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SEP 25 2009

CHROMIUM ELECTROPLATING AND ANODIZING
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):	Wings Aviation Services, LLC.
2. Site Name (For example, plant name or number):	Wings Aviation Services
3. Hazardous Waste Generator Identification Number:	FLD 001 673 391
4. Facility Location: Street Address: City:	Building 3/906 Miami International Airport Miami County: Miami-Dade Zip Code: 33152
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250750-004

Responsible Official

6. Name and Title of Responsible Official: Name:	AVI SWARTZON	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Wings Aviation Services Building 3/906 Miami Intl Airport Miami	County:	Miami-Dade Zip Code: 33152
8. Responsible Official Telephone Number: Telephone:	(305) 876 - 9500	Fax:	(305) 876 - 9600

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: () -

Facility Information

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

HARD CHROMIUM PLATING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
X-501	New/Existing	16-Dec-93	PBS	a
X-502	New/Existing	16-Dec-93	PBS	a
X-503	New/Existing	16-Dec-93	PBS	a
X-504	New/Existing	16-Dec-93	PBS	a
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator
 WA = wetting agent

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

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

DECORATIVE AND ANODIZING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

PBS = packed-bed scrubber
CMP = composite mesh pad
PBS/CMP = packed-bed scrubber and composite mesh pad
FS = fume suppressant only
FS/WA = fume suppressant with a wetting agent
FM = fiber-bed mist eliminator
WA = wetting agent

Applicable Standard Key

x = 0.01 mg/dscm
y = 45 dynes/cm
z = records of bath components
(trivalent Cr tanks only)
c = alternative standard for multiple tanks
under common control

2. Indicate the date by which the facility must meet the requirements of paragraph (5) of Part II:
(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

The facility will conduct an initial performance test
 The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above.

4. 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) Equipment maintenance	<input checked="" type="checkbox"/>	(b) Equipment inspection and repair	<input checked="" type="checkbox"/>
(c) Equipment malfunctions	<input checked="" type="checkbox"/>	(d) Operation and maintenance checklist	<input checked="" type="checkbox"/>
(e) Instrument calibration (used during initial performance test)	<input checked="" type="checkbox"/>	(f) Start-up, shutdown, malfunction plan	<input checked="" type="checkbox"/>
(g) Performance test results	<input checked="" type="checkbox"/>	(h) Equipment monitoring	<input checked="" type="checkbox"/>
(i) Excess emissions	<input checked="" type="checkbox"/>	(j) Operating periods	<input checked="" type="checkbox"/>
(k) Rectifier capacity	<input checked="" type="checkbox"/>	(l) Fume suppressant records	<input type="checkbox"/>
(m) Purchase records of wetting agent components	<input type="checkbox"/>		

5. 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.

AVI SWARTZON
Print name of responsible official

Avi Swartzon
Signature

9-22-2009
Date



September 22, 2009

FDEP
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

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BUILDING
& MODIFICATION

Dear FDEP:

Please be informed that Wings Aviation Services, Inc. is changing its identity to Wings Aviation Services, LLC . a State of Florida registered company. The change is in name and ownership.

I will be staying as the president and CEO and in fact the entire operation will stays the same with no change in operations, equipment, employees, and processes.

I am submitting the completed Air General Permit Notification Form (attached) to the Florida Department of Environmental Protection (FDEP). Pleas review the form at your earliest convenient time and send us the new documentation.

Sincerely,

A handwritten signature in cursive script that reads 'Avi Swartzon'.

Avi Swartzon
President & CEO

WINGS AVIATION SERVICES, INC.

Building 3, Miami International Airport, Miami, FL 33159-2032
Phone (305) 876-9500 • 1-800-52-WINGS • Fax (305) 876-9600



WINGS AVIATION SERVICES, INC.
Building 3, Miami International Airport
Miami, Florida 33159-2032

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FDEP
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070

