

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, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Gary Robbins, Pinellas County

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

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				
******	Facility Identification Number (DEP Use):				
5.	1730329				
	<i>(γ J J J J J J J J J J J J J J J J J J J</i>				
	Responsible Official				
6.	Name and Title of Responsible Official:				
0.	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

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.

		Date Initially	Date Cntrl Device		Date Initially	Date Cntrl Device
Equipment Type	ID#	Purchased	Installed	ID#	Purchased	Installed
Batch Vapor x < 1.21 m ² x > 1.21 m ²		<u> 28-Sept-83</u>	<u> 28-sppt-89</u>			
Batch Cold					_	_
In-line New Existing						
2. (a) What was the	total amount		lvents purchased in	the late	est I2 months?	
(b) If less than 12 Check why it is			onths ner: [] New st	ore: [_] Did not keep	p records: []
3. (a) Please indicate	e which of the	e following haloge	enated solvents are	used at	your facility.	
] per	rchloroethyle	ne				
[] me	thylene chlor	ride				
[] tric	chloroethylen	e				
[X] 1,1	,1-trichloroe	thane				
[] car	bon tetrachlo	oride				
[] chi	loroform					
(b) The total voluthis requirement by:	ume of halogo	enated solvent emi	ssions shall not ex	ceed 10	tons per year. I	choose to meet
[] co	mplying with	an alternative solv	vent emission limit			
[X] im	plementing a	control device con	mbination/work pra	actice st	andards	
me	eting an idlir	ng emission limit/v	vork practice stand	ards		
[] me	eeting the rea	uirements for batc	h cold cleaning ma	chines		

DEP Form No. 62-213.900(4)

Effective: 6-25-96

4. Based upon your response to 3(b), please select the appropriate of provided below. (Indicate with an "X" all options that apply to you					
[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 Recordkee	ping Information				
Check all logs which are required to be kept on-site in accordance v	-				
(a) Purchase receipts for halogenated solvent purchases	[X _]				
(b) Inspection records	[X _]				
(c) Temperature monitoring					
(d) Idling emission concentration monitoring					
(e) Instrument calibration	[X _]				
(f) Dwell time records					
(g) Solvent content records					
(h) Remedial action log	[X]				
(i) Control device monitoring	[X]				
(j) Log of solvent additions and removals					
(k) Monthly emissions calculations					
(l) Rolling 3-month average emissions calculations					
(m) Cleaning capacity calculations					

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
LX	No air permits currently exist for the operation of the facility indicated in this notification form.					
Responsible Official Certification						
I the un	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in					
this notig statemen maintain	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
this notig statemen maintain comply v	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to					

Halogenated Solvent Degreasers Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

racinty 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					
(Name and Title of Decreasible Official)					
6. Name and Title of Responsible Official: Name: STEVE LADONICZKI Title: PRESIDENT					
7. Responsible Official Mailing Address: ASTRA PRODUCTS CO. INC. Street Address: 3675 TAMPA ROYAD City: Control of Cont					
City: OLDSMAR, FI. County: PINELLIAS Zip Code: 34677					
8. Responsible Official Telephone Number: Telephone: (知る)なくに、それなりなくで、ヘフロス					
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: () -					
L. C.					

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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) $x \le 1.21 \text{ m}^2$ $x > 1.21 \text{ m}^2$	9/28/85	NEW EXISTIN		MA 	
Batch Cold		NEW/EXISTI	NG		
In-line		NEW/EXISTI	NG		
3. (a) Please indicate w	ess than 12 month which of the follow	s: New owner: [olvents are used a	at your facility.	reep records:
perch	loroethylene] methylene chlo	oride	
trichle	oroethylene] 1,1,1-trichloro	ethane	
[] carbo	n tetrachloride	[] chloroform		
(b) The total volum	oose one):			0 tons per year.	I choose to meet
[comp	lying with an alter	native solvent emi	ssion limit		
imple imple	menting a control	device combinatio	n/work practice :	standards	
meeti	ng an idling emiss	ion limit/work pra	ctice standards		
		OR			
meeti	ng the requiremen	its for batch cold o	cleaning machin	es	

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4. If you choose to implement a control device combination, provided below. Indicate with an "X" all controls that apply	
[] 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 accord permit:	dance with the requirements of this general
ALL FACILIT	TES
(a) Estimates of monthly halogenated solvent consumption	
(b) Inspection records	
(h) Remedial action log	
(e) Instrument calibration	
(g) Solvent content records (MSOS)	
FOR FACILITIES USING CONT	ROL COMBINATIONS
(c) Temperature monitoring	
(f) Dwell time records	
(i) Control device monitoring	[; [*]]
FOR FACILITIES MEETING EM	IISSION 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 limitati	on standards*

o. Surrender c	of Existing All Lethin(s)				
Please indicate	e with an "X" the appropriate selection:				
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification				
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. I will promptly notify the Department of any changes to the information contained in this notification. STPUE ADDNICZEL Print name of responsible official					
Signature	10 f M 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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Sureau or Air Monitorine Sources orine

