



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary - Designee

January 4, 2007

Ms. Pauline Torres
Metal to Metal
2706 East 7th Avenue
Tampa, Florida 33605

Re: Facility No.: 0571106-003

Dear Ms. Torres:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on November 30, 2006.


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,

 Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Lynn Robinson, Hillsborough County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 2002-2005
SOC REPORTS 4
COMP. STATUS - SNC MNC (IN)

11/28/2006

TRPT-SOCR-Statement of Compliance
Report

Insp- Hillsborough- L Robinson

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
NOV 30 2006
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): Pauline Torres |
| 2. Site Name (For example, plant name or number): METAL to METAL |
| 3. Hazardous Waste Generator Identification Number: |
| 4. Facility Location: Street Address: 2706 1/2 E. 7 th AVE City: Tampa County: Hillsborough Zip Code: 33605 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): 0571106-003 |

Responsible Official

| |
|--|
| 6. Name and Title of Responsible Official: Name: Pauline Torres Title: owner |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2706 E. 7 th AVE City: Tampa County: Hills Zip Code: 33605 |
| 8. Responsible Official Telephone Number: Telephone: (813) 248 5874 Fax: (-) |

Facility Contact (If different from Responsible Official)

| |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager): Pauline Torres |
| 10. Facility Contact Address: Street Address: 2706 1/2 E. 7 th AVE City: Tampa County: Hills Zip Code: 33605 |
| 11. Facility Contact Telephone Number: Telephone: (813) 248 5874 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 | | | |
| n/a | New/Existing | n/a | n/a | n/a |
| n/a | New/Existing | n/a | n/a | n/a |
| n/a | New/Existing | n/a | n/a | n/a |
| n/a | New/Existing | n/a | n/a | n/a |
| n/a | New/Existing | n/a | n/a | n/a |
| n/a | New/Existing | n/a | n/a | n/a |
| n/a | New/Existing | n/a | n/a | n/a |
| n/a | New/Existing | n/a | n/a | n/a |

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
- 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) |
|----------------|-------------------------|-----------------------------|--------------------------|-------------------------------|
| # 1 | New/Existing | Jan. 1985 | FS/WA | Y=45 Dppm/cr |
| | 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 | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration (used during initial performance test) | <input 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 type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input 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:
 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.

Pauline M. Torres
Print name of responsible official

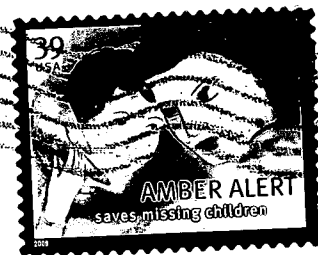
Pauline M. Torres
Signature

11-24-06
Date

Pauline Torres
2706 E. 7th Ave
Tampa, Fla. 33605
4106

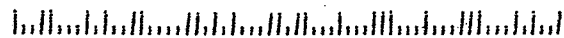
TAMPA FL 33

19 FEB 07 PM 2 T



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 8099



MO# 60 10273022 2-18-07

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.

469746 FEB22 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0571106
PAULINE TORRES
2706 1/2 E. 7th Ave.
TAMPA, FLORIDA 33605

✓

Bureau of A. Affairs
& Mobile Services

FEB 26 2007

RECEIVED

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

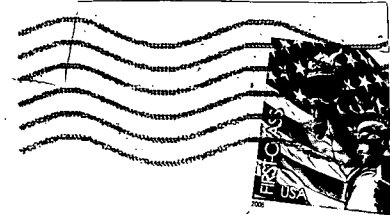
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

METAL TO METAL
2706 E. 7th AVE
Tampa, Fla. 33605

TAMPA FL 336

27 NOV 06 PM 6 T



Air Permit Section
Dept of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

not BPSS

RECEIVED

NOV 30 2006

Bureau of Air Monitoring
& Mobile Sources

32399+6342

