



0112272

# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 23, 1996

Mr. Alex V. Tearle  
President  
Aero Precision Repair  
and Overhaul, Inc.  
580 South Military Trail  
Deerfield Beach, Florida 33442

Dear Mr. Tearle:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 30, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County

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

# Halogenated Solvent Degreasers Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Aero Precision Repair & Overhaul, Inc.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: FLD 98 184 424
4. Facility Location: Street Address: 580 S. Military Trail City: Deerfield Beach, FL County: Broward Zip Code: 33442
5. Facility Identification Number (DEP Use): 0112272

## Responsible Official

6. Name and Title of Responsible Official: Alex V. Tearle, President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (954) 428 - 9500 Fax: (954) 428 - 9509

## 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: ( ) -

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AUG 30 1996

Bureau of Air Monitoring  
& Mobile Sources

### Facility Information

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

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor						
x < 1.21 m <sup>2</sup>	1	6/90	6/90			
x > 1.21 m <sup>2</sup>						
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.)

- 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) HM-00628-95.
- No air permits currently exist for the operation of the facility indicated in this notification form.

### Responsible Official Certification

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

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

Signature

Date

September 16, 1996

Robert Wong  
Broward County  
954/519-1248

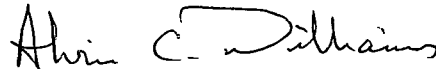
Dear Mr. Wong:

*Recently, I informed Mr. Alex V. Tearle of Aero Precision Repair & Overhaul, Inc. of certain changes that was needed on page 19 of 20 to the Title V General Permit Notification Form [DEP Form No. 62-213.900(4)], he submitted. Mr. Tearle was supposed to check and initial the changes, and fax this information to me. However, this was not the case. The item(s) were initialed but not checked. I recommended that during an initial inspection of the facility that the item(s) listed below be checked:*

*ITEMS: (g), and (i)*

*Should you have any question please contact me at SC 278-6140 or 904/488-6140*

Sincerely,



Alvin C. Williams, Eng I  
Bureau of Air Monitoring  
and Mobile Sources

/ACW

APP# 904-922-6979

NEVISON

9/13/96

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.)

- 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

*Handwritten signatures and date 9/13/96*

AIRS ID#: 0112372

Revised 10/10/96

HALOGENATED SOLVENT DEGREASERS  
AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FOR

Bureau of Air Monitoring  
Mobile Sources  
APR 20 1998

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FACILITY NAME: AERO PRECISION REPAIR AND OVERHAUL DATE: 12/3/97  
FACILITY LOCATION: 580 S. MILITARY TRAIL DEERFIELD BCH, FL. 33442

Annual Reporting Period: DEC 3 1996 TO DEC 3 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.  
RESPONSIBLE OFFICIAL: A.V. TEARLE Name (Please Print)  
[Signature] Signature  
12/4/97 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.



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August 29, 1995

SEP 6 1995

Ms. Sandy Bowman  
Florida Department of Environmental Protection  
Mail Stop 5510  
2600 Blair Stone Rd.  
Tallahassee, FL 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

Sandy:

This letter is in reference to EPA Document EPA 453 R94 081 dated April 1995, titled "Guidance Document for the Halogenated Solvent Cleaner NESHAP".

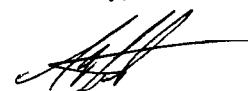
We are advising you of our existing batch vapor degreaser located at the above referenced location, as placed in attachment 1, described as "physical location". Please also find as attachments, a physical equipment description package as delivered from the Manufacturer, Vapor Engineering.

The equipment was placed into service on June 6, 1990. We intend to use the "Control Combinations" compliance method. The unit includes:

1. Integral sliding covers.
2. A freeboard ratio of 1.
3. Automated parts handling, single axis pneumatic hoist not to exceed a speed of 11 fpm.
4. Liquid and vapor level indicators.
5. A primary cooling condenser refrigerator coil limiter.
6. Lip exhaust control.

Our annual maximum anticipated consumption of Trichlorethylene is 825 gallons, including 300 gallons that would be anticipated to be disposed of through normal Hazmat disposal procedures. We are an area source generator and attest that this installation was in place prior to November 29, 1993.

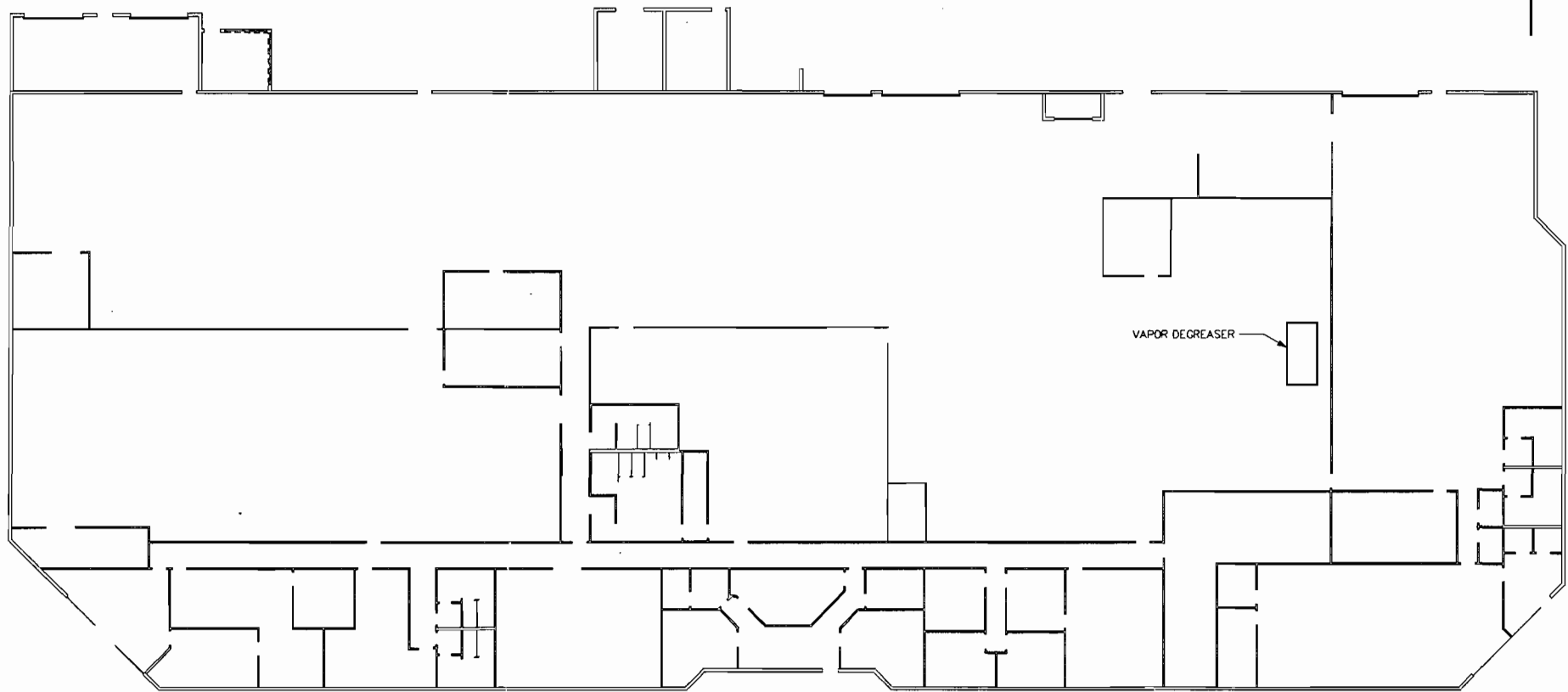
Sincerely,



Alex V. Tearle,  
President

cc: R. Lee  
B. Meyer

LET	CHANGE	APPR. BY	DATE



AERO PRECISION REPAIR AND OVERHAUL, INC.			
FACILITY LAYOUT			
DATE	PROJECT	DRAWN BY	NO.
N/A	DATA SYSTEM	N/A	N/A
E4001			B
1/10/94			SCALE 1/8"=1'-0"

