

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
MAR 16 2009  
Bureau of Air Pollution  
& 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): Imperial Plating, Inc.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: To be obtained
4. Facility Location: Street Address: 4162 NW 132nd Street City: Opa-Locka County: Miami-Dade Zip Code: 33054
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0251309-001</b>

Responsible Official

6. Name and Title of Responsible Official: Name: Alexander Colon Title: President
7. Responsible Official Mailing Address: Organization/Firm: Imperial Plating Street Address: 4162 NW 132nd Street City: Opa-Locka County: Miami-Dade Zip Code: 33054
8. Responsible Official Telephone Number: <b>(786) 267-3786</b> Telephone: ( ) Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <b>JENNY (MR. COLON DOES NOT SPEAK ENGLISH)</b>
10. Facility Contact Address: Street Address: <b>4162 NW 132ND STREET</b> City: <b>OPA-LOCKA</b> County: <b>MIAMI-DADE</b> Zip Code: <b>33054</b>
11. Facility Contact Telephone Number: Telephone: <b>(786) 267-3786</b> 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	Existing	16-DEC-93	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

Applicable Standard Key

PBS = packed-bed scrubber

x = 0.01 mg/dscm

CMP = composite mesh pad

y = 45 dynes/cm

PBS/CMP = packed-bed scrubber and composite mesh pad

z = records of bath components

FS = fume suppressant only

(trivalent Cr tanks only)

FS/WA = fume suppressant with a wetting agent

c = alternative standard for multiple tanks

FM = fiber-bed mist eliminator

under common control

WA = wetting agent

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
- (f) Start-up, shutdown, malfunction plan  (used during initial performance test)
- (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.*

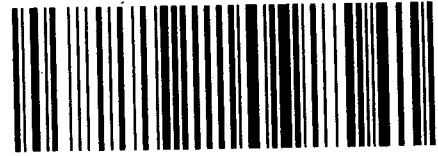
*I will promptly notify the Department of any changes to the information contained in this notification.*

ALEXANDER COLON  
Print name of responsible official

  
Signature

3 / 10 / 09  
Date

Enrique Saez, P. E.  
P. O. Box 490372  
Key Biscayne, FL 33149



7004 0750 0002 8590 0647

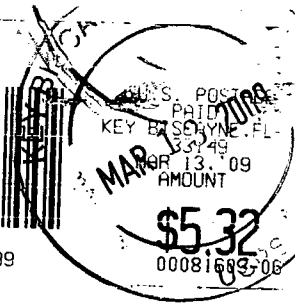


UNITED STATES  
POSTAL SERVICE



0000

32399



RETURN RECEIPT  
REQUESTED

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

RETURN RECEIPT  
REQUESTED

32399+2400