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TITE OF INSPECTION.	RE-INSI	PECTION		COM	·	VERT	J
AIRS 10#: 1030329	DATE:_	2/23/98	TIME IN	N: 11; c	OO TIME O	ut: <u>/5</u> ?	O _O
FACILITY NAME:	Astra	Produ	ch3		٠.	<u>. </u>	
FACILITY LOCATION:	3675	Tampa	Rd.				
	Oldsm	av FL	346	7.7			
RESPONSIBLE OFFICIAL							II
CONTACT NAME:	(1			_PHON	E:	1 .	
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 a	t the facility:						
perchloroethylene		methy	ylene chlo	ride			
trichloroethylene		1,1,1	trichloroe-	thane	<u> </u>		
carbon tetrachloride		chlore	oform				
4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.							
Batch Vapor, $x \le 1.21$. m² 🖳	New In-line		Batch	Cold \Box		
Batch Vapor, $x > 1.21$	m^2	Existing In-lir	ne 🗆				
			_		_		
PART II: CLASSIFICATION	N						
1. Indicate the machine type(s	s) observed at	the facility:					
Batch Vapor, $x \le 1.21$	m^2	New In-line		Batch	Cold (immersion)	
Batch Vapor, x > 1.21	m² □	Existing In-lin	ne 🗆	Batch	Cold (remote reso	ervoir)	

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines Does the facility: A,B- WA if no ing Alternative Solver Limit	onesoins
1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6 b of the permit notification?	OY ON
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
 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 shoul not be by-passed, the lip exhaust shall be located above the closed machine cover. 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? B. Batch Cold Cleaning Machines	
Does the facility:	
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
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 pumpagitated 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	
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.	

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) N/A A. Batch Vapor Machines, $x < 1.21 \text{ m}^2$ 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 NA B. Batch Vapor Machines, $x > 1.21 \text{ m}^2$ 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:	
Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment?	ey on
2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93.	DY ON
3. Halogenated solvent content for each solvent used? (exempt if <5% by weight)	ØY ON
4. Estimates of annual solvent consumption for each machine?	ODY □N
5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)	OY ON ON/A
6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)	OY ON ON/A
7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)	OY ON ON
Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	OY ON ON/A
9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit)	□Y ੴŃ □N/A
10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit)	OY ™ ON/A
11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)	OY ON 1947/A

PART VI: ADDITIONAL SITE INFORMATION

Spee. gravity = 1.32 (× 8.3K) = // #15/gal (TCA) Area = (16) (25) = 2.77 ft2

While a 055 gal /15 mas = 3.66 gal / mo × 11 b/gal = 40.3 b/mo

Complying w/ average monthly emissions limit

To kg/m³ (30.7 lbs/ft²)

Franson

Branson

Branson

Will 1 his extant

W/ and 1 his extant

W/ ac bordfiltrusin

Free board Ratio = 10. "

Calternative Solvant emiss. Limit

Margaret V. Henris	2/23/98
Inspector's Name	Date of Inspection
Wagnet V. Hennis	4/98
Inspector's Signature	Approximate Date of Next Inspection

Facility has 2 Binds Spray booths

One booth is adjacent to degressevand is used to coat circuit

boards w/a clear-conformal-coating (Humiseel) Records
indicate purchases of 15 Rounds /3 mos-

The other booth is large and is used to coal metal housings for defense products + power supplies. Mr. I adonicate indicates that they paint 2-3 hours / week. Observed point, Catalyots. + density of thinners. Assuming an average 10 got / gal coating, purchase orders indicated ~ 3 to los / coatings used / 3 mos.

35 + 340 = 365 total weight (Solids + VOC) /3 mos

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

3k5 / 13 (day) = 28b/day × 0.5 =
296.500(3) Examptions for VOC RACT - exempt Sources emitting

L4#'s/Low or 15 #'s/day VOC. Astra Products appears to

meat this examption based on purchased amounts.

They have not been waintaining daily usage records

of VOC. ASTRA products leases out space to a metal staying

Shop. No Doc used but alding is performed. Astra products

ploo has ~ 10 lead Soldeings taking (Cinquil boards). There

they also are using ~ 10 gal / shouth per chloro Ethy line

to wirpe off flux, Purchased 10 gal of ALPHA 564 m Cleaning

Asha has a full-new-dum of 11/TCA which will worth flased out of manufacture. Currently have 2 other 55 gallen dring of used Solver for re-use when needed.

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 4 COMP	LAINT/DISCOVERY RE-INSPECTION
AIRS ID#: 1030329 001 DATE: 2/23/9 FACILITY NAME: Astra Products Co.,Inc. FACILITY LOCATION: 3675 Tampa Rd. Oldsmar, FL	28 TIME IN: 1/:00 TIME OUT: 15:00
RESPONSIBLE OFFICIAL: Mr. Steve Ladoniczki	Phone No.: 813-855-3021
	09/25/2001
compliance with DEP Rule 62-213.300, Florid Based on the results of the compliance require	ements evaluated during this inspection, the following compliance
discrepancies were noted (only items which are	re checked):
Inspection Sums Compliance Requirement/Problem	mary Report Guidance 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/m² (30.7 lbs/ft²).
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.
catalyts used for parts must be maintained to demonstrate about and 15 lbs/day, VOC). Current purchase records indicate the If the Inspection Summary Report indicates follow-up actions are recompliance. Pinellas County will perform a follow-up inspection to The Annual Compliance Certification form has been properly Inspection Conducted by: Inspector's Signature:	equired, you must take immediate corrective measures to achieve to determine that proper corrective actions have been taken. y certified and submitted to the inspector. Yes \(\simeq \) No \(\simeq \) (Please Print)
Phone Number: 464-4422	Date of next Inspection: 498 (Approximate)

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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. Sends completed form to the address listed in the instructions and keep a copy of the form for your files.