THIS DRAWING IS THE PROPRIETARY DATA OF AERO PRECISION REPAIR AND OVERHAUL, INC. (A-PRO). UNAUTHORIZED USE OF THIS DRAWING OR ITS DATA IS PROHIBITED. NO REPRODUCTION OF THIS DRAWING IS PERMITTED UNLESS AUTHORIZED IN WRITING BY A-PRO.



VAPOR ENGINEERING, INC.

P.O. BOX 15209—PENSACOLA, FLORIDA 32514

VAPOR DEGREASERS • ULTRASONICS

**"COOL ZONE"  
FREEBOARD CHILLING**

**CLOSED CIRCUIT  
COOLING**

**BI-PARTING COVERS  
MANUAL-POWERED**

**PASSIVE EXHAUST  
SYSTEM**

**PORTABLE HEATERS**

**THERMO BALANCED  
HEATING**

**COMPLETELY  
INSULATED**

ALL MACHINES COMPLY  
WITH O.S.H.A. AND E.P.A.  
REQUIREMENTS

MACHINES MEET  
OR EXCEED MIL  
STANDARDS

**PHONE: 904-434-3191**

**FAX: 904-478-0369**

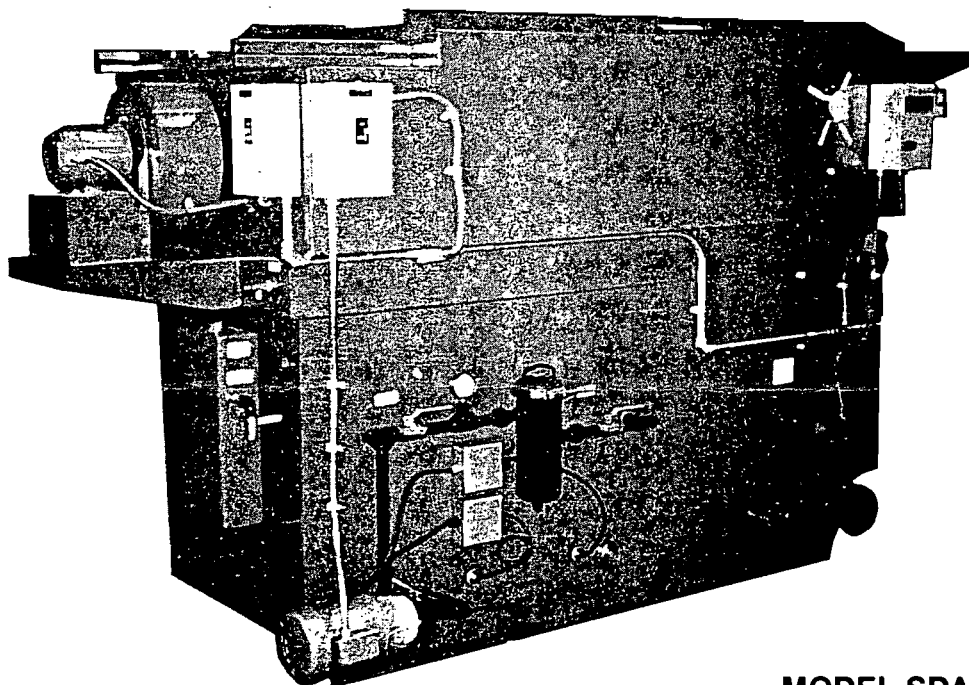
*"Environmentally Safe"*  
**VAPOR DEGREASING**

**MODEL SD & SDA**

\*With "BACT" Technology

For

TRICHLORETHYLENE or PERCHLORETHYLENE



**MODEL SDA  
SHOWN WITH  
ULTRASONICS**

**\*BEST AVAILABLE CONTROL TECHNOLOGY  
REQUIRED BY THE ENVIRONMENTAL PROTECTION AGENCY**

**HLSTA** MEMBER

HALOGENATED SOLVENTS INDUSTRY ALLIANCE

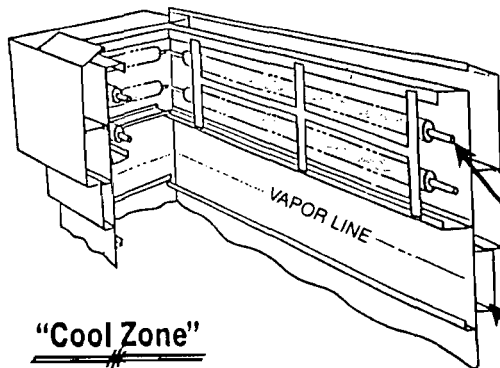
## STANDARD EQUIPMENT

- Stainless Steel Vapor Tank
- Self-Distilling
- Combination Spray/Drain Pump
- Portable Heaters
- Vapor Level Safety Switch
- Exhaust Duct
- Boiling Chamber High Temp Limit Switch Mounted on Heater
- One Year Guarantee
- Sliding Covers (power optional)
- "Vapor Up" Thermostat
- Machines are double welded in the vapor zone and dye tested to insure leak-proof performance.
- Easily Adjusted To Use Trichlorethylene or Perchlorethylene
- Warning Lights with Switches to Indicate:
  - A—LOW SOLVENT
  - B—CLEAN-OUT TIME
  - C—WATER OR VAPOR LINE CONTROL FAILURE
- Heaters are individually fused and switched. Loss of one heater does not completely disable machine and interrupt production.

