



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

December 4, 2009

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Mr. Richard Lauckner
General Manager
Propulsion Technologies International
8855 Northwest 35th Lane
Miami, Florida 33172-1218

Re: Facility No: 0250893-003

Dear Mr. Lauckner:

The Department has received the Air General Permit Registration Form for the **Halogenated Solvent Degreasers** facility that you submitted on November 2, 2009.

Pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-213.300 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have or expect any administrative changes in your mailing address, location address, responsible official, or telephone number, please notify the Department at the following address:

Air 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 operation parameters or equipment, or if you have any questions regarding the Air General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

* ORIGINAL SIGNED FORM #502328
 → XEROX COPY REC'D BY F&A NOV 22 2009 RECEIVED
 → CHECK RETURNED - NO FEE DUE

HALOGENATED SOLVENT DEGREASERS
 AIR GENERAL PERMIT NOTIFICATION FORM
 Bureau of Air Management
 & Mobile Sources

NOV 12 2009

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):	PROPULSION TECHNOLOGIES INTERNATIONAL
2. Site Name (For example, plant name or number):	PROPULSION TECHNOLOGIES INTERNATIONAL Facility ID 0250983
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: Miami County: Dade Zip Code: 33172-1218	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250983-003

Responsible Official

6. Name and Title of Responsible Official: Name: Richard Lauckner Title: General Manager
7. Responsible Official Mailing Address: 15301 SW 29th Street Organization/Firm: Pro Street Address: 15301 SW 29th Street City: Miramar, FL County: Broward Zip Code: 33027
8. Responsible Official Telephone Number: Telephone: (786) 282-6623 Fax: (954) 874-0301

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): EARNEST BONNIE EHS MANAGER
10. Facility Contact Address: Propulsion Technologies International Street Address: 15301 SW 29th St. City: Miramar, FL County: Broward Zip Code: 33027
11. Facility Contact Telephone Number: Telephone: (786) 302-5516 Fax: (954) 874-0301

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)		NEW/EXISTING	<u>EXISTING</u>
x ≤ 1.21 m ²	_____	NEW/EXISTING	<u>EXISTING</u>
x > 1.21 m ²	_____	NEW/EXISTING	<u>EXISTING</u>
Batch Cold	_____	NEW/EXISTING	_____
In-line	_____	NEW/EXISTING	_____

** SEE ATTACHED E-MAIL DATED 11/24/09, AS AN ADDENDUM TO THIS FORM
D.D.*

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.

[] perchloroethylene

[] methylene chloride

trichloroethylene

[] 1,1,1-trichloroethane

[] carbon tetrachloride

[] 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**

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 checked="" type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> |
| (g) Solvent content records | <input type="checkbox"/> |

FOR FACILITIES USING CONTROL COMBINATIONS

- | | |
|-------------------------------|-------------------------------------|
| (c) Temperature monitoring | <input checked="" 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 checked="" 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.

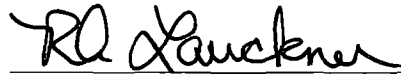
Responsible Official Certification

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.

RICHARD A. LAUCKNER

Print name of responsible official



Signature

10 NOV. 2009

Date

** ADDENDUM TO REGISTRATION FORM
RECEIPT DATE Nov. 2, 2009. # 0250983-003*

Dibble, Dickson

From: Earnest Bonnie [earnest.bonnie@ptechi.com]
Sent: Tuesday, November 24, 2009 12:53 PM
To: Dibble, Dickson
Cc: Rich Lauckner; Earnest Bonnie
Subject: Vapor Degreaser

Mr. Dibble,

Just to follow up on our conversation from this morning please see the information listed below:

- Tri in gallons (330)
- Vapor Degrease manufacturing date (1993)
- Control devices (Electrically control doors) install when equipment purchased.

} QUESTIONS #1 & 2
PAGE 18.

