

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

September 9, 2006

Mr. Arthur Martineau
Electro Chromium Company
549 North Orange Blossom Trail
Orlando, Florida 32805

Re: Facility No.: 0950329-003

Dear Mr. Martineau:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 7, 2006.

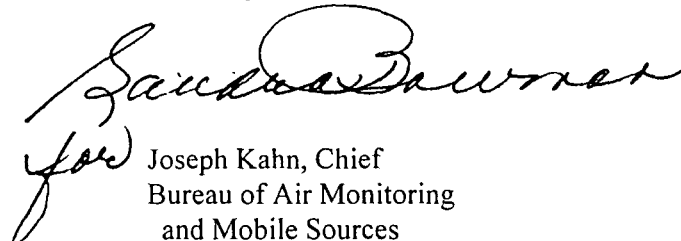
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Hamp Pridgen, Orange County

"More Protection, Less Process"

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EMISSION FEE DATES ¹⁹⁶⁻²⁰⁰⁵

NO ACTIVITY FOR FACILITY

SOC REPORTS ⁶

IN - 3/3/2006

SOCR - Statement of Compliance Report

Insp - Orange Co - Hamp P

RECEIVED

AUG 07 2006

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Quality
& Mobile Source

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): <i>Arthur Martineau</i> |
| 2. Site Name (For example, plant name or number): <i>Electro Chromium Co.</i> |
| 3. Hazardous Waste Generator Identification Number: <i># 75648</i> |
| 4. Facility Location: Street Address: <i>549 N. Orange Blossom Trail</i> City: <i>Orlando, Fl.</i> County: <i>Orange</i> Zip Code: <i>32805</i> |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950329-003</i> |

Responsible Official

| |
|--|
| 6. Name and Title of Responsible Official: Name: <i>Glenn Martineau</i> Title: <i>U.P. Mgr.</i> |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>5476 Vance Ave.</i> City: <i>Orlando, Fl.</i> County: <i>Orange</i> Zip Code: <i>32810</i> |
| 8. Responsible Official Telephone Number: Telephone: <i>(407) 578-5452</i> Fax: <i>(407) 425-9725</i> <i>407-425-2217</i> |

Facility Contact (If different from Responsible Official)

| |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager): |
| 10. Facility Contact Address: Street Address: City: County: Zip Code: |
| 11. Facility Contact Telephone Number: Telephone: () - 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) |
|----------------|-------------------------|-----------------------------|--------------------------|-------------------------------|
| #1 9/1/81 | New/Existing | 9/1/81 | FS | C |
| #2 7/1/91 | New/Existing | 7/1/91 | FS | C |
| #3 10/1/86 | New/Existing | 10/1/86 | FS | C |
| #4 1/1/01 | New/Existing | 1/1/01 | FS | C |
| | 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) |
|----------------|-------------------------|-----------------------------|--------------------------|-------------------------------|
| | New/Existing | | | |
| | New/Existing | | | |
| | New/Existing | | | |
| | New/Existing | | | |
| | New/Existing | | | |
| | New/Existing | | | |
| | New/Existing | | | |
| | New/Existing | | | |
| | New/Existing | | | |
| | New/Existing | | | |

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.

Glenn Martineau
Print name of responsible official

Glenn Martineau
Signature

8-1-06
Date

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input checked="" type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <u>FS</u> <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:

0950329

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

ELECTRO CHROMIUM CO. INC.
549 N. ORANGE BLOSSOM TR.
ORLANDO, FL 32805

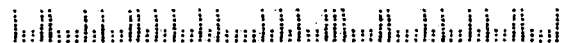
ORLANDO FL 328

03 AUG 2006 PM 6 T



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

32399-2400



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.

468854 FEB 9 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0950329
 ELECTRO CHROMIUM CO INC ✓
 549 N Orange Blossom Trail
 ORLANDO, FLORIDA 32805

Bureau of Air Monitoring
& Mobile Sources

FEB 13 2007

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

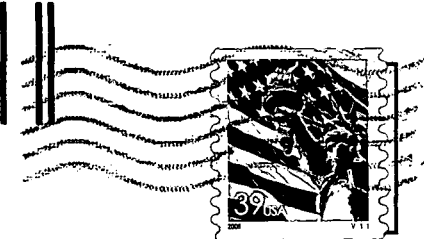
FOR GOVERNMENT USE ONLY
 ORG.: 37550101000 EO: A1
 FUND: 20-2-035001
 OBJECT: 002273

Printed on recycled paper.

ELECTRO CHROMIUM CO. INC.
 549 N. ORANGE BLOSSOM TR.
 ORLANDO, FL 32805

ORLANDO, FL 32805

07 FEB 07 PM 2:11



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

3231533070 BOSS