## OPTIONAL EQUIPMENT

- COOL ZONE** Freeboard chilling with 100% freeboard to reduce solvent emissions 85 to 90%
- CLOSED CIRCUIT WATER COOLING** eliminates tap water and sewers
- EXHAUST BLOWER** including motor, mounting and starter. Optional on "cool zone" equipped machines in some states-check local ordinance.
- WATER REMOVER** necessary when removing water soluble oils
- POWERED SLIDING COVERS** for machines with more than 10 Sq. Ft. of opening
- INSULATION** sides and bottom, covered with protective panels reduces 70% of heat loss, increases production
- WATER TEMPERATURE REGULATOR** controls condenser water to eliminate sweating
- ULTRASONICS** immersable transducers mounted in cool liquid immersion chamber.
- LOW SOLVENT CUT-OUT** protects heaters against burn out and solvent breakdown

ITEMS  INCLUDED IN QUOTATION



A PASSIVE SYSTEM TO CONTROL SOLVENT EMISSIONS FROM VAPOR DEGREASERS AND REDUCE OPERATING COSTS. COMPLIES WITH CURRENT O.S.H.A. and E.P.A. REQUIREMENTS

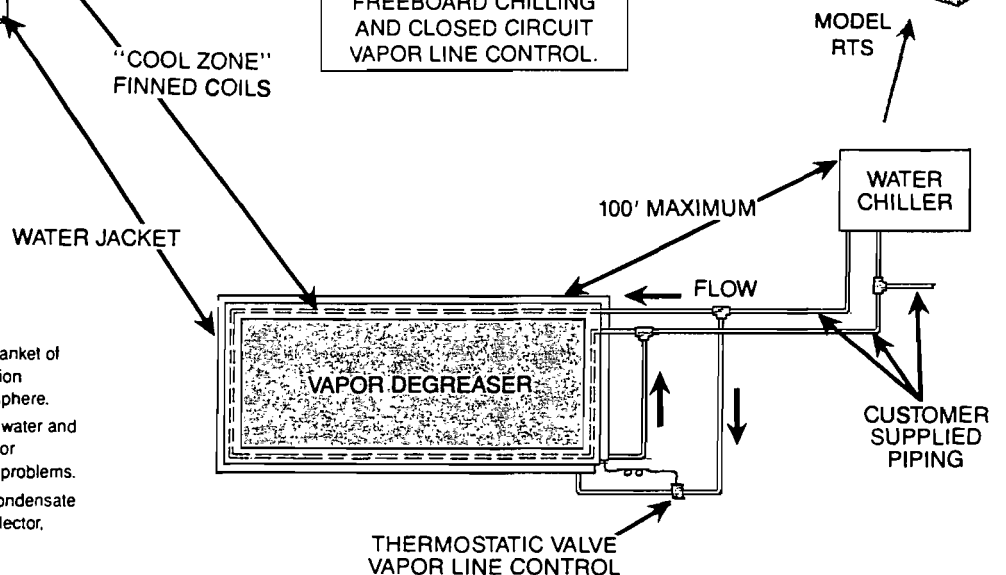
### How "COOL ZONE" Functions

The "COOL ZONE" frost free freeboard chilling system forms a blanket of cool air above the solvent vapor line. The cool air reduces convection currents suppressing the diffusion of solvent vapors into the atmosphere. "COOL ZONE" is designed to operate above the freezing point of water and does not require defrosting. Excess moisture introduced into a vapor degreaser by other systems can and does cause solvent stabilizer problems. To completely eliminate this problem "COOL ZONE" provides a condensate trough below the finned cooling coils with an external moisture collector, condensed water never gets into the solvent.

### WATER CHILLERS

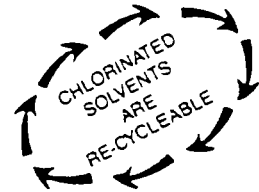
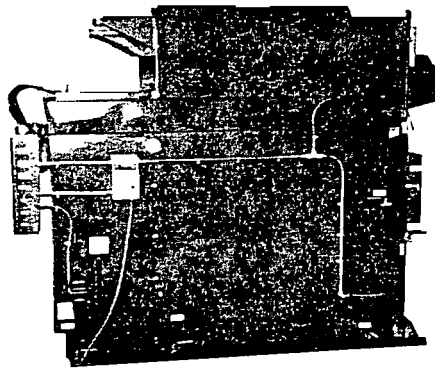
MOD. NO.	TONS	SIZE	WEIGHT	ELEC.	FL AMPS
RTS-403	4	28 x 35 x 66	350 #	208/230 3ph	23
RTS-503	5	29 x 35 x 72	425 #	208/230 3ph	24
RTS-803	8	30 x 56 x 72	570 #	208/230 3ph	43

USED WITH "COOL ZONE" FREEBOARD CHILLING AND CLOSED CIRCUIT VAPOR LINE CONTROL.



## MODEL SD

MODEL SD has an offset vapor generator. Large basket loads of parts pass through the vapor zone directly into a cool liquid bath to soak and loosen dirt. After soaking, the basket is raised into the vapor zone to condense the hot solvent vapors, rinsing and drying the work. A distilled solvent reservoir and spray pump are provided to reach difficult areas.



## MODEL SDA (ON COVER)

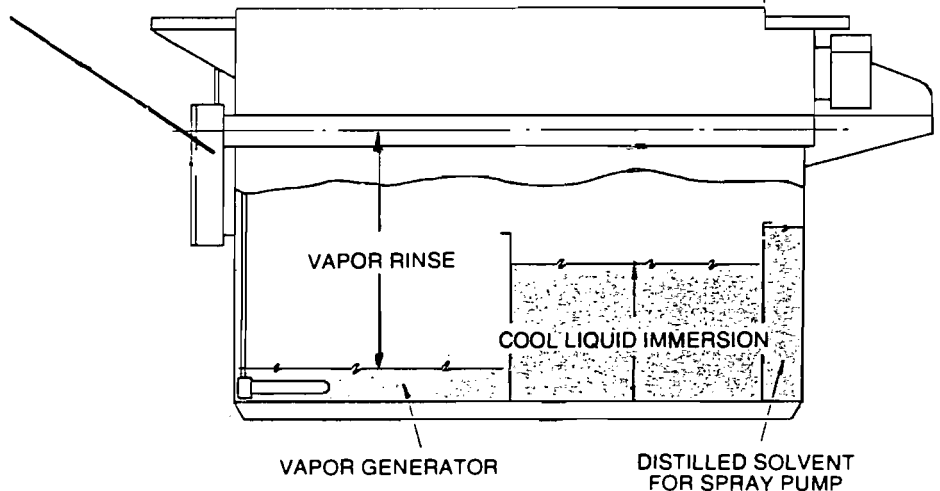
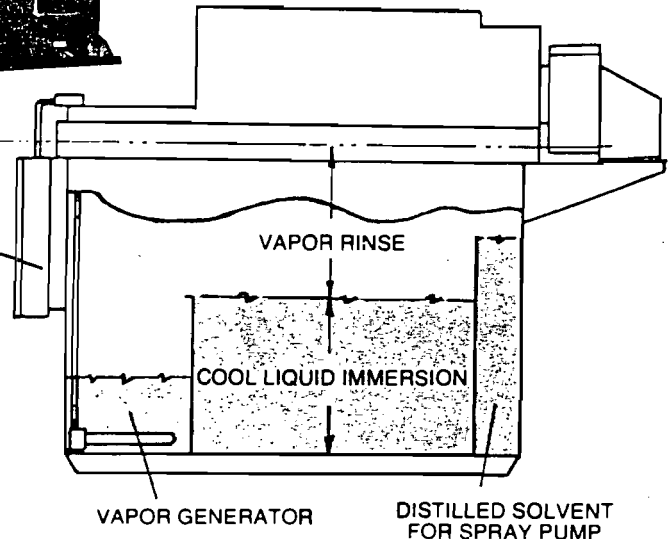
*Machine Can Be  
Used in Two Ways:*

### VAPOR IMMERSION, COOL LIQUID IMMERSION, DISTILLED SOLVENT RINSE

Recommended for machine shop work, to remove cutting oils, chips, and dirt normally found in industrial applications.