Thanks &
Have a safe day

Earnest Bonnie
EH&S Manager
Propulsion Technologies International
15301 SW 29th Street
Miramar, FL 33027
786-999-0600 EXT #661
954-874-0274 EXT #661

Propulsion Technologies International
15301 SW 29 STREET
Miramar FL 33027

FDEP - DARM

Air - GENERAL PERMIT PROGRAM Suite 164
111 South MAGNOLIA DRIVE TALLAHASSEE FL 32301
ATTN: Dick Dibble

From: Origin ID: FXEA (954) 874-0274
JOHNNY JIMENEZ
PROPULSION TECHNOLOGIES INT'L
15301 SW 29TH STREET

MIRAMAR, FL 33027



J85300907312023

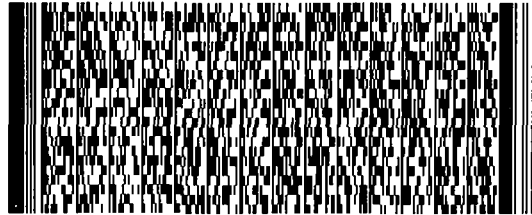
Ship Date: 10NOV09
Act/Wgt: 1.0 LB
CAD: 5981732/NET9090
Account#: S *****

Delivery Address Bar Code



Ref # FDEP-DARM PERMIT PROGRAM
Invoice #
PO #
Dept #

SHIP TO: (000) 000-0000 BILL SENDER
DICK DIBBLE
AIR GENERAL PERMIT PROGRAM
111 S MAGNOLIA DR STE 164
FDEP-DARM
TALLAHASSEE, FL 32301

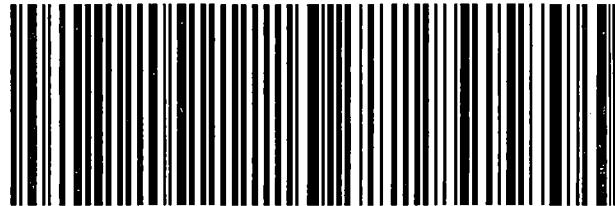


TRK# 7930 0602 0945
0201

WED - 11NOV A2
PRIORITY OVERNIGHT

XH TLHA

32301
FL-US
TLH



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

November 5, 2009

Propulsion Technologies International
15301 SW 29th St
Miramar, FL 33027-5255

Check #24377 is being returned to you for the following reason:

- Not Signed. Please sign check and return package to:
FDEP, P.O. Box 3070, Tallahassee, FL 32315
- Wrong Payee.
- Other- No money due.

If you have any questions, please contact me at (850) 245-2456.

Sincerely,

Bonnie Lawson for

Jennifer Peddicord
Accounting Services Supervisor II
Bureau of Finance and Accounting

JP/ads

cc: Reading File
Cashier
Attachments
Dick Dibble



**Propulsion Technologies
International**

A Snecma and ATI joint company
15301 S.W. 29th St. • Miramar, FL 33027-5255
Tel: 954.874.0274 • Fax: 954.874.0301

WACHOVIA BANK, N.A.
63-643/670

NO. **24377**
582388 NOV 2 2009
DATE **10/23/2009**

AMOUNT
****100.00****

PAY

One Hundred and 00/100 US Dollars*****

TO
THE
ORDER
OF

**F D E P
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070
USA**

[Handwritten Signature]
AUTHORIZED SIGNATURE



Security Features Included
Details on back



HALOGENATED SOLVENT DEGREASERS



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO:

AIRS ID#: 0250983 **DATE:** 1/21/11 **ARRIVE:** 12:35 PM **DEPART:** 12:50 PM

FACILITY NAME: PROPULSION TECHNOLOGIES INTERNATIONAL

FACILITY LOCATION: 8855 NW 35TH LN
MIAMI 33172-1218

OWNER/AUTHORIZED REPRESENTATIVE: RICHARD LAUCKNER **PHONE:** (786)282-6623
Email: **Mobile:**

CONTACT NAME: EARNEST BONNIE **PHONE:** (786)302-5516
Email: **Mobile:**

ENTITLEMENT PERIOD: 12/3/2009 / 12/3/2014
 (effective date) (end date)

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: NOTIFICATION – Rule 62-210.300 FAC
 (check appropriate box(es))

