

Department of Environmental Protection

D 112293

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

Virginia B. Wetherell Secretary

October 24, 1996

Mr. John Richards Gulf Plating 518 Southwest First Avenue Fort Lauderdale, Florida 33301

Dear Mr. Richards:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 25, 1996.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. John Coppola, Broward County

3

Attent Alvin Williams

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
FL0044922359	
4. Facility Location: Street Address: 518 S.W. 157 ave City: FT Lava. County: Broward Zip Code: 33301	
The state of the s	
Responsible Official	
6. Name and Title of Responsible Official:	
John Richards V.P.	
John Richards V.P. 7. Responsible Official Mailing Address: Organization/Firm: Gulf Platic Street Address: 518 Sw 1st ave City: F.J. Lwd. County: Brownerd Zip Code: 3330	
City: FT, Lowel. County: Brown and Zip Code: \$330	1
8. Responsible Official Telephone Number: Telephone: (954) 467-9751 Fax: (954) 763 2973	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone Fax: () RECEIVED	
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Bureau of Air Monitoring & Mobile Sources

BEST AVAILABLE COPY

F quipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:						
	ì×í	(b) Equipment inspection and repair	لــا			
(c) Equipment malfunctions		(d) Operation and maintenance checklist				
(c) Instrument calibratics	l!	(f) Start-up, shutdown, malfunction plan	\bowtie			
(g) Performance test results		(h) Equipment monitoring				
(i) Excess emissions 1		(j) Operating periods	\bowtie			
(k) Rectifier capacity		(I) Fume suppressant records				
(m) Purchase records of westing	agent components					
		Existing Air Permit(s)				
Please indicate with an 'E" the a	appropriate selection	ŋ:				
1l I herebe surrende facilité médicated	er all existing air pe	rmits authorizing operation of the form; specifically, permit number(s)				
No air bermits of this notification		operation of the facility indicated in				
	Responsible	Official Certification				
I, the undersigned sim the responsible official, as defined in Part II of this form, of the facility addressed in this notification scerethy certify, based on information and belief formed after reasonable inquiry, that the statements made whis notification are true, accurate and complete. Further, I agree to operate and maintain the air conflictant emissions units and air pollution control equipment described above so as to comply withfull were and conditions of this general permit as set forth in Part II of this notification form. I will promptly a first Department of any changes to the information contained in this notification. Date Date						

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Best Available Copy

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
	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
Chrumic	1968	1970	F.S./WA	Y

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 to	he requirements of	f section (5) of Part I	I 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.

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

	·
1.	
	John Richards Gull Platin, Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Gulf Platin
3.	Hazardous Waste Generator Identification Number:
<u> </u>	FL0044922359
4.	Facility Location: Street Address: 5 18 5 11 1 3 T CLUB
	Street Address: 518 S.W. 1st ave City: FT Land. County: Broward Zip Code: 33301
5.	Facility Identification Number (DEP Use):
	0112293
	Responsible Official
6.	Name and Title of Responsible Official:
	John Richards V.P. Responsible Official Mailing Address: Organization/Firm: Gulf Platil Street Address: 518 Sw 157 are City: FJ, Lwd. County: Broward Zip Code: 33301
7.	Responsible Official Mailing Address:
	Street Address: 518 Sw 151 ave
	City: FJ, Lowd, County: Broward Zip Code: 33301
8.	Responsible Official Telephone Number: Telephone: (954) 467-9757 Fax: (954) 763 2973
	Telephone: (954) 467-9751 Fax: (954) 763 2973
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () RECEIVED
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Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(5) Effective: 6-25-96