### BOILING LIQUID IMMERSION, COOL LIQUID IMMERSION, DISTILLED SOLVENT RINSE

Best suited for automotive repair shops, engine rebuilders, or any other service business where the work being cleaned has an accumulation of packed-on dirt.



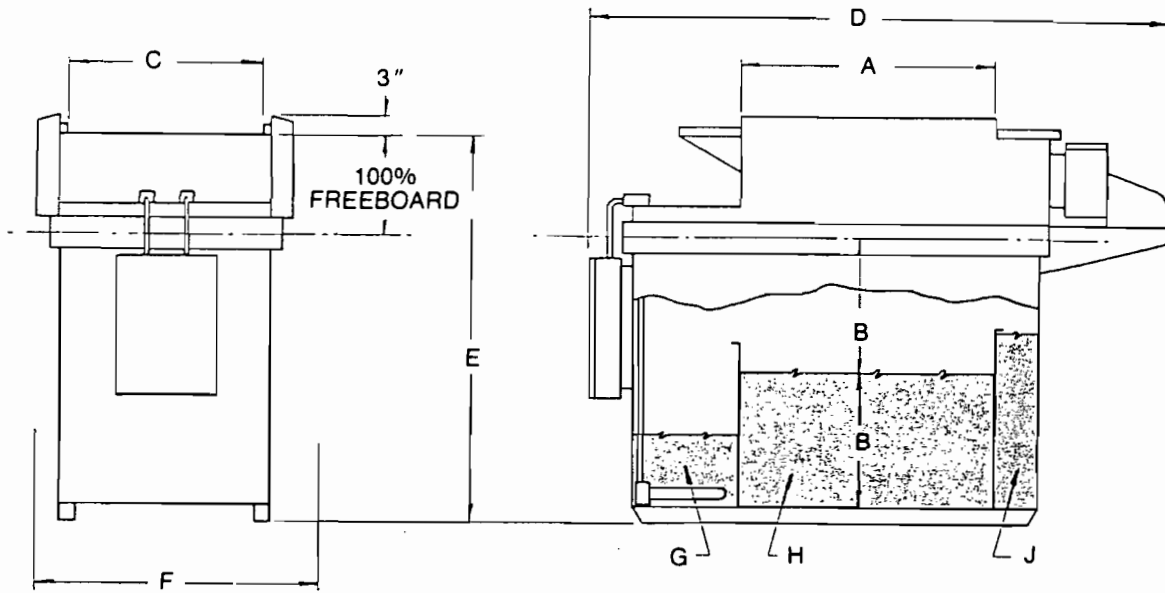
STAINLESS STEEL  
"LOW WATT DENSITY"  
PORTABLE HEATERS  
REDUCE  
MAINTENANCE TIME



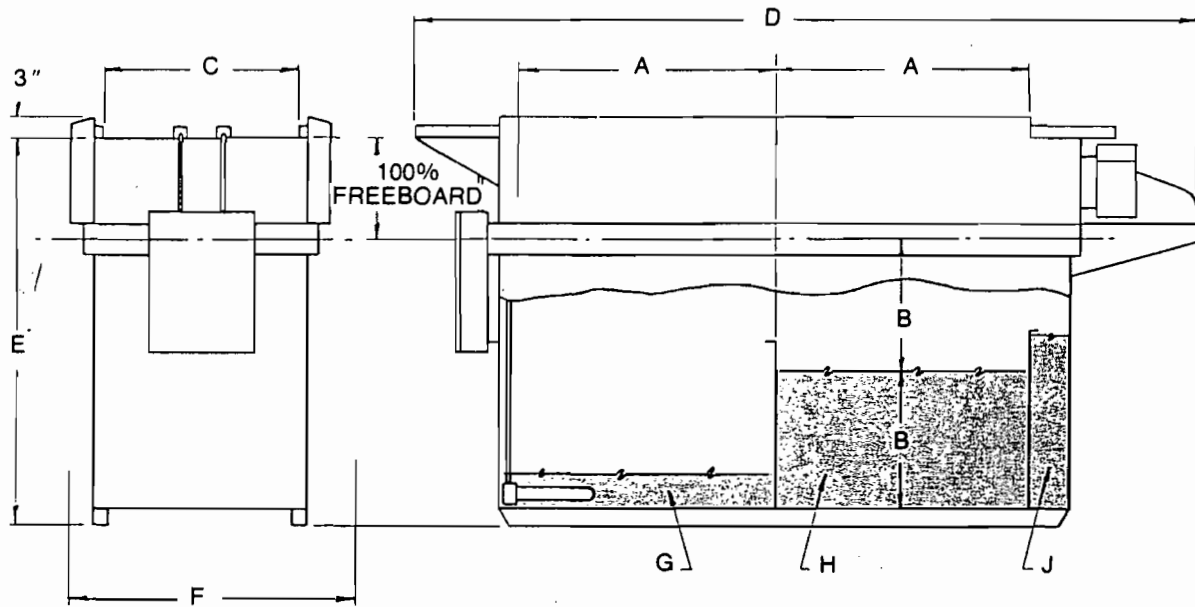
## ULTRASONICS

The cool liquid immersion chamber of Model SD or SDA can be modified and provided with immersible ultrasonic transducers mounted through the wall of the degreaser. The ultrasonic generator is mounted under the exhaust blower or on a separate stand for remote location. Ultrasonic frequency 40 KHz. An ultrasonic bath is especially helpful when removing polishing compounds or other impacted contaminants.

# MODEL SD



# MODEL SDA (ON COVER)



MODEL NO.	A	B	C	D	E	F	CAPACITY LBS/HR STEEL		HEAT	SOLVENT CAP.			SHIP. WGT.
							TRICHLOR	PERCHLOR		G	H	J	

HEAT INPUT ( ) 220 OR ( ) 440 VOLTS, 50-60 Hz., 3Ph., 110V. CONTROL CIRCUIT  
 PERCHLORETHYLENE REQUIRES 50% MORE HEAT FOR SAME CLEANING CAPACITY

## STEAM HEATED MACHINES AVAILABLE

Electrically heated **VAPOR ENGINEERING** machines are "**THERMO BALANCED**" to use maximum heat only when work is in the vapor zone. During standby periods, electrical and water requirements are automatically reduced 50-60%.

✓

# HALOGENATED SOLVENT DEGREASERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0112272 DATE: 12-2-98 TIME IN: 2:00 TIME OUT: 2:45  
 FACILITY NAME: AERO PRECISION REPAIR AND OVERHAUL  
 FACILITY LOCATION: 580 S. MILITARY TRAIL, DEERFIELD BCH, FL.  
33442  
 RESPONSIBLE OFFICIAL: ALEX TEARLE PHONE: 428-9509  
 CONTACT NAME: BRIAN MEYER PHONE: 428-9500

**PART I: NOTIFICATION**

(check appropriate boxes)

- 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"/>	methylene 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"/>
- Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.
 

