01/2257



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 12, 1996

Mr. Robert Koppel Operations Manager Sun Belt Precision Products, Inc. 900 Southwest 21 Terrace Fort Lauderdale, Florida 33312

Dear Mr. Koppel:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 26, 1996.

Please note that in November 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 Monitori

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Sun Belt Precision Products, Inc. 2. Site Name (For example, plant name or number): 5843970 3. Hazardous Waste Generator Identification Number: HM-01111-96 4. Facility Location: Street Address: City: Fort Lauderdale County: Broward Zip Code: 33312 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Robert Koppel Operations Manager 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number: Telephone: (954) 792-8070 Fax: (954) 792-3184 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: () - Fax: () -			•					
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	11.			<u>-</u>				
DECEIVED		Telephone: () -		Fax: () -			
					DECEL	VED		

MR 5 6 1330

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(4) Effective: 6-25-96

Page 17 of 20

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.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor x < 1.21 m ² x > 1.21 m ²	 .					
Batch Cold						
In-line New Existing						
2. (a) What was the to		of halogenated s	olvents purchased i	in the late	est 12 months?	
(b) If less than 12 r Check why it is			months wner: [] New	store: [] Did not keep	records: []
3. (a) Please indicate	which of th	e following halo	genated solvents are	e used at	your facility.	
] perc	hloroethyle	ne				
[] metl	nylene chlor	ride				
[] trich	loroethylen	e				
[] 1,1,	l-trichloroe	thane				
[] carb	on tetrachlo	oride				
chlo	roform				·	
(b) The total volun	ne of halogo	enated solvent en	nissions shall not ex	cceed 10	tons per year. 1	choose to meet
com	plying with	an alternative so	lvent emission lim	it		
[] impl	ementing a	control device c	ombination/work p	ractice st	andards	
[] mee	ting an idlin	g emission limit	/work practice stand	dards		
[] mee	ting the req	uirements for ba	tch cold cleaning m	achines		

DEP Form No. 62-213.900(4)

Effective: 6-25-96

4. Based upon your response to 3(b), please select the appropriate control provided below. (Indicate with an "X" all options that apply to your factors.	
[] 1.0 freeboard ratio	
super-heated vapor	
[] freeboard refrigeration device	
[] carbon adsorber	
] dwell time	
] working mode cover	
[] reduced room draft	
Equipment Monitoring and Recordkeeping	Information
Check all logs which are required to be kept on-site in accordance with the	he requirements of this general permit:
(a) Purchase receipts for halogenated solvent purchases	
(b) Inspection records	
(c) Temperature monitoring	
(d) Idling emission concentration monitoring	
(e) Instrument calibration	· []
(f) Dwell time records	
(g) Solvent content records	
(h) Remedial action log	
(i) Control device monitoring	
(j) Log of solvent additions and removals	
(k) Monthly emissions calculations	
(I) Rolling 3-month average emissions calculations	[]
(m) Cleaning capacity calculations	[]

DEP Form No. 62-213.900(4) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	ate with an "X" the appropriate selection:				
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
X	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this noti statemei maintaii	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ints made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.				
I will pr	omptly notify the Department of any changes to the information contained in this notification.				

DEP Form No. 62-213.900(4) Effective: 6-25-96



Department of Environmental Protection

August 28, 1996

SUN BELT PRECISION PRODUCT, INC.

Mr. Robert Koppel was contacted by telephone and informed of the appropriate changes to be made on his application he submitted for a Title V Air General Permit.

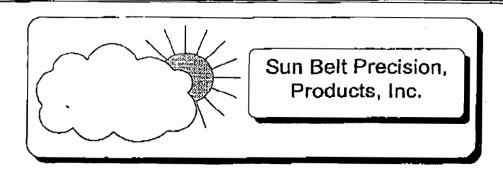
It was agreed upon that, at the time of the facility inspection, Mr. Koppel will make the necessary changes in the presence of an inspector. The following changes should be made at that time:

- 1. Item 3(b) on page 18 of 20; Mr. Koppel indicated that he will meet the requirement by; complying with an alternative solvent emission limit.
- 2. In the Equipment Monitoring and Recordkeeping Information section, the following item(s) should also be *checked*:

(f), (g), (h), (k), (l).

