



0250729

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 23, 1996

Mr. Andrew J. Brose
President
Turbo Power, Inc.
14820 Northwest 60 Avenue
Miami Lakes, Florida 33014

Dear Mr. Brose:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 30, 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,

A handwritten signature in cursive script, appearing to read "Dotty Diltz".

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

September 16, 1996

Ewart Anderson
Dade County
305/372-6925

Dear Mr. Anderson:

I strongly suggest that during an initial inspection of Turbo Power, Inc. the item(s) listed below should be added on page 19 of 20 to the Title V General Permit Notification Form [DEP Form No. 62-213.900(4)]. The responsible official (Mr. A. J. Brose) was also contacted and informed of these changes:

ITEMS: (a), (b), (e), (i), and (j)

Should you have any question please contact me at SC 278-6140 or 904/488-6140

Sincerely,



Alvin C. Williams, Eng I
Bureau of Air Monitoring
and Mobile Sources

/ACW

M. P. Brown & Associates, Inc.

*Environmental Consulting & Services
Geologists, Engineers & Drillers*

17830 N.E. 5 Avenue
Miami, Florida 33162
Phone (305) 770-1105
FAX (305) 651-5455

August 29, 1996

Dotty Diltz, Chief
Title V General Permitting Office
Bureau of Air Monitoring & Mobile Sources
MW-5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

**RE: TITLE V GENERAL PERMIT NOTIFICATION FORM FOR TURBOPOWER,
INC., 14820 NW 60TH AVENUE, MIAMI LAKES, DADE COUNTY,
FLORIDA**

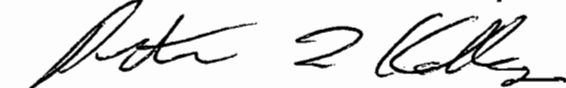
Dear Ms. Diltz:

M.P. Brown & Associates, Inc. is pleased to submit a Title V General Permit Notification Form for the above referenced facility.

Please do not hesitate to contact us should you have any questions.

Sincerely,

M.P. BROWN & ASSOCIATES, INC.



Peter T. Kallay, M.S., P.E.
Sr. Environmental Engineer

MPB/tpb

pc: Christopher Bodin; DERM
Carlos Ibanez/Craig Finn; Turbo Power, Inc.
Michael P. Brown; M.P. Brown & Associates, Inc.

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Andrew J. Brose/Turbo Power, Inc.
2. Site Name (For example, plant name or number): Turbo Power, Inc.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Turbo Power, Inc. Street Address: 14820 NW 60 Avenue City: Miami Lakes County: Dade Zip Code: 33014
5. Facility Identification Number (DEF Use): 0250729

Responsible Official

6. Name and Title of Responsible Official: Andrew J. Brose, President
7. Responsible Official Mailing Address: Andrew J. Brose, President Organization/Firm: Turbo Power, Inc. Street Address: 14820 NW 60 Avenue City: Miami Lakes County: Dade Zip Code: 33014
8. Responsible Official Telephone Number: Telephone: (305)820 - 3225 Fax: (305)820 - 0404

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Craig Finn, Vice President Operations
10. Facility Contact Address: Turbo Power, Inc. Street Address: 14820 NW 60 Avenue City: Miami Lakes County: Dade Zip Code: 33014
11. Facility Contact Telephone Number: Telephone: (305)820 - 3225 Fax: (305)820 - 0404

RECEIVED

AUG 30 1996

Bureau of Air Monitoring
& Mobile Sources

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	1	2-1-94	2-1-94			
Batch Cold						
In-line						
New						
Existing						

2. (a) What was the total amount of halogenated solvents purchased in the latest 12 months?

[330] 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:

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

meeting an idling emission limit/work practice standards

meeting the requirements for batch cold cleaning machines

4. Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

- 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 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
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

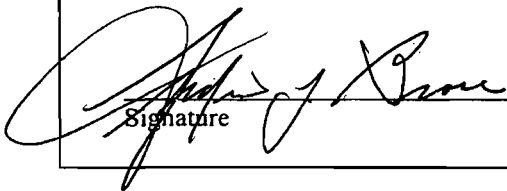
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

- No air permits currently exist for the operation of the facility indicated in this notification form.

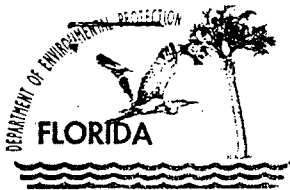
Responsible Official Certification

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.


Signature

8-29-96
Date



Department of Environmental Protection

RECEIVED

JUL 15 1998

Lawton Chiles
Governor

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

Bureau of Air Monitoring
& Mobile Sources
James B. Weatherall
Secretary

LETTER OF NONCOMPLIANCE

TO: MR ANDREW J BROSE
TURBO POWER INC
14820 NW 60 AVENUE
MIAMI LAKES FL 33014

AIRS ID# 0250729 ?

