



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 18, 1997

Mr. Alfred Klopfer
F. K. Instrument Company, Inc.
2134 Sunnydale Boulevard
Clearwater, Florida 33765

Re: Facility No. 1030389

Dear Mr. Klopfer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 3, 1997.

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

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

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

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

Sincerely,

for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

1030389

p19

4(b) Required for all degreasers

(c) Required for super-heated Vapor
or freeboard refrigeration device.

(h) Required for all degreasers

Please mark "x" and have R.O.
sign for changes.

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): F. K. Instrument Co., Inc.
2. Site Name (For example, plant name or number): same
3. Hazardous Waste Generator Identification Number: FKIG4391
4. Facility Location: Street Address: 2134 Sunnydale Blvd. City: Clearwater County: Pinellas Zip Code: 33765
5. Facility Identification Number (DEP Use): 1030389

Responsible Official

6. Name and Title of Responsible Official: Alfred Klopfer - President
7. Responsible Official Mailing Address: Organization/Firm: F K Instrument Co., Inc. Street Address: 2134 Sunnydale Blvd. City: Clearwater County: Pinellas Zip Code: 33765
8. Responsible Official Telephone Number: Telephone: (813) 461-6060 Fax: (813) 447-5166

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

JUL 3 1997

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
Branson BSD1216						
Batch Vapor	BSD1216					
x < 1.21 m ²	_____	1988	1988	_____	_____	_____
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?

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:

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

meeting an idling emission limit/work practice standards

meeting the requirements for batch cold cleaning machines

4. Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.) N/A

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

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts for halogenated solvent purchases
- (b) Inspection records
- (c) Temperature monitoring
- (d) Idling emission concentration monitoring
- (e) Instrument calibration
- (f) Dwell time records
- (g) Solvent content records
- (h) Remedial action log
- (i) Control device monitoring
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

Surrender of Existing Air Permit(s)

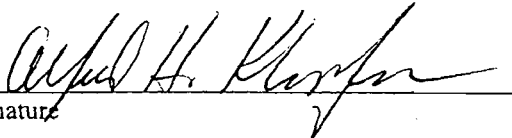
Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

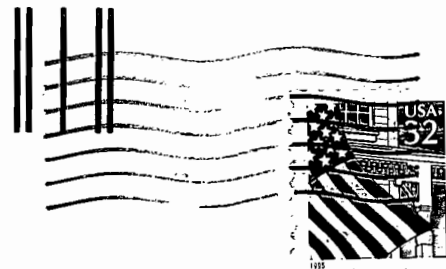
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

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


Signature

6/30/97
Date

F.K. INSTRUMENT COMPANY, INC.
2134 SUNNYDALE BOULEVARD
CLEARWATER, FLORIDA 34625



Department of Environmental Protection
Division of Air Resources Management
2600 Blair Stone Road M.S. 5510
Tallahassee FL 32399-2408

ATTN: RICK BUTLER



JUL 7 1997

RECEIVED

Bureau of Air Monitoring & Mobile Sources

JUL 02 1997

AIR QUALITY

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): F. K. Instrument Co., Inc.
2. Site Name (For example, plant name or number): same
3. Hazardous Waste Generator Identification Number: FKIG4391
4. Facility Location: Street Address: 2134 Sunnydale Blvd. City: Clearwater County: Pinellas Zip Code: 33765
5. Facility Identification Number (DEP Use):

Responsible Official

6. Name and Title of Responsible Official: Alfred Klopfer
7. Responsible Official Mailing Address: Organization/Firm: F K Instrument Co., Inc. Street Address: 2134 Sunnydale Blvd. City: Clearwater County: Pinellas Zip Code: 33765
8. Responsible Official Telephone Number: Telephone: (813) 461-6060 Fax: (813) 447 - 5166

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.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Branson BSD1216		1982				
Batch Vapor						
x < 1.21 m ²	_____	_____	_____	_____	_____	_____
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?

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:

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

meeting an idling emission limit/work practice standards

meeting the requirements for batch cold cleaning machines

4. Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.) N/A

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

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts for halogenated solvent purchases
- (b) Inspection records
- (c) Temperature monitoring
- (d) Idling emission concentration monitoring
- (e) Instrument calibration
- (f) Dwell time records
- (g) Solvent content records
- (h) Remedial action log
- (i) Control device monitoring
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

Surrender of Existing Air Permit(s)

RECEIVED

JUL 7 1997

Bureau of Air Monitoring
& Mobile Sources

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

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

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

Alfred H. Klarner
Signature

6/30/97
Date

all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

②

AIRS ID#1030389
F. K. INSTRUMENT CO INC ALFRED KLOPFER 2134 SUNNYDALE BLVD CLEARWATER FL 33765

Bureau of Air Monitoring
& Mobile Sources

FEB 24 1998

RECEIVED

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO December 31, 1997

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Alfred H. Klopfer
Name (Please Print)

Alfred H. Klopfer
Signature

2/17/98
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.

HALOGENATED SOLVENT DEGREASERS

MAY 19 1999

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030389 TIME IN: 10:00 TIME OUT: 11:00
 FACILITY NAME: F.K. Instruments
 FACILITY LOCATION: 2104 Sunnydale Blvd.
Clearwater - 33765

PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM by 9/1/96 7/3/97
- Facility notified DARM 30 days prior to starting up
- Facility failed to notify DARM to use a general permit
- Halogenated solvent used at the facility:

perchloroethylene	<input type="checkbox"/>	methyl chloride	<input type="checkbox"/>
trichloroethylene	<input checked="" type="checkbox"/>	1,1,1-trichloroethane	<input checked="" type="checkbox"/>
carbon tetrachloride	<input type="checkbox"/>	chloroform	<input type="checkbox"/>
- Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x < 1.21 \text{ m}^2$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

- Indicate the machine type(s) observed at the facility:

Batch Vapor, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines
Does the facility:

- Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification? Y N

2. Maintain a freeboard ratio of 0.75 or greater? Y N
3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/sec)? Y N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? Y N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? Y N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Y N N/A
7. Have each machine equipped with --
- a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. Y N

Immersion Type Only --

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. Y N

PART IV: PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines)

Facility chose to meet requirements using:

- control device combination / work practice standards
- alternative solvent emission limit (proceed to Part V)
- idling emission limit / work practice standards (proceed to Part V)

A. Batch Vapor Machines, $x \leq 1.21m^2$

control comb. selected		In use		
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

control comb. selected		In use		
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use		
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/>	<input type="checkbox"/>	

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? Y N
2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93. Y N
3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) 100%. Y N
4. Estimates of annual solvent consumption for each machine? 670# trichloroethylene 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

Purchased 670# trichloroethylene in 12/98. Observed one partially full drum in chem. storage area. used ~15gals of replacement - limonene solvent for cleaning. Observed limonene parts washer (sink on top of drum), located adjacent to halogenated solvent degreaser. It was in use at the time. Observed a lock on degreaser. Toyz records current 3-month average = 11 #/ft² EPA alt. Std. limit is 30 #/ft². ~~Used~~ using a metal bar to gauge the fill line. No non-exempt activities observed.

