

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 14, 2001

Mr. Gerry Roberts
Kellstrom Industries, Inc.
1495 North Park Drive
Weston, Florida 33326

Re: Facility No.: 0112529-001

Dear Mr. Roberts:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on January 11, 2001.

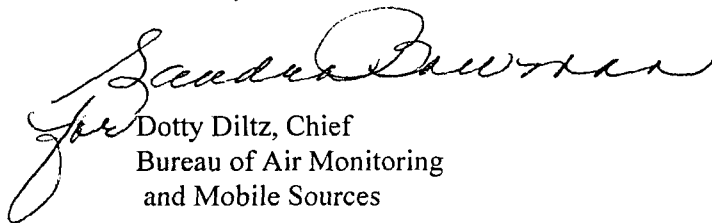
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,



Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

Actually
Received
2001 Feb

Bureau of Air Monitoring
& Mobile Sources

JAN 11 2000

RECEIVED

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 the 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):	KELLSTROM INDUSTRIES, INC		
2. Site Name (For example, plant name or number):	CERTIFIED REPAIR SERVICES		
3. Hazardous Waste Generator Identification Number:	APPLIED FOR		
4. Facility Location:	Street Address: 1495 NORTH PARK DRIVE		
	City: WESTON, FL	County: BROWARD	Zip Code: 33326
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112529-001		

Responsible Official

6. Name and Title of Responsible Official:	Name: GERRY ROBERTS Title: GENERAL MANAGER		
7. Responsible Official Mailing Address:	Organization/Firm: CERTIFIED REPAIR SERVICES		
	Street Address: 1495 NORTH PARK DRIVE		
	City: WESTON, FL	County: BROWARD	Zip Code: 33326
8. Responsible Official Telephone Number:	Telephone: (954) 349-6277 Fax: (954) 385-2761		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	GERRY ROBERTS GENERAL MANAGER		
10. Facility Contact Address:	Street Address: 1495 NORTH PARK DRIVE		
	City: WESTON, FL	County: BROWARD	Zip Code: 33326
11. Facility Contact Telephone Number:	Telephone: (954) 349-6277 Fax: (954) 385-2761		

Facility Information

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

Affected Machines	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
$x \leq 1.21 \text{ m}^2$	_____	NEW/EXISTING	_____
$x > 1.21 \text{ m}^2$	<u>4/20/2000</u>	<u>NEW</u> /EXISTING	<u>N/A</u>
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 type="checkbox"/> 1.0 freeboard ratio | <input type="checkbox"/> carbon adsorber |
| <input type="checkbox"/> dwell time | <input type="checkbox"/> reduced room draft |
| <input type="checkbox"/> working mode cover | <input type="checkbox"/> super-heated vapor |
| <input type="checkbox"/> freeboard refrigeration device | |

5. Equipment Monitoring and Recordkeeping Information

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

ALL FACILITIES

- | | |
|--|-------------------------------------|
| (a) Estimates of monthly halogenated solvent consumption | <input checked="" type="checkbox"/> |
| (b) Inspection records | <input checked="" type="checkbox"/> |
| (h) Remedial action log | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input 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 checked="" type="checkbox"/> |
| (d) Idling emission concentration monitoring | <input checked="" type="checkbox"/> |
| (k) Monthly emissions calculations | <input checked="" type="checkbox"/> |
| (l) Rolling 3-month average emissions calculations* | <input type="checkbox"/> |
| (m) Cleaning capacity calculations* | <input type="checkbox"/> |

* Only for facilities meeting the alternative emission limitation standards*

6. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

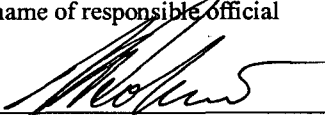
Responsible Official Certification

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

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

GERRY ROBERTS

Print name of responsible official



Signature

1/10/01

Date

Cc: Bittle, Clifton

Subject: TVGP - Facilities

Hello Bruce, the following facilities need to be inactivated in ARMS:

- | | | | | |
|-------------------------------|----------|-----------|---------------------|----------------|
| o 112273 Warrickleen | Drop Off | Perc | 8745 Sw 57th Street | Cooper City |
| o 112561 Eagle Cleaners | Drop Off | Perc | 4520 Hollywood Blvd | Hollywood |
| o 112529 Kellstrom Industries | OOB | Degreaser | 3701 Flamingo Road | Miramar |
| o 112341 One Hour Cleaners | Drop Off | Perc | 9075 Taft Street | Pembroke Pines |
| o 112437 Spring Cleaners | Drop Off | Perc | 9920 Pines Blvd | PembrokePines |

Thanks, any questions please let me know.