Faci	ility 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
	Facility Location: Street Address: 3675 TAMPA ROAD
	City: OLOSMAR, FL. County: PINELLAS Zip Code: 34677
5.	Facility Identification Number (DEP Use ONLY - do not fill in):
	· 11.12: /030329 ii
D	and the Official
	ponsible Official Name and Title of Responsible Official:
1	Name: STEUE LADONICZKI Title: PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm: ASTRA PRODUCTS CO, INC. Street Address: 21.75 Tanan Da
	Street Address: 3675 TAMPA RD. City: OLDSMAR, FL. PINELLAS Zip Code: 34677
8.	Responsible Official Telephone Number:
	Telephone: (813) 855 - 3021 Fax: (813) 855 - 6782
Faci	lity Contact (If different from Responsible Official)
	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
ı	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

DEP Form No. 62-213.900(4)

Effective: 2/24/99

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 De Installed (if none, enter N/A)		
1Ratch Vanor 1	NUFACTURED !	NEW/EXISTING	5	NONE NONE	
Batch Cold		NEW/EXISTING	3		
In-line		NEW/EXISTING	3		
2. (a) What was the tot	gallons onths, how many? ss than 12 months:	[] months New owner: [] New store:	. [] Did not keep rec	cords: []
	loroethylene		ne chloride		
	proethylene		ichloroethane		
[] carbon	n tetrachloride	[] chlorofo	rm		
	me of halogenated (choose one):	solvent emissions s	hall not excee	ed 10 tons per year. I cl	hoose to meet this
[] compl	ying with an alterr	native solvent emiss	sion limit		
] imple	menting a control	device combination	work practice	e standards	
[] meetin	ng an idling emissi	on limit/work prac	tice standards		
		OR			

DEP Form No. 62-213.900(4) Effective: 2/24/99

_____ meeting the requirements for batch cold cleaning machines

4. If you choose to implement a control device combination, provided below. Indicate with an "X" all controls that apply	· · · · · ·
[] 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 accord	dance with the requirements of this general permit:
ALL FACIL	ITIES
(a) Estimates of monthly halogenated solvent consumption	\checkmark
(b) Inspection records]
(h) Remedial action log	
(e) Instrument calibration	ُ ب
(g) Solvent content records	\checkmark
FOR FACILITIES USING CON	TROL COMBINATIONS
(c) Temperature monitoring	
(f) Dwell time records	<u></u>]
(i) Control device monitoring	
FOR FACILITIES MEETING E	MISSION STANDARDS
(j) Log of solvent additions and removals	(
(d) Idling emission concentration monitoring	L.
(k) Monthly emissions calculations	\checkmark
(l) Rolling 3-month average emissions calculations*	
(m) Cleaning capacity calculations*	[]
* Only for facilities meeting the alternative emission limitation	on 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 notification form; the permit number(s) are:	s authorizing operation of the facility indicated in this
No DEP air permits currently exist for the open	ration 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.

STEUE 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. Sends 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.12.
3. Hazardous Waste Generator Identification Number:
FLD069680148
4. Facility Location: 3675 TAMPA ROAD
City: OLOSMAR, 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: STEUE LADONICZKI Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: PSTRA PRODUCTS CO TNC.
Organization/Firm: ASTRA PRODUCTS CO. INC. Street Address: 3675 TAMPA RD. City: Zip Code: Ziv ZZ
City: OLDSMAR, FL. County: PINELLAS Zip Code: 34677
8. Responsible Official Telephone Number:
Telephone: (813)855-3021 Fax: (813)855-6782
Figure Co. and Co. Lieft and Co. D. Co. and Co. and Co. D. Co. and Co. D. Co. and Co. Co. and Co. Co. and Co. Co. and Co. D. Co. and Co. and Co. Co. and Co. and Co. Co. and Co. Co. and Co. Co. and Co. and Co. and Co. Co. and Co. Co. and Co. Co. and Co. and Co. and Co. Co.
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: () -

DEP Form No. 62-213.900(4)

Effective: 2/24/99

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	Machine Classification (circle one)	Date Control De Installed (if none,	vice	
1Batch Vanor 3	Manufacturer NAUFACTURED 8 URCHASED: -258 m ²	NEW/EXISTING	5 G	BSV 2516 COMREL DEVICE NONE	
Batch Cold		NEW/EXISTING	G		
In-line		NEW/EXISTIN	G		
(b) If less than 12 m Check why it is 1 3. (a) Please indicate	ess than 12 months:	New owner: [] Did not keep rec	ords: []
-	hloroethylene		ne chloride	· ut your ruonny.	
	loroethylene		ichloroethane		
[] carbo	on tetrachloride	chlorofo	orm	· .	
• •	nme of halogenated soy (choose one):	solvent emissions s	hall not excee	d 10 tons per year. I ch	noose to meet this
[] comp	lying with an altern	native solvent emiss	sion limit		
[] imple	ementing a control of	device combination	/work practice	standards	
] meet	ing an idling emissi	on limit/work prac	tice standards		
		OR			
[] mee	ting the requirement	ts for hatch cold cl	leaning machi	ines	

4. If you choose to implement a control device combination provided below. Indicate with an "X" all controls that appl	
[] 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 accord	dance with the requirements of this general permit:
ALL FACI	LITIES
(a) Estimates of monthly halogenated solvent consumption	
(b) Inspection records	
(h) Remedial action log	
(e) Instrument calibration	
(g) Solvent content records	\checkmark
FOR FACILITIES USING CO	NTROL COMBINATIONS
(c) Temperature monitoring	
(f) Dwell time records	
(i) Control device monitoring	[]
FOR FACILITIES MEETING	EMISSION STANDARDS
(j) Log of solvent additions and removals	\checkmark
(d) Idling emission concentration monitoring	ا ا
(k) Monthly emissions calculations	<u>~</u> j
(l) Rolling 3-month average emissions calculations*	
(m) Cleaning capacity calculations*	<u> </u>
* Only for facilities meeting the alternative emission limitat	ion standards*
6. Surrender of Existing DEP Air Permit(s)	
Please indicate with an "X" the appropriate selection:	
[] I hereby surrender all existing DEP air permi notification form; the permit number(s) are:	ts authorizing operation of the facility indicated in this
No DEP air permits currently exist for the operation	

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.