Additional Site Information, cont.

[Empty box for additional site information]

Eric Klopfer

Name of Responsible Official

Margaret Hennis

Inspector's Name

Margaret V. Hennis

Inspector's Signature

4/16/99

Date of Inspection

3/2000

Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST INSTRUCTION SHEET
HALOGENATED SOLVENT DEGREASERS**

This instruction sheet will assist in the completion of the halogenated solvent degreaser compliance inspection checklist. Each section contains guidance for completing the appropriate area of the checklist along with recommended actions for facility noncompliance.

TYPE OF INSPECTION

If conducting an ANNUAL INSPECTION, complete all sections.

If conducting a COMPLAINT/DISCOVERY INSPECTION, complete all sections. If a facility is discovered and has not notified the Department, the inspector should leave the facility a copy of the notification form, check line 3 in Part I, and schedule an annual inspection.

If conducting a REINSPECTION, complete only the appropriate sections.

FACILITY NAME/LOCATION

The name and location as entered/found in the ARMS database.

PART I: NOTIFICATION

Review the notification form and complete this section prior to conducting the compliance evaluation.

PART II: CLASSIFICATION

Indicate the type(s) of degreasing machines found at the facility. Verify that the correct machine type was reported and make the appropriate corrections, if necessary.

PART III: GENERAL CONTROL REQUIREMENTS

Batch Vapor and In-line Machines: If the answer is "no" to any of these items, the responsible official is required to submit a compliance plan within 30 days of the compliance evaluation to establish milestones for installing appropriate equipment. The inspector should give the responsible official a copy of the compliance plan guidelines before leaving the facility. The responsible official should be instructed to complete and mail a compliance plan to the inspector within 30 days. The responsible official should also be instructed to notify the inspector in writing of the completion status of each milestone in the compliance plan no later than 15 days after the milestone compliance date. The inspector shall enter all milestones for compliance into the ARMS database. A reinspection shall be conducted within 60 days of a missed notification by the responsible official on the completion status of a milestone.

If a compliance plan is not submitted within 30 days, the inspector should contact the responsible official and determine why the compliance plan has not been submitted. If the responsible official is having problems with establishing milestones and a completion date for each milestone, the inspector should offer assistance in the completion of the compliance plan. The inspector and the responsible official should establish a reasonable time for the submittal of the completed compliance plan. If this deadline is not met, the inspector should proceed with enforcement.

If a milestone is not completed when the facility is inspected, or if the facility is being reinspected because of a missed milestone completion date, the inspector should determine why the milestone has not been met by the specified completion date. If the inspector determines that the milestone completion date should be rescheduled, the inspector and responsible official should establish a reasonable completion date for the milestone. If this

deadline is not met within 60 days of the mutually agreed upon compliance date, then the inspector should proceed with enforcement.

Batch Cold Cleaning Machines: If the answer is "no" to any of Items 1-8, the inspector must inform the responsible official of the requirement. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector. If the facility is not in compliance with Items 9 or 10, the facility must submit a compliance plan as described above.

PART IV: PROCESS VENT CONTROLS

Indicate the method the facility has chosen to control emissions. If the facility has chosen to meet the requirements through an alternative emission limit or an idling emission limit, skip the remainder of this section.

For each machine type present at the facility, indicate in the boxes on the left the control combination that was chosen by the facility in the notification. On the right side, indicate if the proper control devices are actually in use at the facility. If the facility does not have one or more of the necessary control devices, the responsible official is required to submit a compliance plan as described in Part III above.

PART V: RECORDKEEPING REQUIREMENTS

If the answer is "no" to any of the applicable requirements, the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

PART VI: ADDITIONAL SITE INFORMATION

This section is provided for any additional information that may need to be included.

AIRS ID#: 1030389

ACE

Revised 05/18/98

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

FACILITY NAME: F.K. Instruments DATE: April 16, 1999
3/24/99

FACILITY LOCATION: 2134 Sunnydale Blvd.
Clearwater FL 33765

Annual Reporting Period: March 24 1998 TO April 16 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: ERICH KLOPPER Erich Klopfer 4-16-99
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <i>10:00</i>	TIME OUT: <i>11:00</i>	AIRS ID# 1030389 001
TYPE OF FACILITY: Halogenated Solvent Degreaser		
FACILITY NAME: F.K. Instruments	DATE: 4/16/99	
FACILITY LOCATION: 2134 Sunnydale Boulevard, Cleewater, FL 33765		
RESPONSIBLE OFFICIAL: Mr. Eric Klopfer	PHONE NUMBER: (727)	

- 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:

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 J. Hennis* (Please Print)

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030389 TIME IN: 11:00 TIME OUT: 14:15
 FACILITY NAME: F. K. Instruments Co., Inc.
 FACILITY LOCATION: 2134 Sunnydale Blvd.
Clearwater FL 33765
Contact - Al & Erick Klopfer.

