



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 27, 1997

Mr. Tibor Menyhart
President
Central Florida Plating, Inc.
675 Cypress Drive
Merritt Island, Florida 32952

Re: Facility I.D. No. 0090163

Dear Mr. Menyhart:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on January 21, 1997.

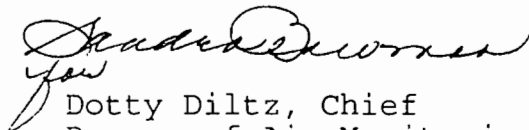
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

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

Airs # 0090163

1a. Check emission Standard
for T-2. "New" tank should
be 0.015 mg/dscm.

last page (pg. 24) - (h)
equipment monitoring logs
should be checked.

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	TIBOR MENYHART / CENTRAL FLORIDA PLATING, INC.
2. Site Name (For example, plant name or number):	CENTRAL FLORIDA PLATING, INC.
3. Hazardous Waste Generator Identification Number:	FLD - 000044684
4. Facility Location: CENTRAL FLORIDA PLATING, INC. Street Address: 675 CYPRESS DRIVE City: MERRITT ISLAND County: BREVARD Zip Code: 32952	
5. Facility Identification Number (DEP Use):	0090163

Responsible Official

6. Name and Title of Responsible Official:	TIBOR MENYHART, PRESIDENT & OWNER
7. Responsible Official Mailing Address: Organization/Firm: CENTRAL FLORIDA PLATING, INC. Street Address: 675 CYPRESS DRIVE City: MERRITT ISLAND County: BREVARD Zip Code: 32952	
8. Responsible Official Telephone Number: Telephone: (407) 452-2734 Fax: (407) 459-2641	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE
10. Facility Contact Address: Street Address: SAME AS ABOVE City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - SAME AS ABOVE Fax: () -	

RECEIVED

JAN 21 1997

Bureau of Air Monitoring
& Mobile Sources

Facility Information

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

TANK ID #	HARD DATE PURCHASED	CHROMIUM DATE CNTRL DEVICE INSTALLED	PLATING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)
T-1	1992	1996	TWO PBS & ONE FM	A
T-2	1996	1996	TWO PBS & ONE FM	A

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks
 under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes No

1. b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
NONE				

Key for Control Device Type

- PBS = packed-bed scrubber
- CMP = composite mesh pad
- PBS/CMP = packed-bed scrubber and composite mesh pad
- FS = fume suppressant only
- FS/WA = fume suppressant with a wetting agent
- FM = fiber-bed mist eliminator

Applicable Standard Key

- x = 0.01 mg/dscm
- y = 45 dynes/cm
- z = records of bath components (trivalent Cr tanks only)
- c = alternative standard for multiple tanks under common control

2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form:

- January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

- The facility will conduct an initial performance test
- The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

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) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input checked="" type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

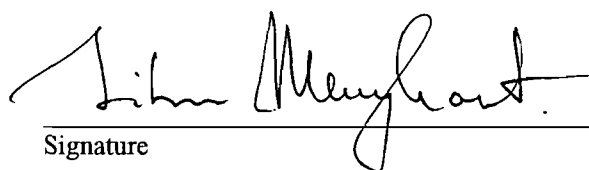
Please indicate with an "X" the appropriate selection:

- 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

1-17-97
Date



Best Available Copy
Department of
Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 22, 1997

Mr. Tibor Menyhart
President
Central Florida Plating, Inc.
675 Cypress Drive
Merritt Island, Florida 32952

Dear Mr. Menyart:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#3077) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

SB\

Enclosure

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING.

 **CENTRAL FLORIDA
PLATING INC.**
GENERAL ACCOUNT
675 CYPRESS DRIVE
MERRITT ISLAND, FL 32952
(407) 452-7234

3077



THE HUNTINGTON NATIONAL BANK
OF FLORIDA
MELBOURNE, FL 32901

63-1269/631

DATE
Apr 16 97
AMOUNT
\$50.00

PAY

***** Fifty and 00/100 *****

TO THE
ORDER
OF

DEPT ENVIRONMENTAL PROTECTION
BUREAU OF AIR MONITORING
MS 5510
TITLE V GENERAL PERMITS OFFICE

CENTRAL FLORIDA PLATING INC.


AUTHORIZED SIGNATURE

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.





