



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 14, 2001

Mr. Michael Pecora
Unilens Corp., USA
10431 72nd Street, North
Largo, Florida 33777

Re: Facility No.: 1030481-001

Dear Mr. Pecora:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on February 7, 2001.

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

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

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

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

Sincerely,

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

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

1030481-001

p 19

5(9) Required. Should be worked.

p 20

Responsible official signs and date for changes made.

HALOGENATED SOLVENT DEGREASERS
 AIR GENERAL PERMIT NOTIFICATION FORM

Actually received 2001
 RECEIVED
 FEB-7-2000
 Bureau of Air Monitoring
 & Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Unilens Corp., USA.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: FDL057727836
4. Facility Location: Street Address: 10431 72nd Street, North City: Largo, FL County: Pinellas Zip Code: 33777
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1030481-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: Michael Pecora Title: Chief Financial Officer
7. Responsible Official Mailing Address: Organization/Firm: Unilens Corp., USA Street Address: 10431 72nd Street, North City: Largo, FL County: Pinellas Zip Code: 33777
8. Responsible Official Telephone Number: Telephone: (727) 544 - 2531 Fax: (727) 545 - 1883

Facility Contact (If different from Responsible Official)

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

Facility Information

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

Affected Machines	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
$x \leq 1.21 \text{ m}^2$	29-NOV-93	NEW <u>EXISTING</u>	N/A
$x > 1.21 \text{ m}^2$	_____	NEW/EXISTING	_____
Batch Cold	_____	NEW/EXISTING	_____
In-line	_____	NEW/EXISTING	_____

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

[242] gallons

(b) If less than 12 months, how many? [] months

Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []

3. (a) Please indicate which of the following halogenated solvents are used at your facility.

[] perchloroethylene

[] methylene chloride

[] trichloroethylene

[X] 1,1,1-trichloroethane

[] carbon tetrachloride

[] chloroform

(b) The total volume of halogenated solvent emissions shall not exceed 10 tons per year. I choose to meet this requirement by (choose one):

[] complying with an alternative solvent emission limit

[] implementing a control device combination/work practice standards

[X] meeting an idling emission limit/work practice standards

OR

[] meeting the requirements for batch cold cleaning machines

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

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

5. Equipment Monitoring and Recordkeeping Information

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

ALL FACILITIES

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

FOR FACILITIES USING CONTROL COMBINATIONS

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

FOR FACILITIES MEETING EMISSION STANDARDS

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

* Only for facilities meeting the alternative emission limitation standards*

6. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

MICHAEL J. PECORA

Print name of responsible official

Michael J Pecora

Signature

01/30/01

Date

Unilens Corp., USA
10431 72nd Street North
Largo, Florida 33777
727.544.2531
800.446.2020
Fax: 727.545.1883

10 July 2008

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

RECEIVED
JUL 14 2008
Bureau of Air Monitoring
& Mobile Sources

Re: Election for use of Alternative Standard 40 CFR 63 Subpart T §63.464 in lieu of reporting under §63.463
Degreasing General Permit, Permit No. 1030481-001-AG

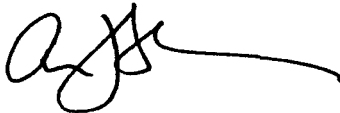
Dear General Permits Section:

Unilens Corp., USA has elected to comply with reporting solvent emissions required under the NESHAP/MACT by meeting Alternative Standard §63.464.

Unilens has previously complied with both §63.463 and §63.464 reporting requirements, and has found in discussions with the Pinellas County Air Quality Division that this not necessary if we meet the specifications presented in the Alternative Standards section.

Please contact me at (727) 544 2531 if you need any further information.

Regards,

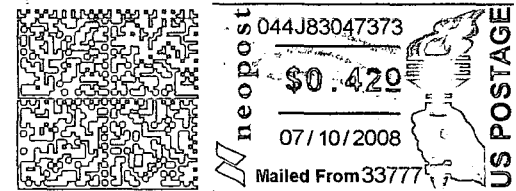


Alan J. Frazer
Director of Quality Assurance
alan.frazer@unilens.com

c: M. Hennis



10431 72nd Street North
Largo, FL 33777



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



RECEIVED

MAR 18 2002
Bureau of Air Monitoring
& Mobile Sources

March 12, 2002

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

Unilens Corp., USA
10431 72nd Street North
Largo, Florida 33777
727.544.2531
800.446.2020
Fax: 727.545.1883


Re: Annual Statement of Compliance
Halogenated Solvent Degreasing General Permit, Permit No. 1030481-001-AG

Dear Sir or Madam,

This letter is being submitted as an annual statement of compliance to notify you that Unilens Corp., USA located at 10431 72nd Street North, Largo, FL 33777 is in compliance with the idling emission limit of not exceeding 1000 lbs/year per activity and 10 tons/year per facility. We have two Branson degreaser units with an estimated solvent consumption of 244 lbs/year for unit D1 and 235 lbs/year for unit D2. Operator training has been performed in accordance with the requirements of 40 CFR Part 63, Subpart T.

Please contact us at (727) 544 2531 if you need any further information.

Sincerely,


Michael J. Pecora
Chief Financial Officer



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443750 DEC 27 2004

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1030481 11 UNILENS CORP, USA 10431 72nd Street North LARGO, FL 33777

Printed on recycled paper.

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
DEC 28 2004

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457729 JAN 9 2006

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1030481 11 UNILENS CORP, USA 10431 72nd Street North LARGO, FL 33777

Printed on recycled paper.

Bureau of Air Monitoring
& Mobile Sources

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434562 DEC22 2003

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

1030481
MICHAEL PECORA
UNILENS CORP, USA
10431 72ND STREET NORTH
LARGO FL 33777

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421996 JAN21 2003

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#1030481
UNILENS CORP, USA
MICHAEL PECORA
10431 72ND STREET NORTH
LARGO FL
33777

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

Bureau of Air Mail
& Mobile Services

JAN 24 2003



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412194 DEC24 2001

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

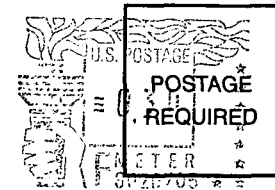
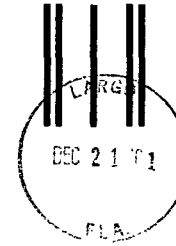
Do **NOT** Remove Label

AIRS ID # 1030481
UNILENS CORP, USA MICHAEL PECORA 10431 72ND STREET NORTH LARGO FL 33777

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

Unilens Corp. U.S.A.					
CHECK NUMBER 33875				VENDOR NUMBER 3680	
VOUCHER NO.	VENDOR INVOICE NUMBER	PURCHASE ORDER NO.	GROSS	DISCOUNT	NET
56534	OPERATION FEE		50.00	0.00	50.00
THE ATTACHED CHECK IS IN PAYMENT FOR THE INVOICE LISTED. PLEASE DETACH FOR YOUR RECORDS.			50.00	.00	50.00

UNILENS CORP., USA
10431 - 72nd ST. N.
LARGO, FL 33777-1511



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

32315+3070 99

