenated Solvent Degreaser

FACILITY NAME: Asha Products DATE: 5/3/00

FACILITY LOCATION: 3675 Tampa Rd. Oldsmar, FL 34677

RESPONSIBLE OFFICIAL: Steve Ladonski PHONE NUMBER: 813-855-0782

☑ 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:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☑ NO ☐

DATE OF NEXT INSPECTION: 5/01 (Approximate)

INSPECTION CONDUCTED BY: Margaret Hennis (Please Print)

INSPECTOR'S SIGNATURE: Margaret V. Hennis PHONE NUMBER: 727-464-4422

Revised 01/13/98

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
MAR 03 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID 1030329
ASTRA PRODUCTS CO INC
STEVE LADONICZKI
3675 TAMPA RAOD
OLDSMAR FL 34677

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:
ALTHOUGH BEST ESTIMATES INDICATE THAT "ALTERNATIVE EMISSION LIMITS" HAVE NOT BEEN EXCEEDED; MONTHLY LOGS DEMONSTRATING 3-MONTH ROLLING AVERAGE EMISSION LIMITS WERE NOT USED.

Exact period of non-compliance: from JAN. 1 1997 to FEB. 28, 1998

Action(s) taken to achieve compliance: MONTHLY LOGS HAVE NOW BEEN DEVELOPED AND WILL BE FULLY UTILIZED.

Method used to demonstrate compliance: THESE LOG SHEETS ARE BEING FORWARDED TO OUR LOCAL ENVIRONMENTAL SPECIALIST, MARGARET HENNIS, FOR REVIEW AND COMMENT.

#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: STEVE LADONICZKI (Name (Please Print)) _____ (Signature) 2-24-98 (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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355552

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

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MAIL ROOM
DEC 29 98

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

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

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

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.

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FEB 27 98

303945

TOTAL AMOUNT DUE: $50.00

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ASTRA PRODUCTS CO INC
STEVE LADONICZKI
3675 TAMPA RAOD
OLDSMAR FL 34677

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

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✓ 389298

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

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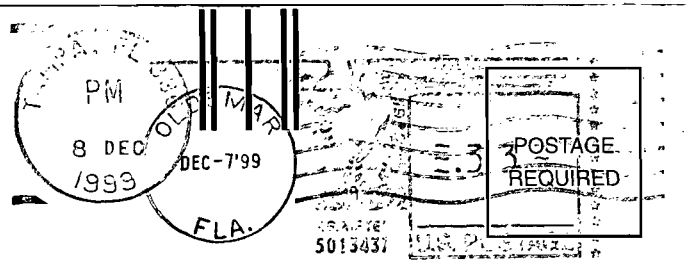
AIRS ID # 1030329
ASTRA PRODUCTS CO INC
STEVE LADONICZKI
3675 TAMPA RAOD
OLDSMAR FL 34677

FOR GOVERNMENT USE ONLY
Org.: 3755010000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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



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

32315X3070

Z 233 613 223

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

AIRS ID 1030329
ASTRA PRODUCTS CO INC
STEVE LADONICZKI
3675 TAMPA RAOD
OLDSMAR FL 34677

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

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

4a. Article Number
Z333613223

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

7. Date of Delivery
2-17-98

5. Received By: *(Print Name)*

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

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Z 210 662 876

US Postal Service
Receipt for Certified Mail

11 AIRS ID # 1030329001AG
STEVE LADONICZKI
ASTRA PRODUCTS CO INC
3675 TAMPA RAOD
OLDSMAR FL 34677

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

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:

11 AIRS ID # 1030329001AG
STEVE LADONICZKI
ASTRA PRODUCTS CO INC
3675 TAMPA RAOD
OLDSMAR FL 34677

Z 210 662 876

2. Article Number *(Copy from service label)*

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 6-11-1

C. Signature
X
☐ Agent
☐ Addressee

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

RECEIVED
JUN 13 2001
Bureau of Air Monitoring & Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 259249

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 97

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

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

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 400646

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TOTAL AMOUNT DUE: $50.00

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

RECEIVED
MAIL ROOM
DEC 21 00

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

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

OLDSMAR FLA. DEC 13'00

POSTAGE REQUIRED

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