

AIR PERMIT RENEWAL



**4647 S.W. 40TH AVENUE
OCALA, FLORIDA 34474
Delta Project No. E002-416-5**

0830084-004-AF

Prepared by:



Delta
Environmental
Consultants, Inc.

8008 Corporate Center Drive
Charlotte, North Carolina 28226

October 2002

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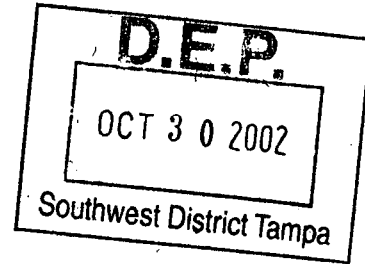
Permit Renewal Application

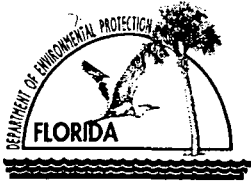
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Figure 1: Site Location Map
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Department of Environmental Protection

Division of Air Resources Management

APPLICATION FOR NON-TITLE V AIR PERMIT RENEWAL

See Instructions for Form No. 62-210.900(4)

I. APPLICATION INFORMATION

Identification of Facility

1. Facility Owner/Company Name: <i>Flair Manufacturing</i>	
2. Site Name: <i>Flair Manufacturing</i>	
3. Facility Identification Number: <i>0830084</i>	4. Facility Status Code: <i>A</i>

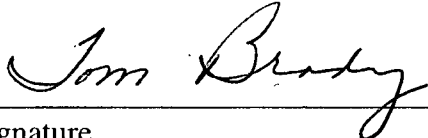
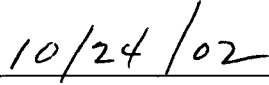
Application Contact

1. Name and Title of Application Contact: <i>Tom Brady</i> <i>Safety Environmental Manager</i>
2. Application Contact Mailing Address: Organization/Firm: <i>Flair Corporation</i> Street Address: <i>4647 S. W. 40th Avenue</i> City: <i>Ocala</i> State: <i>Florida</i> Zip Code: <i>34474-5722</i>
3. Application Contact Telephone Numbers: Telephone: <i>(352) 873 - 5706</i> Fax: <i>(352) 873 - 5755</i>

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	<i>10/30/2002</i>
2. Permit Number:	<i>0830084-004-AF</i>

Owner/Authorized Representative

1. Name and Title of Owner/Authorized Representative: <p style="text-align: center;"><i>Tom Brady</i> <i>Safety Environmental Manager</i></p>
2. Owner/Authorized Representative Mailing Address: Organization/Firm: <i>Flair Manufacturing</i> Street Address: <i>4647 S. W. 40th Avenue</i> City: <i>Ocala</i> State: <i>Florida</i> Zip Code: <i>34474-5722</i>
3. Owner/Authorized Representative Telephone Numbers: Telephone: <i>(352) 873 - 5706</i> Fax: <i>(352) 873 - 5755</i>
4. Owner/Authorized Representative Statement: <p><i>I, the undersigned, am the owner or authorized representative* of the facility addressed in this Application for Air Permit. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described in this application so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof. I understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.</i></p> <p style="text-align: center;"> _____ Signature</p> <p style="text-align: center;"> _____ Date</p>

* Attach letter of authorization if not currently on file. (See Appendix B)

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
001	Spray Paint Booths	AF2C	\$ 750
002	Sandblasting Operations	AF2B	\$ 1000

Application Processing Fee

Check one: [] Attached - Amount: \$ 1750 [] Not Applicable

Application Comment

II. FACILITY INFORMATION

Facility Contact

1. Name and Title of Facility Contact: <i>Tom Brady, Safety Environmental Manager</i>
2. Facility Contact Mailing Address: Organization/Firm: <i>Flair Manufacturing</i> Street Address: <i>4647 S. W. 40th Avenue</i> City: <i>Ocala</i> State: <i>Florida</i> Zip Code: <i>34474-5722</i>
3. Facility Contact Telephone Numbers: Telephone: <i>(352) 873 - 5706</i> Fax: <i>(352) 873 - 5755</i>

Facility Supplemental Requirements

1. Area Map Showing Facility Location: <input checked="" type="checkbox"/> Attached, Document ID: <i>Figure 1</i> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Facility Plot Plan: <input checked="" type="checkbox"/> Attached, Document ID: <i>Figure 2</i> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
3. Process Flow Diagram(s): <input checked="" type="checkbox"/> Attached, Document ID: <i>Figure 3</i> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested

Facility Comment

<p>-The small Delong Sandblaster Room (E.U. 002) was removed in July 2002.</p> <p>-Exempt Activities:</p> <p>Teflon Coating [F.A.C. 62-310.300 (3) (a) (24)]</p> <p>Teflon Curing [F.A.C. 62-210.300 (3) (a) (24)]</p> <p>Welding [F.A.C. 62-210.300 (3) (a) (16)]</p> <p>Equipment used exclusively on wood [F.A.C. 62-210.300 (3) (a) (11)]</p>

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section must be completed for each emissions unit addressed in this Application for Non-Title V Air Permit Renewal. If submitting the form in hard copy, indicate, in the space provided at the top of each page, the Emissions Unit ID of the emissions unit addressed on the page, as given in the unit's most current air operation permit.

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters): <i>Large Spray Paint Booth Area and Small Paint Booth Area</i>	
2. Emissions Unit Status Code: A	3. Long-Term Reserve Shutdown Date: NA
4. Control Equipment Method/Description (limit to 200 characters per device or method): <i>These booths are equipped with filter arrestors to collect overspray and fans to exhaust fumes through a 45' tall exhaust stack. This emissions unit also has associated spray gun cleaning stations, a free standing Large Spray Paint Mixing Booth, a Small Spray Paint Mixing Booth, and a paint "touch up" area.</i>	

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:	NA	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr NA	tons/day
3. Maximum Process or Throughput Rate:	<i>See Comment</i>	
4. Maximum Production Rate:	<i>See Comment</i>	
5. Requested Maximum Operating Schedule:	24 hours/day 52 weeks/year	7 days/week 8760 hours/year

Emissions Unit ID 001

Emissions Unit Supplemental Requirements

1. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Compliance Test Report <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Previously submitted, Date: _____
3. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
4. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
5. Other Information Required by Rule or Statute <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

Emissions Unit Comment

This Emissions Unit is currently permitted to operate 8,760 hrs per year. There have been no changes to process throughput or operating hours. The facility is considered by FL-DEP to be a natural minor non-Title V source.