Bureau of Air Monitoring
& Mobile Sources
APR 17 1998

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PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM by ~~9/1/96~~ 7/3/97
2. Facility notified DARM 30 days prior to starting up
3. Facility failed to notify DARM to use a general permit
4. Halogenated solvent used at the facility:

perchloroethylene <input type="checkbox"/>	methyl chloride <input type="checkbox"/>
trichloroethylene <input checked="" type="checkbox"/>	1,1,1-trichloroethane <input type="checkbox"/>
carbon tetrachloride <input type="checkbox"/>	chloroform <input type="checkbox"/>
5. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x < 1.21 \text{ m}^2$ <input type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input type="checkbox"/>	Existing In-line <input type="checkbox"/>	

PART II: CLASSIFICATION

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

Batch Vapor, $x < 1.21 \text{ m}^2$ <input checked="" type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold (immersion) <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input type="checkbox"/>	Existing In-line <input type="checkbox"/>	Batch Cold (remote reservoir) <input type="checkbox"/>

PART III: GENERAL CONTROL REQUIREMENTS

Does not apply as they are choosing to meet Alt. Solvent Swiss Limit

A. Batch Vapor and In-Line Machines
Does the facility:

1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification? Y N

2. Maintain a freeboard ratio of 0.75 or greater? Y N
3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/sec)? Y N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? Y N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11 ft/min) or less? Y N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Y N N/A
7. Have each machine equipped with --
- a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. Y N

Immersion Type Only --

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. Y N

PART IV: PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines)

Facility chose to meet requirements using:

- control device combination / work practice standards
- alternative solvent emission limit (proceed to Part V)
- idling emission limit / work practice standards (proceed to Part V)

A. Batch Vapor Machines, $x \leq 1.21m^2$ *Does not apply as they are choosing compliance w/alt solvent emission limit*

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb.
selected

- | | | | |
|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | freeboard refrig. device / superheated vapor | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | freeboard refrig. device / carbon adsorber | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | superheated vapor / carbon adsorber | <input type="checkbox"/> | <input type="checkbox"/> |

In use

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

Facility used (purchased) 2080 # in 1997. Although it appears that they may exceed the limit for using the alternative Std. (30.7 #/ft²) they will begin keeping monthly records of additions & deletions. The facility will also determine amount of solvent in waste. If they still exceed 30.7 they will have choose other means to comply with standard. Either using an equipment ~~idling~~ idling emissions Std. plus design and work practice requirements. I advised them to get in contact w/this office for assistance in compliance w/other Stds. Uses a cutting oil/lubricant (veg. oil based) ~~and~~ coolant and lubricant resulting mixture is referred to as transoil.

Additional Site Information, cont.

Purchase receipts for Branson → 4 x 670# = 2680 / 2.78 = 964 lb / #2/gal / 12 = 8016 ft²

Trichloroethylene - 255 gal on-site
1 - spill drum

Uses ~ 4 ave barrels - $\frac{25}{12} \times \frac{16}{12} = 2.78 \text{ ft}^2$ (soil surface area)

Free board = 16" to middle of condenser coils
narrowest width: 16" (x 25") $\frac{16 \times 25}{144} = 1$

Vapor degreaser is open while used. Uses ~ 1/2 hour / day / 5 days / week
Degreaser used to remove cutting oil = (Swissluco) Vasco 1000 (veg oil + water)

Business is housed in 3 adj. buildings @ 2121 + 2131 Sunnyside. They recycle aluminum scrap (recycling bin and drainage pan to Scrap Metal in Tampa, 247-3619). Residential Area 25' East of back of building. Built & started in 1978 - employs 60 people - 2 shifts. Has small assembly + machines parts for electronic equipment.

Alfred Klopfer

Name of Responsible Official

Margaret Hennis

Inspector's Name

3/24/98

Date of Inspection

Margaret V. Hennis

Inspector's Signature

7/5/98

Approximate Date of Next Inspection

**TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030389 001</u>	DATE: <u>3/24/98</u>	TIME IN: <u>11:00</u>	TIME OUT: <u>14:15</u>
FACILITY NAME: <u>F.K. Instruments Co., Inc.</u>			
FACILITY LOCATION: <u>2134 Suunydale Boulevard</u> <u>Clearwater, FL 33765</u>			
RESPONSIBLE OFFICIAL: <u>Mr. Alfred Klopfer</u>		Phone No.: <u>813-461-6066</u>	
Permit No. <u>1030389-001-AG</u>	Exp. Date: <u>09/25/2001</u>		

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- 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 (only items which are checked):

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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).

Comments: Facility operates no other emissions units. 2680 pounds of trichloroethylene was purchases in 1997. Solvent addition and deletion records, as outlined above, for April and May, 1998, will indicate whether or not facility can meet the alternative solvent criteria. Information on waste reduction and solvent substitution is available through Pinellas County's Polution Prevention Program (464-3547).

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 J. Hennis (Please Print)

Inspector's Signature: Margaret J. Hennis

Phone Number: 464-4422 Date of next Inspection: June 1998
(Approximate)

✓

**TITLE ✓ AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <i>10:30</i>	TIME OUT: <i>11:00</i>	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 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:

Comments:

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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

✓

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: <u>1030329</u>	TIME IN: <u>10:30</u>	TIME OUT: <u>11:00</u>
FACILITY NAME: <u>Astra Products</u>		
FACILITY LOCATION: <u>3675 Tampa Rd.</u> <u>Oldsmar FL 34677</u>		

PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM by 9/1/96
2. Facility notified DARM 30 days prior to starting up
3. Facility failed to notify DARM to use a general permit
4. Halogenated solvent used at the facility:

perchloroethylene <input type="checkbox"/>	methyl chloride <input type="checkbox"/>
trichloroethylene <input type="checkbox"/>	1,1,1-trichloroethane <input checked="" type="checkbox"/>
carbon tetrachloride <input type="checkbox"/>	chloroform <input type="checkbox"/>
5. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x < 1.21 \text{ m}^2$ <input checked="" type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input type="checkbox"/>	Existing In-line <input type="checkbox"/>	

PART II: CLASSIFICATION

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

Batch Vapor, $x < 1.21 \text{ m}^2$ <input checked="" type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold (immersion) <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input type="checkbox"/>	Existing In-line <input type="checkbox"/>	Batch Cold (remote reservoir) <input type="checkbox"/>

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines
 Does the facility:

1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification? Y N

- 2. Maintain a freeboard ratio of 0.75 or greater? Y N
- 3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/sec)? Y N
- 4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? Y N
- 5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? Y N
- 6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Y N N/A
- 7. Have each machine equipped with --
 - a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
- 8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

- 1. Collect and store all waste solvent in closed containers? Y N
- 2. Use a flexible hose or flushing device only within the freeboard area? Y N
- 3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
- 4. Maintain the solvent level inside the machine at or below the fill line? Y N
- 5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
- 6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N N/A
- 7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? Y N
- 8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote Reservoir Type Only --