Alvin C. Williams

am pm



Total Pages: Coulet + Z
From:
Rob Koppel Date: /28 Alvin Williams Company: Title: Title: Telephone Number: Sun Belt Phone: (954) 792-8070 Sun Belt Facsimile: (954) 792-3184 Facsimilie Number:

Corrected paperunek

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.

Equipment Type	ID#	Date Initially Purchased	Date Cutrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor x < 1.21 m ² x > 1.21 m ²				\		
Batch Cold						
In-line New Existing						
2. (a) What was the total	amount	of halogenated s	olvents purchased			
(b) If less than 12 more Check why it is less			nonths wner: [] New	store: [] Did not keep	records: []
3. (a) Please indicate wh	ich of th	e following halog	genated solvents an	e used at	your facility.	
perchlo	roethyle	ne				
methyl	ene chloi	ride				
trichlor	oethylen	ıe				
1,1,1-tr	ichloroe	thane				
[] carbon	tetrachlo	oride				
chlorof	orm					
(b) The total volume of this requirement by:	of halogo	enated solvent en	nissions shall not ex	xceed 10	tons per year. I c	zhoose to meet
[] comply	ing with	an alternative so	lvent emission limi	it		
[] implem	enting a	control device co	ombination/work pr	ractice sta	ındards	
[] meeting	g an idlin	g emission limit/	work practice stand	dards		
[] meeting	g the requ	uirements for bat	ch cold cleaning m	achines		
		,				

DEP Form No. 62-213.900(4)

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Effective: 6-25-96

Hazardous Solvent Degreasers Facility Notification

Sun Belt Precision Products, Inc.

Site Name: 5843970 ID#: HM-01111-96

Page 18 of 20

All items are x < 1.21 m(2)

Batch Vapor:

ID# MLR216

purchased: 10/80

installed 02/81

In line:

Existing:

ID# TT2004

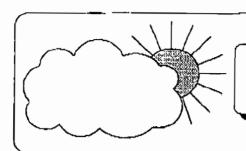
purchased: 06/89

installed: 01/01/90

ID# TT530RS

purchased: 06/90

installed: 01/01/91



Sun Belt Precision, Products, Inc.

Total Pages: Course + 2	Date: /28 /230 am pm
From: Rob Koppel	To: Alvin Williams Company:
Title:	Title:
Sun Belt Phone: (954) 792-8070	Telephone Number:
Sun Belt Facsimile: (954) 792-3184	Facsimilie Number:

Corrected paperusek

X-Copy

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.

		Date Initially	Date Cntrl Device	"	Date Initially	Date Cntrl Device
Equipment Type	ID#	Purchased	Installed	ID#	Purchased	Installed
Batch Vapor x < 1.21 m ² x > 1.21 m ²	<u> </u>					
Batch Cold						
In-line New Existing						
2. (a) What was the tota		STATE OF THE PARTY.	1280 3			
(b) If less than 12 me Check why it is le			months wner: [] New	store: [] Did not keep	p records: []
3. (a) Please indicate w	hich of th	e following halo	genated solvents ar	e used at	your facility.	
[] perchi	loroethyle	ne				
] methy	lene chio	ride				
trichle	roethylen	c				
1,1,1-	trichloroe	thanc				
[] carbon	tetrachic	ride				
chloro	form					
(b) The total volume this requirement by:	of haloge	enated solvent en	nissions shall not ex	cceed 10	tons per year. I o	choose to meet
[] compl	ying with	an alternative so	lvent emission limi	it		
[] impler	nenting a	control device co	ombination/work p	ractice sta	andards	
[] meetin	g an idlin	g emission limit	work practice stand	dards		
[] meetir	g the req	uirements for bat	ch cold cleaning m	achines		

DEP Form No. 62-213.900(4)

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Effective: 6-25-96

Hazardous Solvent Degreasers Facility Notification

Sun Belt Precision Products, Inc.