Cynthia V. Fernandez

NRS II

954 519 1459

Grant, Patricia

From: Thomas, Bruce X.
Sent: Tuesday, August 08, 2006 8:18 AM
To: 'Fernandez, Cynthia'
Cc: Bittle, Clifton; Grant, Patricia
Subject: RE: TVGP - Facilities

0112561 is active and 0112372 has been changed to inactive. Thank you for keeping us up to date. Bruce

Bruce Thomas, P.E.
Division of Air Resource Management
(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

From: Fernandez, Cynthia [mailto:CFERNANDEZ@broward.org]
Sent: Monday, August 07, 2006 3:30 PM
To: Thomas, Bruce X.
Cc: Bittle, Clifton
Subject: RE: TVGP - Facilities

Hello Bruce, I just went over the list I sent you and noticed that 0112561 is active the one that needs to be inactivated is 0112372 One Hour Martinizing 4641Hollywood Blvd. Sorry for the misunderstanding, 0112561 needs to renew the permit that's why I got the two confused. Please let me know if you have any questions.

Cynthia V. Fernandez, NRS II
Broward County Environmental Protection Department
Air Quality Division
115 S. Andrews Avenue, Room A-240
Fort Lauderdale, FL 33301
Phone: (954) 519 1459

From: Thomas, Bruce X. [mailto:Bruce.X.Thomas@dep.state.fl.us]
Sent: Monday, August 07, 2006 11:15 AM
To: Fernandez, Cynthia
Cc: Bittle, Clifton; Bowman, Sandy; Grant, Patricia
Subject: RE: TVGP - Facilities

Thanks Cynthia. All the facilities have been inactivated.

Pat,

Kellstrom Industries ID# is 0112529 for your files. Bruce

Bruce Thomas, P.E.
Division of Air Resource Management
(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

From: Fernandez, Cynthia [mailto:CFERNANDEZ@broward.org]
Sent: Friday, August 04, 2006 10:27 AM
To: Thomas, Bruce X.

8/10/2006



Orlando Office: 1331 Palmetto Avenue · Suite 210 · Winter Park, FL 32789-4951
(407) 644-6917 · Fax: (407) 644-7018 · www.millerlegg.com

July 30, 2002

#0112529

Ms. Sandra Bowman
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

Re: Notification of Facility Status Change
Installation's EPA ID No. FLR000072686
Kellstrom Industries

Dear Ms. Bowman:

Miller, Legg, & Associates, Inc. (MLA) has been contracted by Kellstrom Industries to complete all processes needed to change their facility's name, location and license. Therefore, on behalf of Kellstrom Industries, MLA hereby notifies you of the facility's change of name and location effective September 1, 2002.

Former name and address: Certified Repair Services
Kellstrom Industries
1495 Northpark Drive
Weston, FL 33326

New Name and address: Kellstrom Repair Services
3701 Flamingo Road
Miramar, FL 33027

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey A. Flairty', is written over a large, stylized signature graphic.

Jeffrey A. Flairty
Project Manager

MILLER, LEGG & ASSOCIATES, INC.

JAF/p
cc: Kellstrom Repair Services

V:\Project\023039-Miramar Permitting\statuschangeapplication.doc

RECEIVED

AUG 12 2002

Bureau of Air Monitoring
& Mobile Sources



Orlando Office: 1331 Palmetto Avenue · Suite 210 · Winter Park, FL 32789-4951
(407) 644-6917 · Fax: (407) 644-7018 · www.millerlegg.com

July 30, 2002

0112329-001

Ms. Sandra Bowman
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

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Former name and address: Certified Repair Services
Kellstrom Industries
1495 Northpark Drive
Weston, FL 33326

New Name and address: Kellstrom Repair Services
3701 Flamingo Road
Miramar, FL 33027

Sincerely,

Jeffrey A. Flairty
Project Manager

MILLER, LEGG & ASSOCIATES, INC.