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section must be completed for each emissions unit addressed in this Application for Non-Title V Air Permit Renewal. If submitting the form in hard copy, indicate, in the space provided at the top of each page, the Emissions Unit ID of the emissions unit addressed on the page, as given in the unit's most current air operation permit.

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters): <i>Large Empire Sandblast Room</i>	
2. Emissions Unit Status Code: <i>A</i>	3. Long-Term Reserve Shutdown Date: <i>NA</i>
4. Control Equipment Method/Description (limit to 200 characters per device or method): <i>Empire Abrasive Equipment Corporation, Model 1320-10 sandblaster equipped with a CP Environmental Filters, Inc. Model 84NF042 pulse jet dust collector to control PM emissions.</i>	

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:	<i>NA</i>	mmBtu/hr
2. Maximum Incineration Rate:	<i>NA</i>	lb/hr tons/day
3. Maximum Process or Throughput Rate:	<i>See Comment</i>	
4. Maximum Production Rate:	<i>See Comment</i>	
5. Requested Maximum Operating Schedule:	<i>24 hours/day</i>	<i>7 days/week</i>
	<i>52 weeks/year</i>	<i>8760 hours/year</i>

Emissions Unit ID 002

Emissions Unit Supplemental Requirements

1. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Compliance Test Report <input checked="" type="checkbox"/> Attached, Document ID: <u>Appendix A</u> <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Previously submitted, Date: <u>October 15, 2002</u>
3. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
4. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
5. Other Information Required by Rule or Statute <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

Emissions Unit Comment

This Emissions Unit is currently permitted to operate 8,760 hrs per year. There have been no changes to process throughput or operating hours. The facility is considered by FL-DEP to be a natural minor non-Title V source.

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section must be completed for each emissions unit addressed in this Application for Non-Title V Air Permit Renewal. If submitting the form in hard copy, indicate, in the space provided at the top of each page, the Emissions Unit ID of the emissions unit addressed on the page, as given in the unit's most current air operation permit.

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters):	
<i>Teflon Sandblaster</i>	
2. Emissions Unit Status Code: A	3. Long-Term Reserve Shutdown Date: NA
4. Control Equipment Method/Description (limit to 200 characters per device or method):	
<i>Delong Model SB-2 sandblaster equipped with a Dollinger Dust Collector- Zero Air Cartridge Fabric Filter to control particulate matter emissions.</i>	

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:	NA	mmBtu/hr
2. Maximum Incineration Rate:	lb/hr NA	tons/day
3. Maximum Process or Throughput Rate:	<i>See Comment</i>	
4. Maximum Production Rate:	<i>See Comment</i>	
5. Requested Maximum Operating Schedule:	24 hours/day	7 days/week
	52 weeks/year	8760 hours/year

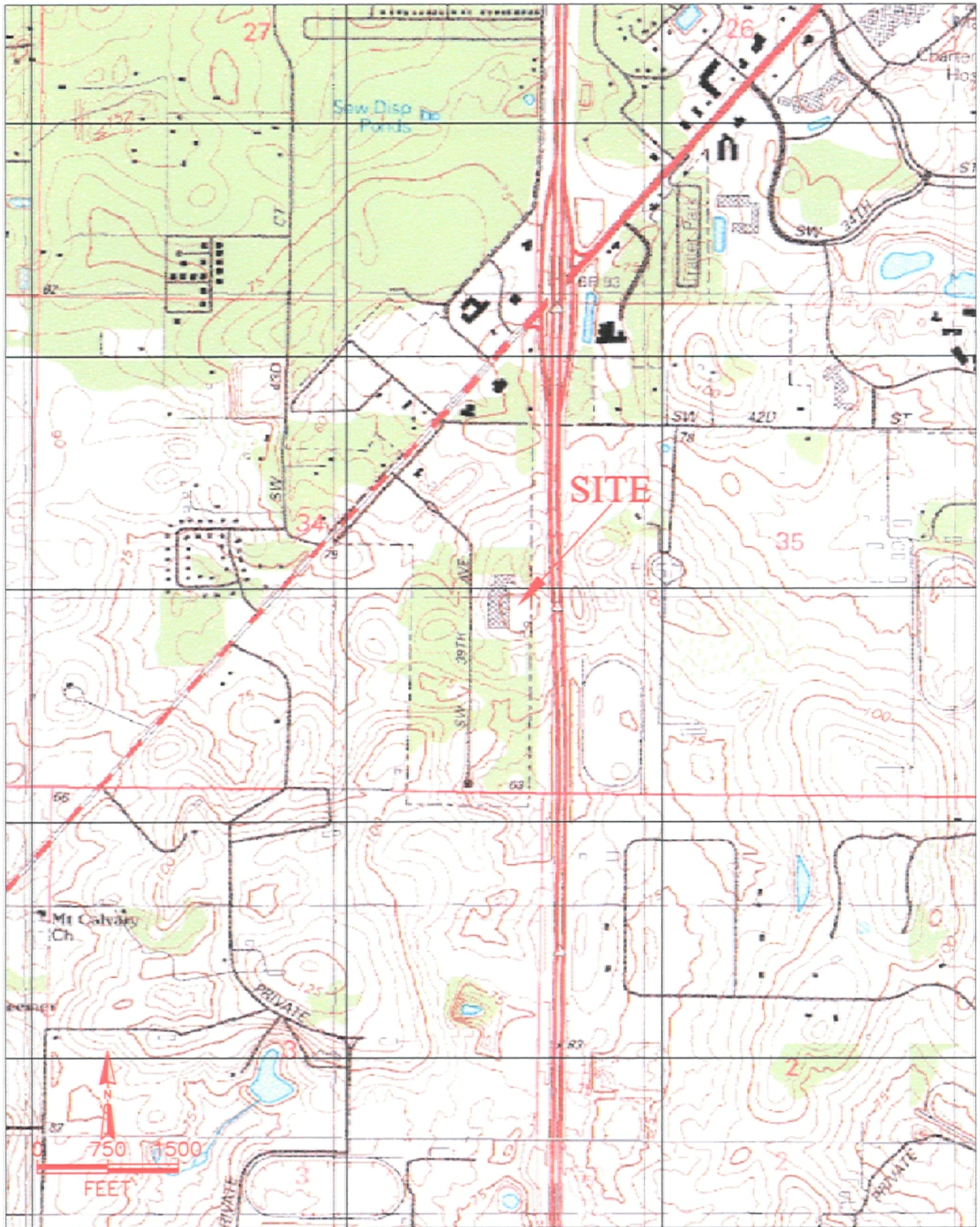
Emissions Unit ID 002

Emissions Unit Supplemental Requirements

1. Fuel Analysis or Specification <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
2. Compliance Test Report <input checked="" type="checkbox"/> Attached, Document ID: <u>Appendix A</u> <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Previously submitted, Date: <u>October 15, 2002</u>
3. Procedures for Startup and Shutdown <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
4. Operation and Maintenance Plan <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Waiver Requested
5. Other Information Required by Rule or Statute <input type="checkbox"/> Attached, Document ID: _____ <input checked="" type="checkbox"/> Not Applicable

