

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 16 2001

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): MAHINDRA SHODA
2. Site Name (For example, plant name or number): METAL Refinishing
3. Hazardous Waste Generator Identification Number: 107-70-8282
4. Facility Location: Street Address: 5010 N. GRADY AVE City: TAMPA County: Hillsborough Zip Code: 33614
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0571254-003

Responsible Official

6. Name and Title of Responsible Official: Name: MAHINDRA SHODA Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 5010 N. GRADY AVE City: TAMPA County: Hillsborough Zip Code: 33614
8. Responsible Official Telephone Number: Telephone: (813) 879-1195 Fax: (813) 879-1195

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): MAHINDRA SHODA
10. Facility Contact Address: Street Address: 5010 N. GRADY AVE City: TAMPA, FL County: FL Zip Code: 33614
11. Facility Contact Telephone Number: Telephone: (813) 879-1195 Fax: (813) 879-1195

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES ~~2000-2004~~
SOC REPORTS ..1.....
COMP. STATUS--SNC MNC ^{IN}

4/22/2004

TRPF-SOCR - Statement of Compliance
Report

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)
12-06	New/Existing	12-06	FS/WA	4 = 450 mg/dscm
	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
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration
(used during initial performance test)
- (f) Start-up, shutdown, malfunction plan
- (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.

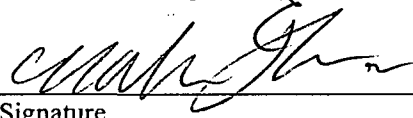
Responsible Official Certification

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.

MAHINDRA J WDA

Print name of responsible official



Signature

1-15-07

Date

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to continue your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a new RO (Responsible Official), and/or your existing business has moved to a new location, please check this box and return this form with your completed notification form.

• If you do not wish to continue your eligibility, please disregard this notice.



M. Jhoda

Owner

Specializing in Plating and Refinishing
of Decorative Brass, Gold, Silver &
Copper

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Phone: 813.879.1195

Fax: 813.879.1195

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TAMPA FL 336

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General Permits Section
Bureau of Air Monitoring and Mobile Sources MS 5520
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

8138791195