Batch Vapor, $x \leq 1.21 \text{ m}^3$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^3$	<input checked="" type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

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 JAN - 4 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART II: CLASSIFICATION**

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

Batch Vapor, $x \leq 1.21 \text{ m}^3$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^3$	<input checked="" 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 0.9 m/min (3 ft/sec) or less?  Y  N
- 4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?  Y  N
- 5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?  Y  N
- 6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover.  Y  N  N/A
- 7. Have each machine equipped with --
  - a. a device to shut off sump heat if the solvent level drops to the heater coils?  Y  N
  - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?  Y  N
  - c. a primary condenser?  Y  N
- 8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?  Y  N

**B. Batch Cold Cleaning Machines**

Does the facility:

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

*Remote Reservoir Type Only --*

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

*Immersion Type Only --*

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



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

Facility chose to meet requirements using:

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

**A. Batch Vapor Machines,  $x \leq 1.21 \text{ m}^2$**

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 checked="" 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,  $x > 1.21 \text{ m}^2$**

control comb. selected		In use
<input checked="" type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<del>freeboard refrig. device / superheated vapor</del> / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input checked="" 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)  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**

~~170~~  
 220 gal  
 J 55 PUR.  
 F 55  
 A 165 275  
 J 55  
 S 55 385  
 O 110 495  
 N 55 550  
 JUL 55 605  
 PURCHASED 550 GAL  
 DISPOSED 220  
 CONSUMPTION 330 GAL/YR

ART PENNETA

Inspector's Name

Art Peneta

Inspector's Signature

12-2-98

Date of Inspection

DEC 1999

Approximate Date of Next Inspection

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

FACILITY NAME: AERO PRECISION REPAIR DATE: 12-2-98

FACILITY LOCATION: 580 S. MILITARY TRAIL., DEERFIELD BCH, FL 33442

Annual Reporting Period: DEC 3 1997 TO Dec 2 1998

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.*

RESPONSIBLE OFFICIAL: ALEX V. TEARLE *[Signature]* 12/2/98  
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

RECEIVED  
APR 20 1997  
Bureau of Air Management  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0112272 DATE: 12/3/97 TIME IN: 1:25 TIME OUT: \_\_\_\_\_  
FACILITY NAME: AERO PRECISION AND REPAIR  
FACILITY LOCATION: 580 S. MILITARY TRAIL DEERFIELD BCH, FL  
33442  
RESPONSIBLE OFFICIAL: ALEX TEARLE PHONE: (954) 428-9509  
CONTACT NAME: BRIAN MEYER PHONE: (954)-428-9500

### PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM 30 days prior to starting up

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

3. Halogenated solvent used at the facility:

perchloroethylene	<input type="checkbox"/>	methylene 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"/>

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

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

### PART II: CLASSIFICATION

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

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

1.21 m<sup>2</sup> = 15.759 sq/ft

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

**B. Batch Cold Cleaning Machines**

Does the facility:

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

*Remote Reservoir Type Only --*

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

*Immersion Type Only --*

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

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

Facility chose to meet requirements using:

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

**A. Batch Vapor Machines,  $x \leq 1.21 \text{ m}^2$** control comb.  
selected

- |                          |  | In use                              |                                     |                                     |
|--------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | working mode cover / 1.0 freeboard ratio / superheated vapor | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" 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,  $x > 1.21 \text{ m}^2$** 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 checked="" type="checkbox"/> | freeboard refrig. device / superheated vapor / working mode cover   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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)  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**

SOLVENT USAGE IS 55 GAL / MONTH.

ART PENNETTA

Inspector's Name

*Art Pennetta*

Inspector's Signature

12/3/97

Date of Inspection

DEC 1998

Approximate Date of Next Inspection

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1:25 TIME OUT: 2:30 AIRS ID#: 0112272  
 TYPE OF FACILITY: SOLVENT DEGREASER  
 FACILITY NAME: AERO PRECISION REPAIR AND OVERHAUL DATE: 12/3/97  
 FACILITY LOCATION: 580 S. MILITARY TRAIL DEERFIELD BCH FL 33442  
 RESPONSIBLE OFFICIAL: ALEX TEARLE PHONE NUMBER: (954)428-9509

- 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

**RECEIVED**  
 APR 20 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: DEC 1998  
(Approximate)

INSPECTION CONDUCTED BY: ART PENNETTA  
(Please Print)

INSPECTOR'S SIGNATURE: *Art Pennetta* PHONE NUMBER: (954) 519-1428



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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

**AIRS ID#:** 0112272 **DATE:** 12/6/00 **TIME IN:** 11:00 **TIME OUT:** 11:40  
**FACILITY NAME:** AERO PRECISION AND  
**FACILITY LOCATION:** 580 S. MILITARY TRAIL, DEERFIELD BCH, FL  
33442  
**RESPONSIBLE OFFICIAL:** ALEX TEAGLE **PHONE:** (954) 428-9509  
**CONTACT NAME:** BRIAN MEYER **PHONE:** (954) 428-9500

**PART I: NOTIFICATION**

(Check appropriate boxes)

1. Facility notified DARM 30 days prior to starting up

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

3. Halogenated solvent used at the facility:

perchloroethylene	<input type="checkbox"/>	methylene 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"/>

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

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

RECEIVED  
 AM 8 2001  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART II: CLASSIFICATION**

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

Batch Vapor, $x \leq 1.21 \text{ m}^2$	<input type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input checked="" 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 0.9 m/min (3 ft/sec) or less?  Y  N
- 4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?  Y  N
- 5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?  Y  N
- 6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover.  Y  N  N/A
- 7. Have each machine equipped with --
  - a. a device to shut off sump heat if the solvent level drops to the heater coils?  Y  N
  - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?  Y  N
  - c. a primary condenser?  Y  N
- 8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?  Y  N

**B. Batch Cold Cleaning Machines**

Does the facility:

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

*Remote Reservoir Type Only --*

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

*Immersion Type Only --*

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

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

Facility chose to meet requirements using:

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

**A. Batch Vapor Machines,  $x \leq 1.21 \text{ m}^2$**

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,  $x > 1.21 \text{ m}^2$**

control comb. selected		In use
<input checked="" type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<del>freeboard refrig. device / superheated vapor / working mode cover</del>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" 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)  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**

550 GAL PURCHASED 12-99 → 12-00  
- 220 GAL DISPOSED 12-99 → 12-00  
330 GAL USED

ART PENNETTA  
\_\_\_\_\_  
Inspector's Name  
*Art Pennetta*  
\_\_\_\_\_  
Inspector's Signature

12/6/00  
\_\_\_\_\_  
Date of Inspection  
DEC 2001  
\_\_\_\_\_  
Approximate Date of Next Inspection

AIRS ID#: 0112272

Revised 10/10/96

*ACC*

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

FACILITY NAME: <u>AERO PRECISION AND REPAIR</u>	DATE: <u>12/6/00</u>
FACILITY LOCATION: <u>580 S. MILITARY TRAIL DEERFIELD BCH, FL 33442</u>	

Annual Reporting Period: DEC 29 1999 TO DEC 6 2000

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:

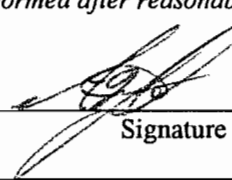
Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