STEUE 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!

STEUE 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 con	rporation, agency, or individual owner):			
ASTRA PRODUCTS	CO., INC.			
2. Site Name (For example, plant name or numb	per):			
	Bur			
3. Hazardous Waste Generator Identification Nu	mber:			
FrD069680148	A ROAD Zip Code: 34677 Sources			
4. Facility Location: Street Address: 3675 TAMPE	9000			
City: OLOSMAR, FL. Count	TY: PINELLAS Zip Code: 34677 000			
5 Facility Identification Number (DEP ties ON)	LINE CON STATE			
demonstration planet Old explicit	21 - GO HA HII HI			
Resp	onsible Official			
6. Name and Title of Responsible Official;	· · · · · · · · · · · · · · · · · · ·			
Name: STEVE LADONICZKI	Title: PRESIDENT			
7. Responsible Official Mailing Address:	STRA PRODUCTS CO.			
Organization/Firm: Street Address: 3675 TAMPE				
	County: PINELLIAS Zip Code: 34677			
8. Responsible Official Telephone Number.	111122213			
Telephone: (813)855- 3021	Fax: (813)855-0782			
Facility Contact (If dif	ferent from Responsible Official)			
9. Name and Title of Facility Contact (For exam	iple, plant manager):			
10. Facility Contact Address:				
Street Address:				
City:	ounty: Zip Code:			
11. Facility Contact Telephone Number:				
Telephone: () -	Fax: () -			
	•			
DEP Form No. 62-213.900(4) Pa	ge 19 of 20			

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	Machine Classification	Date Cntrl Device Installed	
	Manufacture	(circle one)	(if none, enter N/A)	
Batch Vapor (solvent-air	 -	BRANSON	BSV 2516	
interface area)	9/00/05			
$x \le 1.21 \text{ m}^2$	1/28/82	NEWEXISTIN		
$x > 1.21 \text{ m}^2$	· · ·	NEW/EXISTIN	IG	
Batch Cold		NEW/EXISTE	4G	
In-line			<u> </u>	
		NEW/EXISTI	NG	
2. (a) What was the tot	al amount of halo	genated solvents us	sed in the latest 12 months?	
<u> </u>	_] gallons			
(b) If less than 12 m Check why it is I] New store: [] Did n	ot keep records:
3. (a) Please indicate v	hich of the follow	ving halogenated so	lvents are used at your facili	ty.
	lorocthylene] methylene chloride	
[] trichl	oroethylene] 1,1,1-trichloroethane	
[] carbo	n tetrachloride] chloroform	
(b) The total volum		solvent emissions sl	hall not exceed 10 tons per y	ear. I choose to meet
[] comp	lying with an alte	rnative solvent emi	ssion limit	
[] imple	menting a contro	l device combinatio	n/work practice standards	
[] mceti	ng an idling cmis	sion limit/work pra	ctice standards	
		OR		
[] meet	ing the requireme	nts for batch cold	cleaning machines	
DEP Form No. 62-213 Effective:	.900(4)	Page 20 of 20		

4. If you choose to implement a controprovided below. Indicate with an "X"	ol device combination, please select the appropriate controls from the list 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	on device		
5. Equipment Monitoring and Records	Reeping Information		
Check all logs which are required to be permit:	e kept on-site in accordance with the requirements of this general		
	ALL FACILITIES		
(a) Estimates of monthly halogenated	solvent consumption []		
(b) Inspection records	L]		
(h) Remedial action log			
(e) Instrument calibration			
(g) Solvent content records (i.e.	m MSDS)		
FOR FACIL	LITIES 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 remov	rals []		
(d) Idling emission concentration mor	uitoring []		
(k) Monthly emissions calculations			
(1) Rolling 3-month average emission	s calculations*		
(m) Cleaning capacity calculations*	[]		
* Only for facilities meeting the alternative emission limitation standards*			
DEP Form No. 62-213,900(4)	Page 21 of 20		

6. Surrender o	of Existing Air Permit(s)
Please indicate	te 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)
ıΧı	No air permits currently exist for the operation of the facility indicated in this notification form
	Responsible Official Certification
this notification statement. maintain consply we see the consply we see the consply we see the consplication. The consplication is the consplication of the	Swift 2-23-98



Department of Environmental Protection

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

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 PI	CKIMIT
COMPLIANCE	INSPECTION	CHECKLIST

TYPE	OF	INSPE	CTION:
------	----	-------	--------

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION □				
AIRS ID#: 1030329 TIME IN: 10:30 TIME OUT: 11:00				
FACILITY NAME: MOTOL PRODUCTS				
FACILITY NAME: A Stra Products FACILITY LOCATION: 36.75 Tampa Rd.				
Oldsman FL 34677				
Chosmon 12 OF017				
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				
trichloroethylene				
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 ☐				
DADWIT OX AGGYTYG LOVON				
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:				
 Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6 b of the permit notification? 				

