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JUN 14 2010

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

Division 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): Airco Plating Co. Inc.
2. Site Name (For example, plant name or number): - same as above-
3. Hazardous Waste Generator Identification Number: EPA ID# FLD 004145140
4. Facility Location: Miami Street Address: 3650 NW 46 <sup>th</sup> Street City: Miami County: Miami- Dade Zip Code: 33142 - 3944
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0250723-004</b>

Responsible Official

6. Name and Title of Responsible Official: Name: Michael G. King Title: President
7. Responsible Official Mailing Address: - same as above - Organization/Firm: Airco Plating Co. Inc. Street Address: 3650 NW 46 <sup>th</sup> Street City: Miami County: Miami-Dade Zip Code: 33142 - 3944
8. Responsible Official Telephone Number: Telephone: ( 305 ) 633 - 2476 Fax: ( 305 ) 635 - 4153

Facility Contact (If different from Responsible Official)

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

**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)
March 2010	New/Existing	June 10	CMP	b
	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)
1993	New/Existing	January 1996	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 *For 1(a)*  
 The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above. *For 1(b)*

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  | <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<br>(used during initial performance test) | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results   | <input checked="" 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 checked="" type="checkbox"/> | (l) Fume suppressant records             | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components                     | <input checked="" type="checkbox"/> |  |                                     |

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: AIRS ID # 0250723
- 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.*

Michael G. King

\_\_\_\_\_  
Print name of responsible official

\_\_\_\_\_  
Signature

6/10/2010

\_\_\_\_\_  
Date

AIRCO PLATING CO., INC.

3650 N.W. 46th STREET MIAMI, FLORIDA 33142

MIAMI FL 331

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General Permits Section  
Bureau of Air Monitoring  
and Mobile Sources, MS 5510  
Department of Environmental Protection  
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