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.*

RESPONSIBLE OFFICIAL: ALEX V. TRAPALO  
Name (Please Print)

  
Signature

12/06/00  
Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443756 DEC272004

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# 112272 11  
AERO PRECISION REPAIR &  
OVERHAUL  
580 S Military Trail  
DEERFIELD BEACH, FL 33442

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

Bureau of Air Monitoring  
& Mobile Spill Response

RECEIVED  
DEC 28 2004

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 437749 MAR 22 2004

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

112272  
ALEX TEARLE  
AERO PRECISION REPAIR & OVERHAUL  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

FOR GOVERNMENT USE ONLY  
Org.: 37550101000, EO: A  
Fund: 20-2-03500  
Obj.: 002273

RECEIVED  
MAR 30 2004  
Bureau of Air Traffic Control  
& Mobile Operations

Vendor No: 01318 / Name: DEPT. OF ENVIRONMENTAL

19275

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
20304		02/03/2004	50.00	50.00	0.00	0.00	\$50.00

019275

(Acct 11010-)

Check Date. 02/26/2004

Check Total US                      \$50.00

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	<i>2nd cert.</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		<i>2003</i>
Total Postage & Fees		AIRS ID # <i>T12272</i>

Sent To: ALEX TEARLE  
AERO PRECISION REPAIR &  
OVERHAUL  
580 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

PS Form 3811, August 2001

7003 0500 0004 0144 5289

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1 Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-size: 0.8em;">AIRS ID # <i>T12272</i></p> <p>ALEX TEARLE  AERO PRECISION REPAIR &amp;  OVERHAUL  580 S MILITARY TRAIL  DEERFIELD BEACH, FL 33442</p> </div>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2 Article Number  (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 5289</p>	



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 •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
MAR 10 2004  
Bureau of Air Monitoring



**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

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

Postmark  
Here

Total Po ID# 112272

**Sent To**  
**ALEX TEARLE**  
**AERO PRECISION REPAIR &**  
**OVERHAUL**  
**580 S MILITARY TRAIL**  
**DEERFIELD BEACH, FL 33442**

Street, Apt  
or PO Box  
City, State

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 0154

**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:

ID# 112272  
**ALEX TEARLE**  
**AERO PRECISION REPAIR &**  
**OVERHAUL**  
**580 S MILITARY TRAIL**  
**DEERFIELD BEACH, FL 33442**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- X** *[Signature]*
- B. Received by (Printed Name) C. Date of Delivery
- Carl Williams* 2/6
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2 7003 2260 0003 5651 0154

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

RECEIVED



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

*Remailed 3/19/2003*

Postage \$	
Certified Fee	
Return Receipt Fee	

*2nd Invoice*

Postmark Here

AIRS ID# 0112272  
 AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 580 S MILITARY TRAIL  
 DEERFIELD BEACH FL 33442

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

OFFICIAL USE

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

*2nd Invoice*

Postmark Here

AIRS ID#0112272  
 Sent AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 Street or P.O. 11220 NW 35 ST  
 City: CORAL SPRINGS FL  
 33153

7000 0520 0020 9372 8012

7000 0320 0001 7976 3989

PS Form 3800, February 2000

See Reverse for Instructions

PS Form 3811, July 1999

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:

AIRS ID# 0112272  
 AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 580 S MILITARY TRAIL  
 DEERFIELD BEACH FL 33442

2. Article Number (Copy from service label)

70000520002093728012

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Gail R. Williams* B. Date of Delivery *3-5-03*

C. Signature *Gail Williams*  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

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 •

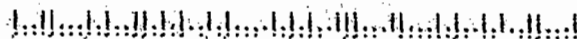
DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

MS 5510

to Air Monitoring  
Mobile Sources

APR 15 2003

RECEIVED



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

**OFFICIAL USE**

7001 0320 0001 7975 6769

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

Postmark Here

AIRS ID#0112272

Ser AERO PRECISION REPAIR & OVERHAUL  
 Str ALEX V TEARLE  
 or 11220 NW 35 ST  
 City CORAL SPRINGS FL  
 33153

PS

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:

AIRS ID#0112264

THE DRY CLEANER  
 ARTHUR C LI  
 5534 W OAKLAND PARK BLVD  
 LAUDERHILL FL  
 33313

2 Article Number  
 (Transfer from service label)

7001 0320 0001 7975 6776

**COMPLETE THIS SECTION ON DELIVERY**

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

3/7/05

C. Signature

X  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes

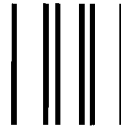
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

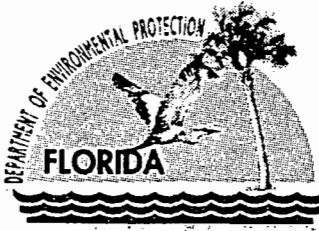
• Sender: Please print your name, address, and ZIP+4 in this box.

BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 13 2003

RECEIVED



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**



(cut here)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0112272  
AERO PRECISION REPAIR & OVERHAUL  
ALEX V TEARLE  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

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

429762  
Bureau of Air Monitoring  
& Mobile Sources  
MAY 16 2003

**RECEIVED**




Vendor No: 01318 / Name: DEPT. OF ENVIRONMENTAL

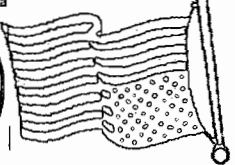
17719

Invoice	Reference	Inv Date	Inv Amt	Amnt Paid	Discount	Adj Amt	Net Amt
50103		05/01/2003	50.00	50.00	0.00	0.00	\$50.00

(Acct)	11010-	Check Date	05/08/2003	Check Total US	\$50.00
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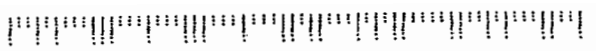
Brian Meyer  
580 South Military Trail  
Deerfield Beach, FL 33442-3011



WEST PALM BEACH  
FL 33411  
U.S. POSTAGE  
P B 35564375  
3677 MAILED FROM ZIP CODE 33442

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

32315+3070 33



Z 210 662 884

US Postal Service  
**Receipt for Certified Mail**

11 AIRS ID # 0112272001AG  
ALEX V TEARLE  
AERO PRECISION REPAIR & OVERHAUL  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**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 # 0112272001AG  
ALEX V TEARLE  
AERO PRECISION REPAIR & OVERHAUL  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *G.R. Williams* U.S. Date of Delivery *6/1/2001*

C. Signature *G.R. Williams*

Agent  Addressee

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

**JUN 1 1 2001**

Bureau of Air Monitoring

3. Service & Mobile Sources

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Z 210 662 884



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402011

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**

*1-08-01 pd*

Do **NOT** Remove Label

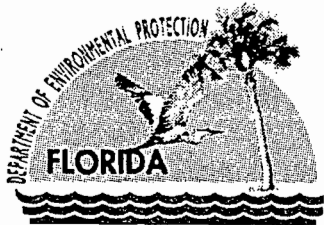
AIRS ID # 0112272  
 AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 580 S MILITARY TRAIL  
 DEERFIELD BEACH FL 33442