2.	Maintain a freeboard ratio of 0.75 or greater?	ΠY	ПΝ	
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)?	ωу	, . □N	
4.	Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?		□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?	ΟY	ПN	
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.	ΟY	ПΝ	□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?	ΠY	ПN	
	b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?	ΠY	ПN	
	c. a primary condenser?	ΠY	ПΝ	
8.	Store all waste solvent, still bottoms, and sump bottoms in closed containers?	ПY	ПN	
В.	Batch Cold Cleaning Machines			
	es the facility:			
1.	Collect and store all waste solvent in closed containers?	ΠY	ПΝ	
	Use a flexible hose or flushing device only within the freeboard area?	ΠY	ПΝ	
	Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	ΠY	ПN	
4.	Maintain the solvent level inside the machine at or below the fill line?	ΠY	ПΝ	
5.	Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	ΠY	ПN	
6.	Operate the agitator to produce a rolling motion? (applicable only when air- or pumpagitated solvent bath used)	ΟY	ПΝ	□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?	ΟY	ПΝ	
8.	Ensure that sponges, fabrics, wood and paper products are not placed in the machine?	\Box Y	ПΠ	
Rei	mote 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.	ΟY	ПΝ	
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.	ΟY	□и	
1				

PART IV: P	PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines)
Facility ch	nose to meet requirements using:
	control device combination / work practice standards
d	alternative solvent emission limit (proceed to Part V)
	idling emission limit / work practice standards (proceed to Part V)
A. Batch Va	apor Machines, x≤1.21m²
control con selected	······ /
	reduced room draft / 1.0 freeboard ratio / superheated vapor
	reduced room draft / 1.0 freeboard ratio / dwell
٥	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
٥	freeboard refrig. device / carbon adsorber
0	carbon adsorber / 1.0 freeboard ratio / superheated vapor
B. Batch Va	por Machines, x>1.21m²
control com	
selected	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio
	freeboard refrig. device / superheated vapor / working mode cover
٥	freeboard refrig. device / superheated vapor / reduced room draft
٥	freeboard_refrig. device / superheated vapor / carbon adsorber
.	freeboard refrig. device / reduced room draft / dwell
۵	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 com selected	In use
	freeboard refrig. device / 1.0 freeboard ratio
	superheated vapor / 1.0 freeboard ratio
	freeboard refrig. device / dwell
	carbon adsorber / dwell

<u> </u>	
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? Who only shooting guide	DY ON
2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93.	OY ON
3. Halogenated solvent content for each solvent used? (exempt if < 5% by weight) / 00%	□Y □N
4. Estimates of annual solvent consumption for each machine?	©YY □N
5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)	OPÝ ON ON/A
6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)	OY ON ONTA
7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)	OY ON ONA
8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	OY ON ON/A
9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit)	OY ON ON/A
10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit)	⊡rý on on/a
11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)	OY ON CHAIA

PART VI: ADDITIONAL SITE INFORMATION

Χ

thet 56.16 gal. 11,1, tichloro ethene stree last March (1998).

Meeting Emissions limit under Alternative Std-by Staying below 30.71 #/ft 2/months, 3. months rolling average.

51.8430# /4 2 / 11 #/gas /5700 p. 7.	8/12 = 205.1/1L= 17#/1+2
-471gld 51.84	4V1-12 mos
1.78 /8.6	#/42 (L30 #/b+2)
Keeping records of fairl usage in a	og. fints + qual
10 gal SW E 90 HC4 Prime 4g so SW R 7KC341 Rodine	
2 gal SW V 93 TC/ Cetabet (#387)/1 gal SW F 93 GC 128 green	
(387)/1 gil SW F 93 6C (28 Spen) (387)/1 gil SW R7K (340 Polime)	fruit Coat
(283) Paul SW R7K C340 Polime. (283) 3 gue V66 V 476 Cot for 383 (283) 9 gal 595-26307 gray Polime	I
Name of Responsible Official	
	4/1/99
Masgard-Henris Inspector's Name	Date of Inspection
inspector s runio	
Margaret V. Harnis	
Margaref V. Hermis Inspector's Signature	3/2000 Approximate Date of Next Inspection
Margaref V. Havnis	3/2000
Inspector's Signature 7 gal - Sh yellow enamed = (add van	3/2000 Approximate Date of Next Inspection
Inspector's Signature 7 gal - Sh yellow enand = (add van Lgal - Sh Polane	3/2000 Approximate Date of Next Inspection
Inspector's Signature 7 gal - SN yellow enand = (add van I gal - SN Polane 16 and - Poline I Black	Approximate Date of Next Inspection
Inspector's Signature 7 gal - SN yellow enand = (add van 1 gal - SN Polane 4 gal - Polane T Black 6 gal - Polane T Reducer R 7 K 8	3/2000 Approximate Date of Next Inspection Sol (hum formations)
Inspector's Signature 7 gal - SN yellow enand = (add van 1 gal - SN Polane 4 gal - Polane T Black 6 gal - Polane T Reducer R 7K6 2 gal - Polan Reducer R 7K8 2 gal Polane T Cal. 1166 127	3/2000 Approximate Date of Next Inspection Sol (hum formations)
Inspector's Signature 7 gal - SN yellow anand = (add van I gal - SN Polane 4 gal - Polane T Black 6 gal - Polane T Reducer R 7K6 2 gal - Polane T Cal. 166 N27 2 gal Polane T Cal. 166 N27	3/2000 Approximate Date of Next Inspection Sol (humformherror)
Inspector's Signature 7 gal - SN yellow enand = (add van I gal - SN Polane 4 gal - Polane T Black 6 gal - Polane T Reducer R 7K6 2 gal - Polane T Reducer R 7K8 2 gal - Polane T Caf. 1/66 N 27 0 - 1/2 gal Polane B Cat 1/2 sal: Bruno Polywrether EV	3/2000 Approximate Date of Next Inspection Sol (humformakersey)
Inspector's Signature 7gal - SN yellow enound = (addvan) Igal - SN Polans 4gal - Polane T Black 6gal - Polane T Reducer R 7K6 Igal - Polan Reducer R 7K8 Igal - Polan Reducer R 7K8 2gal - Polane T Cal. 1166 N 27 0-1/2gal Polane B Cet 1/2 gal: Bruno Polywrethere EV.	Approximate Date of Next Inspection Lock (humformsherrorg) Gold 13994 Purchase 55 gallin 11/4/88 Varnish
Inspector's Signature 7 gal - SN yellow an and = (add van I gal - SN Polane 4 gal - Polane T Black 6 gal - Polane T Reducer R 7K6 2 gal - Polane T Reducer R 7K8 2 gal - Polane T Caf. 1/66 N 27 0 - 1/2 gal Polane B Cat 1/2 gal: Bruno Polywrether EV	3/2000 Approximate Date of Next Inspection Sol (humformakersey)

