



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary-Designee

January 26, 2007

Mr. Alex V. Tearle  
Aero Precision Repair And  
Overhaul, Incorporated  
580 South Military Trail  
Deerfield Beach, Florida 33442

Re: Facility No.: 0112272-003

Dear Mr Tearle:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on December 26, 2006.

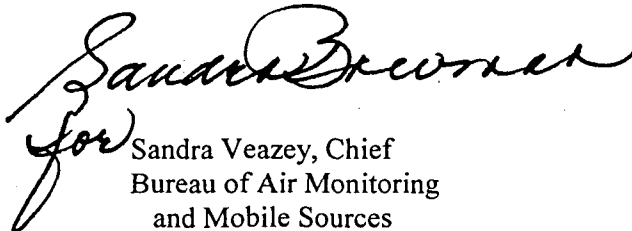
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Sandra Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SV/pg

cc: Mr. Clifton Bittle, Broward County

NO ACTIVITY FOR FACILITY .....  
EMISSION FEE DATES ...196-2005...  
SOC REPORTS...6.....  
COMP. STATUS - SNC MNC  6/29/2006

TRPT - SOCR - Statement of Compliance  
Report

Insp - Bourard Co - CB

HALOGENATED SOLVENT DEGREASERS  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air, Water  
& Mobile Source

RECEIVED  
DEC 26 2006

**Part III. Notification of Intent to Use General Permit**

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

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): 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 South Military Trail City: Deerfield Beach County: Broward Zip Code: 33442
5. Facility Identification Number (DEP Use ONLY - do not fill in) <b>0112272 - 003</b>

**Responsible Official**

6. Name and Title of Responsible Official: Name: Alex V. Tearle Title: President
7. Responsible Official Mailing Address: Organization/Firm: Same As Above 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): Brian Meyer, Director of Quality & Engineering
10. Facility Contact Address: Street Address: Same As Above City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( 954 ) 428 - 9500 Fax: ( 954 ) 428 - 9509

**Facility Information**

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

Affected Machines	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)		NEW/EXISTING	
$x \leq 1.21 \text{ m}^2$	_____	NEW/EXISTING	_____
$x > 1.21 \text{ m}^2$	06/01/1990	<u>NEW/EXISTING</u>	06/01/1990
Batch Cold	_____	NEW/EXISTING	_____
In-line	_____	NEW/EXISTING	_____

2. (a) What was the total amount of halogenated solvents used 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 (choose one):

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

meeting an idling emission limit/work practice standards

OR

meeting the requirements for batch cold cleaning machines

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

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

5. Equipment Monitoring and Recordkeeping Information

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

ALL FACILITIES

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

FOR FACILITIES USING CONTROL COMBINATIONS

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

FOR FACILITIES MEETING EMISSION STANDARDS

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

\* Only for facilities meeting the alternative emission limitation standards\*

6. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

Alex V. Tearle

\_\_\_\_\_  
Print name of responsible official

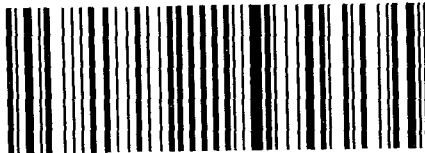
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

12/19/06



Brian Meyer  
 580 South Military Trail  
 Deerfield Beach, FL 33442



7003 1010 0002 8239 1773

U.S. POSTAGE  
 1230 883566375  
 1932 \$04.880 DEC 19 2006  
 1165 MAILED FROM ZIP CODE 33442

Brian Meyer  
 Director of Quality & Engineering



580 South Military Trail  
 Deerfield Beach, FL 33442  
 Tel. (954) 428-9500  
 Fax (954) 428-9509  
 E-Mail Brian.Meyer@aero-precision.com  
 A subsidiary of Dassault Falcon and MESSIER services



580 South Military Trail, Deerfield Beach, Florida 33442

TO Florida DEP - MS 5510  
 General Permits Section  
 Air Monitoring + Mobile Services  
 2600 Blair Stone Road  
 Tallahassee, FL 32399-2400

POSTMASTER: Contents Merchandise--This parcel may be opened for postal inspection if necessary. Return Postage Guaranteed.