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:						
	(b) Equipment inspection and repair					
	(d) Operation and maintenance checklist					
	(f) Start-up, shutdown, malfunction plan					
	(h) Equipment monitoring					
\bowtie	(j) Operating periods	\bowtie				
	(i) Fume suppressant records					
agent components						
appropriate selection:	:					
· .	<u> </u>					
urrently exist for the of	operation of the facility indicated in					
Responsible C	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. Date Date						
	Surrender of E ppropriate selection: r all existing air perr in this notification f rrently exist for the comm. Responsible official, as pretify, based on information are true, accommissions units and air conditions of this general	(b) Equipment inspection and repair (d) Operation and maintenance checklist (f) Start-up, shutdown, malfunction plan (h) Equipment monitoring (j) Operating periods (l) Fume suppressant records agent components Surrender of Existing Air Permit(s) ppropriate selection: ar all existing air permits authorizing operation of the in this notification form; specifically, permit number(s) rrently exist for the operation of the facility indicated in form. Responsible Official Certification Responsible official, as defined in Part II of this form, of the facility intign, based on information and belief formed after reasonable in facility in a gree to open insistions units and air pollution control equipment described above anditions of this general permit as set forth in Part II of this notification of this general permit as set forth in Part II of this notification of this general permit as set forth in Part II of this notification are true, accurate and complete.				

DEP Form No. 62-213.900(5)

Effective: 6-25-96

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	DATE CNTRL	CONTROL	APPLICABLE
	PURCHASED	DEVICE	DEVICE	STANDARD
		INSTALLED	(see key)	(see key)
Chronic	1968	1970	F, S,	Y
	100			
			†	
			1	
				. 1

Key for Control Device Type	Applicable Standard Key
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	 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 required January 25, 1996 January	irements of section (5) of Part II of this form y 25, 1997
3. Indicate how the facility will fulfill the compliance demor	nstration:
[] The facility will conduct an initial performa	ance test
[] The facility will use a wetting agent to redu	ace emissions and will meet

the existing surface tension limit in No. 3 above.

DEP Form No. 62-213.900(5) Effective: 6-25-96

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)
	,,,,,			

Key for Control Device Type Applicable Standard Key PBS = packed-bed scrubber a = 0.03 mg/dscmCMP = composite mesh pad b = 0.015 mg/dscmPBS/CMP = packed-bed scrubber and composite mesh pad c = alternative standard for multiple tanks FS = fume suppressant only under common control FS/WA = fume suppressant with a wetting agent FM = fiber-bed mist eliminator 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

DEP Form No. 62-213.900(5)

Effective: 6-25-96

AIRS ID#:						Revised 01/13/98
	CHF	ROMIUM ELI	ECTROPLA	ΓING/ANOI	DIZING	~ <i>1</i>
		AIR QUAL	ITY GENER	AL PERMI	Γ	$\bigcap \bigcap \bigcap \bigcap \bigcap$
	Aì	NNUAL COMPL				Me
/						O
1		AIRS II	D#0112293			
.1	JOHN RICHAR	RDS			- ` - }	-LIVED
V	JOHN RICHAL 518 SW 1ST A				1	
	FT LAUDERD				JAI	N 2 6 1998
	_					
	<u> </u>	I	Do <u>NOT</u> Remove Lat	bel	& Mc	of Air Monitoring Obile Sources
Annual Reporting P	Period:	P1 WK.	19 97	<u>'</u> то	JAN 19	19 ~&
		the Title V general a			— /	
62-213.300, Florida	a Administrative	e Code (F.A.C.), duri	ng the period covere	ed by this stateme	ent. YES	□NO
ISNO complete the	- fallowing.					
If NO, complete the	following:					
#1. Term or condit	ion of the gener	al permit that has not	t been in continuous	s compliance duri	ng the reporting	period stated above:
	· · · · · · · · · · · · · · · · · ·					4 .
	 					P
Exact period of non	ı-compliance: fr	rom		to		E
<u>-</u>			-		M.G.	E
Action(s) taken to a	chieve compliar	ace:			- Z	2 1
Method used to dem	nonstrate compl	iance.			OD A	2
Modiou usou to con-	John Marie Comp.	iance: al permit that has not		···	₩ 2	30 1
	_				OUT!	
#2. Term or conditi	ion of the gener	al permit that has not	t been in continuous	s compliance duri	ng the reporting	period stated above:
						ang land
Exact period of non-	ı-compliance: fr	rom	·	to		
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Action(s) taken to a	ichieve compliar	ice:				
Method used to dem	nonstrate compli	iance:				
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		v certify, based on inf accurate and complete		j jormea ajier rea	isonable inquiry,	that the statements
made in this hongion	allon are ir ac, a	\ i	c. 	Ω_{α}		Michael
RESPONSIBLE O	FFICIAL:	John 10	ichards _	1/1/	- <i>L</i> ,	11/9/98
		Name (Please P	Print)	Sion	ature	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.