Emissions Unit Comment

This Emissions Unit is currently permitted to operate 8,760 hrs per year. There have been no changes to process throughput or operating hours. The facility is considered by FL-DEP to be a natural minor non-Title V source.



TITLE:
**SITE LOCATION MAP
 FLAIR CORPORATION
 OCALA, FLORIDA**

DWN:
 NTH

DES.:

PROJECT NO.:

E002-416

CHKD:
 TR

APPD:
 DPC

FIGURE NO.:

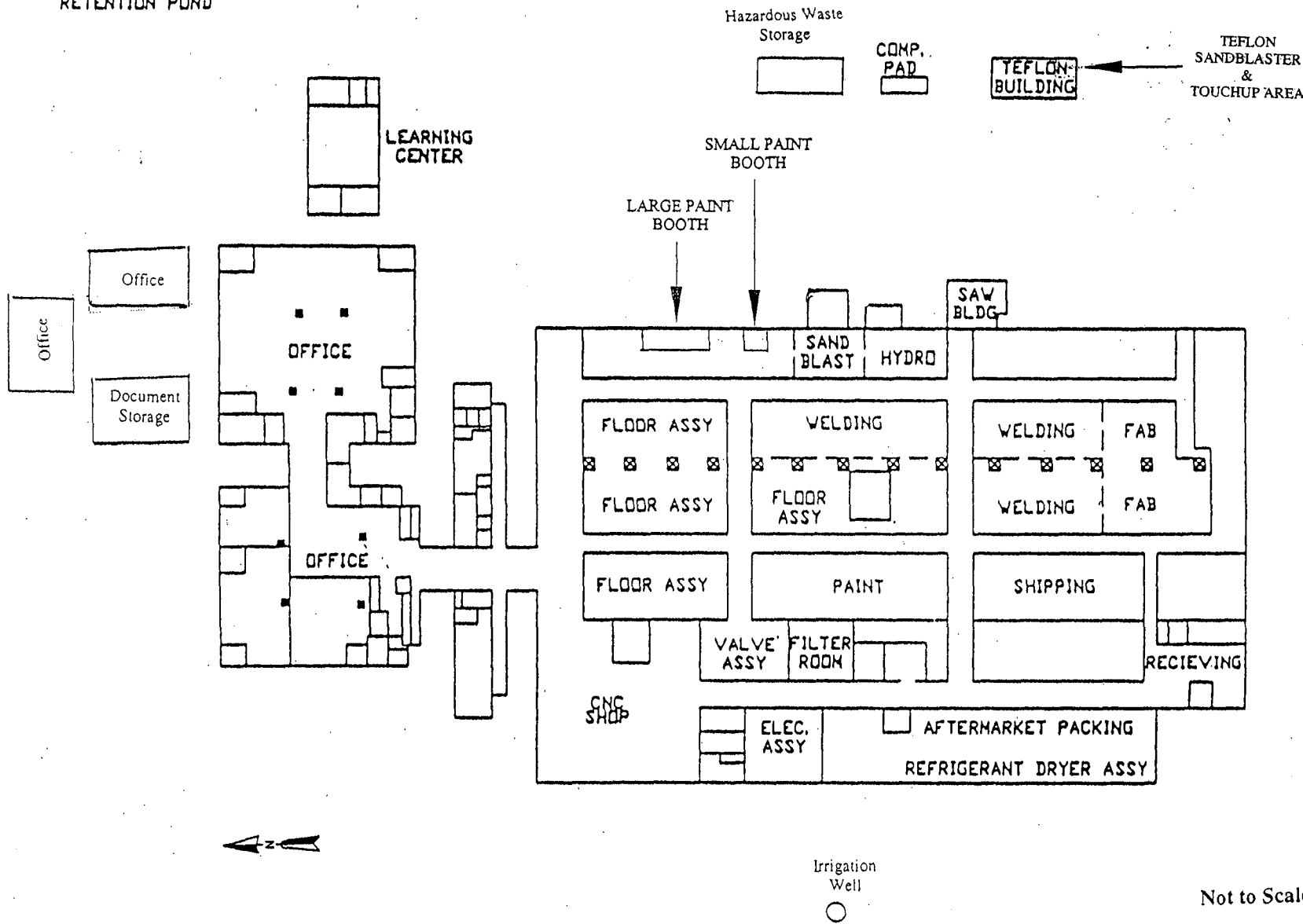
DATE:
 10/08/02

REV.:

