



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 26, 2001

Mr. Avi Swartzon
Wings Aviation Services, Inc.
Miami International Airport
Building 3
Miami, Florida 33159-2032

Re: Facility No.: 0250750-002

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 June 21, 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: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED
JUN 21 2001

Bureau of Air Monitoring
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 21 2001
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, 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:	Building 3		
Street Address:	Miami International Airport		
City:	Miami	County:	Dade
		Zip Code:	33159-2032
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250750-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Avi Swartzon	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	SAME	County:	
City:		Zip Code:	
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):	Wally Azzam		
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			

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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 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:
AP-00198-95
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

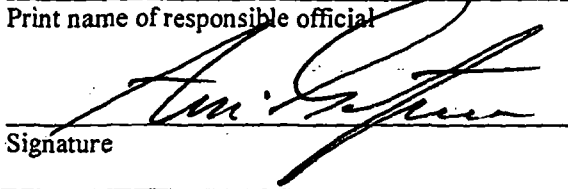
Responsible Official Certification

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



Signature

06-18-01

Date



Department of Environmental Protection

Jeb Bush
Governor

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

June 22, 2001

David B. Struhs
Secretary

RECEIVED
JUL - 2 2001
Bureau of Air Monitoring
& Mobile Sources

Mr. Avi Swartzon
Wings Aviation Services, Inc.
Miami International Airport, Bldg 3
Miami, Florida 33159-2032

Dear Mr. Swartzon:

Thank you for your submittal of the Chromium Electroplating and Anodizing Air General Permit Notification Form. The Department received your submittal on June 21.

In reviewing your submittal, it was noted that Wings Aviation Services, Inc. elected to surrender its existing Title V air general permit (AIRS ID 0250750). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/
Enclosure
cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

RECEIVED
JUN 21 2001

Bureau of Air Monitoring
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
JUL - 2 2001

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
JUN 21 2001

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:	Building 3		
Street Address:	Miami International Airport		Zip Code:
City:	Miami	County: Dade	33159-2032
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0650750000		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Avi Swartzon	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	SAME	County:	Zip Code:
City:			
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):	Wally Azzam		
10. Facility Contact Address:			
Street Address:			
City:	Same	County:	Zip Code:
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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			

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Applicable Standard Key

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- 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

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	New/Existing			
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	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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(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

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4. Equipment Monitoring and Recordkeeping Information

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- (a) Equipment maintenance
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- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration
(used during initial performance test)
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- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions
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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

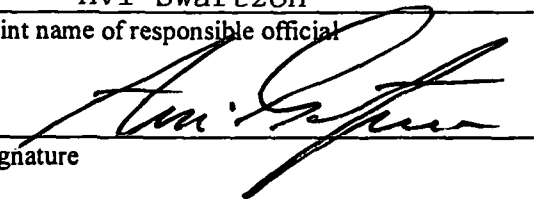
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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

Signature



Date

06-18-01

0250750-002

p21

1(a) Existing should be circled under Unit class for each tomb.

1(b) Existing should be circled under Unit class.

p23

Responsible Official sign and date for changes made.

AIR ID # 0250750



WINGS

WINGS AVIATION SERVICES, INC.

MIAMI INTERNATIONAL AIRPORT, BLDG. 3

MIAMI, FL 33159-2032

(305) 876-9500

CITIBANK, F.S.B. 75

8750 DORAL BLVD.

MIAMI, FL 33178-2402

63-8655/2660 75

0250750 MAR 31 2006

022225

Mar 24, 2006

*****\$75.00

Memo:

CHECK NO.

DATE

AMOUNT

Seventy Five and 00/100 Dollars

PAY
TO THE
ORDER
OF:

DEPARTMENT OF ENVIRONMENTAL
PROTECTION

400 N CONGRESS AV SUITE 200

WEST PALM BEACH, FL 33401

AUTHORIZED SIGNATURE

MP

Security Features included. Details on Back.

~~NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES~~

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

469680 FEB21 2007

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

TOTAL AMOUNT DUE: \$50.00

Bureau of Air
& Maritime

FEB 21 2007

RECEIVED

Do NOT Remove Label

AIRS ID#250750
WINGS AVIATION SERVICES INC
Miami Int'l Airport Bldg 3
MIAMI, FLORIDA 33159

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

Printed on recycled paper.

PERMIT EXPIRED 7/22/06

MR. AVI SWARTZON (305) 876-9500

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
FEE		1/1/06	50.00		50.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
2/16/07	023899	TITLE V AIR GENERAL PERMITS		\$50.00



WINGS

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

MIAMI FL 331

19 FEB 2004 PM 11



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444483 JAN 13 2003

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

AIRS ID# 250750 7
WINGS AVIATION SERVICES INC
Miami Int'l Airport Bldg 3
MIAMI, FL 33159

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

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RECEIVED
JAN 14 2003
Bureau of Air Monitoring
& Mobile Sources ✓

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437544 MAR11 2004

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

212520
DAN SWARTZON

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

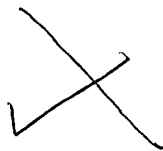
ID# 250750
AVI SWARTZON
WINGS AVIATION SERVICES INC
MIAMI INTERNATIONAL AIRPORT
BLDG 3
MIAMI, FL 33159

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

Bureau of Air Monitoring
& Mobile Sources

MAR 17 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436847 FEB25 2004

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

250750
 AVI SWARTZON
 WINGS AVIATION SERVICES INC
 MIAMI INTERNATIONAL AIRPORT BLDG
 3
 MIAMI FL 33159

RECEIVED
 MAR 3 2004
 Bureau of Air & Mobile Services
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035000
 Obj.: 002273

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	—
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

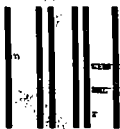
Handwritten signature and scribbles over the table. A stamp area is marked "Postmark Here".

ID# 250750

Sent: AVI SWARTZON
Street or PO: WINGS AVIATION SERVICES INC
City: MIAMI INTERNATIONAL AIRPORT
BLDG 3
MIAMI, FL 33159

7003 2260 0003 5653 2097

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 •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 12 2004
Bureau of Air Monitoring
& Mobile Sources

01



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

ID# 250750
 AVI SWARTZON
 WINGS AVIATION SERVICES INC
 MIAMI INTERNATIONAL AIRPORT
 BLDG 3
 MIAMI, FL 33159

2. Article Number

(Transfer from service label)

7003 2260 0003 5651 2097

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

Gustavo Reina

C. Date of Delivery

2/9/04

D. Is delivery address different from item 1? Yes
 If 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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

9255 5264 7975 5526
7001 0320 0001 7975 5526



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	€

Postmark
Here

AIRS ID#0250750

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL
33159-2032



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423001 FEB14 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#0250750

WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL
33159-2032

Bureau of Air Monitor
& Mobile Sources

FEB 19 2003

RECEIVED

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

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
0250750 DEC02		12/1/02	50.00		50.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
12/20/02	016137	TITLE V AIR GENERAL PROTECTION		\$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413393 JAN22 2002

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 # 0250750
WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL
33159-2032

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

014417

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
37550101000		12/1/01	50.00		50.00
CHECK DATE	CHECK NO.	PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
1/18/02	014417	TITLE V AIR GENERAL PROTECTION			\$50.00