RECEIVED

APR 21 1997

Bureau of Air Monitoring
& Mobile Sources

Facility ID No.: 0090163

April 16, 1997

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources
MS 5510
Department of Environmental Protection
2600 Blair Road
Tallahassee, FL 32399-2400

Gentlemen:

Enclosed please find our \$50.00 check to cover the issuing of a Title V general permit for our company.

We would appreciate receiving a copy of the permit for our files.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

TIBOR MENYHART
President

TM/cd

enclosure

0090163

P.O. Box 1238
Melbourne, Florida 32902-1238
(407) 726-9001
(800) 486-9033
(407) 726-6590 Fax

January 17, 1997



General Permits Section
Bureau of Air Monitoring and Mobile Sources
MS-5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

**Re: Air General (Chromium Electroplating) Facility Notification Submittal for
Central Florida Plating, Inc.**

Division of Air Resource Management:

Evans Environmental & Geological Science and Management, Inc. (EE&G) is currently under contract with *Central Florida Plating, Inc.* to provide certain environmental consulting services.

Central Florida Plating owns and operates a hard chromium plating facility at 675 Cypress Drive, Merritt Island, Brevard County, Florida 32952 (hereinafter referred to as the Facility). EE&G has been tasked as a representative of the "Responsible Official" to address the requirements pursuant to Federal EPA (40 CFR Part 63) and The State of Florida FAC Chapters 62-4, 62-210, 62-213 and 62-296 for the plating operation at the Facility.

An assessment of the Facility was conducted by EE&G. The plating operation, the associated emissions control system, and emissions control system specifications were observed and reviewed in an effort to understand the Facility specific processes.

As a representative of *Central Florida Plating, Inc.*, EE&G has enclosed completed Facility Notification Form (DEP Form No. 62-213.900(5)) as a formal submittal to your department in accordance with applicable regulations.

If you have any questions or comments pertaining to this matter, please do not hesitate to contact me directly by telephone at (407) 726-9001.

Respectfully Submitted,

Evans Environmental and Geological Science and Management, Inc.

A handwritten signature in black ink that reads "James Powers".

James Powers
Division Manager

CC. Mr. Tibor Menyhart, Central Florida Plating, Inc.
Ms. Caroline Shine, DEP, Env. Mgr., Central District

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	TIBOR MENYHART / CENTRAL FLORIDA PLATING, INC.
2. Site Name (For example, plant name or number):	CENTRAL FLORIDA PLATING, INC.
3. Hazardous Waste Generator Identification Number:	FLD - 000044684
4. Facility Location: CENTRAL FLORIDA PLATING, INC. Street Address: 675 CYPRESS DRIVE City: MERRITT ISLAND County: BREVARD Zip Code: 32952	
5. Facility Identification Number (DEP Use):	0090163

Responsible Official

6. Name and Title of Responsible Official:	TIBOR MENYHART, PRESIDENT & OWNER
7. Responsible Official Mailing Address: Organization/Firm: CENTRAL FLORIDA PLATING, INC. Street Address: 675 CYPRESS DRIVE City: MERRITT ISLAND County: BREVARD Zip Code: 32952	
8. Responsible Official Telephone Number: Telephone: (407) 452-2734 Fax: (407) 459-2641	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE
10. Facility Contact Address: Street Address: SAME AS ABOVE City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - SAME AS ABOVE Fax: () -	

RECEIVED

JAN 21 1997

Facility Information

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

TANK ID #	HARD DATE PURCHASED	CHROMIUM DATE CNTRL DEVICE INSTALLED	PLATING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)
T-1	1992	1996	TWO PBS & ONE FM	A
T-2	1996	1996	TWO PBS & ONE FM	A

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks
 under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes No

1.b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
NONE				

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

x = 0.01 mg/dscm
 y = 45 dynes/cm
 z = records of bath components (trivalent Cr tanks only)
 c = alternative standard for multiple tanks under common control

2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form:

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

The facility will conduct an initial performance test
 The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

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) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input checked="" type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input type="checkbox"/> | | |

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.

