

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

July 22, 2005

Mr. Alex V. Tearle  
Aero Precision Repair and  
Overhaul, Incorporated  
580 South Military Trail  
Deerfield Beach, Florida 33442

Re: Facility No.: 0112272-002

Dear Mr. Tearle:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on July 8, 2005.


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,

  
Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Cliff Bittle, Broward County

"More Protection, Less Process"

Printed on recycled paper.

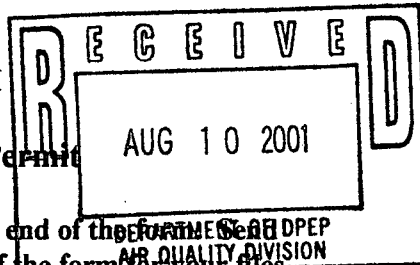
EMISSION FEE DATES ..... 196 2004 Cty - Broward  
NO ACTIVITY FOR FACILITY ..... Insp -  
SOC REPORTS ..... 6 .....  
COMP. STATUS - SNC MNC (IN) 3/11/2005  
INS2 - comp Insp  
Walk through

RECEIVED

JUL 08 2005

Bureau of Air Monitoring  
Mobile Sources

HALOGENATED SOLVENT DEGREASERS  
AIR GENERAL PERMIT NOTIFICATION FORM



0112272

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 the 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):	Aero Precision Repair and Overhaul, Inc.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLD 98 184 424		
4. Facility Location:			
Street Address:	580 S. Military Trail		
City:	Deerfield Beach	County:	Broward
		Zip Code:	33442
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112272-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Alex V. Tearle	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	(Same)		
Street Address:			
City:		County:	
		Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(954) 428 - 9500	Fax:	(954) 428 - 9509

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
	Brian Meyer		Director, Quality + Engineering
10. Facility Contact Address:			
Street Address:	(Same)		
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	(954) 428 - 9500	Fax:	(954) 428 - 9509

**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	
$x \leq 1.21 \text{ m}^2$	_____	NEW/EXISTING	_____
$x > 1.21 \text{ m}^2$	01-Jun-90	<u>NEW</u> /EXISTING	_____
Batch Cold	_____	NEW/EXISTING	_____
In-line	_____	NEW/EXISTING	_____

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 checked="" type="checkbox"/> 1.0 freeboard ratio            | <input type="checkbox"/> carbon adsorber               |
| <input type="checkbox"/> dwell time                                | <input type="checkbox"/> reduced room draft            |
| <input checked="" type="checkbox"/> working mode cover             | <input checked="" type="checkbox"/> super-heated vapor |
| <input checked="" 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 checked="" type="checkbox"/> |
| (b) Inspection records                                   | <input checked="" 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 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 checked="" type="checkbox"/> |
| (d) Idling emission concentration monitoring        | <input 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.*

Alex V. Tearle  
Print name of responsible official

  
Signature

July 31, 2001  
Date

Permitting Application - Permit Detail and Log Permit									
<b>ARMS Facility</b>									
AREA	AIRS ID	0112272	STATUS	A	OFFICE	SEBR	SE: BROWARD		
SITE NAME	AERO PRECISION REPAIR & OVERHAUL				COUNTY	BROWARD			
OWNER/COMPANY	AERO PRECISION REPAIR & OVERHAUL INC								
<b>Project</b>									
AIR Permit #	0112272	-	002	-	AG	Project #	002	CRA Reference #	
Permit Office	SEBR (OFFICE)				Agency Action	Effective			
Project Name	REQUEST SOLVENT DEGREASER GP			Desc	AEROSPACE PARTS REFURBISHING				
Type/Sub/Des	AG	/	03	Non Title V General Permit \$100				Logged	08/13/2001
Received	08/10/2001		Issued	09/10/2001		Expires	09/10/2006		OGC
Fee	100.00		Fee Recd		Dele	20.00		Override	NONE
<b>Related Party</b>									
Role	APPLICANT			Begin	08/13/2001		End		
Name	TEARLE, ALEX V				Company	AERO PRECISION REPAIR & OVERHA			
Address	580 S MILITARY TRAIL								
City	DEERFIELD BEACH			State	FL	Zip	33442		Country
Phone	305-428-9500		Fax						
<b>Processors</b>									
Processor	VANBEMDEN_L			Y	Active	08/13/2001		Inactive	
								Events	

Events Scheduled

0 of 30

AIRS ID: 0112272      Site Name: AERO PRECISION REPAIR & OVERHAUL  
 Permit #: 0112272-002-AG      Type/Subtype: AG / 03      Received: 08/10/2001  
 Project #: 002      Project Name: (REQUEST SOLVENT DEGREASER GP)

> Receive Request: Done

Event	Begin Date	Period	Due Date	Rmn	Status	End Date
Receive Request	08/10/2001	1	08/11/2001		Done	08/10/2001
Entitlement Review	08/10/2001	30	09/09/2001		Done	09/06/2001
Determine Agency Action	08/10/2001	30	09/09/2001		Effective	09/06/2001
Entitlement Date	08/10/2001	30	09/09/2001		Effective	09/10/2001
ISSUE PERMIT	09/10/2001	1	09/11/2001		Effective	09/10/2001
STOP CLOCK	09/10/2001	1	09/11/2001		Done	09/10/2001



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457252 DEC 23 2005

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

RECEIVED  
DEC 28 2005  
Bur & Mobile Services

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

TT2272      T1 AERO PRECISION REPAIR & OVERHAUL 580 S Military Trail DEERFIELD BEACH, FL      33442
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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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466854 JAN 8 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**

Do NOT Remove Label

AIRS ID 0112272 AERO PRECISION REPAIR & OVERHAUL INC 580 S Military Trail DEERFIELD BEACH, FLORIDA 33442
--

RECEIVED  
JAN 8 2007  
Bur & Mobile Services

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
--

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Vendor No: 01318 / Name: DEPT. OF ENVIRONMENTAL

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
122906		12/29/2006	50.00	50.00	0.00	0.00	50.00

25246  
025246

(Acct 11010-)

Check Date 01/04/2007

Check Total US \$50.00

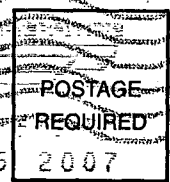
WEST PALM BEACH

FL 33407

05 JAN 2007

1912 \$00.390 JAN 05 2007

1354 MAILED FROM ZIP CODE 33442



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

3231533070 3099

