

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 29, 2001

Mr. Ralph Hancock
Superior Plating, Inc.
5440 – 70th Avenue North
Pinellas Park, Florida 33781

Re: Facility No.: 1030353-002

Dear Mr. Hancock:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on July 23, 2001.

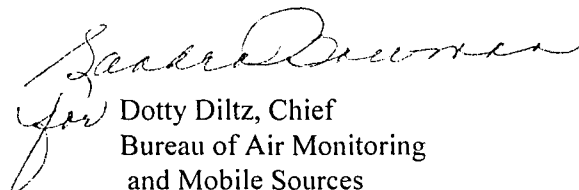
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

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Gen Paid 96-00
SOC 4
Compliance IN

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 23 2000
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): DENNIS EVERSELE AND TALPH HANCOCK
2. Site Name (For example, plant name or number): SUPERIOR PLATING, INC.
3. Hazardous Waste Generator Identification Number: FLD 984238378
4. Facility Location: Street Address: 5440 70TH AVENUE NORTH City: PINELLAS PARK County: PINELLAS Zip Code: 33781
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030353-002

Responsible Official

6. Name and Title of Responsible Official: Name: RALPH HANCOCK Title: VICE PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: SUPERIOR PLATING, INC. Street Address: 5440 70TH AVENUE NORTH City: PINELLAS PARK County: PINELLAS Zip Code: 33781
8. Responsible Official Telephone Number: Telephone: (727) 522-4653 Fax: (727) 525-4368

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): HALINA LESNIAK LABORATORY AND WT MANAGER
10. Facility Contact Address: Street Address: 5440 70TH AVENUE NORTH City: PINELLAS PARK County: PINELLAS Zip Code: 33781
11. Facility Contact Telephone Number: Telephone: (727) 522-4653 Fax: (727) 525-4368

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.

N/A

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)
02-1992	New/Existing	10-20-95	FS/WA	y
02-1992	New/Existing	10-20-95	FS/WA	y
	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:
1030353-001-AG Title V Air Quality General Permit.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

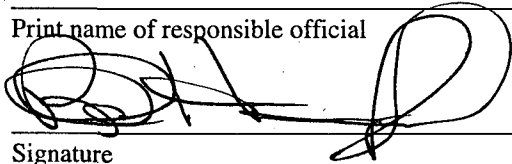
Responsible Official Certification

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.

RALPH HANCOCK

Print name of responsible official



Signature

7-19-01

Date

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.

447042 FEB22 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1030353 7
SUPERIOR PLATING INC
5440 70th Ave North
PINELLAS PARK, FL 33781

RECEIVED
FEB 23 2005
Bureau of Air Monitoring
& Mobile Sources

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

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage: AIRS ID# 1030353 1stC

Sent To: SUPERIOR PLATING INC
5440 70th Ave North
PINELLAS PARK, FL 33781

Street, Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800, June 2002

7004 2510 0002 3939 0713

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 1030353 1stC
SUPERIOR PLATING INC
5440 70th Ave North
PINELLAS PARK, FL 33781

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) F. HARVEY C. Date of Delivery 2/8/05

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3939 0713

UNITED STATES POSTAL SERVICE



First Class Mail 50¢
Postage & Fees Paid
USPS
Permit No. G-10

RECEIVED
DEPARTMENT OF ENVIRONMENTAL PROTECTION
FEB 10 PM 1:13

BUREAU OF PETROLEUM
WASTE STORAGE SYSTEMS
TEAM

Bureau of Air Monitoring
Mobile Sources

RECEIVED
FEB 16 2005

Please print your name, address, and ZIP+4 in this box

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
OIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

230946542





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437581 MAR12 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 1030353
RALPH HANCOCK
SUPERIOR PLATING INC
5440 70TH AVENUE NORTH
PINELLAS PARK, FL 33781

RECEIVED
MAR 18 2004
Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

425853 MAR 17 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 19 2003

Do **NOT** Remove Label

AIRS ID#1030353
SUPERIOR PLATING INC RALPH HANCOCK 5440 70TH AVENUE NORTH PINELLAS PARK FL 33781

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--

VENDOR:		SUPERIOR PLATING, INC.			CHECK NO. 132741		
VOUCHER NO.	INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT	
			Title V Air General Permit	7870-99		****50.00	
			AIRS ID# 1030353				



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414265 FEB18 2002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030353
SUPERIOR PLATING INC
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL
33781