John Mungert
Signature

1-17-97
Date

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): TIBOR MENYHART / CENTRAL FLORIDA PLATING, INC.
2. Site Name (For example, plant name or number): CENTRAL FLORIDA PLATING, INC.
3. Hazardous Waste Generator Identification Number: FLD - 000044684
4. Facility Location: CENTRAL FLORIDA PLATING, INC. Street Address: 675 CYPRESS DRIVE City: MERRITT ISLAND County: BREVARD Zip Code: 32952
5. Facility Identification Number (DEP Use):

Responsible Official

6. Name and Title of Responsible Official: TIBOR MENYHART, PRESIDENT & OWNER
7. Responsible Official Mailing Address: Organization/Firm: CENTRAL FLORIDA PLATING, INC. Street Address: 675 CYPRESS DRIVE City: MERRITT ISLAND County: BREVARD Zip Code: 32952
8. Responsible Official Telephone Number: Telephone: (407) 452-2734 Fax: (407) 459-2641

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE
10. Facility Contact Address: Street Address: SAME AS ABOVE City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - SAME AS ABOVE Fax: () -

RECEIVED

JAN 21 1997

Facility Information

1. a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

HARD		CHROMIUM	PLATING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
T-1	1992	1996	TWO PBS & ONE FM	A
T-2	1996	1996	TWO PBS & ONE FM	A

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes No

1. b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
NONE				

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

x = 0.01 mg/dscm
 y = 45 dynes/cm
 z = records of bath components (trivalent Cr tanks only)
 c = alternative standard for multiple tanks under common control

2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form:

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

- The facility will conduct an initial performance test
- The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

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) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input checked="" type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

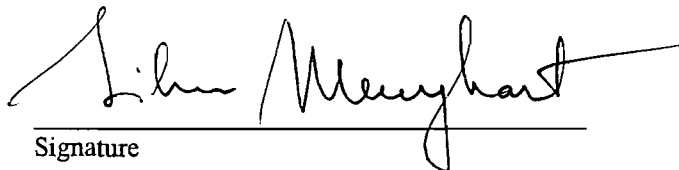
Please indicate with an "X" the appropriate selection:

- 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

1-17-97
Date



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 27, 1997

Mr. Tibor Menyhart
President
Central Florida Plating, Inc.
675 Cypress Drive
Merritt Island, Florida 32952

Re: Facility I.D. No. 0090163

Dear Mr. Menyhart:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on January 21, 1997.

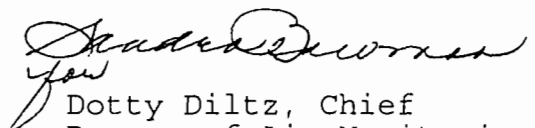
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

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

Airs # 0090163



1a. Check emission Standard for T-2. "New" tank should be 0.015 mg/dscm.

last page (pg. 24) - (h) equipment monitoring logs should be checked.

LATING, INC.

32952

70163

Zip Code: 32952

341

Street Address:
City:

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone: () - SAME AS ABOVE Fax: () -

RECEIVED

JAN 21 1997

Bureau of Air Monitoring & Mobile Sources

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): TIBOR MENYHART / CENTRAL FLORIDA PLATING, INC.
2. Site Name (For example, plant name or number): CENTRAL FLORIDA PLATING, INC.
3. Hazardous Waste Generator Identification Number: FLD - 000044684
4. Facility Location: CENTRAL FLORIDA PLATING, INC. Street Address: 675 CYPRESS DRIVE City: MERRITT ISLAND County: BREVARD Zip Code: 32952
5. Facility Identification Number (DEP Use):

Responsible Official

6. Name and Title of Responsible Official: TIBOR MENYHART, PRESIDENT & OWNER
7. Responsible Official Mailing Address: Organization/Firm: CENTRAL FLORIDA PLATING, INC. Street Address: 675 CYPRESS DRIVE City: MERRITT ISLAND County: BREVARD Zip Code: 32952
8. Responsible Official Telephone Number: Telephone: (407) 452-2734 (407) 452-7234 Fax: (407) 459-2641

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE
10. Facility Contact Address: Street Address: SAME AS ABOVE City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - SAME AS ABOVE Fax: () -

RECEIVED

JAN 21 1997

Bureau of Air Monitoring
& Mobile Sources

Facility Information

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

HARD		CHROMIUM	PLATING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
T-1	1992	1996	TWO PBS & ONE FM	B
T-2	1996	1996	TWO PBS & ONE FM	B
				(MARK) OUT

Handwritten notes:
 Two circles with 'a' and 'b' inside.
 A signature or initials 'JR' written vertically.
 A signature or initials 'JR' written horizontally.