1

NORTHEASTERN
RETENTION POND

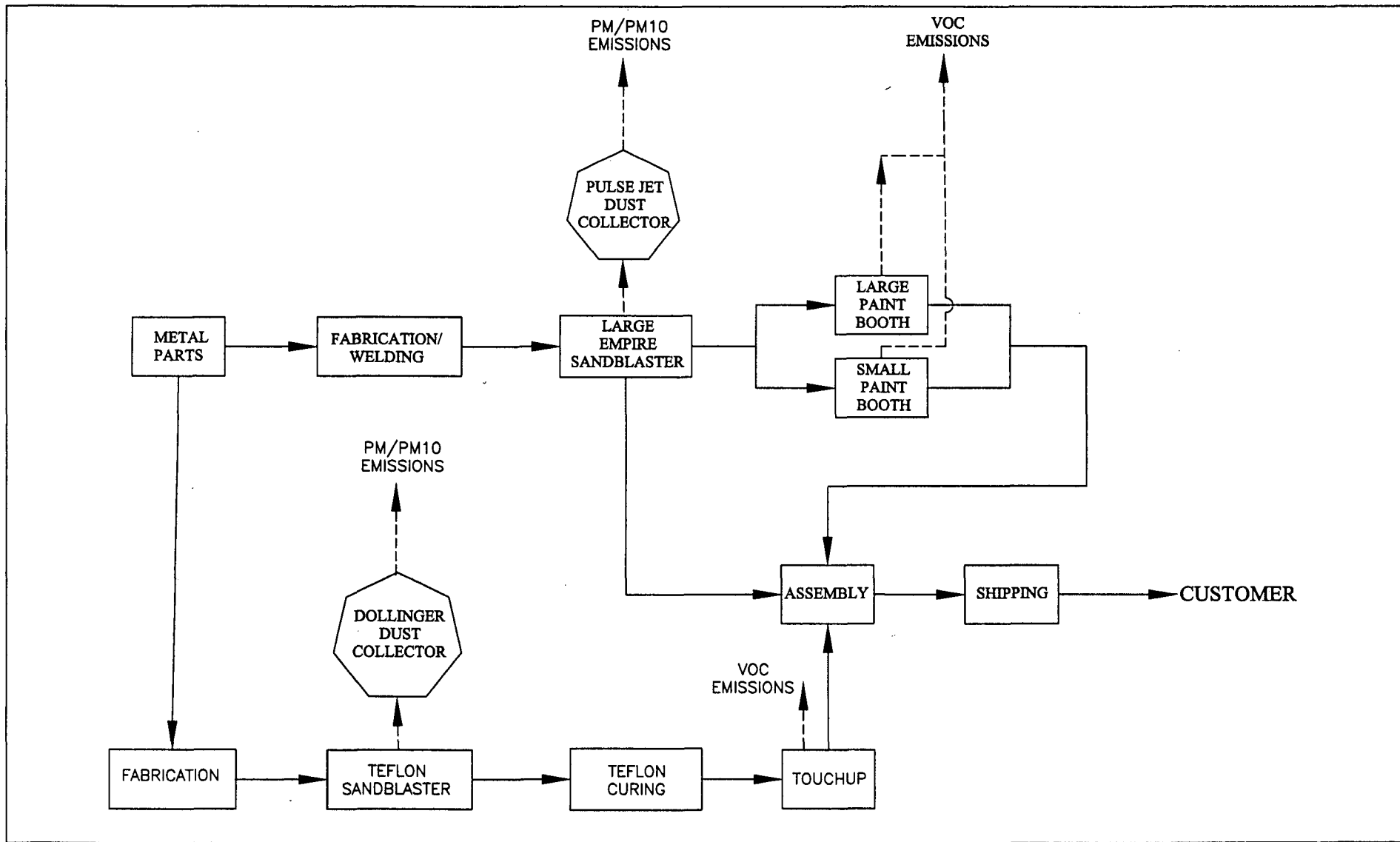
SOUTHEASTERN
RETENTION POND



TITLE:
**FACILITY PLOT PLAN
 FLAIR CORPORATION
 OCALA, FLORIDA**

DWN: NTH	DES.:
CHKD: TR	APPD: DPC
DATE: 10/09/02	REV.:

PROJECT NO.:	E002-416
FIGURE NO.:	2



TITLE:
 PROCESS FLOW DIAGRAM
 FLAIR CORPORATION
 OCALA, FLORIDA

DWN: NTH
 CHKD: TR
 DATE: 10/09/02

DES.:
 APPD: DPC
 REV.:

PROJECT NO.:
 E002-416
 FIGURE NO.:
 3



October 15, 2002

Mr. Bill Proses
Florida Department of Environmental Protection
Southwest District
Air Quality Compliance Section
3804 Coconut Palm Drive
Tampa, FL 33619

Subject: **Visible Emissions Compliance Testing**
Flair Corporation
Ocala, Florida
Permit No. 0830084-003-AF

Dear Mr. Proses:

Attached are the results of the Visible Emissions (VE) Compliance testing, as required by Permit No. 0830084-003-AF, for the Flair Corporation (Flair) located in Ocala, Marion County, Florida. VE testing was completed in accordance with Environmental Protection Agency (EPA) Method 9 by a certified observer.

Per the notification letter dated October 5, 2002 from Air Observations, Inc., the Small Delong Sandblast Room listed in Emission Unit (E.U.) 002 was removed from the facility in July 2002 and has not been replaced. Therefore, visible emissions testing was not required for that source. A copy of the notification letter is attached.

Please contact me at (352) 873-5706 or Don Ceccarelli of Delta Environmental Consultants, Inc. at (704) 543-3930 if you have any questions.

Sincerely,

FLAIR CORPORATION

A handwritten signature in cursive script that reads "Tom Brady".

