

MAR 28 2013

DIVISION OF AIR
RESOURCE MANAGEMENT

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

Facility Identification Number - If known (seven digit number)

0571254 - 004

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):

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.)

METAL REFINISHING MAHINDRA INDIA

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: 5010 N. GRADY AVE

City: TAMPA

County: AL

Zip Code: 33614

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

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: — MAHINDRA JHODA		
Facility Contact Telephone Numbers Telephone: — 813 879-1195 Fax: 813 879-1106 Cell phone: — 813-433-6165 E-mail: — M JHODA MJHODA@FLORIDAMETALREFINISHING.COM		
Facility Contact Mailing Address Organization/Firm: — Mailing Address: — SOLON BRADY AVE City: — FLORIDA County: — TA Zip Code: — 3364		

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

Name and Position Title Print Name and Title: _____		
Correspondence Contact/Representative Telephone Numbers Telephone: _____ Fax: _____ Cell phone: _____ E-mail: _____		
Correspondence Contact/Representative Mailing Address Organization/Firm: _____ Mailing Address: _____ City: _____ County: _____ Zip Code: _____		

Government Facility Code (check only one)

<input type="checkbox"/> Facility not owned or operated by a federal, state, or local government.
<input type="checkbox"/> Facility owned or operated by the federal government.
<input type="checkbox"/> Facility owned or operated by the state.
<input type="checkbox"/> Facility owned or operated by the county.
<input type="checkbox"/> Facility owned or operated by the municipality.
<input type="checkbox"/> 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)
1-1-13	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	1-1-13	FS/WA	A 0.03 mg/dscm
	<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 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)
1-1-13	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	1-1-13	FS/WA	0.03 mg/dscm
	<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			



Department of Environmental Protection

Charlie Crist
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Michael W. Sole
Secretary - Designee

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

(CUT HERE)

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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#571254
[REDACTED] METAL REFINISHING
5010 North Grady Avenue
TAMPA, FLORIDA 33614

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

To whom it may concern,

I was forced to close my chrome line in 2010-2011, due to the lack of chrome work in my business. By January 2012 I decided to reopen my chrome line but discovered that I had a broken rectifier. Purchasing a new rectifier would have cost me over ten thousand dollars which would have been too costly. After several months I was able to acquire a chrome line from a company that went out of business. In October 2012 I had the chrome line installed and by January 2012 I was able to start up the chrome line since by this time the demand for chrome work increased.

Sincerely,

Mahindra Jhoda (Owner of Metal Refinishing)