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes No

1. b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
NONE				

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

x = 0.01 mg/dscm
 y = 45 dynes/cm
 z = records of bath components (trivalent Cr tanks only)
 c = alternative standard for multiple tanks under common control

2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form:

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

- The facility will conduct an initial performance test
- The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

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) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input checked="" type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input type="checkbox"/> | | |

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.

John McHughart

 Signature *John McHughart*

1-17-97

 Date 5-20-97

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

1062

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:55 PM TIME OUT: 1:30 PM AIRS ID#: 0090163


TYPE OF FACILITY: Chromium Electroplating and Anodizing Facilities

FACILITY NAME: Central Florida Plating, Inc DATE: 5/20/97

FACILITY LOCATION: 675 Cypress Drive
Merritt Island

RESPONSIBLE OFFICIAL: Tibor Menyhart PHONE NUMBER: (407) 452-7234

- 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
 <p>Tibor Menyhart President</p> <p>675 Cypress Drive • Merritt Island, Florida 32952 (407) 459-0044 • FAX (407) 459-2641 Outside Florida 1-800-327-0943</p>	<p>Tibor Menyhart requested a copy of inspection report to be mailed back to him.</p>

452-7234

COMMENTS: In compliance. Logs maintained. Facility is very neat and organized.


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

DATE OF NEXT INSPECTION: May 1, 1998 (Approximate)

INSPECTION CONDUCTED BY: Jeffrey A. Rustin (Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Rustin* PHONE NUMBER: (407) 894-7555

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST


RECEIVED
 OCT - 7 1998
 Bureau of Air Monitoring
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: <u>0090163</u>	DATE: <u>9/21</u>	TIME IN: <u>12:00</u>	TIME OUT: <u>12:45</u>
FACILITY NAME: <u>Central Florida Plating</u>			
FACILITY LOCATION: <u>675 Cypress Drive</u>			
<u>Merritt Island,</u>			
RESPONSIBLE OFFICIAL: <u>Mike Menyhart</u>	PHONE: <u>407-452-7234</u>		
CONTACT NAME: _____	PHONE: _____		

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	<input checked="" type="checkbox"/>
2. Facility failed to notify DARM to use a general permit	<input type="checkbox"/>

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

a. Existing Large (0.015 mg/dscm)	<input type="checkbox"/>	b. Existing Small (0.03 mg/dscm)	<input checked="" type="checkbox"/>
c. New (0.015 mg/dscm)	<input type="checkbox"/>	d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)	<input type="checkbox"/>

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath	Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)	<input type="checkbox"/>
	Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) <i>May only be selected if a wetting agent is used.</i>	<input type="checkbox"/>
b. Trivalent Chromium Bath	With wetting agent	<input type="checkbox"/>
	Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)	<input type="checkbox"/>
c. Chromium Anodizing	Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)	<input type="checkbox"/>
	Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) <i>May only be selected if a wetting agent is used.</i>	<input type="checkbox"/>

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input checked="" type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* **Daily** Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- Results of all performance tests. **N/A** Y N N/A
no problems as of yet
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A
⇒ about 2.3" of Hg

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. *(see note)* Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

pressure checked \Rightarrow daily
leaks, pressure, slippage from belt.
checked daily.

usually 7am to 5pm / (5 days a week)

one primary scrubber (99.9% efficiency)
2 scrubbers above

washed down every day

1 min each level (3 min total)

zero waste, everything recycled-

usually buy 100# units (several 100 #/gr)

Saadia Dureshi

Inspector's Name

[Signature]

Inspector's Signature

9/21/98

Date of Inspection

9/99

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION ✓

TIME IN: 12:00 TIME OUT: 12:00 12:45 AIRS ID#: 12:45 2090163
 TYPE OF FACILITY: Chromium Plating
 FACILITY NAME: Central Pl. Plating DATE: 9/21/98
 FACILITY LOCATION: 675 Cypress Drive Merritt Island
 RESPONSIBLE OFFICIAL: Mike Menglant PHONE NUMBER: 407-452-7234

- 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

RECEIVED
 09/21/98
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

IN compliance

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

DATE OF NEXT INSPECTION: 9/99
 (Approximate)

INSPECTION CONDUCTED BY: [Signature] Saadia Qureshi
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407-893-3333

300343
300343

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0090163
TIBOR MENYHART/CENT FL PLATING INC
TIBOR MENYHART
675 CYPRESS DRIVE
MERRITT ISLAND FL 32952

RECEIVED
OCT - 7 1998
Bureau of Air Monitoring
& Mobile Sources
M.M.

