

RECEIVED

MAR 28 2011

HALOGENATED SOLVENT DEGREASERS  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

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):	HALL ENGINE COMPANY / Robert J. Scott
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	258 SW 32ND COURT R. Lauderdale County: Broward Zip Code: 33315-3325
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112728-001

Responsible Official

6. Name and Title of Responsible Official: Name:	Robert J. Scott	Title:	Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:		County:	Broward Zip Code: 33315
8. Responsible Official Telephone Number: Telephone:	954 767 9000	Fax:	954 767-0232

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Robert J. Scott		
10. Facility Contact Address: Street Address: City:	258 SW 32ND COURT R. Lauderdale County: Broward Zip Code: 33315		
11. Facility Contact Telephone Number: Telephone:	954-767-9000	Fax:	954-767-0232

\* SEE ATTACHED E-MAIL DATED 04/01/11  
NEW PAGE 18 AS AN ADDENDUM.

**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	_____
$x > 1.21 \text{ m}^2$	_____	NEW/EXISTING	_____
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.

- |   |  |
|---|--|
| <input type="checkbox"/> perchloroethylene    | <input type="checkbox"/> methylene chloride    |
| <input type="checkbox"/> trichloroethylene    | <input type="checkbox"/> 1,1,1-trichloroethane |
| <input type="checkbox"/> carbon tetrachloride | <input type="checkbox"/> 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**

*\* SEE ATTACHED E-MAIL DATED 09/01/11  
NEW PAGE 19 AS AN ADDENDUM.*

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 type="checkbox"/> |
| (b) Inspection records                                   | <input type="checkbox"/> |
| (h) Remedial action log                                  | <input type="checkbox"/> |
| (e) Instrument calibration                               | <input type="checkbox"/> |
| (g) Solvent content records                              | <input 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.

DEP Form No. 62-213.900(4)  
Effective: 2/24/99

**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.*

Robert J. Scott

Print name of responsible official

Robert J. Scott

Signature

3-20-11

Date

\* ADDENDUM TO # 0112728-001  
PAGE 18

**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.

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Batch Vapor (solvent-air interface area)			
x ≤ 1.21 m <sup>2</sup>	<input checked="" type="checkbox"/>	NEW/EXISTING	
x > 1.21 m <sup>2</sup>		NEW/EXISTING	
Batch Cold		NEW/EXISTING	
In-line	NO	NEW/EXISTING	

2. (a) What was the total amount of halogenated solvents used in the latest 12 months?

10 gallons

(b) If less than 12 months, how many?  months

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- |   |  |
|---|--|
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- meeting an idling emission limit/work practice standards

OR

- meeting the requirements for batch cold cleaning machines

↑  
↑  
DICKSON, DIBBLE  
@ DEP. STATE, FL.  
US

\* ADDENDUM TO # 0112728-001  
PAGE 19

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 checked="" 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 type="checkbox"/>            |
| (h) Remedial action log                                  | <input type="checkbox"/>            |
| (e) Instrument calibration                               | <input 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 checked="" 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 type="checkbox"/>            |
| (k) Monthly emissions calculations                  | <input type="checkbox"/>            |
| (l) Rolling 3-month average emissions calculations* | <input type="checkbox"/>            |
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- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Dibble, Dickson**

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**From:** Hall Engine [halleng@bellsouth.net]  
**Sent:** Friday, April 01, 2011 11:34 AM  
**To:** Dibble, Dickson  
**Subject:** HALL ENGINE CO.  
**Attachments:** scan0001.gif; scan0002.gif

HALL ENGINE CO.  
ROBERT J. SCOTT



Environmental Protection and Growth Management Department -  
**POLLUTION PREVENTION, REMEDIATION AND AIR QUALITY DIVISION**  
 One N. University Drive, Suite 203, Plantation, FL 33324  
 954-519-1260 • FAX 954-765-4804

## Hazardous Material Management Facility Inspection Report

**Facility Information**    DEP Number: N/A

POSSE Facility Number: 01801

Name: Hall Engine Company

Address: 258 SW 32ND CT, FL 33315

Lat / Long:

