

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Talláhassee, Florida 32399-2400 Governor

Charlie Crist

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

August 12, 2008

Mr. Frederick Vizoso
Palm Beach Plating, LLC
900 28th Street
West Palm Beach, Florida 33407

Re: Facility No.: 0990565-002

Dear Mr. Vizoso:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 19, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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 F. Veazey, Chief Bureau of Air Monitoring

Durnar

and Mobile Sources

SFV/pg

cc: Mr. Thomas Tittle, Palm Beach County

CHROMIUM ELECTROPLATING AND ANODIZING AIR GENERAL PERMIT NOTIFICATION FORM

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):
Palm Beach Plating LLC
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number): 3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
50-73-03678 4. Facility Location: 900 28th Street
4. Facility Location: 900 28th Street
City: West Palm Beach County: Palm Beach Zip Code: 334.07
5. Facility Identification Number (DEP Use ONLY - do not fill in):
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990565-0
01103000
Responsible Official
6. Name and Title of Responsible Official:
Name: Frederick R. VIZOSO Title: VP
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 900 28th Street
Street Address: 900 28 LA STITE!
City: W. P.B. County: Palm BeahZip Code: 33407
8. Responsible Official Telephone Number:
Telephone: (561)863-5760 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
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10. Facility Contact Address:
Street Address: City: County: Zip Code:
City. County. Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

DEP Form No. 62-213.900(5) Effective: 2/24/99

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			

Key for Control Device Type	Applicable Standard Key
PBS = packed-bed scrubber	a = 0.03 mg/dscm
CMP = composite mesh pad	b = 0.015 mg/dscm
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	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	UNIT CLASS	DATE CNTRL	CONTROL	APPLICABLE
PURCHASED	(circle one)	DEVICE	DEVICE	STANDARD
		INSTALLED	(see key)	(see key)
1985	New/Existing	1985	Rectifier	WA
1985	New/Existing	1985	Rectifier	WA
19.85	New/Existing	1985	Restifier	WA
1985	New/Existing	1985	Rectifier	FS
	New/Existing			

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Effective: 2/24/99

Key for Control Device Type			Applicable Standard Key		
PBS = packed-bed scrubber CMP = composite mesh pad PBS/CMP = packed-bed scrubber and composite mesh pad FS = finne suppressant only FS/WA = fume suppressant with a wetting agent FM = fiber-bed mist eliminator WA = wetting agent			 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, 19	96 []	January	25, 1997		
3. Indicate how the facility will	fulfill the complia	ance demon	stration:		
The facility wi	ll conduct an initi	ial performa	ance test		
The facility wi tension limit in		gent to redu	ce emissions and will meet the exis	ting surface	
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	ĽŽI	(b) Equi	ipment inspection and repair	(X)	
(c) Equipment malfunctions	$\langle X \rangle$	(d) Ope	ration and maintenance checklist		
(e) Instrument calibration (used during initial performance	test)	(f) Star	t-up, shutdown, malfunction plan	(X)	
(g) Performance test results		(h) Equ	ipment monitoring	ιXι	
(i) Excess emissions		(j) Ope	rating periods		
(k) Rectifier capacity	\mathbf{X}	(1) Fum	e suppressant records		
(m) Purchase records of wetting	agent components	s 🗘	ĹŽ		
5. Surrender of Existing DEP Ai	r Permit(s)	•			
Please indicate with an "X" the appropriate selection:					
I hereby surrender notification form; t			authorizing operation of the facility	indicated in this	
No DEP air permit	s currently exist fo	or the opera	tion of the facility indicated in this	notification form	

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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.

Print name of responsible official

Signature

Doto

16-08

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General Permits Sect. Dep. of Environmental Book 2600 Blair Stone Rd.