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

VENDOR		SUPERIOR PLATING, INC.			CHECK NO.	
VOUCHER NO.	INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
	AIRS ID# 1030353		Due March 1 2002 for year 2001	50.00		****50.00

132129

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

7001 0320 0001 7976 3446

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee
 (Endorsement Required) _____
 Restricted Delivery Fee
 (Endorsement Required) _____

[Handwritten Signature]
 Postmark Here

AIRS ID#1030353

SUPERIOR PLATING INC
 RALPH HANCOCK
 5440 70TH AVENUE NORTH
 PINELLAS PARK FL
 33781

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SUPERIOR PLATING INC
 RALPH HANCOCK
 5440 70TH AVENUE NORTH
 PINELLAS PARK FL
 33781

AIRS ID#1030353

2. Article Number
(Transfer from service label)

7001 0320 0001 7976 3446

COMPLETE THIS SECTION ON DELIVERY

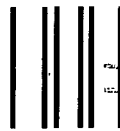
A. Signature *[Handwritten Signature]*
 Agent
 Addressee
 B. Received by (*Printed Name*) _____ C. Date of Delivery 3/10/03

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 13 2003

RECEIVED



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Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)
 Total Postage & Fees \$

Postmark
 Here

AIRS ID#1030353

Sent To SUPERIOR PLATING INC
 Street, Apt. No. RALPH HANCOCK
 or PO Box No. 5440 70TH AVENUE NORTH
 City, State, Zip PINELLAS PARK FL
 33781

PS Form 3800

7001 0320 0001 7976 6867

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#1030353

SUPERIOR PLATING INC
 RALPH HANCOCK
 5440 70TH AVENUE NORTH
 PINELLAS PARK FL
 33781

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1?

If YES, enter delivery address below:

2/7/03

[Signature]

Agent
 Addressee

Yes
 No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 0320 0001 7976 6867

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USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

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CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9373 1883

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark
Here

AIRS ID # 1030353

Re SUPERIOR PLATING INC
 RALPH HANCOCK
Str 5440 70TH AVENUE NORTH
 PINELLAS PARK FL
City 33781

maller)

PS Form 3811, February 2000 See Reverse for Instructions

SE PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

AIRS ID # 1030353
 SUPERIOR PLATING INC
 RALPH HANCOCK
 5440 70TH AVENUE NORTH
 PINELLAS PARK FL
 33781

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

2/14/02

- Agent
- Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

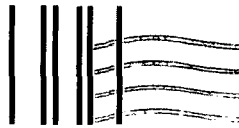
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

7000 0520 0020 9373 1883

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DPM MOBILE SOURCE CONTROL PROGRAM
U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 14 2002

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7003 0500 0004 0144 8082

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

2nd Cx
 Postmark Here *2003*

AIRS ID # 1030353

Total Post
 Sent To
 Street, Apt. or PO Box #
 City, State,

RALPH HANCOCK
 SUPERIOR PLATING INC
 5440 70TH AVENUE NORTH
 PINELLAS PARK, FL 33781

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

AIRS ID # 1030353
 RALPH HANCOCK
 SUPERIOR PLATING INC
 5440 70TH AVENUE NORTH
 PINELLAS PARK, FL 33781

2 Article Number

7003 0500 0004 0144 8082

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

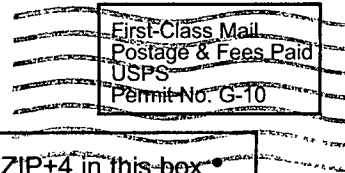
B. Received by (Printed Name) C. Date of Delivery *3/8/04*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

ST. AIR MAIL

MAR 10 2004

RECEIVED



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OFFICIAL USE

7003 2260 0003 5650 9813

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

[Handwritten Signature]
 Postmark Here

Total Postage & ID# 1030353
 Sent To RALPH HANCOCK
 SUPERIOR PLATING INC
 Street, Apt. No.; or PO Box No. 5440 70TH AVENUE NORTH
 City, State, ZIP+4 PINELLAS PARK, FL 33781

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 1030353
 RALPH HANCOCK
 SUPERIOR PLATING INC
 5440 70TH AVENUE NORTH
 PINELLAS PARK, FL 33781

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 9813

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

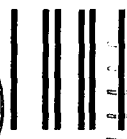
2/6

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING
& MOBILE SOURCES

FEB 9 2004

POSTNET