Method: AGPS

Sewage: Septic System

### Wellfield


Wellfield Name	Zone
NA	NA

### Work Performed

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Pollution Prevention (P2)<br><input checked="" type="checkbox"/> Hazardous Materials Inspection (HM)<br><input type="checkbox"/> Hazardous Materials Re-Inspection (HMR)<br><input type="checkbox"/> Discharge Prevention and Response (DPRI)<br><input type="checkbox"/> Installation Inspection (TIN)<br><input type="checkbox"/> SQG Compliance Assistance Visit (CAV)<br><input type="checkbox"/> Other Type: <b>Hazardous Material</b> | <input type="checkbox"/> Compliance Insp. Complaint Received (TCF)<br><input type="checkbox"/> Compliance Inspection (TCI)<br><input type="checkbox"/> Compliance Re-Inspection (TCR)<br><input type="checkbox"/> Compliance Inspection DRF Received (TCDI)<br><input type="checkbox"/> Discharge Evaluation - Short Form (TDI)<br><input type="checkbox"/> Closure Inspection (TXI)<br><input type="checkbox"/> Closure Inspection - All Tanks Closed (TXIF)<br><input type="checkbox"/> Paperwork Only |
|---|--|

### Inspection Results

Based on the inspection results and information provided by the owner/operator, this facility DOES NOT MEET the requirements of Chapter 27 Articles X (Storage Tanks), XII (Hazardous Material), and XIII (Wellfield Protection) of the Broward County Natural Resource Protection Code and Florida Administrative Code 62-761 (Storage Tank Systems), as applicable. (see following pages for details)

Name of On-site Representative Receiving Inspection Results and Debriefing:	
Robert Scott	
On-site Representative Signature:	
Name/Phone Number of Inspector Completing Inspection:	Eduardo Koenig (954) 519-1406
Date Inspection Completed: 2/14/2011	



*Hall Engine  
Company*

258 S.W. 32nd Court  
Ft. Lauderdale, Florida 33315

FORT LAUDERDALE FL 333

25 MAR 2011 PM 1:1



GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING AND MOBILE SOURCES, MS 5510  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FL 32399-2400

32399+2400



**AIR GENERAL PERMITTING**

To: Sylvia Livingston  
From: Dick Dibble  
Date: 3/30/2011  
Re: **RETURN CHECK #10376, dated 03/25/2011, in the amount of \$100.00**  
**REASON: NO FEE DUE**  
RETURN TO:  
**HALL ENGINE COMPANY INC**  
**c/o ROBERT J. SCOTT, OWNER**  
**258 SW 32<sup>ND</sup> COURT**  
**FORT LAUDERDALE, FLORIDA 33315**

---

Comments: Sylvia,

Please prepare a "return check" cover letter for Becky's signature.

I have attached the subject item check to be returned.

Let me know if you have any questions.

Thank you,

*Dick*

HALL ENGINE COMPANY INC  
TAX EXEMPT NO 16-8012121853-4  
258 SW 32ND COURT, PH 854-767-9000  
FORT LAUDERDALE, FL 33315

SUNTRUST BANK  
ACH RT 081000104  
63-215/631

10376

3/25/2011

PAY TO THE ORDER OF DEPARTMENT OF ENVIRONMENTAL PROTECTION

\$ \*\*100.00

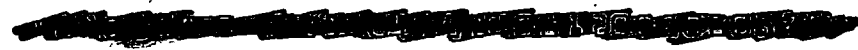
One Hundred and 00/100\*\*\*\*\* DOLLARS

DEPARTMENT OF ENVIRONMENTAL PR  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FL 32399-2400

VOID AFTER 90 DAYS

MEMO

  
\_\_\_\_\_  
AUTHORIZED SIGNATURE



Security Features Included Details on Back

HALL ENGINE COMPANY INC

10376

DEPARTMENT OF ENVIRONMENTAL PROTECTION 3/25/2011  
OFFICE HALOGENATED SOLVENT DEGREASER

100.00

SUN TRUST BAN

100.00