Site Name: 5843970 ID#: HM-01111-96

Page 18 of 20

All items are x< 1.21 m(2)

Batch Vapor:

ID# MLR216

purchased: 10/80

installed 02/81

In line:

Existing:

ID# TT2004

purchased: 06/89

installed: 01/01/90

ID# TT530RS

purchased: 06/90

installed: 01/01/91



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER-HANDLING

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

TOTAL AMOUNT DUE: \$50,400 Monitoring

Bureau Mobile Sources

Running Mobile Sources

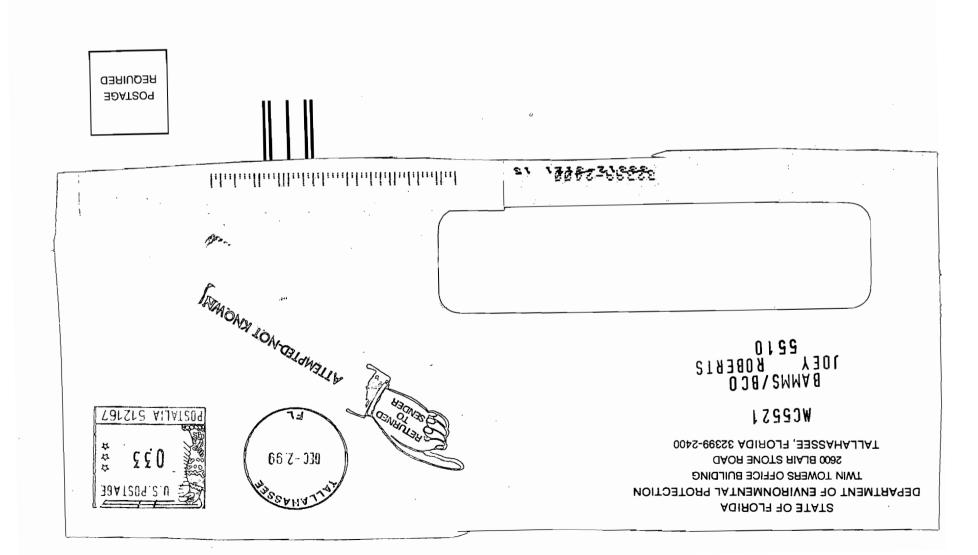
Do NOT Remove Label

AIRS ID # 0112257 SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL 900 SW 21 TERRACE FT LAUDERDALE FL 33312

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273



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

· Z 333 613 137

US Postal Service Receipt for Certified Mail

AIRS ID 0112257

SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL 900 SW 21 TERRACE FT LAUDERDALE FL 33312

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
N ADDRESS completed c	3. Article Addressed to: AIRS ID 0112257 SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL 900 SW 21 TERRACE FT LAUDERDALE FL 33312	4a. Article N 2 3 3 4b. Service 1 Registere 1 Express 1 Return Retu	Type ad Certified Insured Insured COD Shirting Merchandise COD
s your RETUR	6. Signature: (Addressee or Agent)	8. Addressed and feedis	a's Address (Only if requested to paid)
<u>~</u>	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt

₈Z 333 660 555

US Postal Service Receipt for Certified Mail

AIRS ID # 0112257 SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL 900 SW 21 TERRACE FT LAUDERDALE FL 33312

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and the services.	e can return this e does not e number.	l also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery	eipt Service.
ADDRESS completed on	AIRS ID # 0112257 SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL 900 SW 21 JERRACE FT LAUD ALE FL 33312	4b. Service Registere	Type Certified	or using Return Recei
Is your RETURN ADD	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Mulundin	7. Date of Do 8. Addressee and fee is	-J6-99 e's Address (Only if requested	Thank you fo

4 7

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US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID # 0112257 SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL

900 SW 21 TERRACE FT LAUDERDALE FL 33312

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
2	TOTAL Postage & Fees	\$
S Form 3800	Postmark or Date	

NADDRESS completed on the reverse side?	 Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
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ur RETUR	Received By: (Print Name) Signature: (Addressee or Agent)	Addressee's Address (Only if requested and fee is paid)		if requested
ls your	PS Form 3811, December 1994 102	2595-97-B-0179	Domestic Ret	urn Receipt



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

0363296

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112257

SEN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SUN BELT INTERPLEX, INC.