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		o	COMPLAINT/DISCOVERY	
1	RE-INSPECTION				
]	"			3:15 TIME OUT: 4:0	
FACILITY NAME:	GULE FL	<u>et</u>	WET I	NC	
FACILITY LOCATION:	518 SW	i	AUE,	FORT LAW FL 3	<u> 3301</u>
i)				PHONE: (954)46797	1
CONTACT NAME:				PHONE:	
	 				
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM	1 30 days prior to st	artup)	Q'	
2. Facility failed to notify DAI	₹M to use a general	peri	nit		
PART II: CLASSIFICATION					
Facility type(s)/applicable stand	lard indicated on ne	otific	ation form:		
Hard Chromium Plating					
a. Existing Large (0.015 mg/c	dscm)	b.	Existing Sn	nall (0.03 mg/dscm)	
c. New (0.015 mg/dscm)	٥	đ.	(0.03 mg/ds	Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year)
Decorative Chromium Platin	a/A nodiaina		-		
a. Chromic Acid Bath	Emissions of \leq		•	•	
	Surface tension May only be selecte			1 (3.1x10 ⁻³ lb-f/ft) used.	1
b. Trivalent Chromium Bath	With wetting ag			,	
,	_	_		dscm (4.4x10 ⁻⁶ gr/dscf)	
c. Chromium Anodizing	Emissions of \leq		• '		
	Surface tension May only be selecte				3

1 of 3

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DEC 1 0 2000

PART III: CONTROL TECHNOLOGY		
Control device selected	In use?	
1. Composite Mesh Pad	DY DN	
2.	DY DN	
3. Packed Bed Scrubber	OY ON	
4. Packed Bed Scrubber/Composite Mesh Pad	OY ON	
5.	OY ON	
6. Fume Suppressant w/ Wetting Agent	DY ON	
Has the facility conducted an initial performance test to (Not required for sources using a wetting agent or 1-inch foam blanke		OY ON ØN/A
PART IV: RECORDKEEPING AND REPORTING	REQUIREMENTS	
Has the responsible official maintained the following r	records?	
1. Quarterly inspection records for add-on air pollution equipment. (applicable only to a facility using a packed bed so composite mesh pad)	_	OY ON MON/A
2. Operations and Maintenance Plan (OMP). (applicable scrubber, fiber-bed mist eliminator, or composite mesh pad)	only to a facility using a packed bed	OY ON ON/A
 Maintenance records for the source, add-on pollution equipment (equipment identified, date performed, de 		ØY □N
 Records of date of occurrence, duration, cause, and c malfunction of process, add-on pollution control dev. 		DY ON
5. Results of all performance tests.	DY ON UNA	
6. Records of monitoring data. (not applicable to trivalent chr	comium baths using a wetting agent)	ofy on on/a
Measure the pressure drop across the Meas	ked Bed Scrubber sure the pressure drop across the PBS and the velocity daily.	
Fiber-Bed Mist Eliminator Pac Measure the pressure drop across the FBME Meas and the upstream device daily.	ked Bed Scrubber/Composite Me sure the pressure drop across the CMP daily.	sh Pad
	ne Suppressant w/ Wetting Agent sure the surface tension at the appropriate inter	
7. Purchase records of wetting agent components.		MY ON ON/A
8. Records of the date and time that fume suppressants	ØY ON ON/A	
9. Records of rectifier capacity, if used to determine fac	ility size.	DY DN BYNA
10. Records of the total process operating time.		ery on
11. Records identifying specific periods of excess emissi	ons.	ogy on
12. Startup, Shutdown & Malfunction Plan	DAY ON	