- 9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. Y N

Immersion Type Only --

- 10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. Y N

PART IV: PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines)

Facility chose to meet requirements using:

- control device combination / work practice standards
- alternative solvent emission limit (proceed to Part V)
- idling emission limit / work practice standards (proceed to Part V)

A. Batch Vapor Machines, $x \leq 1.21m^2$

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- | | | |
|---|---|---|
| X | 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? <i>w/ trouble shooting guide.</i> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| V | 3. Halogenated solvent content for each solvent used? <i>(exempt if <5% by weight) 100%</i> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| X | 4. Estimates of annual solvent consumption for each machine? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| X | 5. Dates of solvent additions and amounts added to each machine? <i>(applicable only to those using an alternative emission limit)</i> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| | 6. Idling emissions limit tests, including values obtained during the initial performance test? <i>(applicable only to those using an idling emissions limit)</i> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| | 7. All control device and parameter monitoring? <i>(applicable only to batch vapor and in-line machines)</i> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| | 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| X | 9. Monthly emissions calculations <i>(applicable only to those using an alternative or idling emission limit)</i> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Y | 10. 3-month rolling average emissions calculations? <i>(applicable only to those using an alternative emission limit)</i> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| | 11. Cleaning capacity calculations? <i>(applicable only to those using an alternative emission limit without a solvent-air interface)</i> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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 Emissions limit - under Alternative Std - by staying
 below 30.71 #/ft²/month, 3 month rolling average.

Additional Site Information, cont.

$$51.84 \text{ gal} \times 11 \#/\text{gal} / 570 \text{ ft}^2 = 205.1/12 = 17 \#/\text{ft}^2$$

Avg - 12 mos

$$- 4.7 \text{ gal} \quad \frac{51.84}{2.78} = 18.6 \#/\text{ft}^2 \quad (\text{L } 30 \#/\text{ft}^2)$$

Keeping records of paint usage in log. pints & quarts

- 10 gal SW E90HC4 Prime
- 4 gal SW R7KC341 Reducer
- 2 gal SW V93TC1 Catalyst
- (#387) 11 gal SW F93GC 128 Green finish coat
- (#383) 4 gal SW R7KC340 Polane reducer
- (#383) 3 gal V66 V476 cat for 383
- (#383) 4 gal 595-26307 Gray Polane T enamel

Steve Ladorienki

Name of Responsible Official

Margaret Henris

Inspector's Name

Margaret V. Henris

Inspector's Signature

4/1/99

Date of Inspection

3/2000

Approximate Date of Next Inspection

7 gal - SW yellow enamel = (add varnish (transparency))

2 gal - SW Polane

4 gal - Polane T Black

6 gal - Polane T Reducer R7K69

2 gal - Polane Reducer R R7K84

2 gal Polane T Cat. V66 V27

2 1/2 gal Polane B Cat

1/2 gal Bruno ^{gray} Polyurethane EV 66 139 91

Total gals = 67 (L 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)

VAPOR DEGREASER
OPERATOR SOLVENT LOG

SOLVENT: 1-1-1-Trichloroethane

VAPER DEGREASER MODEL: BSV2516

SOLVENT (GAL.)			OPERATOR	SUPERVISOR
ADDED	REMOVED	DATE	INITIAL	INITIAL
2" = 4.32 Gal	—	3/10/98	T.E.	H.
3" = 6.48 Gal	—	3/23/98	T.E.	H.
1/2" = 1.08 Gal	—	4/1/98	T.E.	H.
2 1/2" = 5.40 Gal	—	4/20/98	T.E.	H.
1/2" = 1.08 Gal	—	5/1/98	T.E.	H.
1 1/2" = 3.24 Gal	—	6/1/98	T.E.	H.
1 1/2" = 3.24 Gal	—	6/26/98	T.E.	H.
0	—	7/1/98	T.E.	H.
→ 10" = 21.6	—	7/14/98	T.E.	H.
10" = 21.6	—	7/14/98	T.E.	H.
2 1/2" = 5.40 Gal	—	7/29/98	T.E.	H.
2 1/2" = 5.4 Gal	—	8/18/98	T.E.	H.
0	—	9/01/98	T.E.	H.
2 1/2" = 5.4 gal	—	9/10/98	T.E.	H.
0	—	10/01/98	T.E.	H.
2 1/2" = 5.4 gal	—	10/14/98	T.E.	H.

*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

4/1/99

R MODEL: BSV2516

SUPERVISOR
INITIAL
<i>[Handwritten Signature]</i>
<i>[Handwritten Signature]</i>
<i>[Handwritten Signature]</i>
<i>[Handwritten Signature]</i>
<i>[Handwritten Signature]</i>
<i>[Handwritten Signature]</i>

LEVEL TO
SUPERVISOR SHALL
CALCULATIONS.

MATERIAL SAFETY DATA SHEET

TELEPHONE
201-329-2333

SECTION I

MANUFACTURER'S NAME JOHN C. DOLPH COMPANY			DATE PREPARED: 6/15/89		
STREET ADDRESS BOX 267, NEW ROAD, MONMOUTH JUNCTION, NEW JERSEY 08852			TSCA INFO.		
CHEMICAL FAMILY Polyester Resin - Modified	MANUFACTURER'S PRODUCT NO AC-43	TRADE NAME SYNTHITE	<input checked="" type="checkbox"/> MIXTURE*	<input type="checkbox"/> CHEM SUB	CAS #

SECTION II — HAZARDOUS INGREDIENTS

INGREDIENT	PERCENT BY WEIGHT	TLV	TWA	PPM	CAS #	VAPOR PRESSURE mm Hg @ 68°F
		ACGIH		OSHA		
V. M. & P. Naphtha	38-46	300		N/A	64742489	5.2
* Xylene	15-25	100		100	1330207	6.6

* This ingredient is subject to the reporting requirements of Section 313 if the Emergency Planning and Community Right-to-Know Act of 1986 and 40 CFR 372.