JAF:lp
cc: Kellstrom Repair Services

V:\Project\023039-Miramar Permitting\statuschangeapplication.doc

8/19/02
Jenna Called
- address
Chrg.
1731 Flamingo
RD Chrg to
Fred Sorensen

Called
8/12/02
Jenna
ownership?
no chrg.

Pat, 8/13/2002
Please
send a
copy to
Broward

County.
- Cliff
Bittle
H. Hanks,
Sander

RECEIVED

AUG 12 2002

Bureau of Air Monitoring
& Mobile Sources

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#0112529

KELLSTROM REPAIR SERVICES
 FRED SORENSEN
 1731 FLAMINGO ROAD
 MIRAMAR FL
 33027

COMPLETE THIS SECTION ON DELIVERY

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

Jr. Smith 2-7-03

C. Signature

X *Jr. Smith* Agent AddresseeD. Is delivery address different from item 1? YesIf 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. Article Number (Copy from service label)

7001 0320 0001 7976 5228

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 STOP 9000
2600 SUNNYSIDE ROAD
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456986 DEC19 2005

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

112529 11
KELLSTROM REPAIR SERVICES
1731 Flamingo Road
MIRAMAR, FL 33027

Printed on recycled paper.

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

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443503 DEC20 2004

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

0112529
Kellstrom Industries

Printed on recycled paper.

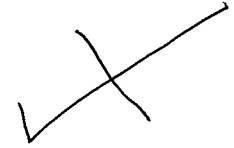
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434512 DEC22 2003

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

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

112529
FRED SORENSEN
KELLSTROM REPAIR SERVICES
3701 FLAMINGO ROAD
MIRAMAR FL 33027

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

12/11/03 THU 16:15 [TX/RX NO 7521]

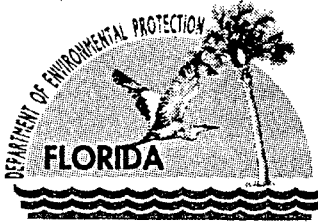
KELLSTROM
3701 FLAMINGO ROAD
MIRAMAR, FL 33027

Check No. - 6719

Check Date - 1/27/2003

Stub 1 of 1

INVOICE NO.	DATE	REFERENCE	GROSS AMOUNT	DISC.	NET AMOUNT
AIRS ID#0112529	1/14/2003	Maintenance	50.00		50.00
			50.00		50.00



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

422471 FEB 3 2003

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112529
KELLSTROM REPAIR SERVICES
FRED SORENSEN
3701 FLAMINGO ROAD
MIRAMAR FL 32027

Bureau of Air Monitoring
& Mobile Sources

FEB 07 2003

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412811 JAN 9 2002 X

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 # 0112529
CERTIFIED REPAIR SERVICES
GERRY ROBERTS
1495 NORTH PARK DRIVE
WESTON FL
33326

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

Kellstrom Repair Services
3701 Flamingo Road
Miramar, FL 32627
AIR ID# 0112529

Change of Address
called on telephone



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

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**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#0112529
KELLSTROM REPAIR SERVICES
FRED SORENSEN
1731 FLAMINGO ROAD
MIRAMAR FL
33027

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



POSTAGE
REQUIRED

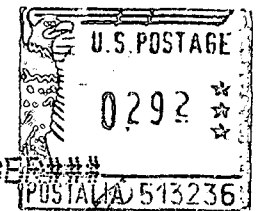
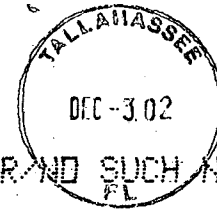
TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

MS# 5510 MC Acct # 5521

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

2002 Invoice

RESORTED
FIRST CLASS



#RETURN TO SENDER NO SUCH NUMBER###

RETURN SERVICE REQUESTED

RECEIVED
DEC 18 2002
Bureau of Air Monitoring
& Mobile Sources

JGCF 513 3070