PART V: ADDITIONAL SITE INFORMATION	N
	·
	j
4	,
ART PENNETTA	12/14/99
Inspector's Name	Date of Inspection
Cht Connett	DEC 2000
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 01/2293

Revised 10/10/96

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



FACILITY NAME: GULF PLATING, INC	DATE: 12/14/99
FACILITY LOCATION: 518 OW 15T AUE FORT LAWS FL	33316
Annual Reporting Period: NOV 23 1998 TO DEC. 14	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ing period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ing period stated above:
Exact period of non-compliance: fromto	
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 inqui made in this notification are true, accurate and complete. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	iry, that the statements 1) 14 GG Date
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the report Exact period of non-compliance: from	ing period stated above:

*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

	ANNUAL RE-INSPECTION		0	COMPLAINT/DISC	OVERY	<u> </u>
	GULF PLA 2501 NE	TIL	UIS, INC	/:30 TIME (C. F. 333		
RESPONSIBLE OFFICIAL :	JOHN RC	10P)	05	PHONE: 454-54	7-030.	3
CONTACT NAME:	D.fu/E			PHONE:		
PART I: NOTIFICATION						
(check appropriate box) 1. New facility notified DARM	A 30 days prior to st	rtun		∞		77
Facility failed to notify DAF	• •	•			ل Sureal &	m
L					<u> </u>	
					obii	הרה
PART II: CLASSIFICATION						
PART II: CLASSIFICATION Facility type(s)/applicable stand		tifica	ition form:		s ir o	
		tifica	ition form:			
Facility type(s)/applicable stand	dard indicated on no				s ir o	
Facility type(s)/applicable stand Hard Chromium Plating	dard indicated on no	b. 1 d. 4	Existing Sma Alternative S (0.03 mg/dsci		Air Monitoring facilities rage of	
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/c)	dard indicated on no	b. 1 d. 4	Existing Sma Alternative S (0.03 mg/dsci	III (0.03 mg/dscm) Standard for existing n) using a rolling aver	Air Monitoring facilities rage of	
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm)	dard indicated on no	b. 3	Existing Sma Alternative S (0.03 mg/dsci	all (0.03 mg/dscm) Standard for existing m) using a rolling aver sity (less than 60 million	Air Monitoring facilities rage of	
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Platin	dard indicated on no	b. 1 d. 4 1 0.01/r of ≤	Existing Sma Alternative S (0.03 mg/dscr rectifier capace rng/dscm (4.4:	all (0.03 mg/dscm) Standard for existing The many continuous and the standard for existing Standard for existing averable to the standard for existing The standard for existing averable to the standard for existing a rolling averable to the standard for existing a rolling for averable to the standard for existing a rolling a rol	Air Monitoring facilities rage of	
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Platin	dard indicated on no dard indicated on no dard indicated on no dark disconsisted on dark disconsisted disconsisted on dark disconsisted on da	b d 1 0.01/r of ≤ 1 if a w	Existing Sma Alternative S (0.03 mg/dscr rectifier capace rng/dscm (4.4:	all (0.03 mg/dscm) Standard for existing The many continuous and the standard for existing Standard for existing averable to the standard for existing The standard for existing averable to the standard for existing a rolling averable to the standard for existing a rolling for averable to the standard for existing a rolling a rol	Air Monitoring facilities rage of	
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Platin a. Chromic Acid Bath	dard indicated on no dard indi	b d 0.01/r of ≤ lifaw ent	Existing Sma Alternative S (0.03 mg/dscreectifier capace mg/dscm (4.4: 45 dynes/cm	all (0.03 mg/dscm) Standard for existing The many continuous and the standard for existing Standard for existing averable to the standard for existing The standard for existing averable to the standard for existing a rolling averable to the standard for existing a rolling for averable to the standard for existing a rolling a rol	facilities rage of on A-hr/yea	
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Platin a. Chromic Acid Bath	dard indicated on no dard indi	b. $\frac{1}{2}$ d. $\frac{1}{2}$ of \leq difaw ent agen	Existing Sma Alternative S (0.03 mg/dscr rectifier capace reg/dscm (4.4: 45 dynes/cm retting agent is us at < 0.01mg/d	all (0.03 mg/dscm) Standard for existing m) using a rolling averency (less than 60 million (10.1) At 10 ⁻⁶ gr/dscf) (3.1x10 ⁻³ lb-f/ft) ed.	facilities rage of on A-hr/yea	

