

RECEIVED

HALOGENATED SOLVENT DEGREASERS NOV 28 2011
 AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET
 DIVISION OF AIR
 RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0112272

0112272-004

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Aero Precision Repair & Overhaul, Inc.

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

N/A

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 580 South Military Trail

City: Deerfield Beach

County: Broward

Zip Code: 33442 - 3011

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

N/A

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Bob Lee – Purchasing & Facilities Mgr

Facility Contact Telephone Numbers

Telephone: 954-428-9500

Fax: 954-428-9509

Cell phone: 954-303-9521

E-mail: robert.lee@aero-precision.com

Facility Contact Mailing Address

Organization/Firm: Aero Precision Repair & Overhaul, Inc.

Mailing Address: 580 South Military Trail

City: Deerfield Beach

County: Broward

Zip Code: 33442 -3011

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: John Cowan – Director, Quality & Engineering

Other Contact/Representative Telephone Numbers

Telephone: 954-363-7734

Fax: 954-428-9509

Cell phone: _____

E-mail: john.cowan@aero-precision.com

Other Contact/Representative Mailing Address

Organization/Firm: Aero Precision Repair & Overhaul, Inc.

Mailing Address: 580 South Military Trail

City: Deerfield Beach

County: Broward

Zip Code: 33442 -3011

Government Facility Code (check only one)

- Facility not owned or operated by a federal, state, or local government.
- Facility owned or operated by the federal government.
- Facility owned or operated by the state.
- Facility owned or operated by the county.
- Facility owned or operated by the municipality.
- Facility owned or operated by a water management district.

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	Date Control Device Installed (if none enter N/A)
Batch Vapor Solvent <input checked="" type="checkbox"/>	1990	New <input checked="" type="checkbox"/> Existing <input type="checkbox"/>	1990
Batch Cold <input type="checkbox"/>		New <input type="checkbox"/> Existing <input type="checkbox"/>	
In-Line <input type="checkbox"/>		New <input type="checkbox"/> Existing <input type="checkbox"/>	

2. Halogenated Solvent Usage

If this is an initial registration for a halogenated solvent degreaser, provide an estimate of the facility's expected halogenated solvent to be used over the next 12-month period. N/A
If this is a re-registration for a halogenated solvent degreaser, provide the halogenated solvent used in the most recent 12 months. Trichloroethylene – 550gal

3. Which of the following halogenated solvents are used at your facility.

- perchloroethylene methylene chloride
- trichloroethylene 1,1,1-trichloroethane
- carbon tetrachloride chloroform

4. Which method of compliance will be used at your facility?

- 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**

5. Provide the Solvent/Air Interface Area (indicate only one)

- 1.21 square meters (13 square feet) or less, or
- Greater than 1.21 square meters (13 square feet)

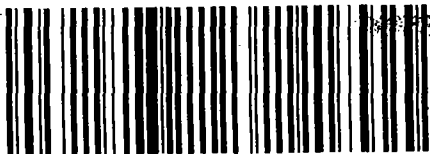
6. If implementing a control device combination, what controls apply to your facility? (Refer to Helpful Definitions below).

- 1.0 freeboard ratio carbon adsorber dwell time
- reduced room draft working mode cover super-heated vapor
- freeboard refrigeration device

CERTIFIED MAIL

APRO
Aero Precision Repair and Overhaul

580 South Military Trail, Deerfield Beach, Florida 33442



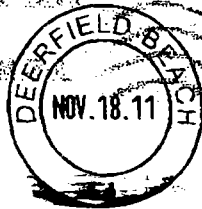
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