Tom Brady
Safety Environmental Manager

enclosures

**SUMMARY OF SIX MINUTE AVERAGES
OF VISIBLE EMISSIONS OBSERVATIONS**

**Flair Corporation
4647 S.W. 40th Avenue
Ocala, Florida**

Large Empire Sandblast Room
Model 84NF042 Pulse Jet Dust Collector

6-MINUTE INTERVAL	AVERAGE READING
1	0.0
2	0.0
3	0.0
4	0.0
5	0.0

Teflon Sandblaster
Dollinger Dust Collector

6-MINUTE INTERVAL	AVERAGE READING
1	0.0
2	0.0
3	0.0
4	0.0
5	0.0

Source/Process Information				Opacity Readings									
FACILITY NAME <i>Rau Manufacturing</i>				OBSERVATION <i>10/9/02</i>		START TIME <i>1006</i>				STOP TIME <i>1036</i>			
SOURCE NAME <i>Sandblast Room No. 1</i>		PERMIT NO. <i>083-0084-003-AF</i>		SEC	0	15	30	45	SEC	0	15	30	45
LOCATION ADDRESS <i>4647 S.W. 40th Ave; Ocala, FL</i>				1	0	0	0	0	31				
COMPANY <i>Tom Brady</i>		PHONE NO. <i>352/813-5706</i>		2	0	0	0	0	32				
PROCESS/PRODUCTION RATE <i>NA</i>				3	0	0	0	0	33				
CONTROL EQUIPMENT <i>CP Environmental Model 84NF042 B.H.</i>		OPERATING MODE <i>Continuous</i>		4	0	0	0	0	34				
FUEL TYPE <i>None</i>		ALTERED/PERMITTED RATE	PERMITTED RATE	5	0	0	0	0	35				
DESIGN OF EMISSION POINT <i>Curved sheet metal fan outlet located N. of B.H. @ rear of mfg. building</i>				6	0	0	0	0	36				
HEIGHT ABOVE GROUND LEVEL <i>25 ft</i>		HEIGHT RELATIVE TO OBSERVER <i>25 ft</i>		7	0	0	0	0	37				
Emissions Description				8	0	0	0	0	38				
DESCRIBE EMISSIONS <i>None</i>				9	0	0	0	0	39				
START		END		10	0	0	0	0	40				
PLUME COLOR <i>no plume</i>				11	0	0	0	0	41				
WATER DROPLETS PRESENT? YES <input type="checkbox"/> NO <input type="checkbox"/>				12	0	0	0	0	42				
Meteorological Information				13	0	0	0	0	43				
BACKGROUND START <i>Structure</i>		BACKGROUND COLOR END <i>Same</i>		14	0	0	0	0	44				
SKY CONDITIONS START <i>Clear</i>		AMBIENT TEMP END <i>~80°F</i>		15	0	0	0	0	45				
WIND SPEED START <i>3-5 MPH</i>		WIND DIRECTION END <i>N</i>		16	0	0	0	0	46				
Observation Data, Site Diagram				17	0	0	0	0	47				
<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Stack with Plume </p> <p>Sun </p> <p>Wind </p> </div> <div style="flex-grow: 1;"> <p style="text-align: center;">MANUFACTURING BUILDING</p> <p style="text-align: center;">Emission Point FAN</p> <p style="text-align: center;">Observer's Position</p> <p style="text-align: center;">Sun Location Line</p> <p style="text-align: center;">~15'</p> <p style="text-align: center;">140°</p> </div> <div style="margin-left: 20px;"> <p>Draw North Arrow </p> </div> </div>				18	0	0	0	0	48				
				19	0	0	0	0	49				
				20	0	0	0	0	50				
				21	0	0	0	0	51				
				22	0	0	0	0	52				
				23	0	0	0	0	53				
				24	0	0	0	0	54				
				25	0	0	0	0	55				
				26	0	0	0	0	56				
				27	0	0	0	0	57				
				28	0	0	0	0	58				
				29	0	0	0	0	59				
				30	0	0	0	0	60				
Compliance Information				Certification Data, Signatures									
RANGE OF OPACITY READINGS MIN		MAX		OBSERVER'S NAME <i>E. J. LeBoss</i>									
AVERAGE OF HIGHEST 24 CONSECUTIVE READINGS		<i>0%</i>		OBSERVER'S SIGNATURE <i>E. J. LeBoss</i>						DATE <i>10/9/02</i>			
SHORT TERM AVERAGE DATA				CERTIFIED BY <i>E. J. A.</i>						DATE <i>8/02</i>			
AVERAGING PERIOD _____ MINUTES ACTUAL AVERAGE _____													
Process Rate Data													
I CERTIFY THE ABOVE PROCESS RATE DATA IS TRUE TO THE BEST OF MY KNOWLEDGE.													
<i>Tom Brady</i>				APIS NUMBER <i>083-0084-002</i>									

Source/Process Information					Opacity Readings									
Facility Name: <i>Plur Manufacturing</i> Source Name: <i>Teclon Sandblast Room (#3)</i> Permit No: <i>083-0084-003-AF</i> Location/Address: <i>4647 S.W. 40th Ave, Ocala, FL</i> Contact: <i>Tom Brady</i> Phone No: <i>352/873-5706</i> Process/Production Rate: <i>NA</i> Control Equipment: <i>Oxalizer zero an cartridge & B.H.</i> Operating Mode: <i>Continuous</i> Fuel Type/Rate: <i>None</i> Permitted Rate: <i>NA</i> Describe Emission Point: <i>Blue B.H. on legs located E. of Teclon Building</i> Height Above Ground Level: <i>28 ft</i> Height Relative to Observer: <i>28 ft</i>					OBSERVATION DATE		START TIME		STOP TIME					
					<i>10/9/02</i>		<i>10:44</i>		<i>11:14</i>					
					1	0	15	30	45	MIN	0	15	30	45
					2	0	0	0	0	31				
					3	0	0	0	0	32				
					4	0	0	0	0	33				
					5	0	0	0	0	34				
					6	0	0	0	0	35				
					7	0	0	0	0	36				
					8	0	0	0	0	37				
Emissions Description					9	0	0	0	0	38				
Describe Emissions: <i>None</i> END: <i>none</i> Plume Color: <i>no plume</i> Water Droplets Present? YES <input type="checkbox"/> NO <input type="checkbox"/> Attached? <input type="checkbox"/> Detached? <input type="checkbox"/>					10	0	0	0	0	39				
					11	0	0	0	0	40				
					12	0	0	0	0	41				
Meteorological Information					13	0	0	0	0	42				
Background: <i>Light Structure Same</i> Background Color: <i>Blue</i> END: <i>Same</i> Sky Condition: <i>Scattered</i> Cloud Cover: <i>Same</i> Ambient Temp: <i>83°F</i> END: <i>85°F</i> Wind Speed: <i>3-5 MPH</i> END: <i>Same</i> Wind Direction: <i>N</i> END: <i>Same</i>					14	0	0	0	0	43				
					15	0	0	0	0	44				
					16	0	0	0	0	45				
Observation Data, Site Diagram					17	0	0	0	0	46				
					18	0	0	0	0	47				
					19	0	0	0	0	48				
					20	0	0	0	0	49				
					21	0	0	0	0	50				
					22	0	0	0	0	51				
					23	0	0	0	0	52				
					24	0	0	0	0	53				
					25	0	0	0	0	54				
					26	0	0	0	0	55				
					27	0	0	0	0	56				
					28	0	0	0	0	57				
					29	0	0	0	0	58				
					30	0	0	0	0	59				
					31	0	0	0	0	60				
Compliance Information					Certification Data, Signatures									
Range of Opacity Readings: MIN <i>0</i> MAX <i>0</i> Average of Highest 24 Consecutive Readings: <i>0%</i> Short Term Average Data: AVERAGING PERIOD _____ MINUTES ACTUAL AVERAGE _____					Observer's Name: <i>E. J. DeBoss</i> Observer's Signature: <i>E. J. DeBoss</i> Date: <i>10/9/02</i> Certified by: <i>E. J. A.</i> Date: <i>8/02</i>									
Process Rate Data														
I CERTIFY THE ABOVE PROCESS RATE DATA IS TRUE TO THE BEST OF MY KNOWLEDGE. <i>Tom Brady</i>					APIS NUMBER: <i>083-0084-002</i>									

Air Observations, Inc.