SECTION III — PHYSICAL DATA

MELTING RANGE 250-300°F	SOLUBILITY IN WATER Negligible	APPEARANCE & ODOR Clear Amber Liquid Aromatic Odor		
VAPOR DENSITY (AIR = 1) 3.9	EVAPORATION RATE (N-Butyl Acetate = 1) 0.59	% VOLATILE BY VOLUME 65-75	WEIGHT PER GALLON 7.24	SPECIFIC GRAVITY 0.88

SECTION IV — FIRE DATA

FLASH POINT (Method Used)
54°F (TCC - ASTM D-56)

EXTINGUISHING MEDIA
Small Fire: WATER-FOG FOAM OTHER
Large Fire: CARBON DIOXIDE DRY CHEMICAL

UNUSUAL FIRE AND EXPLOSION HAZARDS
This material is flammable and may be ignited.

SPECIAL FIRE FIGHTING PROCEDURES
The use of SCBA is recommended for fire fighting containers but use caution to prevent spread.

Density 7.24 #/Gallon

5-75% Volatile by Volume

7.24 = 88

UNUSUAL FIRE AND EXPLOSION HAZARDS
This material is flammable and may be ignited. Vapors may be ineffective on this.

SPECIAL FIRE FIGHTING PROCEDURES
The use of SCBA is recommended for fire fighting containers but use caution to prevent spread. vapors and cooling

SECTION V — REACTIVITY DATA

STABILITY <input type="checkbox"/> UNSTABLE <input checked="" type="checkbox"/> STABLE	CONDITIONS TO AVOID High temperature storage.
INCOMPATIBILITY (MATERIALS TO AVOID) This material is incompatible with strong acids or bases, oxidizing agents and selected amines.	
THERMAL DECOMPOSITION PRODUCTS Thermal decomposition may yield carbon monoxide and/or carbon dioxide.	
HAZARDOUS POLYMERIZATION <input type="checkbox"/> MAY OCCUR <input checked="" type="checkbox"/> WILL NOT OCCUR	CONDITIONS TO AVOID N/A

N/A—NOT APPLICABLE



MATERIAL SAFETY DATA SHEET

24 Hour Emergency Phone (316) 524-5751

Division of Vulcan Materials Company / P.O. Box 7689 • Birmingham, AL 35253-0689

I - IDENTIFICATION		
CHEMICAL NAME 1,1,1 Trichloroethane	CHEMICAL FORMULA C ₂ H ₃ Cl ₃	MOLECULAR WEIGHT 133.4
TRADE NAME Solvent 111®, General Purpose Grade, Industrial Grade		
SYNONYMS Methyl Chloroform		DOT IDENTIFICATION NO. UN 2831

II - PRODUCT AND COMPONENT DATA			
COMPONENT(S) CHEMICAL NAME	CAS REGISTRY NO.	% (Approx)	ACGIH TLV-TWA
1,1,1 Trichloroethane (stabilized)*	71-55-6	100	350 ppm
*Product has been tested as a mixture.			

III - PHYSICAL DATA	
APPEARANCE AND ODOR Clear, colorless liquid, mildly sweet odor	SPECIFIC GRAVITY 1.32 @ 25°/25°C
BOILING POINT 162°F (72°C.)	VAPOR DENSITY IN AIR (Air = 1) 4.6
VAPOR PRESSURE 100 mm Hg @ 20°C	% VOLATILE, BY VOLUME 100
EVAPORATION RATE (ether = 1): 0.4	SOLUBILITY IN WATER 0.07 gm/100 gm @ 25°C

IV - REACTIVITY DATA	
STABILITY Stable	CONDITIONS TO AVOID Avoid contact with open flame, electric arcs, or other hot surfaces which can cause thermal decomposition.
INCOMPATIBILITY (Materials to avoid) Strong alkalis, oxidizers, and reactive metals.	
HAZARDOUS DECOMPOSITION PRODUCTS Hydrogen chloride, phosgene (small amounts).	
HAZARDOUS POLYMERIZATION Will not occur.	



ASTRA PRODUCTS CO., INC. OF TAMPA

3675 TAMPA RD., P.O. BOX 711
OLDSMAR, FL 34677
(813) 855-3021
FAX: (813) 855-0782

FAX TRANSMISSION

DATE 4-8-98	TIME 11:20 AM
ATTENTION MARGARET HENNIS	PHONE # 464-4422
COMPANY DEPT. OF ENVIRONMENTAL MANAGEMENT	FAX # 464-4420

FROM STEVE LADONICZKI	NO. PAGES INCL. COVER 3
-----------------------	-------------------------

MESSAGE MARGARET

Here is our current Solvent log
as well as ~~as~~ our INITIAL ALTERNATE EMISSION
LIMIT CALCULATION SHEET. LET ME KNOW IF
YOU HAVE ANY QUESTIONS.

THANKS!

Steve

MONTHLY (3-MONTH ROLLING) AVERAGE

ALTERNATIVE EMISSION LIMIT CALCULATIONS

MONTH: MARCH 98

SOLVENT: 1-1-1, TRICHLOROETHANE

VAPOR DEGREASER MODEL: BSV2516 (Branson)

SPECIFIC GRAVITY OF SOLVENT 1.32

SOLVENT/AIR INTERFACE: 25"X16" = 2.78 ft²

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

$\frac{8.34 \times 1.32}{2.78} = 30.7$

1.32 x 8.34 = 11.00#/GALLON

EMISSION LIMIT BASED ON OUR SPECIFIC UNIT:

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

Emission = $\left[\begin{array}{l} \text{SA} - \text{LSR} - \text{SSR} \\ \text{solvent added} \\ \text{gal/month} \end{array} - \left[\begin{array}{l} \text{liquid solvent} \\ \text{removed} \\ \text{gal/month} \end{array} \right] - \left[\begin{array}{l} \text{liquid solvent} \\ \text{removed in} \\ \text{solid waste} \\ \text{gal/month} \end{array} \right] \right]$

$E = \left[\left[\text{SA } \underline{5.40} \right] - \left[\text{LSR } \underline{\quad} \right] - \left[\text{SSR } \underline{0} \right] \right] \times \left[\left[\frac{11 \text{ lb/gal}}{2.78 \text{ ft}^2} \right] \right]$

$E = \underline{21.37} \text{ lb/ft}^2 \text{ (For Most Recent Month)}$

$\frac{E^1 + E^2 + E^3}{3} = \frac{\text{NA}^* + \text{N.A.}^* + \underline{21.37}}{3}$

3 MONTH ROLLING AVERAGE: 21.37^{*} lb/ft²

- E¹ = Total HAP Solvent Emission during the most recent month report period
- E² = Total HAP Solvent Emission during the month prior to E¹.
- E³ = Total HAP Solvent Emission during the month prior to E².