AIRS ID#: 1030329



HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Astro. Product	DATE: 4/199
FACILITY NAME: Astra Products FACILITY LOCATION: 3675 Tampa Rd. Oktomar FL 34677	
FACILITY LOCATION: 3675 Jampa Na.	
Oktsmar + 34677	
Annual Reporting Period: 2/23 19 98 TO 5	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has rema	ained in compliance with DEP Rule 62-
213.300, Florida Administrative Code (F.A.C.), during the period covered by this state	ement. TYES INO
If NO complete the fellowing.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance du	ring the reporting period stated above:
	·
Exact period of non-compliance: fromtoto	
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 dur	ring the reporting period stated shows:
#2. Term of condition of the general permit that has not been in continuous compliance and	ing the reporting period stated above.
	<u> </u>
Exact period of non-compliance: fromtoto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
All operators of solvent cleaning machines have received training on the proper opera	
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 re in this notification are true, accurate and complete.	asonable inquiry, that the statements made
,	Well while
RESPONSIBLE OFFICIAL: STEUE LADONICZK! Name (Please Print) Significant	grature 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/DISCOVE	RY 🗆	RE-INSPECTION
TIME IN: 10:30	TIME OU	T: //:00	AIRS ID#	1030389 001
TYPE OF FACILITY:	Halogenated So	- Ivent Degreaser		
FACILITY NAME:	Astra Products	, · · 1	DATE: 4/1/99	
FACILITY LOCATION :	3675 Tampa Ro	ad, Oldsmar, FL 346	77	
RESPONSIBLE OFFICIA	L: Mr. Steve Lado	oniczki PHONE	NUMBER:	(727)
to be in compliance	with DEP Rule 62-213 of the compliance requ	irements evaluated duri .300, Florida Administr iirements evaluated dur	ative Code (F.A	C.).
Comments:				
The Annual Compliance Certifica	ation form has been properly			Yes ⊡- No □
DATE OF NEXT INSPECTIO	ON: 3/2000	(Approxim		·
INSPECTION CONDUCTED	BY: Margaret			· .
INSPECTION CONDUCTED			umber: <u>727-</u>	44-4422
	P	age <u>/</u> of <u>/</u>		Revised 10/9

Revised 10/96

AIRS ID#: 1030389 -001

 Ae^{Q}

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: Astra Products DATE: 5/3/70
FACILITY LOCATION: 3675 Tanpa Rd.
FACILITY NAME: Astra Products FACILITY LOCATION: 3675 Tampa Rd. Oldsmar FL 34677
Annual Reporting Period: april 1999 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.
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
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
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: STEUE LADONICZKI Significa Print)

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 []	
AIRS 10#: 10303\$9 TIME IN: 10:15 TIME OUT: 12:00	
FACILITY NAME: Astra Bookiets	
FACILITY NAME: Astra Brochects FACILITY LOCATION: 3675 Tampa Rd	ı
Oldsman FL 3\$677	
7077	<u>.</u>
PART I: NOTIFICATION	
(check appropriate boxes)	
1. Facility notified DARM by 9/1/96	1
2. Facility notified DARM 30 days prior to starting up	- 1
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 🔘	<i>;</i>
 Facility indicated on notification form that it has the following machine type(s). Check more than one box i applicable. 	if
Batch Vapor, x<1.21 m² Q Volume New In-line □ Batch Cold □	l l
Batch Vapor, x>1.21 m ² D Existing In-line D	
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,	

with reduced draft according to Part II, Section (5)(c)6.b of the permit notification?

2. Maintain a freeboard ratio of 0.75 or greater? distance condenses co	ALC DY DN
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)?	OY ON
4. Conduct all spraying operations within the vapor zone or an area not directly exposed ambient air?	to DY ZIN
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?	מם עם
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 be by-passed, the lip exhaust shall be located above the closed machine cover.	
7. Have each machine equipped with	
a. a device to shut off sump heat if the solvent level drops to the heater coils?	אם אם
b. a device to shut off sump heat if the vapor level rises above the height of the	
vapor condenser?	DY DN
c. a primary condenser?	DY DN
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?	DY DN
B. Batch Cold Cleaning Machines	•.
Does the facility:	
1. Collect and store all waste solvent in closed containers?	OY ON
2. Use a flexible hose or flushing device only within the freeboard area?	DY DN
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?	מע מא
4. Maintain the solvent level inside the machine at or below the fill line?	OY ON
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?	ОУ ОИ
6. Operate the agitator to produce a rolling motion? (applicable only when air- or pump agitated solvent bath used)	באותם אם עם
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open?	מם עם
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine	Y DY DN
Remote Reservojr Type Only	
 Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. 	מס עם
Immersion Type Only	
10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fit cover must be closed at all times except during parts entry and removal.	