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

A-PRO, 580 South Military Trail, Deerfield Beach, Florida 33442

NO. 012711

INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	PAY AMOUNT	NET CHECK AMOUNT
121200	12/12/00	50.00	0.00	50.00	50.00
01318	01	<b>TOTAL THIS CHECK</b>			<b>\$50.00</b>



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

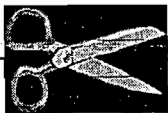
**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**



(cut here)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#0112272  
AERO PRECISION REPAIR & OVERHAUL  
ALEX V TEARLE  
11220 NW 35 ST  
CORAL SPRINGS FL  
33153

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



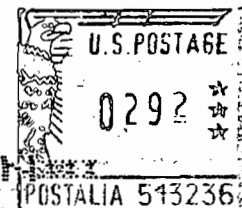
POSTAGE  
REQUIRED

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

MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

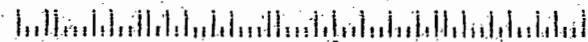
PRESORTED  
FIRST CLASS



\*\*\*RETURN TO SENDER/ATTEMPTED DELIVERY/NOT KNOWN ADDRESS  
RETURN SERVICE REQUESTED

RECEIVED  
DEC 12 2002  
Bureau of Air Monitoring  
& Mobile Sources

510 94 2149 02





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391557

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 # 0112272  
 AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 580 S MILITARY TRAIL  
 DEERFIELD BEACH FL 33442

Bureau of Air Monitoring  
& Mobile Sources

JAN 31 2000

RECEIVED

RECEIVED  
MAIL ROOM  
JAN 27 2000

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

A-PRO, 580 South Military Trail, Deerfield Beach, Florida 33442

NO. 010270

INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	PAY AMOUNT	NET CHECK AMOUNT
11700	01/18/00	50.00	0.00	50.00	50.00
01318	01	TOTAL THIS CHECK			\$50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

0362347

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
MAIL ROOM  
FEB 26 99

Do **NOT** Remove Label

AIRS ID # 0112272  
AERO PRECISION REPAIR & OVERHAUL  
ALEX V TEARLE  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

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

A-PRO, 580 South Military Trail, Deerfield Beach, Florida 33442

NO.007916

INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	PAY AMOUNT	NET CHECK AMOUNT
21899	02/18/99	50.00			50.00
<b>TOTAL THIS CHECK</b>					50.00

P 174 052 222

1999

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

AIRS ID # 0112272

AERO PRECISION REPAIR & OVERHAUL  
ALEX V TEARLE  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to

**SEND**

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112272

AERO PRECISION REPAIR & OVERHAUL  
ALEX V TEARLE  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

4a. Article Number  
*P174 052 222*

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
*3/11/99*

5. Received By: (Print Name)  
*Gail R. Wilcox*

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

~~305180~~  
3755 305180

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  
MAR 11 98

Bureau of Air Monitoring  
& Mobile Services

MAR 13 1998

RECEIVED

Do NOT Remove Label

AIRS ID#0112272  
AERO PRECISION REPAIR & OVERHAUL INC  
ALEX V TEARLE  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

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

A-PRO, 580 South Military Trail, Deerfield Beach, Florida 33442

NO005621

INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	PAY AMOUNT	NET CHECK AMOUNT
30498	03/04/98	50.00	0.00	50.00	50.00

01318 01

TOTAL THIS CHECK

\$50.00

Z 333 613 460

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

AIRS ID # 0112272

AERO PRECISION REPAIR & OVERHAUL

ALEX V TEARLE

580 S MILITARY TRAIL

DEERFIELD BEACH FL 33442

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112272

AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 580 S MILITARY TRAIL  
 DEERFIELD BEACH FL 33442

4a. Article Number

2333613460

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

2/17/99

5. Received By: (Print Name)

Gail R. Williams

6. Signature: (Addressee or Agent)

X Gail R. Williams

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

Thank you for using Return Receipt Service.

Z 333 613 138

US Postal Service  
**Receipt for Certified Mail**

AIRS ID 0112272

AERO PRECISION REPAIR & OVERHAUL  
INC  
ALEX V TEARLE  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0112272  
AERO PRECISION REPAIR & OVERHAUL  
INC  
ALEX V TEARLE  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

4a. Article Number

2333 613 138

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

2/23/98

5. Received By: (Print Name)

K. BERRY

6. Signature: (Addressee or Agent)

X *K. Berry*

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

Thank you for using Return Receipt Service.

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

**RECEIVED**  
MAR 13 1998  
Bureau of Air Monitoring  
& Mobile Sources



AIRS ID 0112272
AERO PRECISION REPAIR & OVERHAUL INC ALEX V TEARLE 580 S MILITARY TRAIL DEERFIELD BEACH FL 33442

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.*

**RESPONSIBLE OFFICIAL:** A.V. TEARLE  3/4/98

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.

A-PRO, 580 South Military Trail, Deerfield Beach, Florida 33442

NO. 003135

INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	PAY AMOUNT	NET CHECK AMOUNT
011097	01/10/97	50.00	0.00	50.00	50.00
01318	01			<b>TOTAL THIS CHECK</b>	\$50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259086 ✓

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

RECEIVED  
MAIL ROOM

JAN 27 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0112272  
AERO PRECISION REPAIR & OVERHAUL  
ALEX V TEARLE  
580 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442

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

MS#

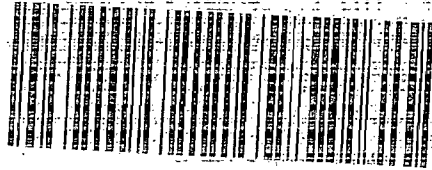
5519

MC Acct #

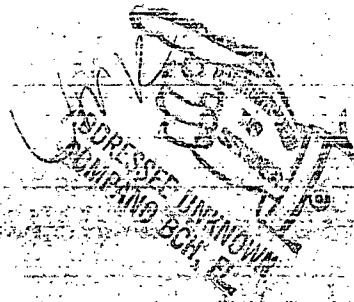
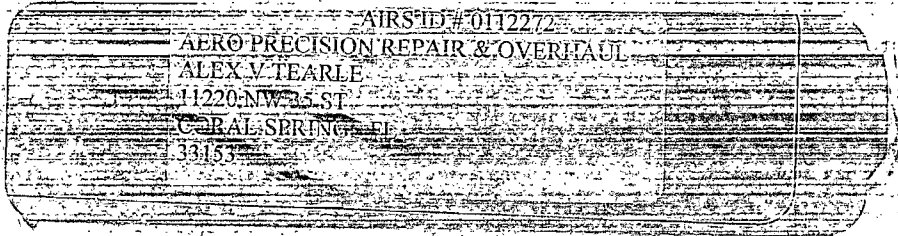
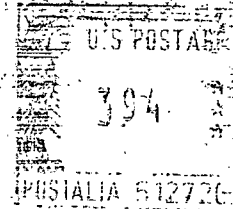
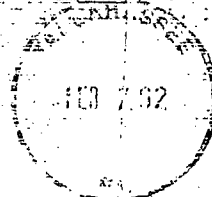
5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

CERTIFIED MAIL



7000 2870 0000 7027 4725



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:

AIRS ID # 0112272  
 AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 11220 NW 35 ST  
 CORAL SPRINGS FL  
 33153