1. Halogenated solvent used at facility:	2. Indication on notification form that facility has the following machine type(s).
perchloroethylene ----- <input type="checkbox"/>	Batch Vapor, $x \leq 1.21 \text{ m}^2$ ----- <input type="checkbox"/>
methylene chloride ----- <input type="checkbox"/>	Batch Vapor, $x > 1.21 \text{ m}^2$ ----- <input type="checkbox"/>
trichloroethylene ----- <input type="checkbox"/>	New In-line ----- <input type="checkbox"/>
1,1,1-trichloroethane ----- <input type="checkbox"/>	Existing In-line ----- <input type="checkbox"/>
carbon tetrachloride ----- <input type="checkbox"/>	Batch Cold ----- <input type="checkbox"/>
chloroform ----- <input type="checkbox"/>	

PART III: CLASSIFICATION – Rule 62-213.300 FAC
 Indicate the machine type(s) observed at the facility:

Batch Vapor, $x \leq 1.21 \text{ m}^2$ -- <input type="checkbox"/>	New In-line ----- <input type="checkbox"/>	Batch Cold (immersion)----- <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ -- <input type="checkbox"/>	Existing In-line -- <input type="checkbox"/>	Batch Cold (remote reservoir)-- <input type="checkbox"/>

PART IV: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC

A. Batch Vapor and In-Line Machines

1. Does the facility maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification? ----- Yes No
2. Does the facility maintain a freeboard ratio of 0.75 or greater? ----- Yes No
3. Does the facility utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at 0.9 m/min (3 ft/min) or less? ----- Yes No
4. Does the facility conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? ----- Yes No
5. Does the facility install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less? ----- Yes No
6. Does the facility install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover. ---- Yes No N/A
7. Does the facility have each machine equipped with:
 - a. a device to shut off sump heat if the solvent level drops to the heater coils? ----- Yes No
 - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? ----- Yes N
 - c. a primary condenser? ----- Yese N
8. Does the facility store all waste solvent, still bottoms, and sump bottoms in closed containers? ----- Yes No

B. Batch Cold Cleaning Machines

1. Does the facility collect and store all waste solvent in closed containers? ----- Yes No
2. Does the facility use a flexible hose or flushing device only within the freeboard area? ----- Yes No
3. Does the facility drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? ----- Yes No
4. Does the facility maintain the solvent level inside the machine at or below the fill line? ----- Yes No
5. Does the facility immediately clean up spills during solvent transfer? Store wipe rags in a covered container? ----- Yes No
6. Does the facility operate the agitator to produce a rolling motion? (*applicable only when air or pump agitated solvent bath used*). ----- Yes No N/A
7. Does the facility ensure that the machine is not exposed to drafts greater than 40 m/min (132 ft/min) when the cover is open? ----- Yes No
8. Does the facility ensure that sponges, fabrics, wood and paper products are not placed in the machine? ----- Yes No

Remote Reservoir Type Only

9. Does the facility employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. ----- Yes No N/A

Immersion Type Only

10. Does the facility employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal. ----- Yes No N/A

PART V: PROCESS VENT CONTROLS – Rule 62-213.300 FAC (not applicable to batch cold cleaning machines)

Facility chose to meet requirements using:

- control device combination / work practice standards -----
- alternative solvent emission limit (proceed to Part VI) -----
- idling emission limit / work practice standards (proceed to Part VI) -----

A. Batch Vapor Machines, $x \leq 1.21 \text{ m}^2$

(Select control combination)

DEVICE IN USE

- | | | | |
|--------------------------------|---|--|--|
| 1. <input type="checkbox"/> g | working mode cover -- <input type="checkbox"/> | 1.0 freeboard ratio - <input type="checkbox"/> | superheated vapor ----- <input type="checkbox"/> |
| 2. <input type="checkbox"/> g | reduced room draft --- <input type="checkbox"/> | 1.0 freeboard ratio - <input type="checkbox"/> | superheated vapor ----- <input type="checkbox"/> |
| 3. <input type="checkbox"/> g | reduced room draft --- <input type="checkbox"/> | 1.0 freeboard ratio - <input type="checkbox"/> | dwell ----- <input type="checkbox"/> |
| 4. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | superheated vapor -- <input type="checkbox"/> | |
| 5. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | working mode cover <input type="checkbox"/> | |
| 6. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | reduced room draft <input type="checkbox"/> | |
| 7. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | 1.0 freeboard ratio - <input type="checkbox"/> | |
| 8. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | dwell ----- <input type="checkbox"/> | |
| 9. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | carbon adsorber ---- <input type="checkbox"/> | |
| 10. <input type="checkbox"/> g | carbon adsorber ----- <input type="checkbox"/> | 1.0 freeboard ratio - <input type="checkbox"/> | superheated vapor ----- <input type="checkbox"/> |