* Previous months emission not available for true 3 month average.

Doyle 4/2/98

VAPOR DEGREASER
OPERATOR SOLVENT LOG

SOLVENT: 1-1-1-Trichloroethane

VAPER DEGREASER MODEL: BSV2516

SOLVENT (GAL.)			OPERATOR	SUPERVISOR
ADDED	REMOVED	DATE	INITIAL	INITIAL
2" = 4.32 GAL	—	3/2/98	Z.E.	M.
2" = 4.32 GAL	—	3/23/98	Z.E.	M.
1/2" = 1.08 GAL	—	4/1/98	Z.E.	M.

*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

HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: F.K. Instruments DATE: 5/1/00
FACILITY LOCATION: 2134 Sunnydale Boulevard
Clearwater Fl 33765

Annual Reporting Period: April 16 ²⁰⁰⁰/₁₉ TO May 1, 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: _____

#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: _____

RECEIVED
JUN - 7 2000
Bureau of Air Monitoring
& Mobile Sources

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: ALFRED H. KLOPFER Alfred H. Klopfer 5/1/00
Name (Please Print) Signature Date

This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030389 TIME IN: 11:00 TIME OUT: 11:45
 FACILITY NAME: F. K. Instruments
 FACILITY LOCATION: 2134 Sunnydale Boulevard
Clean Water Pl. 33765

PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM by 9/11/96 7/3/97

2. Facility notified DARM 30 days prior to starting up

3. Facility failed to notify DARM to use a general permit

4. Halogenated solvent used at the facility:

perchloroethylene	<input type="checkbox"/>	methyl chloride	<input type="checkbox"/>
trichloroethylene	<input checked="" type="checkbox"/>	1,1,1-trichloroethane	<input type="checkbox"/>
carbon tetrachloride	<input type="checkbox"/>	chloroform	<input type="checkbox"/>

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

Batch Vapor, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

PART II: CLASSIFICATION

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

Batch Vapor, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines
 Does the facility:

1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification? Y N

2. Maintain a freeboard ratio of 0.75 or greater? *distance condenser coils* 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. (11 ft/min) or less? Y N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. Y N N/A
7. Have each machine equipped with --
- a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
 - c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. Y N

Immersion Type Only --

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. Y N

PART IV: PROCESS VENT CONTROLS (not applicable to batch cold cleaning machines)

Facility chose to meet requirements using:

- control device combination / work practice standards
- alternative solvent emission limit (proceed to Part V)
- idling emission limit / work practice standards (proceed to Part V)

A. Batch Vapor Machines, $x \leq 1.21m^2$

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

D. New In-Line Machines

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- | | |
|---|---|
| 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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. | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Halogenated solvent content for each solvent used? (<i>exempt if <5% by weight / 0.0%</i>) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Estimates of annual solvent consumption for each machine? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Dates of solvent additions and amounts added to each machine? (<i>applicable only to those using an alternative emission limit</i>) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Idling emissions limit tests, including values obtained during the initial performance test? (<i>applicable only to those using an idling emissions limit</i>) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 7. All control device and parameter monitoring? (<i>applicable only to batch vapor and in-line machines</i>) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 9. Monthly emissions calculations (<i>applicable only to those using an alternative or idling emission limit</i>) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 10. 3-month rolling average emissions calculations? (<i>applicable only to those using an alternative emission limit</i>) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 11. Cleaning capacity calculations? (<i>applicable only to those using an alternative emission limit without a solvent-air interface</i>) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART VI: ADDITIONAL SITE INFORMATION

Empty box for additional site information.

Additional Site Information, cont.

Highest 3 mo. rolling average during last 3 months is 24.3 $\mu\text{g}/\text{m}^3$
Equipment bath degreaser was turned off + locked.
Using veg. oil-based cutting oil - Blasen - Coolant waste
is mixed w/ motor oil and then filtered - Sludge is
Sent off. 1 gallon of denatured alcohol in assembly area
2 - 55 gal drums of TCE in chemical storage area.
Planning to add building behind ^{main} office building

Alfred Klopfer

Name of Responsible Official

Margaret Hennis

Inspector's Name

Margaret V. Hennis

Inspector's Signature

5/1/02

Date of Inspection

5/01

Approximate Date of Next Inspection

MONTHLY (3-MONTH ROLLING)
AVERAGE

ALTERNATIVE EMISSION LIMIT CALCULATIONS

FOR: "F.K. INSTRUMENT CO., INC."

MONTH: Jan. 2000

SOLVENT: 1-1-1, TRICHLOROETHYLENE VAPOR DEGREASER MODEL: BSV2516
(Branson)

SPECIFIC GRAVITY OF SOLVENT 1.465 SOLVENT/AIR INTERFACE: 25" x 16" x 2.78 ft²

EPA, EMISSION LIMITS:

30.71b /ft² / month

1.465 x 8.34 = 12.2#/GALLON

EMISSION LIMIT BASED ON OUR SPECIFIC UNIT:

$$\frac{30.7 \text{ lb}}{\text{ft}^2} \times \frac{2.78 \text{ ft}^2}{12.2 \text{ gal}} = 85.35 \text{ lb/month} \div 12.2 = \boxed{7.0 \text{ gal/month}}$$

$$E \text{ emissions} = \left[\begin{array}{l} \text{SA} \\ \text{solvent} \\ \text{added} \\ \text{lbs/month} \end{array} - \begin{array}{l} \text{LSR} \\ \text{liquid} \\ \text{solvent} \\ \text{removed} \\ \text{lbs/month} \end{array} - \begin{array}{l} \text{ft} \\ \text{SSR} \\ \text{liquid solvent} \\ \text{removed in} \\ \text{solid waste} \\ \text{lbs/month} \end{array} \right] \times \left[\frac{\text{Lbs.}}{2.78 \text{ ft}} \right]$$

$$E = \left[[\text{SA } \underline{21}] - [\text{LSR } \underline{0}] - [\text{SSR } \underline{0}] \right] \times \left[\frac{\text{Lbs.}}{2.78 \text{ ft}} \right]$$

$$E = \underline{7.5} \text{ lb/ft}^2 \quad (\text{For Most Recent Month})$$

$$\frac{E^1 + E^2 + E^3}{3} + \frac{\underline{7.5} + \underline{17.08} + \underline{18.65}}{3}$$

= 3 MONTH ROLLING AVERAGE: 14.41

E¹ = Total HAP Solvent Emission during the most recent month report period

E² = Total HAP Solvent Emission during the month prior to E²

E³ = Total HAP Solvent Emission during the month prior to E³

MONTHLY (3-MONTH ROLLING)
AVERAGE

ALTERNATIVE EMISSION LIMIT CALCULATIONS

FOR: "F.K. INSTRUMENT CO., INC."