2. Article Number (Copy from service label)

7000 28700 0000 7027 4725

ADDRESSEE COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1995

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post:</b>	

Postmark Here

AIRS ID # 0112272  
 AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 11220 NW 35 ST  
 CORAL SPRINGS FL  
 33153

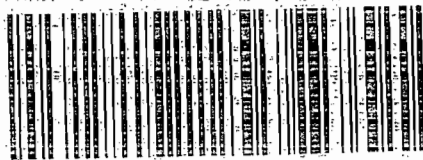
PS Form 3800, May 2000 See Reverse for Instructions

7000 2870 0000 7027 4725

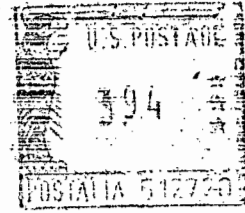
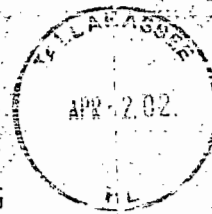
MS# 3519 MC Acct # 6024

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



7001 0320 0001 7975 9975



AIRS ID # 0112272  
AERO-PRECISION REPAIR & OVERHAUL  
ALEX V TEARLE  
11220 NW 35 ST  
CORAL SPRINGS FL 32153

RETURNED TO SENDER  
ADDRESS UNKNOWN  
TAMPANO BCH, FL

Bureau of Air Monitoring  
& Mobile Sources

APR 9 2002

RECEIVED



**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:

AIRS ID # 0112272  
 AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 11220 NW 35 ST  
 CORAL SPRINGS FL 33153

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

- Agent
- Addressee

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 7975 9975

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

7001 0320 0001 7975 9975

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

Postmark Here

AIRS ID # 0112272  
 AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 11220 NW 35 ST  
 CORAL SPRINGS FL  
 33153

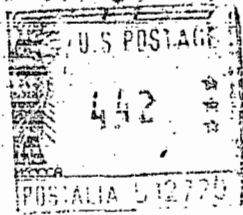
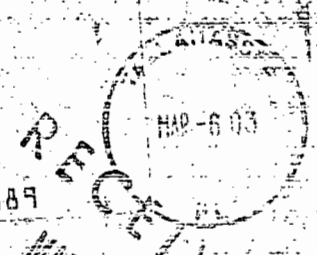
MS# 5510 MC Acct# 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**HERNANDEZ**



7001 0320 0001 7976 3989

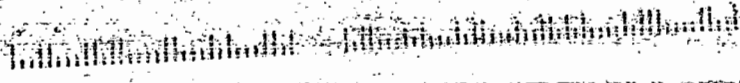


**RECEIVED**  
MAR 18 2003  
Bureau of Air Monitoring  
& Mobile Sources

INSPECTION CHECKED	<input checked="" type="checkbox"/>
INSPECTION REPORT	<input type="checkbox"/>
INSPECTION RECORD	<input type="checkbox"/>
INSPECTION SUMMARY	<input type="checkbox"/>
INSPECTION RESULTS	<input type="checkbox"/>
INSPECTION COMMENTS	<input type="checkbox"/>
INSPECTION DATE	<input type="checkbox"/>
INSPECTION TIME	<input type="checkbox"/>
INSPECTION LOCATION	<input type="checkbox"/>
INSPECTION METHOD	<input type="checkbox"/>
INSPECTION EQUIPMENT	<input type="checkbox"/>
INSPECTION OPERATOR	<input type="checkbox"/>
INSPECTION SUPERVISOR	<input type="checkbox"/>
INSPECTION APPROVAL	<input type="checkbox"/>

AIRS ID# 0112272  
**AERO PRECISION REPAIR & OVERHAUL**  
 ALEX V. TEARLE  
 11220 NW 35 ST  
 CORAL SPRINGS FL  
 33153

3306242739



**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:

AIRS ID#0112272

AERO PRECISION REPAIR & OVERHAUL  
ALEX V TEARLE  
11220 NW 35 ST  
CORAL SPRINGS FL  
33153

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 3989

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature \_\_\_\_\_  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

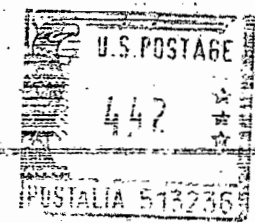
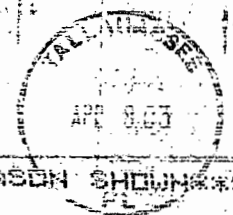
Yes

5510

5521

UNDELIVERED

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

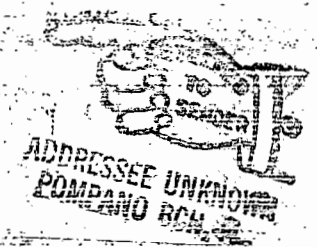
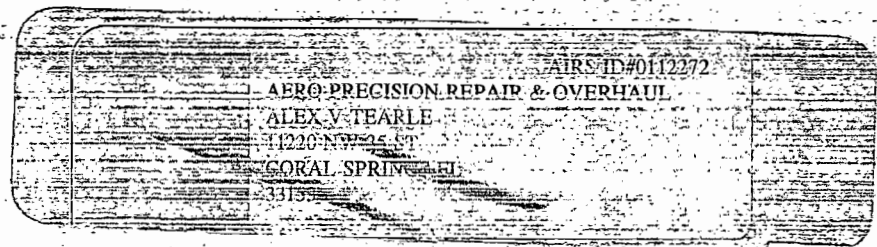


AC5521

\*\*\*RETURN TO SENDER FOR REASON SHOWN\*\*\*

BAMMS/BCD  
JOEY ROBERTS  
5510

UNK



SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3; Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0112272</p> <p>AERO PRECISION REPAIR &amp; OVERHAUL ALEX V TEARLE 11220 NW 35 ST CORAL SPRINGS FL 33153</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>2. Article Number <b>7001 0320 0001 7976 5983</b> (Transfer from service)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

7001 0320 0001 7976 5983

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	<p>02 3rd Postmark here.</p>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
<p>Sent To: AIRS ID#0112272 AERO PRECISION REPAIR &amp; OVERHAUL Street or PO: ALEX V TEARLE 11220 NW 35 ST City, St: CORAL SPRINGS FL 33153</p>	<p>Instructions</p>





**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:

AIRS ID # 0112272  
 AERO PRECISION REPAIR & OVERHAUL  
 ALEX V TEARLE  
 11220 NW 35 ST  
 CORAL SPRINGS FL  
 33153

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature \_\_\_\_\_  
 Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

Article Number (Copy from service label) 7001 0320 0001 7976 2562

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

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

**OFFICIAL USE**

Postage \$ _____	Postmark Here
Certified Fee _____	
Return Receipt Fee (Endorsement Required) _____	
Restricted Delivery Fee (Endorsement Required) _____	
<b>Total Postage</b> _____	

AIRS ID # 0112272

**Sent To** AERO PRECISION REPAIR & OVERHAUL  
 ALEX V-TEARLE  
 11220 NW 35 ST  
 CORAL SPRINGS FL  
 City, State, Zi 33153

7001 0320 0001 7976 2562