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

ANDREW J. BROSE
Name (please print)

Andrew J Brose
Signature

7-9-98
Date

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

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14820 NW 60 AVENUE
MIAMI LAKES FL 33014

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Name (please print)

Signature

Date

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,



Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program



Department of Environmental Protection

RECEIVED

JUL 15 1998

Lawton Chiles
Governor

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

Bureau of Air Monitoring
& Mobile Sources
James B. Weatherell
Secretary

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TURBO POWER INC
14820 NW 60 AVENUE
MIAMI LAKES FL 33014

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ANDREW J. BROSE
Name (please print)

Andrew J Brose
Signature

7-9-98
Date

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Facility Owner or Operator
Page Two

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Sincerely,

A handwritten signature in cursive script that reads "Sandra Bowman".

Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

BEST AVAILABLE COPY



Department of Environmental Protection

DIVISION OF AIR RESOURCES MANAGEMENT

APPLICATION FOR AIR PERMIT - LONG FORM 1998

RECEIVED

See Instructions for Form No. 62-210.900(1) Air Quality Management Division

I. APPLICATION INFORMATION

This section of the Application for Air Permit form identifies the facility and provides general information on the scope and purpose of this application. This section also includes information on the owner or authorized representative of the facility (or the responsible official in the case of a Title V source) and the necessary statements for the applicant and professional engineer, where required, to sign and date for formal submittal of the Application for Air Permit to the Department. If the application form is submitted to the Department using ELSA, this section of the Application for Air Permit must also be submitted in hard-copy.

Identification of Facility Addressed in This Application

Enter the name of the corporation, business, governmental entity, or individual that has ownership or control of the facility; the facility site name, if any; and the facility's physical location. If known, also enter the facility identification number.

1. Facility Owner/Company Name: Steven McBride / Wood Group Turbo Power, Inc.	
2. Site Name: Wood Group Turbo Power, Inc.	
3. Facility Identification Number: <input checked="" type="checkbox"/> Unknown	
4. Facility Location: Street Address or Other Locator: 14820 N.W. 60 Avenue City: Miami Lakes County: Dade Zip Code: 33014	
5. Relocatable Facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Existing Permitted Facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	
2. Permit Number:	
3. PSD Number (if applicable):	
4. Siting Number (if applicable):	



ENVIRONMENTAL RESOURCES MANAGEMENT
ENVIRONMENTAL MONITORING DIVISION
SUITE 900
33 S.W. 2nd AVENUE
MIAMI, FLORIDA 33130-1540
(305) 372-6925

September 18, 1997

Stephen A. McBride
President
Wood Group Turbopower, Inc.
14820 Northwest 60 Avenue
Miami Lakes, Florida 33014

Dear Mr. McBride:

An inspection of your facility on August 19, 1997 revealed that Turbopower is under new ownership. The Air Division of this Department has not been notified of such a change. New permit applications need to be submitted in the event of a change in ownership and/or responsible official.

Enclosed are three applications for two existing Wood Group Turbopower operating facilities. One of the facilities is at the above address and the other at 6500 Northwest 24 Street (MLA). The Miami Lakes facility requires a Department of Environmental Resources Management Air Permit Application and a Department of Environmental Protection Application for Air Permit-Long Form. The facility at 6500 Northwest 24 Street requires a Department of Environmental Protection Application for Air Permit- Long Form.

Please submit these completed applications within 30 days of receipt of this letter. If you have any questions, contact Frank Echanique of my staff at 372-6925.

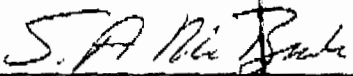
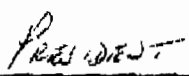
Sincerely, 
Ewart Anderson, P.E., Chief,
Air Facilities Section

Enclosures: Permit Applications

ELA/jn

BEST AVAILABLE COPY

Owner/Authorized Representative or Responsible Official

1. Name and Title of	Owner/Authorized Representative or Responsible Official: Steven McBride, President / Colin Vallance
2. Owner/Authorized	Representative or Responsible Official Mailing Address: Organization/Firm: Wood Group Turbo Power, Inc. Street Address: 13939 N.W. 60 Avenue City: Miami Lakes State: Florida Zip Code: 33014
3. Owner/Authorized	Representative or Responsible Official Telephone Numbers: Telephone: (305) 820 - 3225 Fax: (305) 820 - 0404
4. Owner/Authorized	Representative or Responsible Official Statement: <i>I, the undersigned, am the owner or authorized representative* of the non-Title V source addressed in this Application for Air Permit or the responsible official, as defined in Rule 62-210.200, F.A.C., of the Title V source addressed in this application, whichever is applicable. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. The air pollutant emissions units and air pollution control equipment described in this application will be operated and maintained so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof. I understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.</i>   Signature _____ Date <u>1/19/98</u>

* Attach letter of authorization if not currently on file.