Do NOT Remove Label

SEPT. 21st, 1997

Annual Reporting Period: Jan 1, 1998 TO Jan 1, 1998
97 (M.M.)

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: _____

RECEIVED
JAN 20 98
MERRITT ISLAND

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RECEIVED

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: JAN 22 1998

Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources

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. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: TIBOR MENYHART John Menyhart 1-15-98
Name (Please Print) Signature Date
Michael Menyhart 9-21-98

*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.

✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

AIRS UPDATED
 DATE 7-13-99
 BY pe

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

RECEIVED
 AUG - 11 1999
 Bureau of Air Monitoring
 & Mobile Sources

AIRS ID#: 0090163 DATE: 7-13-99 TIME IN: 10:45 TIME OUT: 11:10

FACILITY NAME: Central Florida Plating

FACILITY LOCATION: 675 Cypress Drive
Merritt Island, FL

RESPONSIBLE OFFICIAL: M. He/Menhart PHONE: 407-452-7234

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

a. Existing Large (0.015 mg/dscm) b. Existing Small (0.03 mg/dscm)

c. New (0.015 mg/dscm) d. **Alternative Standard** for existing facilities
 (0.03 mg/dscm) using a rolling average of
 rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

a. **Chromic Acid Bath** Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
 May only be selected if a wetting agent is used.

b. **Trivalent Chromium Bath** With wetting agent
 Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)

c. **Chromium Anodizing** Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
 May only be selected if a wetting agent is used.

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. <input checked="" type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* **daily** Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* **2.3** Y N N/A

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. **not used** Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Randall Cunningham

Inspector's Name

Randall Cunningham

Inspector's Signature

7-13-99

Date of Inspection

7-2000

Approximate Date of Next Inspection

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: <u>Central Florida Plating</u>	DATE: _____
FACILITY LOCATION: <u>675 Cypress Drive</u>	
<u>Merritt Island, FL</u>	

Annual Reporting Period: July 1998 TO July 1999

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. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: <u>LIBOR MENYHART</u>	<u><i>Libor Menyhart</i></u>	<u>7-13-99</u>
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.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:45 TIME OUT: 1:10 pm AIRS ID#: 0090163
 TYPE OF FACILITY: Electro plating
 FACILITY NAME: Central Florida Plating DATE: 7-13-99
 FACILITY LOCATION: 675 Cypress Drive
Merritt Island, FL
 RESPONSIBLE OFFICIAL: Mike Mynhart PHONE NUMBER: 407-452-7234

- 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:
In Compliance

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

DATE OF NEXT INSPECTION: 7-2000
(Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham
(Please Print)

INSPECTOR'S SIGNATURE: Randall Cunningham PHONE NUMBER: 407-893-3333

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390564

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 # 0090163

CENTRAL FLORIDA PLATING INC
TIBOR MENYHART
675 CYPRESS DRIVE
MERRITT ISLAND FL 32952

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

RECEIVED
MAIL ROOM
JAN-4 2000

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300343

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#0090163
TIBOR MENYHART/CENT FL PLATING INC
TIBOR MENYHART
675 CYPRESS DRIVE
MERRITT ISLAND FL 32952

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

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED

DATE: 3-23-00

BY: RE

~~621-2503~~

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	<u>6090163</u>	DATE:	<u>3-23-00</u>	TIME IN:	<u>11:00</u>	TIME OUT:	<u>11:30</u>
FACILITY NAME:	<u>Central Florida Plating</u>						
FACILITY LOCATION:	<u>675 Cypress Drive, Merritt Island, FL 32952</u>						
RESPONSIBLE OFFICIAL:	<u>Mike Menyhart</u>	PHONE:	<u>407-462-7234</u>				
CONTACT NAME:							PHONE:

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>	
2. Facility failed to notify DARM to use a general permit	<input type="checkbox"/>	

