



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

August 4, 2004

Mr. Felix Reynoso
R & H Plating
2300 West Oakland Park Boulevard, Suite 300
Oakland Park, Florida 33311

Re: Facility No.: 0112634-001

Dear Mr. Reynoso:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on June 28, 2004.

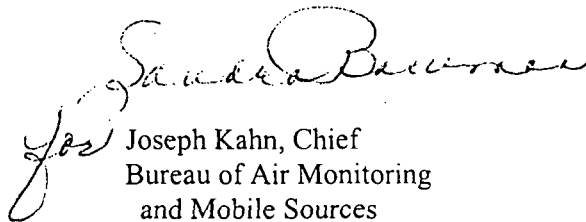
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Cliff Bittle, Broward County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES
NO ACTIVITY FOR FACILITY. ✓.....
SOC REPORTS.....
COMPLIANCE STATUS

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 28 2004
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	TELEFAX MARKETING
2. Site Name (For example, plant name or number):	THE PLATING DEPT.
3. Hazardous Waste Generator Identification Number:	FLR 000056974
4. Facility Location: Street Address: 2339 N.W. 30th COURT City: OAKLAND PARK County: BROWARD Zip Code: 33311	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112643-001

Responsible Official

6. Name and Title of Responsible Official: Name: FELIX REYNOSO Title: OWNER	
7. Responsible Official Mailing Address: Organization/Firm: R & H PLATING Street Address: 2300 W. OAKLAND PARK BLVD., SUITE 300 City: OAKLAND PARK County: BROWARD Zip Code: 33311	
8. Responsible Official Telephone Number: Telephone: (954) 497-2330 Fax: (954) 497-2324	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	LESTER DANIELS - PLANT MANAGER
10. Facility Contact Address: Street Address: 2300 W. OAKLAND PARK BLVD., SUITE 300 City: OAKLAND PARK County: BROWARD Zip Code: 33311	
11. Facility Contact Telephone Number: Telephone: (954) 497-2330 Fax: (954) 497-2324	

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

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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
 WA = wetting agent

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

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	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
9-18-2003	New/Existing	OCT, 2003	FS/WA	Y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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
WA = wetting agent

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 paragraph (5) of Part II:
(**Note:** if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

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. 1 above.

4. 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
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration
(used during initial performance test)
- (f) Start-up, shutdown, malfunction plan
- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions
- (j) Operating periods
- (k) Rectifier capacity
- (l) Fume suppressant records
- (m) Purchase records of wetting agent components

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are: _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

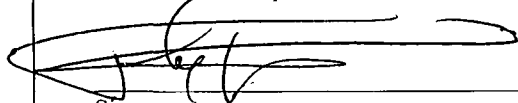
Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

FELIX REYNOSO

Print name of responsible official


Signature

6-25-2004

Date

R & H Plating Co.
2300 West Oakland Park Blvd. Suite 300
Ft. Lauderdale, FL 33311

RECEIVED

JUN 28 2001

Bureau of Air Monitoring
& Mobile Sources

RETURN RECEIPT
REQUESTED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

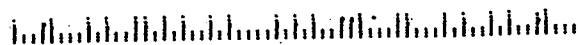


7004 1160 0001 6604 9458



General Permits Section
Bureau of Air Monitoring & Mobile Sources
MS 5510
Dept. of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

32399+2400 01



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 457935 JAN 11 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112643 7
R & H PLATING
2339 NW 30th Court
OAKLAND PARK, FL 33311

Subj: of Air Monitoring
Mobile Sources
JAN 11 3 22 2006

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444434 JAN12 2005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS I.D. 8112643

R. & H. PLATING

RECEIVED
JAN 14 2005
Bureau of Air Monitoring
& Mobile Sources
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

467085 JAN112007

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0112643
TELEFAX MARKETING
2339 NW 30th Court
OAKLAND PARK, FLORIDA 33311



FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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R & H PLATING
2300 W Oakland Blvd. Suite 300
Fort Lauderdale, FL. 33311

FT LAUDERDALE
FL 333
09 JAN 2007 PM 2 T



Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070