B. Batch Vapor Machines, $x > 1.21 \text{ m}^2$

(Select control combination)

DEVICE IN USE

- | | | | |
|-------------------------------|---|---|--|
| 1. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | superheated vapor -- <input type="checkbox"/> | 1.0 freeboard ratio ----- <input type="checkbox"/> |
| 2. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | superheated vapor -- <input type="checkbox"/> | working mode cover --- <input type="checkbox"/> |
| 3. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | superheated vapor -- <input type="checkbox"/> | reduced room draft ----- <input type="checkbox"/> |
| 4. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | superheated vapor -- <input type="checkbox"/> | carbon adsorber ----- <input type="checkbox"/> |
| 5. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | reduced room draft - <input type="checkbox"/> | dwell ----- <input type="checkbox"/> |
| 6. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | reduced room draft - <input type="checkbox"/> | 1.0 freeboard ratio ----- <input type="checkbox"/> |
| 7. <input type="checkbox"/> g | 1.0 freeboard ratio <input type="checkbox"/> | reduced room draft - <input type="checkbox"/> | superheated vapor ----- <input type="checkbox"/> |

C. Existing In-Line Machines

(Select control combination)

DEVICE IN USE

- | | | |
|-------------------------------|---|--|
| 1. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | 1.0 freeboard ratio - <input type="checkbox"/> |
| 2. <input type="checkbox"/> g | superheated vapor ---- <input type="checkbox"/> | 1.0 freeboard ratio - <input type="checkbox"/> |
| 3. <input type="checkbox"/> g | freeboard refrig. device <input type="checkbox"/> | dwell ----- <input type="checkbox"/> |
| 4. <input type="checkbox"/> g | carbon adsorber ----- <input type="checkbox"/> | dwell ----- <input type="checkbox"/> |

D. New In-Line Machines

(Select control combination)

DEVICE IN USE

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | freeboard refrig. device <input type="checkbox"/> | superheated vapor - <input type="checkbox"/> |
| <input type="checkbox"/> | freeboard refrig. device <input type="checkbox"/> | carbon adsorber ---- <input type="checkbox"/> |
| <input type="checkbox"/> | superheated vapor ----- <input type="checkbox"/> | carbon adsorber ---- <input type="checkbox"/> |

PART VI: RECORDKEEPING REQUIREMENTS – Rule 62-213.300(3) FAC

Has the responsible official maintained the following:

- 1. Owner’s manuals, design specifications, and other instructional materials for cleaning machine and control equipment? ----- Yes No
- 2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93. ---- Yes No
- 3. Halogenated solvent content for each solvent used? (*exempt if <5% by weight*) ----- Yes No
- 4. Estimates of annual solvent consumption for each machine? ----- Yes No
- 5. Dates of solvent additions and amounts added to each machine? (*applicable only to those using an alternative emission limit*) ----- Yes No N/A
- 6. Idling emissions limit tests, including values obtained during the initial performance test? (*applicable only to those using an idling emissions limit*) ----- Yes No N/A
- 7. All control device and parameter monitoring? (*applicable only to batch vapor and in-line machines*) ----- Yes No N/A
- 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? ----- Yes No N/A
- 9. Monthly emissions calculations (*applicable only to those using an alternative or idling emission limit*) ----- Yes No N/A
- 10. 3-month rolling average emissions calculations? (*applicable only to those using an alternative emission limit*) ----- Yes No N/A
- 11. Cleaning capacity calculations? (*applicable only to those using an alternative emission limit without a solvent-air interface*) ----- Yes No N/A

FRANK DELGADO

1/21/2011

Inspector’s Name (Please Print)

Date of Inspection

6

Inspector’s Signature

Approximate Date of Next Inspection

**COMMENTS: THE FACILITY IS CLOSED/ OUT OF BUSINESS.
THEY MOVED TO MIRAMAR, FL.**