PART IV: PRO	PART IV: PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines)				
Facility chose	Facility chose to meet requirements using:				
□ con	trol device combination / work practice standard	s .			
☐ alte	emative solvent emission limit (proceed to Part V)			
🗖 idli	ng emission limit / work practice standards (proc	seed to Part V)			
A. Batch Vapo	r Machines, x≤1.21m²				
control comb. selected	•	In us			
	working mode cover / 1.0 freeboard ratio / supe		° п /		
	reduced room draft / 1.0 freeboard ratio / superh	neated vapor 🔲 🗎			
	reduced room draft / 1.0 freeboard ratio / dwell		g/		
0	freeboard refrig. device / superheated vapor	0 0			
	freeboard refrig. device / working mode cover	o o	` '		
	freeboard refrig. device / reduced room draft	0 0			
	freeboard refrig. device / 1.0 freeboard ratio				
Ġ	freeboard refrig. device / dwell				
	freeboard refrig. device / carbon adsorber				
a	carbon adsorber / 1.0 freeboard ratio / superheat	ted vapor 🔲 🖂			
B. Batch Vapor	Machines, x>1.21m2				
control comb.	•				
selected	freeboard refrig. device / superheated vapor / 1.	0 freeboard ratio	In use		
	freeboard refrig. device / superheated vapor / we		0 0 0		
	freeboard refrig. device / superheated vapor / re	duced room draft			
	freeboard refrig. device / superheated vapor / ca	ubon adsorber			
	freeboard refrig. device / reduced room draft / d	well .			
. 🗖	freeboard refrig. device / reduced room draft / 1	.0 freeboard ratio			
	1.0 freeboard ratio / reduced room draft / super	heated vapor			
C. Existing In-	Line Machines		•		
control comb.		· ·			
selected	freeboard refrig. device / 1.0 freeboard ratio	In use			
, p	superheated vapor / 1.0 freeboard ratio				
/a	freeboard refrig. device / dwell	ri o			
/ 🗅	carbon adsorber / dwell	ם ם			

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:	
Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment?	ra on
2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93.	GY ON
3. Halogenated solvent content for each solvent used? (exempt if < 5% by weight)	DY ON
4. Estimates of annual solvent consumption for each machine?	GY ON
5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)	⊡Ý ON ON/A
6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)	OY ON GWA
7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)	AKKED NO YO
Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?	אאם מם עם
9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit)	DY ON ON/A
10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit)	DY ON ON/A
11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)	OY ON ONA
PART VI: ADDITIONAL SITE INFORMATION	
•	
	٠.

Additional Site Information, cont.
Highest thu month was 21,37 6/ft 2 (solling average)
Trichloroethglens - 55 gal in 11/2/99 purchase Jam sontals.
= 25 gal, pant in last is 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 appears Same as Defore - a cetone is used for paint claim-up. Solvant in assembly area is dispensed in automatic closing containers.
Co Defore - a cetore is used for paint closur-up. Sotvail in assumbly
course a despensed in automatic closing containers.

StereLadoniczki	
Name of Responsible Official	
Margaref Hennis	5/3/00
Inspector's Name	Date of Inspection
Magarel VHenne	5/01
(Inspector's Signature	Approximate Date of Next Inspection

MONTHLY (3-MONTH ROLLING) AVERAGE

ALTERNATIVE EMISSION LIMIT CALCULATIONS

MONTH: APRIL 60'

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: | 30.71b/ft2/month |

 $1.32 \times 8.34 = 11.00 \#/GALLON$

EMISSION LIMIT BASED ON OUR SPECIFIC UNIT:

$$E = \left[\begin{bmatrix} SA & \boxed{O} \end{bmatrix} - \begin{bmatrix} LSR & \boxed{O} \end{bmatrix} - \begin{bmatrix} SSR & \boxed{O} \end{bmatrix} \right] X \left[\begin{bmatrix} \frac{11 \text{ lb/qal}}{2.78 \text{ ft}^2} \end{bmatrix} \right]$$

$$\frac{E^{1} + E^{2} + E^{3}}{3} = \frac{---Q_{--} + -21.3\dot{\xi}_{-+} - 17.09}{3}$$

3 MONTH ROLLING AVERAGE: 12.81

E1 = 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 .

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	18	l. Al.
1" = 2.16 EAL		9/01/99	1/	My
2.5" = 5.4 Gal	0	10/01/99	78.	Mij
2.5" = 5.491	0	11/01/99	€.	lly
2.5" = 5.4'59/		12/0/199		h
0	Ð	1/03/00	1 8.	
-0-	0	2/01/00	4.8.	hil,
2" = 4.32 691	Ð	3/01/00	1. E.	Alli
21" = 5.464/	-	4/03/00	1. 8.	Il.
<i>A</i>	0	5/01/00	1.4.	10
				~
				·
	ADDED 0 1" = 2.16 6.16 2.5" = 5.4 6.1 2.5" = 5.4 9.1 2.5" = 5.4 9.1 2.5" = 5.4 9.1 2.5" = 5.4 9.1	ADDED REMOVED O 1" = 2.16 6.26 2.5" = 5.464 O 2.5" = 5.464 O 2.5" = 5.464 O 2" = 4.3264 O 2!" = 5.464 O D D D D D D D D D D D D	ADDED REMOVED DATE O	ADDED REMOVED DATE INITIAL O O S/02/99 E 1" = 2.16 6.16 O 10/01/99 2.5" = 5.461 O 10/01/99 2.5" = 5.491 O 1//01/99 2.5" = 5.459/ O 1//03/00 2!" = 5.461/ O 5/01/00 7.5. 5/01/00 7.5.