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Scope of Application

This Application for Air Permit addresses the following emissions unit(s) at the facility. An Emissions Unit Information Section (a Section III of the form) must be included for each emissions unit listed.

Emissions Unit ID	Description of Emissions Unit	Permit Type
	SPRAY BOOTH	
	VAPOR DEGREASER TANK	
	PARTS WASH TANK	

METROPOLITAN DADE COUNTY, FLORIDA : BEST AVAILABLE COPY



Department of Environmental Resources Management
33 S.W. 2nd Avenue
Miami, FL. 33130-1540

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SEND TO:

Name: Rich Butler

Company/Department: DET / DERM

Phone Number: 850-921-9586

Fax Number: 850-922-1362

Message:

FROM:

Name: Marcelo Barros

Division/Section: DERM / Air Quality Div.

Phone Number: (305) 372-6925

Fax Number: (305) 372-6954

Date: 1/20/98

Number of Pages (including this one):

4

HALOGENATED SOLVENT DEGREASERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250729 DATE: 8-19-97 TIME IN: 1:00 TIME OUT: 2:00
 FACILITY NAME: World Group TurboPower
 FACILITY LOCATION: 14820 NW 60 AVE
MIAMI LAKES, FL. 33014

PART I: NOTIFICATION

(check appropriate boxes)

RECEIVED
SEP 25 1997
 Bureau of Air Monitoring
 & Mobile Sources

1. Facility notified DARM by 9/1/96
2. Facility notified DARM 30 days prior to starting up
3. Facility failed to notify DARM to use a general permit
4. Halogenated solvent used at the facility:

perchloroethylene <input checked="" type="checkbox"/>	methyl chloride <input type="checkbox"/>
trichloroethylene <input type="checkbox"/>	1,1,1-trichloroethane <input type="checkbox"/>
carbon tetrachloride <input type="checkbox"/>	chloroform <input type="checkbox"/>
5. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x < 1.21 \text{ m}^2$ <input type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input checked="" type="checkbox"/>	Existing In-line <input type="checkbox"/>	

PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

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

PART III: GENERAL CONTROL REQUIREMENTS

A. Batch Vapor and In-Line Machines
 Does the facility:

1. 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? Y N
2. Maintain a freeboard ratio of 0.75 or greater? Y N


 9/3/97

3. 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 less than 0.9 m/min (3 ft/sec)? Y N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air? Y N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11 ft/min) or less? Y N
6. 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. Y N N/A
7. Have each machine equipped with --
- a. a device to shut off sump heat if the solvent level drops to the heater coils? Y N
- b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser? Y N
- c. a primary condenser? Y N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers? Y N

B. Batch Cold Cleaning Machines

Does the facility:

1. Collect and store all waste solvent in closed containers? Y N
2. Use a flexible hose or flushing device only within the freeboard area? Y N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer? Y N
4. Maintain the solvent level inside the machine at or below the fill line? Y N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container? Y N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*) Y N N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open? Y N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine? Y N

Remote Reservoir Type Only --

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning. Y N

Immersion Type Only --

10. 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. Y N

PART IV: PROCESS VENT CONTROLS (*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 V*)
- idling emission limit / work practice standards (*proceed to Part V*)

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

control comb. selected		In use		
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Batch Vapor Machines, $x > 1.21m^2$

control comb. selected		In use		
<input checked="" type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Existing In-Line Machines

control comb. selected		In use		
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/>	<input type="checkbox"/>	

D. New In-Line Machines

control comb. selected		In use	
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official maintained the following:

- | | | | |
|---|---------------------------------------|----------------------------|---|
| 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 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. | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight) | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Estimates of annual solvent consumption for each machine? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines) | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

PART VI: ADDITIONAL SITE INFORMATION

Facility HAS A NEW NAME, OWNER AND PRESIDENT. Additionally, multiple EMISSION SOURCES will be INCORPORATED INTO A STATE PERMIT. SEE LETTER ATTACH.