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

a. Existing Large (0.015 mg/dscm)	<input type="checkbox"/>	b. Existing Small (0.03 mg/dscm)	<input checked="" type="checkbox"/>
c. New (0.015 mg/dscm)	<input type="checkbox"/>	d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)	<input type="checkbox"/>

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath	Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)		<input type="checkbox"/>
	Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) <i>May only be selected if a wetting agent is used.</i>		<input type="checkbox"/>
b. Trivalent Chromium Bath	With wetting agent		<input type="checkbox"/>
	Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)		<input type="checkbox"/>
c. Chromium Anodizing	Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)		<input type="checkbox"/>
	Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) <i>May only be selected if a wetting agent is used.</i>		<input type="checkbox"/>

RECEIVED
 APR - 23 2000
 Bureau of Air Monitoring & Mobile Sources

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input checked="" type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

<p>Composite Mesh Pad Measure the pressure drop across the CMP daily.</p>	<p>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</p>
<p>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</p>	<p>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</p>
<p>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</p>	<p>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</p>

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. *5000 amp / 2000 amp* Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Randall Cunningham
Inspector's Name

Randall Cunningham
Inspector's Signature

3-23-00
Date of Inspection

3-2001
Approximate Date of Next Inspection

AIRS ID#: 0090163

Revised 10/10/96

**CHROMIUM ELECTROPLATING/ANODIZING
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

acc

FACILITY NAME: <u>Central Florida Plating</u>	DATE: <u>3-23-00</u>
FACILITY LOCATION: <u>675 Cypress Dr. Merritt Island, FL 32952</u>	

Annual Reporting Period: March 1999 TO March 2000

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: MICHAEL A. MENYHART Michael A. Menyhart 3-23-00
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.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:00 am TIME OUT: 12:00 pm AIRS ID#: 0090163
 TYPE OF FACILITY: Electroplating
 FACILITY NAME: Central Florida Plating DATE: _____
 FACILITY LOCATION: 675 Cypress Dr.
Merritt Island, FL 32952
 RESPONSIBLE OFFICIAL: Mike Menyhart PHONE NUMBER: 407-452-7234

- 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:

In Compliance

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

DATE OF NEXT INSPECTION: 3-2001 (Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (407) 868-3333

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353851

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

RECEIVED
MAIL ROOM
DEC 10 98

Bureau of Air Mail
& Mobile Services

DEC 14 1998

RECEIVED

Do **NOT** Remove Label

AIRS ID # 0090163
CENTRAL FLORIDA PLATING INC
TIBOR MENYHART
675 CYPRESS DRIVE
MERRITT ISLAND FL 32952

GOVERNMENT USE ONLY
Form: 37550101000 EO: B1
Fee: 20-2-035001
Obj: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401470

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 # 0090163
CENTRAL FLORIDA PLATING INC
TIBOR MENYHART
675 CYPRESS DRIVE
MERRITT ISLAND FL 32952

1-2-0102
RECEIVED
MAIL ROOM
JAN-2 01
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9372 7596

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

received
 Postmark Here

Recip AIRS ID # 0090163001AG **ler)**

Street, FIBOR MENYHART

CENTRAL FLORIDA PLATING INC

575 CYPRESS DRIVE

City, St MERRITT ISLAND FL 32952

PS Form Instructions

DIR 10-24

THIS SECTION ON DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0090163001AG
 FIBOR MENYHART
 CENTRAL FLORIDA PLATING INC
 575 CYPRESS DRIVE
 MERRITT ISLAND FL 32952

A. Received by (Please Print Clearly): B. Date of Delivery
 BARBARA H. MENYHART

C. Signature
 x *Barbara H. Menyhart* Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 0520 0020 9372 7596

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

~~300344~~
300343

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

me
10

AIRS ID#0090163
TIBOR MENYHART/CENT FL PLATING INC
TIBOR MENYHART
675 CYPRESS DRIVE
MERRITT ISLAND FL 32952

Do NOT Remove Label

Annual Reporting Period: Jan 1, 1998 TO Jan 1, 1999

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: _____

RECEIVED
MAIL ROOM
JAN 20 93

#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: JAN 22 1998

Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources

RECEIVED

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. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: TIBOR MENYHART Tibor Menyhart 1-15-98
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.