DEPT. OF ENVIRONMENTAL PROTECTION

3/3/99

4631

50.00

HALOGENATED SOLVENT DEGREASERS AIR OUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112257

SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL 900 SW 21 TERRACE FT LAUDERDALE FL 33312



Revised 01/13/98

Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. RESPONSIBLE OFFICIAL: Kohlkt Koppe (Name (Please Print)

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLENS 302127

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#0112257

SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL 900 SW 21 TERRACE FT LAUDERDALE FL 33312 FOR GOVERNMENT SEE ONEY Org.: 37550101000 COTER ODJ.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259243

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

RECÉIVED MAIL ROOM

JAN 29 97 OTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112257 SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL 900 SW 21 TERRACE FT LAUDERDALE FL 33312

FOR GOVERNMENT USE ONLY

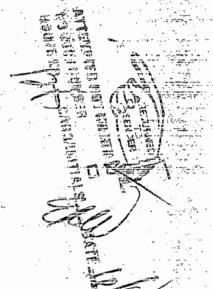
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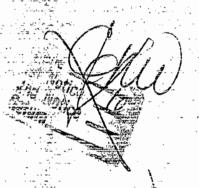
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550-304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32302-2400

Z 210-552 885









RECEIVED

JUN 1 8 2001

Bureau of Air Monitoring & Mobile Sources

AIRS ID # 0112257001AG-ROBERT KOPPEL SUN BELT PRECISION PRODUCTS INC 900 SW 21 TERRACE FT LAUDERDALE FL 33312

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Special Delivery Fee
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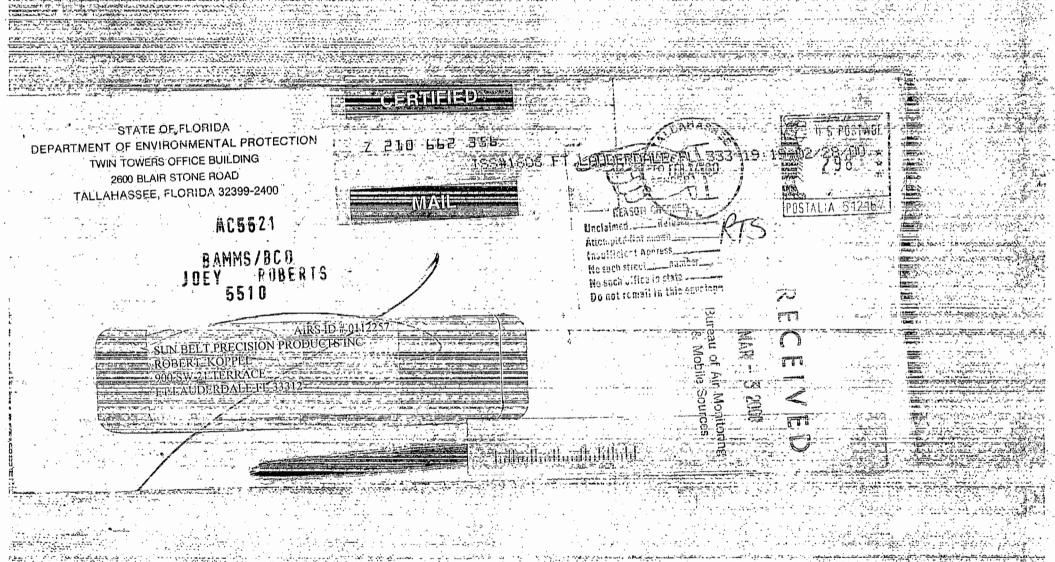
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• Write "Return Receipt Requested" on the mailpiece below the article number.

• The Return Receipt will show to whom the article was delivered and the date 2. Restricted Delivery Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number AIRS ID # 0112257 4b. Service Type SUN BELT PRECISION PRODUCTS INC ☐ Registered ROBERT KOPPEL 900 SW 21 TERRACE ☐ Express Mail. ☐ Insured-FT LAUDERDALE FL 33312 ☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested - and fee is paid) -----6. Signature: (Addressee or Agent) 2. PS.Eorm 3811-December 1994- 102505-98-90229 Domestic Return Receipt 210 662 356

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0112257 SUN BELT PRECISION PRODUCTS INC ROBERT KOPPEL 900 SW 21 TERRACE FTELAUDERDALE FL 33312 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date: & Addressee's Address TOTAL Postage & Fees Postmark or Date