

EXPIRED: 04/02/11

522248 MAY25 2011

RECEIVED

MAY 26 2011

SURFACE COATING OPERATIONS
AIR GENERAL PERMIT REGISTRATION FORM
Department of Air Monitoring & Mobile Sources

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

0112540-003

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s): _____
- No air operation permits currently exist for this facility.

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Above All Collision, Inc D/B/A Downtown Collision

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

Downtown Collision

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address:

City: 110 N. Dixie Hwy Hollywood County: Broward Zip Code: 33020-6704

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)

N/A existing facility

→ ARIEL DE ARMAS

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit)

Print Name and Title: Ariel DeArmas President

Owner/Authorized Representative Mailing Address

Organization/Firm: Above All Collision Inc. 9th Downtown Collision

Street Address: 110 N Dixie Hwy
City: Hollywood County: Broward Zip Code: 33020

Owner/Authorized Representative Telephone Numbers

Telephone: 954 925 6205 Fax: 954 925 6207
Cell phone (optional):

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title:

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City: County: Zip Code:

Facility Contact Telephone Numbers

Telephone: Fax:


Cell phone (optional):

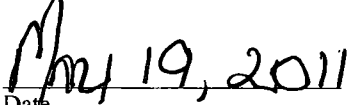
Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

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


Signature


Date

Material Usage Rates

If this is an **initial registration** for a surface coating operation, provide an estimate of the average quantity of volatile organic compounds in all coatings (solvents and thinners) expected to be used on a daily basis.

If this is a **re-registration** for an existing surface coating operation, provide the highest monthly average of the daily quantity of volatile organic compounds in all coatings (solvents and thinners) used in the last five years. Indicate the month and year during which this usage occurred.

water based paints.

SEE ATTACHED
FAX 06/24/11
AS AN ADDENDUM
TO THIS FORM
& PAGE 7

Description of Facility

Below, or as an attachment to this form, provide a description of the surface coating operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

Facility is an auto body repair shop using water based paints in a controlled spray booth environment

ABOVE ALL COLLISION, INC
 D.B.A. DOWNTOWN COLLISION
 110 N DIXIE HWY
 HOLLYWOOD, FL 33020
 TEL: 954-925-6205
 FAX: 954-925-6207

FACSIMILE TRANSMITTAL SHEET

TO: Dickson E. Dibble	FROM: Ariel DeArmas
COMPANY: FDEP Air General Permit	DATE: 6/24/2011
FAX NUMBER: 850-717-9001	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: 850-717-9071	SENDER'S REFERENCE NUMBER:
RE: Air General Permit Registration Form	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Attached is the form with the complete information on question page #7

Thank you,

* ADDENDUM TO # 0112540-003

PAGE 7, MATERIAL USE, RE-REGISTRATION

Q

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water based paints. 32.32 lbs month max
MAY 2010
1.077 lbs daily average

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Flat Rate
Mailing Envelope

For Domestic and International

Visit us at usps.com

1007



When used internationally
affix customs declarations
(PS Form 2976, or 2976A).

Place Mailing Label Here:



Addressee Copy
Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day 05 24	Time 1030	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature J
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature



USPS packaging products have been awarded Cradle to Cradle CertificationSM for their ecologically-intelligent design. For more information go to mbdc.com/usps

Cradle to Cradle CertifiedSM is a certification mark of MBDC.

Please recycle.



EP13F

PRESS HARD. YOU ARE MAKING 3 COPIES.

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 33020	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 1730	
Date Accepted Mo. Day Year 5 23 11	Scheduled Date of Delivery Month Day	Return Receipt Fee \$ 3.00	
Time Accepted <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs. 2.4	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code	Total Postage & Fees \$ 3260	
Acceptance Emp. Initials +			

FROM: (PLEASE PRINT) PHONE ()
 Mountaintop Collision
 110 N Dixie Hwy
 Hollywood, FL 33020