PART III: CONTROL TECHNOLOGY				
Control device				
selected 1.	In use? □Y □N			
2.	OY ON			
3. Packed Bed Scrubber	OY ON			
4. D Packed Bed Scrubber/Composite Mesh I	Pad DY DN			
5.	OY ON			
6.	MY ON			
Has the facility conducted an initial performance tes (Not required for sources using a wetting agent or 1-inch foam bloom)		OY ON ON/A		
PART IV: RECORDKEEPING AND REPORTIN	IG REQUIREMENTS			
Has the responsible official maintained the following	ng records?			
Quarterly inspection records for add-on air pollut	tion control devices and monitoring			
equipment. (applicable only to a facility using a packed b composite mesh pad)	ed scrubber, fiber-bed mist eliminator, or	OY ON DAN/A		
2. Operations and Maintenance Plan (OMP). (applications scrubber, fiber-bed mist eliminator, or composite mesh pad)	able only to a facility using a packed bed	OY ON MAN/A		
·	Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).			
 Records of date of occurrence, duration, cause, an malfunction of process, add-on pollution control 		DAY ON		
5. Results of all performance tests.		DY DN WIN/A		
6. Records of monitoring data. (not applicable to trivalent	t chromium baths using a wetting agent)	MY ON CIN/A		
Measure the pressure drop across the	Packed Bed Scrubber Measure the pressure drop across the PBS and the nlet velocity daily.			
	Packed Bed Scrubber/Composite Me Measure the pressure drop across the CMP daily.	sh Pad		
	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate inter			
7. Purchase records of wetting agent components.		MY ON ON/A		
8. Records of the date and time that fume suppressar	nts are added to the bath.	MY ON ON/A		
9. Records of rectifier capacity, if used to determine	facility size.	MY ON ON/A		
10. Records of the total process operating time.		MY ON		
11. Records identifying specific periods of excess em	issions.	ØY □N		
12 Startun Shutdown & Malfunction Plan		MV DN		

PART V: ADDITIONAL SITE INFORMATION
500 A RECTIFIER
FACILITY HAS MOVED TO A NEW LOCATION. APPRESS ON FRONT PAGE.

12 2 1 ∞ Date of Inspection Inspector's Signature

DEC 2001
Approximate Date of Next Inspection

AIRS ID#: 0112293

Me

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

FACILITY NAME: GULF PLATTULS	DATE: 12 21 00
FACILITY LOCATION: 2501 NE 13 AVE WILTON MANORS, F	L. 33305
Annual Reporting Period: DEC 14 1999 TO DEC	<u>21</u>
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.	s 🗖 no
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: fromto	
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 reportir	g period stated above:
Exact period of non-compliance: fromtoto	
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 inquir in this notification are true, accurate and complete. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	y, that the statements made \(\)

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 1/1

0392597

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

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AIRS ID # 0112293

GULF PLATING
JOHN RICHARDS
518 SW IST AVENUE
FT LAUDERDALE FL 33301

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0112293 GULF PLATING JOHN RICHARDS 518 SW 1ST AVENUE FT LAUDERDALE FL 33301 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						
Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0112293 GULF PLATING JOHN RICHARDS 518 SW 1ST AVENUE FT LAUDERDALE FL 33301		Z	094	575	741	
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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ipt Service.
3. Article Addressed to: AIRS ID # 0112293 GULF PLATING JOHN RICHARDS 518 SW 1ST AVENUE FT LAUDERDALE FL 33301 5. Received By: (Print Name) 6 Gignature: (Addressee of Agent)	7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD elivery e's Address (Only if requested	Thank you for using Return Receipt
PS Form 3811 , December 1994 102	595-98-B-0229	Domestic Return Receipt	- [

Z 333 619 150 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID 0112293 JOHN RICHARDS JOHN RICHARDS 518 SW 1ST AVENUE FT LAUDERDALE FL 33301 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom Date, & Addressee's Address PS Form 3800. \$ TOTAL Postage & Fees Postmark or Date

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacemit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.
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Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee and fee is	b's Address (Only if requested paid) Domestic Return Receipt	Inank



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RECEIVED

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 18 98

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AIRS ID#0112293

JOHN RICHARDS JOHN RICHARDS 518 SW 1ST AVENUE FT LAUDERDALE FL 33301 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REM.