October 5, 2002

Mr. Bill Probes
State Of Florida
Dept. Of Environmental Protection
3804 Coconut Palm Drive
Tampa, Florida 33619-8318

Dear Bill,

As per my telephone conversation this morning with Bob Soich, this letter is to notify you that Method 9 compliance testing has been scheduled at the following facility(s) in your district:

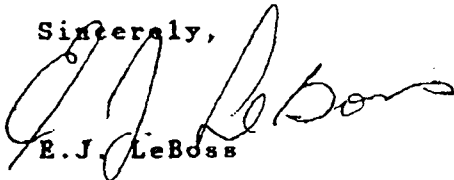
Flair Manufacturing
Tom Brady - 352/873-5706
Permit No. 083-0084-003-AF
Facility I. D. No. 083-0084
BU 002 - Sandblast Room No. 1 & Teflon Sandblast Room
October 9, 2002
To begin at 10:00 A.M.

Mr. Soich agreed to waive the 15 day notification requirement.

Sandblast Room No. 2 was removed in June of 2002 and has not been replaced. This change will be addressed in the renewal application.

I trust the above is satisfactory. Please call if you have any questions.

Sincerely,



E.J. LeBoss

Copies to: Don Ceccarelli/Delta Environmental Consultants
Tom Brady/Flair Manufacturing

ENVIRONMENTAL TESTING AND CONSULTING

PO. BOX 290535 • TAMPA, FLORIDA 33687 • (813) 988-5100



A SPX COMPANY

Flair Corporation
4647 S.W. 40th Avenue
Ocala, FL 34474-5722 USA
Tel 352 873-5112
Fax 352 873-5195

James Barnwell
Senior V.P. of Operations

October 9, 2002

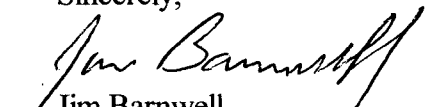
Mr. David Zell
Florida Department of Environmental Protection
3804 Coconut Palm Drive
Tampa, Florida 33619

Subject: Duly Authorized Representative
Flair Manufacturing
Ocala, Florida
Permit No.: 0830084-003-AF

Dear Mr. Zell:

This letter will provide documentation that I hereby designate Mr. Tom Brady, Safety Environmental Manager, to be my duly authorized representative in all matters pertaining to air emission sources of the Flair Manufacturing facility, including but not limited to, all air permit applications, reports, and compliance documents as required by the Florida Department of Environmental Management.

Sincerely,


Jim Barnwell
Vice-President Operations

02-15

2002

Daily Supervisor Painter VOC Check Off Sheet

	Mon	Tue	Wed	Thur	Fri	Sat	Mon	Tue	Wed	Thur	Fri	Sat
Date		7-9	7-10	7-11			7-15	7-16	7-12	7-18		
<u>Compliance Item</u>												
No open containers of paint or VOC's		✓	✓	✓			✓	✓	✓	✓		
Pounds of VOC's improperly disposed of		0	0	0			0	0	0	0		
Paint Filter Pressure Drop Form completed		✓	✓	✓			✓	✓	✓	✓		
Daily Paint Log completed		✓	✓	✓			✓	✓	✓	✓		
Filters installed correctly		✓	✓	✓			✓	✓	✓	✓		
Painter's last name		JM	JM	JM			JM	JM	JM	JM		
Painter trained by S/TC environmental regs		✓	✓	✓			✓	✓	✓	✓		
Supervisor/Group Leader initials												

	Mon	Tue	Wed	Thur	Fri	Sat	Mon	Tue	Wed	Thur	Fri	Sat
Date	7-22	7-23	7-24	7-25	7-26				7-31	8-1		
<u>Compliance Item</u>												
No open containers of paint or VOC's	✓	✓	✓	✓	✓				✓	✓		
Pounds of VOC's improperly disposed of	0	0	0	0	0				0	0		
Paint Filter Pressure Drop Form completed	✓	✓	✓	✓	✓				✓	✓		
Daily Paint Log completed	✓	✓	✓	✓	✓				✓	✓		
Filters installed correctly	✓	✓	✓	✓	✓				✓	✓		
Painter's last name	JM	JM	JM	OR	OR				OR	OR		
Painter trained by S/TC environmental regs	✓	✓	✓	✓	✓				✓	✓		
Supervisor/Group Leader initials												

Enter the date and place a "check mark" for each item in compliance. Under "Pounds VOC's improperly disposed of" enter "0" unless disposed of incorrectly, then enter # of lbs. Initial each column. Return to Safety Training Coordinator.



**FLAIR
NEW CASTLE**
A United Dominion Company

Building _____ Paint Booth
Paint Filter Pressure Drop/Change

Date	Zero Manometer	Add Manometer Fluid	Pressure Drop Start of Shift	Changed Filters (.30" - .37")
7-9-02	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7-10-02	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7-11-02	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7-15	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
7-15	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-15	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-18	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
7-22	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
7-23	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7-24	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7-25	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7-26	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7-26	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No



**FLAIR
NEW CASTLE**

A United Dominion Company

Daily Paint Usage

Building No. _____ Paint Booth _____

Date	Hours of Operation	Type of Paint	Paint Mixed / Mfg. Specs. (Initial)	Paint I.D. No.	Ozs. of Thinner (if Used)	VOCs in Lbs./Gal. (As Applied)	Qty. in Ozs. or Gallons (Fractional or Whole)	lbs VOC
7-9-02	3 1/2	Tile CLAD GREY	JM		35	3.22	3 gal	9.6
7-10-02	3	Tile CLAD GREY	JM		25	3.22	2 gal	6.4
7-11-02	6 1/2	DEVOC white Primer	JM		75	2.70	13 gal	35.1
7-15		NA						
7-18		NA						
7-22		NA						
7-23	2 1/2 hr	NORTHERN IR white	JM		18	5.28	1 3/4 gal	7.9
7-24	3 hr	Tile CLAD GTH PRIMER	JM		12-14	2.70	2 gal	5.4
7-25	1 hr	Tile Clad Primer	NR	Primer	16oz	2.70	1 gal	2.7
	2 hr	Tile Clad Strato Gray	NR		16oz	3.15	1 gal	3.1
	1 hr	Tile Clad Blue	NR		8oz	3.17	1/2 gal	1.5
	1 hr	Hi Temp Emerald	NR	850	—	5.57	1 gal	5.5
7-28	6 hr	Tile Clad Primer	NR	Primer	32oz	2.70	2 gal	5.4
7-31	4 hr	Tile Clad Strato Gray	NR	P-1000	16oz	3.15	1 gal	3.1
8-1	4 hr	" Clad Lt Gray	NR	P-1000	16oz	3.22	1 gal	3.2
	1 hr	Tile Clad Beige	NR		16oz	3.15	1 gal	3.1
	1 hr	Hi Temp Son. WSS BLK	NR	8500	—	5.22	1/2 gal	2.6
	1 hr	Kenclustor FLE BLK	NR	—	—	4.64	1/2 gal	2.3
Totals								98.7

