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FEB 15 2011

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

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):	SOUTHERN PLATING SPECIALTIES		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	251094		
4. Facility Location:	4970 E. 10 LANE		
Street Address:			
City:	HIALEAH	County:	MIAMI-DADE
		Zip Code:	33013 - 1787
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251094-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	RAMON LOVET	Title:	PRES.
7. Responsible Official Mailing Address:			
Organization/Firm:	4967 E 10 LANE		
Street Address:			
City:	HIALEAH	County:	MIAMI-DADE
		Zip Code:	33013
8. Responsible Official Telephone Number:			
Telephone:	(305) 688-6541	Fax:	(305) 688-7116

Facility Contact (If different from Responsible Official)

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

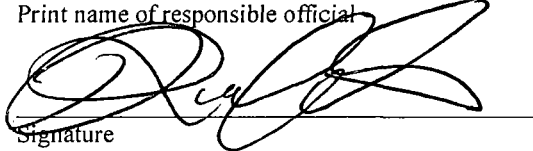
DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
16-DEC-93	New/Existing		FS/WA	
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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.

RAMON LOVET
Print name of responsible official


Signature

2-2-11
Date



Florida Department of
Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RECEIVED

FEB 15 2011

Charlie Crist
Governor

Jeff Kottkamp
Governor

Mimi A. Drew
Secretary

Bureau of Air Monitoring
& Mobile Sources

November 3, 2010

Mr. Ramon A Llovet
Southern Plating Specialties
4967 E 10 Ln
Hialeah, FL 33013

Re: Facility No. 251094

Dear Mr. Llovet:

Our records indicate your Chromium Electroplating/ Anodizing Facility Air General Permit (AGP) entitlement is set to expire on March 18, 2011.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under the AGP Program for no more than five (5) years.

To continue your entitlement, the Owner/Authorized Representative shall submit a new registration form containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

We have enclosed an AGP registration form checklist to assist you with the continuation of your five (5) year entitlement. Also, you may obtain a copy of the appropriate registration form from the FDEP Division of Air Resource Management webpage at http://www.dep.state.fl.us/air/emission/air_gp.htm.

If you need additional information, please contact Stephen McKeough at 850/921-9539 or by email at Stephen.McKeough@dep.state.fl.us.

Enclosure

URGENT!

IMPORTANT

NOTIFICATION OF EXPIRING AIR GENERAL PERMIT REGISTRATION

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form to the following address:

**Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400**

I am a new OWNER or AUTHORIZED REPRESENTATIVE for this facility.

My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form.



AIR GENERAL PERMITTING

To: Sylvia Livingston
From: Dick Dibble
Date: 2/23/2011
Re: RETURN CHECK #23292, dated 02-FEB-11, in the amount of \$50.00
REASON: NO FEE DUE
RETURN TO:
SOUTHERN PLATING SPECIALTIES OF MIAMI INC
c/o RAMON LLOVET, PRESIDENT
4967 EAST 10TH LANE
HIALEAH, FLORIDA 33013

Comments: Sylvia,

Please prepare a "return check" cover letter for Becky's signature.

I have attached the subject item check to be returned.

Let me know if you have any questions.

Thank you,

Dick



EG775439228US

EG775439228US



Addressee Copy

Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 33018	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 1.30
Date Accepted 02/14/11	Scheduled Date of Delivery Month 02 Day 15	Return Receipt Fee \$
Mo. Day Year 02 14 11	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$
Time Accepted 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. 2.20 ozs.	Int'l Alpha Country Code	Total Postage & Fees \$ 1.30
	Acceptance Emp. Initials JH	

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Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo. Day	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

PRESS HARD. YOU ARE MAKING 3 COPIES.

FROM: (PLEASE PRINT) PHONE (305) 678-8011

SOUTHERN PLATING
4967 E. 10 LANE
HIALEAH, FL 33018

TO: (PLEASE PRINT) PHONE ()

AIR GENERAL PERMIT PROGRAM
BUREAU OF AIR MONITORING AND
MUNICIPAL SERVICES, MC 2211
DEPT. OF ENVIRONMENTAL PROT.
3600 ELAINE STONE RD.
TAIHAHASSSEE, FL 32399

ZIP (U.S. ADDRESSES ONLY) DO NOT USE FOR FOREIGN POSTAL CODES.
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FOR VISIT CALL



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