*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 = $2.16 \times (DEPT IN INCHES)$

ie: 1 inch = 2.16 gallon

29\SOLVLOG

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

Type of inspection:	ANNUAL []	COMPL	AINT/DISCOVE	ERY 🔲	RE-INSPE	стіон 🗌
TIME IN: 10:15	TIME OUT:	12:00	A	RS 1D#:	1030389	
TYPE OF FACILITY: Ha			egreaser	2 .	1030329	
FACILITY NAME: ASV			0		DATE: 57	13/00
FACILITY LOCATION:	3675 Tampa	LD.				
	Oldsmar, FC	346	77			
RESPONSIBLE OFFICIAL:	Steve Ladonie	ZKi	PHON	IE NUMBER	: 813-833	-0782
	f the compliance requireme Rule 62-213.300, Florida A				cility is found to b	pe in
Based on the results o discrepancies were no	f the compliance requiremented:	nts evaluated	during this insp	ection, the fo	llowing complian	ce
COMPLIANCE REC	UIREMENT/PROBI	LEM	FOLLOY	Y-UP ACT	ION REQUIE	RED
				•	,	
					·····	
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	•	<u> </u>				
		,				
COMMENTS:				, ,		
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				<i>!</i>		
The Annual Compliance Certif	Scation form has been prop	erly certified	and submitted to	the inspecto	r. YES	- NO
DATE OF NEXT INSPECTA	ON: 5/01					
•			oximate)			
INSPECTION CONDUCTE	DBY: Margo	ovef H	ennis		·	
INSPECTOR'S SIGNATUR		()		IE NUMBEF	1: 727-40	4-442
		Dage / n	. c . / .	+1,		Revised I

HALOGENATED SOL ENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 1030329

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

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

-Annual Reporting Period: Jan	uary 1	1997 то	December 3	1 1997
Based on each term or condition of the Ti	-		<u> </u>	_
62-213.300, Florida Administrative Code If NO, complete the following:	(F.A.C.), during the p	eriod covered by ti	ns statement. 🖵 1 Es	
#1. Term or condition of the general pers ALTHOUGH BEST ESTIMATES MONTHLY LOGS DEMONSTRAT	nit that has not been in indicate THAT	continuous compl "ALTERNATIVE ROLLING AVFN	iance during the reporting FM15510N LIMITS! H	g period stated above: HAUZ NOT BEEN EXCEENED I'S WENE NOT USEU:
Exact period of non-compliance: from Action(s) taken to achieve compliance:	JAN. 1 Monthly Logs Utilizeo •		to FEB. 28 Fen deueloped A	ND WILL BE PULLY
Method used to demonstrate compliance:	THESE LOG S	HEETS WEE B	EING FORWARDEN T REUIEW AND CO	O OUR LOCAL ENVIRONM.
#2. Term or condition of the general perr	nit that has not been in	continuous compl	iance during the reporting	g 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 certifing this notification are true, accurate and			d after reasonable inquiry	v, that the statements made
RESPONSIBLE OFFICIAL:	Vame (Please Print)		Signature	<u> </u>

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

Page _____ of ___

discretion of the responsible official to use this form.

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.

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

DEC 29 98

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.

TOTAL AMOUNT DUE: \$50.00 RECEIVED MAIL ROOM

303945

FEB 27 98

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 1030329

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

Org.: 37550161000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

8 DEC

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

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID 1030329 ASTRA PRODUCTS CO INC STEVE LADONICZKI 3675 TAMPA RAOD OLDSMAR FL 34677 Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

				ţ	
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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *featum Receipt Requested* on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	followi extra f 1. 2.	Address Restricte	ee's Address Mad Delivery
completed	3. Article Addressed to: AIRS ID 1030329	4a. Article N	36	32	ē
ADDRESS com	ASTRA PRODUCTS CO INC STEVE LADONICZKI 3675 TAMPA RAOD OLDSMAR FL 34677	4b. Service 1 ☐ Registere ☐ Express I ☐ Return Rec	ed Mail	Merchandise	Certified Size Control COD COD COD
AN AD		7. Date of De	elivery 17 -	-98	you for
RETUR	5. Received By: (Print Name)	8. Addressee and fee is		ess (Only	if requested Yugh
s your	6. Signature: (Addressee of Agent)				
<u></u>	PS Form 3811 , December/1994	595-97-B-0179	Dome	estic Ret	urn 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	
1995	Restricted Delivery Fee	-
	Return Receipt Showing to Whom & Date Delivered	_
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
80,	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is defivery address different from term 12 Yes	
11 AIRS ID # 1030329001AG STEVE LADONICZKI ASTRA PRODUCTS CO INC	Sureau Of Air Monitoring 3. Service Type Certified Mail Express Mail	
3675 TAMPA RAOD OLDSMAR FL 34677	3. Service Type Certified Mail	
Z 210 662 876	4. Restricted Delivery? (Extra Fee)	
Article Number (Copy from service label)		
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-99-M-1789	

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.

RECEIVED MAIL ROOM
JAN 29 97 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.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 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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ASTRA PRODUCTS CO INC
STEVE LADONICZKI
3675 TAMPA RAOD
OLDSMAR FL 34677

FOR GOVERNMENT USE ON SO

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 DEC 13'00

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