All paints are mixed to manufacturer's specifications. Mix ratios listed in Manufacturing procedure 100-10. No other ratios are allowed. Thinning is necessary, only thin per procedure and record, along with thinned VOC content.

lbs VOC

02-16

2002

Daily Supervisor Painter VOC Check Off Sheet

	Mon	Tue	Wed	Thur	Fri	Sat	Mon	Tue	Wed	Thur	Fri	Sat
Date												
<u>Compliance Item</u>												
No open containers of paint or VOC's												
Pounds of VOC's improperly disposed of												
Paint Filter Pressure Drop Form completed												
Daily Paint Log completed												
Filters installed correctly												
Painter's last name												
Painter trained by S/TC environmental regs												
Supervisor/Group Leader initials												

	Mon	Tue	Wed	Thur	Fri	Sat	Mon	Tue	Wed	Thur	Fri	Sat
Date	8/5	8/6	8/7	8/8	8/9		8/12	8/13	8/14	8/15	8/16	
<u>Compliance Item</u>												
No open containers of paint or VOC's	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Pounds of VOC's improperly disposed of	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Paint Filter Pressure Drop Form completed	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Daily Paint Log completed	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Filters installed correctly	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Painter's last name	CC	CC	CC	CC	CC		CC	CC	CC	CC	CC	
Painter trained by S/TC environmental regs	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Supervisor/Group Leader initials												

After the date and place a "check mark" for each item in compliance. Under "Pounds VOC's improperly disposed of" enter "0" unless disposed of correctly, then enter # of lbs. Initial each column. Return to Safety Training Coordinator.

C



FLAIR
NEW CASTLE
A United Dominion Company

Building _____ Paint Booth
Paint Filter Pressure Drop/Change

Date	Zero Manometer	Add Manometer Fluid	Pressure Drop Start of Shift	Changed Filters (.30" - .37")
8/5	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/6	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/7	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/8	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/9	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/12	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/13	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/14	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/15	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/16	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No



Daily Paint Usage

Building No. _____ Paint Booth _____

Date	Hours of Operation	Type of Paint	Paint Mixed / Mfg. Specs. (Initial)	Paint I.D. No.	Ozs. of Thinner (If Used)	VOCs in Lbs/Gal. (As Applied)	Qty. in Ozs. or Gallons (Fractional or Whole)	Lbs VOC
8/5	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4
	1 hour	Tile clad	CC	Ltgray	8oz	3.22	1gal	3.2
8/6	1 hour	Kem Luster	CC	Flat Black	⊖	4.64	1gal	4.6
	2 hours	Tile clad	CC	Ltgray	16oz	3.22	2gals	6.4
8/7	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4
	1 hour	Kem Luster	CC	Flat Black	⊖	4.64	1gal	4.6
8/8	1 hour	Tile Clad	CC	Primer	8oz	2.70	1gal	2.7
	1 hour	Tile Clad	CC	Ltgray	8oz	3.22	1gal	3.2
8/9	2 hours	Tile Clad	CC	Primer	16oz	2.70	2gal	5.4
	1 hour	Kem Luster	CC	Flatblack	⊖	4.64	1gal	4.6
8/12	2 hours	Tile Clad	CC	Primer	16oz	2.70	2gals	5.4
	1 hour	Tile Clad	CC	Ltgray	8oz	3.22	1gal	3.2
8/13	1 hour	Tile clad	CC	Beige	8oz	3.15	1gal	3.15
	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4
8/14	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4
	1 hour	Tile clad	CC	Ltgray	8oz	3.22	1gal	3.22
8/15	2 hours	Tile Clad	CC	Ltgray	16oz	3.22	2gal	3.22
	1 hour	Kem Luster	CC	Flat Black	⊖	4.64	1gal	4.6
8/16	2 hours	Tile clad	CC	Primer	16oz	2.70	2gal	2.7
	1 hour	Kem Luster	CC	Flat Black	⊖	4.64	1gal	4.6

All paints are mixed to manufacturer's specifications. Mix ratios listed in Manufacturing procedure 100-10. No other ratios are allowed. Thinning is necessary, only thin per procedure and record, along with thinned VOC content.

Lbs VOC 86.7

02-17

BEST AVAILABLE COPY

2002

Daily Supervisor Painter VOC Check Off Sheet

	Mon	Tue	Wed	Thur	Fri	Sat	Mon	Tue	Wed	Thur	Fri	Sat
Date												
<u>Compliance Item</u>												
No open containers of paint or VOC's												
Pounds of VOC's improperly disposed of												
Paint Filter Pressure Drop Form completed												
Daily Paint Log completed												
Filters installed correctly												
Painter's last name												
Painter trained by S/TC environmental regs												
Supervisor/Group Leader initials												

	Mon	Tue	Wed	Thur	Fri	Sat	Mon	Tue	Wed	Thur	Fri	Sat
Date	8/14	8/20	8/21	8/22	8/23		8/26	8/27	8/28	8/29	8/30	
<u>Compliance Item</u>												
No open containers of paint or VOC's	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Pounds of VOC's improperly disposed of	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Paint Filter Pressure Drop Form completed	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Daily Paint Log completed	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Filters installed correctly	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Painter's last name	Crandall	CC	CC	CC	CC		CC	CC	CC	CC	CC	
Painter trained by S/TC environmental regs	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Supervisor/Group Leader initials												

Enter the date and place a "check mark" for each item in compliance. Under "Pounds VOC's improperly disposed of" enter "0" unless disposed of incorrectly, then enter # of lbs. Initial each column. Return to Safety Training Coordinator.