MONTH: Feb. 2000

SOLVENT: 1-1-1, TRICHLOROETHYLENE VAPOR DEGREASER MODEL: BSV2516
(Branson)

SPECIFIC GRAVITY OF SOLVENT 1.465 SOLVENT/AIR INTERFACE: 25" x 16" x 2.78 ft²

EPA, EMISSION LIMITS:

30.71b /ft² / month

1.465 x 8.34 = 12.2#/GALLON

EMISSION LIMIT BASED ON OUR SPECIFIC UNIT:

$$\frac{30.7 \text{ lb}}{\text{ft}^2} \times 2.78 \text{ ft}^2 = 85.35 \text{ lb/month} \quad 12.2 = \boxed{7.0 \text{ gal/month}}$$

$$E \text{ emissions} = \left[\begin{array}{l} \text{SA} \\ \text{solvent} \\ \text{added} \\ \text{lbs/month} \end{array} - \begin{array}{l} \text{LSR} \\ \text{liquid} \\ \text{solvent} \\ \text{removed} \\ \text{lbs/month} \end{array} - \begin{array}{l} \text{ft} \\ \text{liquid solvent} \\ \text{removed in} \\ \text{solid waste} \\ \text{lbs/month} \end{array} \right] \times \left[\frac{\text{Lbs.}}{2.78 \text{ ft}} \right]$$

$$E = \left[[\text{SA } 77] - [\text{LSR } 0] - [\text{SSR } 0] \right] \times \left[\frac{\text{Lbs.}}{2.78 \text{ ft}} \right]$$

$$E = \underline{27.6} \text{ lb/ft}^2 \quad (\text{For Most Recent Month})$$

$$\frac{E^1 + E^2 + E^3}{3} + \frac{27.6 + 14.41 + 17.08}{3}$$

$$= \text{3 MONTH ROLLING AVERAGE: } \underline{19.69}$$

E¹ = Total HAP Solvent Emission during the most recent month report period

E² = Total HAP Solvent Emission during the month prior to E²

E³ = Total HAP Solvent Emission during the month prior to E³

MONTHLY (3-MONTH ROLLING)
AVERAGE

ALTERNATIVE EMISSION LIMIT CALCULATIONS

FOR: "F.K. INSTRUMENT CO., INC."

MONTH: March 2000

SOLVENT: 1-1-1, TRICHLOROETHYLENE VAPOR DEGREASER MODEL: BSV2516
(Branson)

SPECIFIC GRAVITY OF SOLVENT 1.465 SOLVENT/AIR INTERFACE: 25" x 16" x 2.78 ft²

EPA, EMISSION LIMITS:

$30.71 \text{ lb / ft}^2 / \text{month}$

$1.465 \times 8.34 = 12.2 \text{ #/GALLON}$

EMISSION LIMIT BASED ON OUR SPECIFIC UNIT:

$$\frac{30.7 \text{ lb}}{\text{ft}^2} \times \frac{2.78 \text{ ft}^2}{1} = 85.35 \text{ lb/month} \div 12.2 = 7.0 \text{ gal/month}$$

$$E \text{ emissions} = \left[\begin{array}{l} \text{SA} \\ \text{solvent} \\ \text{added} \\ \text{lbs/month} \end{array} - \begin{array}{l} \text{LSR} \\ \text{liquid} \\ \text{solvent} \\ \text{removed} \\ \text{lbs/month} \end{array} - \begin{array}{l} \text{ft} \\ \text{SSR} \\ \text{liquid solvent} \\ \text{removed in} \\ \text{solid waste} \\ \text{lbs/month} \end{array} \right] \times \left[\frac{\text{Lbs.}}{2.78 \text{ ft}} \right]$$

$$E = \left[[\text{SA} \text{ }] - [\text{LSR} \text{ }] - [\text{SSR} \text{ }] \right] \times \left[\frac{\text{Lbs.}}{2.78 \text{ ft}} \right]$$

$$E = \text{ } \text{lb/ft}^2 \quad (\text{For Most Recent Month})$$

$$\frac{E^1 + E^2 + E^3}{3} + \frac{\text{ } + 19.69 + 14.41}{3}$$

= 3 MONTH ROLLING AVERAGE: _____

E¹ = Total HAP Solvent Emission during the most recent month report period

E² = Total HAP Solvent Emission during the month prior to E²

E³ = Total HAP Solvent Emission during the month prior to E³

MONTHLY (3-MONTH ROLLING)
AVERAGE

ALTERNATIVE EMISSION LIMIT CALCULATIONS

FOR: "F.K. INSTRUMENT CO., INC."

MONTH: APRIL

SOLVENT: 1-1-1, TRICHLOROETHYLENE VAPOR DEGREASER MODEL: BSV2516
(Branson)

SPECIFIC GRAVITY OF SOLVENT 1.465 SOLVENT/AIR INTERFACE: 25" x 16" x 2.78 ft²

EPA, EMISSION LIMITS: 30.71b /ft² / month

1.465 x 8.34 = 12.2#/GALLON

EMISSION LIMIT BASED ON OUR SPECIFIC UNIT:

$$\frac{30.7 \text{ lb}}{\text{ft}^2} \times 2.78 \text{ ft}^2 = 85.35 \text{ lb/month} \div 12.2 = \text{7.0 gal/month}$$

$$E \text{ emissions} = \left[\begin{array}{l} \text{SA} \\ \text{solvent} \\ \text{added} \\ \text{lbs/month} \end{array} - \begin{array}{l} \text{LSR} \\ \text{liquid} \\ \text{solvent} \\ \text{removed} \\ \text{lbs/month} \end{array} - \begin{array}{l} \text{ft} \\ \text{SSR} \\ \text{liquid solvent} \\ \text{removed in} \\ \text{solid waste} \\ \text{lbs/month} \end{array} \right] \times \left[\frac{\text{Lbs.}}{2.78 \text{ ft}} \right]$$

$$E = \left[[\text{SA} \text{ _____}] - [\text{LSR} \text{ _____}] - [\text{SSR} \text{ _____}] \right] \times \left[\frac{\text{Lbs.}}{2.78 \text{ ft}} \right]$$