STEVEN P. VERNIER
Name of Responsible Official

JAMES NAZARIO
Inspector's Name

[Signature]
Inspector's Signature

8-19-97
Date of Inspection

8-98
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 100 TIME OUT: 200 AIRS ID#: 0250729
 TYPE OF FACILITY: HALOGENATED SOLVENT DEGREASERS
 FACILITY NAME: WOOD GROUP TURBOPOWER DATE: 8-18-97
 FACILITY LOCATION: 14820 NW 60 AVE
MIAMI LAKES, FL. 33014
 RESPONSIBLE OFFICIAL: STEVEN P. VERNIER PHONE NUMBER: 820-3225

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: Facility is in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 8-98
(Approximate)

INSPECTION CONDUCTED BY: JAMES NAZARIO
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 3726922

**HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Wood Group Turbo Power DATE: 8-18-97
 FACILITY LOCATION: 14820 NW 67th Ave
MIAMI LAKES, FL. 33014

Annual Reporting Period: 8-29 1996 TO 8-19 1997

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. YES NO

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 _____ to _____
 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 _____ to _____
 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: STEVEN P. VEENIER x Steven P. Veenier x 8-19-97
 Name (Please Print) Signature Date

*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.

5/28/98

Wood group
turbo power
Eva processing
application

ltr sent 148 NW
60

AC permits / 13939 NW
60

needs complete appli-
sent 4/30/98

advice within 10
days - not response

Radisson.
RIVERWALK HOTEL TAMPA

200 North Ashley Drive • Tampa, FL 33602
Phone: (813) 223-2222 • Fax: (813) 273-0839

then
enf

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261588

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

RECEIVED
MAIL ROOM

FEB 26 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

TURBO POWER INC
ANDREW J BROSE
14820 NW 60TH AVE
MIAMI LAKES FL 33014

AIRS ID# 0250729

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

VENDOR:

turbopower, Inc.

CHECK NO. 063615

OUR INV. NO.	YOUR REF. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
	010197	1/01/97		50.00		50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0313382 ✓

3753 2273

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
75.00

RECEIVED
MAIL ROOM
MAY 17 98

Do NOT Remove Label

AIRS ID# 0250729

ANDREW J BROSEC
ANDREW J BROSE
14820 NW 60TH AVE
MIAMI LAKES FL 33014

Bureau of Air Monitoring
& Mobile Sources

APR 21 1998

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj: 002273

RECEIVED

VENDOR:

turbopower, Inc.

CHECK NO. 068268

OUR INV. NO.	YOUR REF. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
			AIRS # 0250729			
RECEIVED APR 21 1998 Bureau of Air Monitoring & Mobile Sources						

Z 333 613 567

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided. *AIRS 0250729*
Do not use for International Mail (See reverse)

Sent to <i>TURBO POWER, INC. ANDREW BROSE</i>	
Street & Number <i>14820 N.W. 60th AVENUE</i>	
Post Office, State, & ZIP Code <i>MIAMI LAKES, FL 33014</i>	
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	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- 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 delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Turbo Power, Inc.
Andrew F. Brose
14820 N.W. 60th Avenue
Miami Lakes, Florida 33014

AIRS ID# 0250729

4a. Article Number

Z 333613567

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

7/6/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

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

Bureau of Air Monitoring
& Mobile Sources

JUL - 9 1998

RECEIVED

32399



1

Z 333 613 139

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID 0250729

ANDREW J BROSEC
ANDREW J BROSE
14820 NW 60TH AVE
MIAMI LAKES FL 33014

PS Form 3800, April 1995

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	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ANDREW J BROSEC
ANDREW J BROSE
14820 NW 60TH AVE
MIAMI LAKES FL 33014

AIRS ID 0250729

4a. Article Number

2333 613 139

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-17-98

5. Received By: (Print Name)

2-17-98

6. Signature: (Addressee or Agent)

x *Andrew Brosec*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 397

US Postal Service
Receipt for Certified Mail

AIRS ID# 0250729

ANDREW J BROSEC
ANDREW J BROSE
14820 NW 60TH AVE
MIAMI LAKES FL 33014

PS Form 3800 April 1995

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	

Fold at line over top of envelope to

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- 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 delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ANDREW J BROSEC
ANDREW J BROSE
14820 NW 60TH AVE
MIAMI LAKES FL 33014

AIRS ID# 0250729

4a. Article Number

2333 613 397

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

4-9-98

5. Received By: (Print Name)

NICKI MARTINEZ

6. Signature: (Addressee or Agent)

X *Nicki Martinez*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 430

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to

AIRS ID#: 0250729

ANDREW J BROSEC
ANDREW J BROSE
14820 NW 60TH AVE
MIAMI LAKES FL 33014

PS Form 3800, April 1995

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	2/17/97

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0250729
ANDREW J BROSEC
ANDREW J BROSE
14820 NW 60TH AVE
MIAMI LAKES FL 33014

4a. Article Number

265 302 430

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

2/20/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X J. Blanco

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.