**FLAIR
NEW CASTLE**
A United Dominion Company

Building _____ Paint Booth
Paint Filter Pressure Drop/Change

Date	Zero Manometer	Add Manometer Fluid	Pressure Drop Start of Shift	Changed Filters (.30" - .37")
8/19	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/20	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/21	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/22	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/23	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/24	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/27	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/28	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/29	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8/30	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No



**FLAIR
NEW CASTLE**

A United Dominion Company

Daily Paint Usage

Building No. _____ Paint Booth _____

Date	Hours of Operation	Type of Paint ¹	Paint Mixed / Mfg. Specs. (Initial)	Paint I.D. No.	Ozs. of Thinner ² (If Used)	VOCs in Lbs./Gal. (As Applied)	Qty. in Ozs. or Gallons (Fractional or Whole)	Lbs. / Vol.
8/19	2 hours	tile clad	CC	Lt gray	16oz	3.22	2gals	6.7
	1 hour	Tile clad	CC	Dark gray	8oz	3.15	1gal	3.1
8/20	1 hour	ken cluster	CC	Flat Black	0	4.64	1gal	4.6
	2 hours	tile clad	CC	Primer	16oz	2.70	2gals	5.4
8/21	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4
	2 hours	Tile clad	CC	Lt gray	16oz	3.22	2gals	6.4
8/22	1 hour	High Temp	CC	Emerald	0	5.57	1gal	5.5
	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4
8/23	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4
	1 hour	Tile clad	CC	Beige	8oz	3.15	1gal	3.1
8/26	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4
	1 hour	High Temp	CC	offwhite	0	5.28	1gal	5.2
8/27	2 hours	Tile clad	CC	Lt gray	16oz	3.22	2gals	6.4
	1 hour	High temp	CC	Emerald	0	5.57	1gal	5.5
8/28	2 hours	Tile clad	CC	Primer	16oz	2.70	2gal	5.4
	1 hour	Tile clad	CC	Lt gray	8oz	3.22	1gal	3.2
8/29	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4
	1 hour	High temp	CC	Flat Black	0	4.64	1gal	4.6
8/30	1 hour	High temp	CC	Flat Black	0	4.64	1gal	4.6
	2 hours	Tile clad	CC	Primer	16oz	2.70	2gals	5.4

¹ paints are mixed to manufacturer's specifications. Mix ratios listed in Manufacturing procedure 100-10. No other ratios are allowed, thinning is necessary, only thin per procedure and record, along with thinned VOC content.

155 VOC 102.0

02-13

Daily Supervisor Painter VOC Check Off Sheet

2002

	Mon	Tue	Wed	Thur	Fri	Sat	Mon	Tue	Wed	Thur	Fri	Sat
Date												
<u>Compliance Item</u>												
No open containers of paint or VOC's												
Pounds of VOC's improperly disposed of												
Paint Filter Pressure Drop Form completed												
Daily Paint Log completed												
Filters installed correctly												
Painter's last name												
Painter trained by S/TC environmental regs												
Supervisor/Group Leader initials												

	Mon	Tue	Wed	Thur	Fri	Sat	Mon	Tue	Wed	Thur	Fri	Sat
Date		9/3	9/4	9/5	9/6	9/7	9-9	9-10	9-11	9-12	9-13	9-14
<u>Compliance Item</u>												
No open containers of paint or VOC's		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pounds of VOC's improperly disposed of		✓	✓	✓	✓	✓	✓	0	✓	✓	✓	✓
Paint Filter Pressure Drop Form completed		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daily Paint Log completed		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Filters installed correctly		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Painter's last name		CC	CC	CC	CC	CC	CC	NP	CC	CC	CC	CC
Painter trained by S/TC environmental regs		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Supervisor/Group Leader initials												

Enter the date and place a "check mark" for each item in compliance. Under "Pounds VOC's improperly disposed of" enter "0" unless disposed of incorrectly, then enter # of lbs. Initial each column. Return to Safety Training Coordinator.



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Building _____ Paint Booth
Paint Filter Pressure Drop/Change

Date	Zero Manometer	Add Manometer Fluid	Pressure Drop Start of Shift	Changed Filters (.30" - .37")
9/3	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/4	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/5	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/6	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/7	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/9	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/10	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/11	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/12	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/13	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/14	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No



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Daily Paint Usage

Building No. _____ Paint Booth _____

Date	Hours of Operation	Type of Paint'	Paint Mixed / Mfg. Specs. (Initial)	Paint I.D. No.	Ozs. of Thinner ² (If Used)	VOCs in Lbs./Gal. (As Applied)	Qty. in Ozs. or Gallons (Fractional or Whole)
8/3	1 hour	High temp	CC	Emerald	0	5.57	1 gal
9/4	2 hour	Tile clad	CC	Primer	16oz	2.70	2 gal
	2 hour	Tile clad	CC	Lt gray	16oz	3.22	2 gal
9/5	2 hours	Tile clad	CC	Primer	16oz	2.70	2 gals
	1 hour	Kem Luster	CC	Flat black	0	4.64	1 gal
9/6	1 hour	High temp spw	CC	off white	0	5.28	1 gal
	2 hours	Tile clad	CC	Primer	16oz	2.70	2 gals
9/7	2 hours						
9/9	2 hours	Tile clad	CC	Primer	16oz	2.70	2 gals
	1 hour	Kem Luster	CC	Flat Black	0	4.64	1 gal
	1 hour	High temp spw	CC	off white	0	5.28	1 gal
9/10	1 hr	Tile Clad Primer	NR		6oz	2.70	1/2 gal
	3 hr	Tile Clad Lt gray	NR	P-1000	16oz	3.22	1 gal
	1 hr	Tile Clad Berge	NR	P-1000	8oz	3.15	1/2 gal
9/11	1 hour	Kem Luster	CC	Flat Black	0	4.64	1 gal
	2 hours	Tile clad	CC	Lt gray	16oz	3.22	2 gals
9/12	2 hours	Tile clad	CC	Primer	16oz	2.70	2 gals
	1 hour	Kem Luster	CC	Flat Black	0	4.64	1 gal
9/13	2 hours	Tile clad	CC	Lt gray	16oz	3.22	2 gals
	2 hours	Tile clad	CC	Lt gray	16oz	2.70	2 gals
9/14	1 hour	High temp spw	CC	off white	0	5.28	1 gal
	1 hour	Kem Luster	CC	Flat Black	0	4.64	1 gal
	1 hour	Tile clad	CC	Lt gray	8oz	3.22	1 gal
Totals							

All paints are mixed to manufacturer's specifications. Mix ratios listed in Manufacturing procedure 100-10. No other ratios are allowed. If thinning is necessary, only thin per procedure and record, along with thinned VOC content.

155 Voc 105