E = _____ lb/ft² (For Most Recent Month)

$$\frac{E^1 + E^2 + E^3}{3} + \frac{\text{-----} + \text{-----} + \text{-----}}{3}$$

= 3 MONTH ROLLING AVERAGE: _____

E¹ = Total HAP Solvent Emission during the most recent month report period

E² = Total HAP Solvent Emission during the month prior to E²

E³ = Total HAP Solvent Emission during the month prior to E³

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:00 TIME OUT: 11:45 AIRS ID#: 1030389
 TYPE OF FACILITY: Halogenated Solvent Degreasers
 FACILITY NAME: A.K. Instruments DATE: 5/1/00
 FACILITY LOCATION: 2134 Sunnydale Blvd
Clearwater, FL 33765
 RESPONSIBLE OFFICIAL: Alfred Klopfer PHONE NUMBER: 727-461-6060

- 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

BEST AVAILABLE COPY

Z 333 613 224

US Postal Service
Receipt for Certified Mail

AIRS ID 1030389

F. K. INSTRUMENT CO INC
ALFRED KLOPFER
2134 SUNNYDALE BLVD
CLEARWATER FL 3375

PS Form 3800, April 1995

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	

Forms 1 and/or 2 for additional services.
Forms 3, 4a, and 4b.
Name and address on the reverse of this form so that we can return this
mail to the front of the mailpiece, or on the back if space does not
allow. *Receipt Requested** on the mailpiece below the article number.
This receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Addressed to:
AIRS ID 1030389
F. K. INSTRUMENT CO INC
ALFRED KLOPFER
2134 SUNNYDALE BLVD
CLEARWATER FL 33765

4a. Article Number
Z 333 613 224
4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/17/98

(Print Name)

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

(Addressee or Agent)

Alfred Klopfer

Thank you for using Return Receipt Service.

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

OFFICIAL USE

Postage	\$	<i>Receipt</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	11	AIRS ID # 1030389
Sent To	ALFRED KLOPFER	
Street, Apt. No. or PO Box No.	F. K. INSTRUMENT CO INC	
City, State, ZIP	2134 SUNNYDALE BLVD CLEARWATER FL 33765	

PS Form 3800, January 2000 See Reverse for Instructions

7001 0320 0001 7975 8718

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 # 1030389
 ALFRED KLOPFER
 F. K. INSTRUMENT CO INC
 2134 SUNNYDALE BLVD
 CLEARWATER FL 33765

2. *(Barcode area)*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery *4-15-02*

C. Signature *x Barb Rankolett* Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

7001 0320 0001 7975 7995

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

11 AIRS ID # 1030389
 ALFRED KLOPFER
 F. K. INSTRUMENT CO INC
 2134 SUNNYDALE BLVD
 CLEARWATER FL 33765

See Instructions

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 # 1030389
 ALFRED KLOPFER
 F. K. INSTRUMENT CO INC
 2134 SUNNYDALE BLVD
 CLEARWATER FL 33765

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Kendall Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

7001 0320 0001 7975 7995

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Noise Sources

APR 25 2002

RECEIVED

32399-2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400000

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

12/15/00 *pd*

Do NOT Remove Label

AIRS ID # 1030389
 F. K. INSTRUMENT CO INC
 ALFRED KLOPFER
 2134 SUNNYDALE BLVD
 CLEARWATER FL 33765

RECEIVED
 MAIL ROOM
 DEC 15 2000
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: AT
 Fund: 20-2-035001
 Obj.: 002273

Document	Date	Gross	Discount	Net	DEPTENVIRO DEPT ENVIRONMENTAL PROTECTION
121200	12/12/00	\$50.00	\$0.00	\$50.00	
 <p><i>Airs ID # 1030389</i> F. K. Instrument Co., Inc. 2131 Sunnydale Blvd. · Clearwater, FL 33765</p>					040715
F. K. Instrument Co., Inc.	Totals	\$50.00	\$0.00	\$50.00	

Check 40715
Clearwater, FL 33765

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389336

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

DEC 10 1999

RECEIVED
DEC 14 1999

Do **NOT** Remove Label

AIRS ID # 1030389

F. K. INSTRUMENT CO INC
ALFRED KLOPFER
2134 SUNNYDALE BLVD
CLEARWATER FL 33765

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

Document	Date	Gross	Discount	Net
1030389	12/6/1999	\$50.00	\$0.00	\$50.00
F.K. Instrument Co., Inc.				
F.K. Instrument Co., Inc. Clearwater, FL 33765		\$50.00	\$0.00	\$50.00

DEPT ENVIRONMENTAL PROTECTION

9

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356830

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 1030389
F. K. INSTRUMENT CO INC
ALFRED KLOPFER
2134 SUNNYDALE BLVD
CLEARWATER FL 33765



RECEIVED
MAIL ROOM
JAN 11 99

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓303088

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

RECEIVED
MAIL ROOM
FEB 20 98

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#1030389

F. K. INSTRUMENT CO INC
 ALFRED KLOPFER
 2134 SUNNYDALE BLVD
 CLEARWATER FL 33765

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Document	Date	Gross	Discount	Net
1030389-98	1/15/98	\$50.00	\$0.00	\$50.00



F. K. Instrument Co., Inc.
 Clearwater, FL 33765



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412613 JAN 4 2002

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

TOTAL AMOUNT DUE: \$50.00


Do **NOT** Remove Label

AIRS ID # 1030389
 F. K. INSTRUMENT CO INC
 ALFRED KLOPFER
 2134 SUNNYDALE BLVD
 CLEARWATER FL
 33765

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

Document	Date	Gross	Discount	Net
122601	12/26/01	\$50.00	\$0.00	\$50.00

DEPTENVIRO DEPT ENVIRONMENTAL PROTECTION **043528**



AIRS ID # 1030389

F. K. Instrument Co., Inc.
 2131 Sunnydale Blvd. • Clearwater, FL 33765

F. K. Instrument Co., Inc. \$50.00 \$0.00 \$50.00
 Clearwater, FL 33765