FOR PROPER HANDLING

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AIRS ID# 0112293

GULF PLATING JOHN RICHARDS 518 SW 1ST AVENUE FT LAUDERDALE FL 33301 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0353877

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

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			TOTAL	******\$50.00

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US Postal Service

Receipt for Certified Mail

GULF PLATING JOHN RICHARDS 518 SW 1ST AVENUE FT LAUDERDALE FL 33301

F	Postage	\$
C	Certified Fee	
s	Special Delivery Fee	
	Restricted Delivery Fee	
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F 0	Return Receipt Showing to Whom, Date, & Addressee's Address	
3 T	OTAL Postage & Fees	\$
EST HOY OOO HIND ST	ostmark or Date	

e tight of the return address	
 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. 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. delivery address different from item 1? Yes
1. Article Addressed to: AIRS ID # 0112293 GULF PLATING JOHN RICHARDS 518 SW 1ST AVENUE	If YES, enter delivery address below: No
FT LAUDERDALE FL 33301	3. Service Type Certified Mail
2. Article Number (Copy from service label) 174 057 313 PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	Zā	570	PP5	488			
ĺ	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)						
J. C. 2	7 AIRS ID # 0112293001AG JOHN RICHARDS GULF PLATING 2501 NE 13TH AVENUE WILTON MANORS FL 33305						
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	Special Delivery	Fee					
	Restricted Delive	ery Fee		-			
1995	Return Receipt S Whom & Date D						
April	Return Receipt Sho Date, & Addressee'		m,				
800,	TOTAL Postage	& Fees	\$				
PS Form 3800 , April 1995	Postmark or Dat	е					

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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. 	A. Received by (Please Print Clearly) B. Dale of Delivery C. Signature Agent Addressee D is felive addressed internal from item 12 Yes		
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2501 NE 13TH AVENUE WILTON MANORS FL 33305	3. Service Type Air Monitoring Centified Mail SOUTCASSess Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789		

12/13/2000

0164

DEPARTMENT OF ENVIRONMENTAL PROTECTION

AIR PERMIT

CHECKING NATIONS B AIRS ID # 0112293

50.00

400057

Please include your AIRS ID# on your check or money order. This number

THIS PORTION MUST BE ATTACHED TO REMITTANCE F

GULF PLATING, INC. 2501 N.E. 13th AVENUE

WE'VE MOVED!!!

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TOTAL AMOUNT DUE:

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AIRS ID # 0112293
GULF PLATING
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

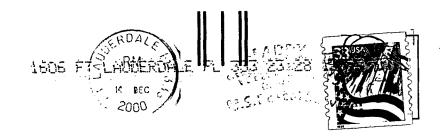
WILTON MANORS, FL 33305

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FOR GOVERNMENT USE ONLYOUNG Fund: 20-2-035001

Obj.: 002273

GULF PLATING INC. 2501 NE 13 AVE WILTON MANORS FL 33305



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

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AIRS ID#:		_				Revised 01/13/98
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Annual Reporting	Period:		19	то		19
	a Administrative	_		ility has remained in ered by this statemen	- /	DEP Rule NO
· -	_	l permit that has no	t been in continue	ous compliance during	g the reporting per	riod stated above:
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-		certify, based on inj ccurate and complet		lief formed after reas	onable inquiry, the	at the statements
RESPONSIBLE (OFFICIAL:	John R Name (Please P	lchards Print)	Signat	ture	1/19/98 Date

Page _____ of _____.

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