TO: (PLEASE PRINT) PHONE ()
 FAEP RECEIPTS
 PO BOX 3070
 Tallahassee, FL

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

3 2 3 1 5 + 3 0 7 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811



Dibble, Dickson

Subject: Processed AIRS ID# 0112540-003, ABOVE ALL COLLISION INC dba DOWNTOWN COLLISION, 110 N DIXIE HWY, HOLLYWOOD, FL 33020-6704
Location: SURFACE COATING OPERATIONS-Hollywood
Start: Tue 5/31/2011 12:00 AM
End: Wed 6/1/2011 12:00 AM
Show Time As: Free
Recurrence: (none)
Organizer: Dibble, Dickson
Categories: PENDING

PENDING

05/31/11, 1425 HRS-Called for Mr. Ariel DeArmas, (954-925-6205) but was not available (in back of shop). Left message w/receptionist to have Mr. DeArmas return my call. Page 7 of form under **re-registration**, I need the *"...highest monthly average of the daily quantity of VOC's in all coatings including solvents & thinners used in the last five years. Indicate the month and year during which this usage occurred."*

06/23/11, 0835 HRS-Have had no response from Mr. DeArmas. Called & talked to receptionist.

06/23/11, 0858 HRS-Faxed cover letter and copy of Page 7 as requested by receptionist.

06/23/11, 0908 HRS To verify receipt of FAX. Fax was received. I mentioned to receptionist that I needed a response today, but no later than tomorrow.

FAX



Mr. Ariel DeArmas
Above All Collision Inc
110 North Dixie Hwy

To: Hollywood, Florida 33020-6704

From: Dickson E. Dibble, ES III

Fax: (954) 925-6207

Pages: Three (3) including cover

Phone: (954) 925-6205

Date: 6.23.2011

Re: Surface Coating Operations
Air General Permit Registration Form

CC: [Type text]

Urgent For Review Please Provide Answers Please Reply Please Recycle

Comments:

Dear Mr. DeArmas:

I am in receipt of the Air General (AG) Permit Registration Form which you have submitted as your facility's intent to use the Surface Coating Operations AG Permit.

Upon FDEP's receipt (May 25, 2011) of your AG Permit Registration form a mandatory thirty (30) day processing and review time clock begins for the purpose of correcting any omissions, errors or reviewing applicability and processing the data.

At this time, your form as submitted cannot be considered complete. Before your form can be considered complete, there is one issue that needs to be resolved, and it is as follows:

- 1) The second block on Page #7 of the form addresses **re-registration** and requests that you provide the following:

If this is a re-registration for an existing surface coating operation, provide the highest monthly average of the daily quantity of volatile organic compounds in all coatings (solvents and thinners) used in the last five years. Indicate the month and year during which this usage occurred.

Timing is of the essence in resolving issues such as these since we are limited by the mandatory thirty (30) day time clock which started on May 25, 2011. If we are unable to resolve these issues before the end of the review period, I will have to deny your entitlement and I really don't want to have to do that.

Please Fax or e-mail your updated Page seven (7) of the form no later than Friday, June 24, 2011 to **(DO NOT send another fee or check, since that was already submitted and processed with your first form):**

If you have any questions, comments or concerns, or I can be of assistance in any way please e-mail or call.

Thank you for your attention to these matters and have a great day!

6.23.2011

Sincerely yours,

Dickson E. Dibble

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 717-9071

FAX (850) 717-9001
ICG-#59571

Dickson.Dibble@dep.state.fl.us

6.23.2011

TRANSMISSION VERIFICATION REPORT

TIME : 06/23/2011 08:59
 NAME : FDEP DIVISION OF AIR
 FAX : 8509226979
 TEL : 8504880114
 SER. # : BROG2J568046

DATE, TIME	06/23 08:58
FAX NO./NAME	619549256207
DURATION	00:00:48
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

FAX



Mr. Ariel DeArmas
 Above All Collision Inc
 110 North Dixie Hwy
 Hollywood, Florida 33020-6704

To:	Hollywood, Florida 33020-6704	From:	Dickson E. Dibble, ES III
Fax:	(954) 925-6207	Pages:	Three (3) including cover
Phone:	(954) 925-6205	Date:	6.23.2011
Re:	Surface Coating Operations Air General Permit Registration Form	CC:	[Type text]

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