

# 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

April 6, 2007

Mr. Avi Swartzon  
Wings Aviation Services, Incorporated  
Post Office Box 522032  
Miami, Florida 33152

Re: Facility No.: 0250750-003

Dear Mr. Swartzon:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on March 5, 2007.


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: Ms. Mallika Muthiah, Miami-Dade County

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
MAR 05 2007  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
AIR QUALITY DIVISION

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, Inc.
2. Site Name (For example, plant name or number):	Wings Aviation Services, Inc.
3. Hazardous Waste Generator Identification Number:	FDL 001 673 391
4. Facility Location: Street Address: City:	Building 906 (NW 42 Ave / NW 36 St) MIA Miami County: Dade Zip Code: 33152
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250750-003

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 P.O. Box 522032 Miami	County:	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):	Avi SWARTZON
10. Facility Contact Address: Street Address: City:	Same County: Zip Code:
11. Facility Contact Telephone Number: Telephone:	(305) 876-9500 Fax: (305) 876-9600

**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)
16 Dec 93	New/Existing	16 Dec 93	PBS	a
16 Dec 93	New/Existing	16 Dec 93	PBS	a
16 Dec 93	New/Existing	16 Dec 93	PBS	a
16 Dec 93	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)
16 Dec 93	New/Existing	16 Dec 93	PBS	a
	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<br>(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 checked="" 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.  
AP-00198-95

**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

03-01-2007  
Date

**Dibble, Dickson**

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**From:** Dibble, Dickson  
**Sent:** Wednesday, February 28, 2007 4:12 PM  
**To:** 'swartzon@wingsaviation.net'  
**Cc:** Bowman, Sandy  
**Subject:** Expired Air General Permit, AIRS ID#0250750-002, WINGS AVIATION SERVICES INC, Miami Int'l Airport Bldg 3, MIAMI, FL 33159

<b>Tracking:</b>	<b>Recipient</b>	<b>Delivery</b>	<b>Read</b>
	'swartzon@wingsaviation.net'		
	Bowman, Sandy	Delivered: 2/28/2007 4:12 PM	Read: 3/1/2007 9:07 AM

WINGS AVIATION SERVICES INC  
 Miami Int'l Airport Bldg 3  
 MIAMI, FL 33159

Dear Mr. Avi Swartzon,

It was a pleasure to speak with you today regarding your **Chromium Electroplating and Anodizing Air General permit** and the renewal process. As I mentioned during our conversation **the permit for your facility expired on July 22, 2006**. Air General Permits are valid for a period of five (5) years and the last registration for your facility was submitted on June 21, 2001.

Below you will find the link to the subject item registration form. You may download and print the form from there. If you are the Responsible Official, please complete the form, print your name, sign your name and date the last page of the form. The form itself begins on page 20 and ends on page 23. Pages 1-19 provide an overview of the rule, and pages 24 thru 25 provide directions for completing the form.

[http://www.floridadep.org/Air/forms/titlevgp/dep62\\_213\\_900\(5\).pdf](http://www.floridadep.org/Air/forms/titlevgp/dep62_213_900(5).pdf)

Mail the signed and completed Part III of this form as soon as possible to:

Attn: Dick Dibble  
 General Permits Section  
 Bureau of Air Monitoring and Mobile Sources, **MS 5510**  
 Department of Environmental Protection  
 2600 Blair Stone Road  
 Tallahassee, FL 32399-2400

Please keep a copy of the form for your records in the event your facility is visited by an inspector. From the date your form is received, your application will proceed thru a 30 day review period. Please fill out the form completely and according to the characteristics of your facility. Please don't forget to sign and date the form.

**DO NOT SEND MONEY!** We have already received your annual fee for the Year 2006, and it has been credited to your account.

Thank you for your prompt attention in this matter.

Sincerely,

*Dickson E. Dibble*

**Dickson E. Dibble**

3/2/2007

FL Dept of Environmental Protection  
Div. of Air Resource Management  
Bureau of Air Monitoring & Mobile Sources  
Air General Permit Program  
(850) 921-9586  
SunCom 291-9586  
ICG-#345  
**Dickson.Dibble@dep.state.fl.us**



RECEIVED  
MAY 09 2008  
Bureau of Air Monitoring  
& Mobile Sources

May 5, 2008

Mr. Dick Dibble  
FDEP  
Air Permit BAMMF, MS 5510  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Dear Mr. Dibble:

Please be informed of a change of address for Wings Aviation Services.

Wings Aviation Services new address is

Wings Aviation Services, Inc.  
Building 906  
Miami International Airport  
Miami, Florida 33152-2032

Since our permit is valid until April 5, 2012, we believe that there is no need for any action on our part.

Sincerely,

A handwritten signature in black ink, appearing to read 'Avi Swartzon', is written over the typed name and title.

Avi Swartzon  
President & CEO

**WINGS AVIATION SERVICES, INC.**

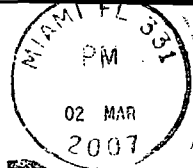
Building 3, Miami International Airport, Miami, FL 33159-2032  
Phone (305) 876-9500 • 1-800-52-WINGS • Fax (305) 876-9600





WINGS AVIATION SERVICES, INC.

Building 3, Miami International Airport  
Miami, Florida 33159-2032



Attn: Dick Dibble  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400



**WINGS**

WINGS AVIATION SERVICES, INC.

Building 3, Miami International Airport

Miami, Florida 33159-2032

MIAMI FL 331

07 MAY 2000 PM 6 T

"LET US DARE TO  
THINK, SPEAK AND  
John Adams, 1765



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Mr. Dick Dibble

FDEP

Air Permit BAMMF, MS 5510

2600 Blair Stone Road

Tallahassee, FL 32399-2400

32399+2400

