

**CHROMIUM ELECTROPLATERS AND ANODIZERS
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

RECEIVED

Facility Identification Number - If known (seven digit number)

NOV 18 2011

0251347-001	DIVISION OF AIR RESOURCE MANAGEMENT
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Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

NA

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Millenium Engine Plating

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 600 W. 84 Street

City: Haleah

County: FL

Zip Code: 33014 - 3617

Miami - Dade

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility.)

1/15/2012

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Ignacio Yanes VP

Facility Contact Telephone Numbers

Telephone: 305 688-0098

Fax: 305 668-0061

Cell phone: 786 229-0476

E-mail: iyanes@meplating.com

Facility Contact Mailing Address

Organization/Firm: Millenium Engine Plating Inc.

Mailing Address: 4763 East 11 Avenue

City: Hialeah

County: FL

Zip Code: 33013

Other Contact/Representative (to serve as additional Department contact)

Name and Position Title

Print Name and Title: Emilio Yanes Production Manager

Other Contact/Representative Telephone Numbers

Telephone: 305 688-0098

Fax: 305 688-0061

Cell phone: 305 519-0129

E-mail: eyanes@meplating.com

Other Contact/Representative Mailing Address

Organization/Firm: Millenium Engine Plating Inc

Mailing Address: 4763 East 11 Avenue

City: Hialeah

County: FL

Zip Code: 33013

Government Facility Code (check only one)

- Facility not owned or operated by a federal, state, or local government.**
- Facility owned or operated by the federal government.**
- Facility owned or operated by the state.**
- Facility owned or operated by the county.**
- Facility owned or operated by the municipality.**
- Facility owned or operated by a water management district.**

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 (Check one)	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
1/15/2011	X New <input type="checkbox"/> Existing	1/15/2011	CMP	b
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> 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 X 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 (Check one)	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			

Key for Control Device Type

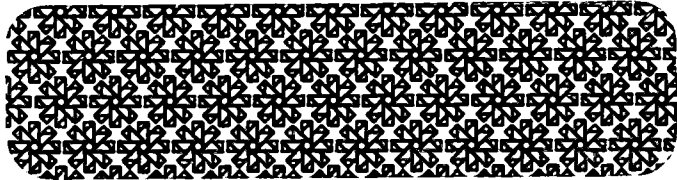
PBS = packed-bed scrubber
CMP = composite mesh pad
PBS/CMP = packed-bed scrubber and composite mesh pad
FS = fume suppressant only
FS/WA = fume suppressant with a wetting agent
FM = fiber-bed mist eliminator
WA = wetting agent

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 how the facility will fulfill the compliance demonstration (check one):

- X 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.



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