

Department of Environmental Protection

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

David B. Struhs
Secretary

January 7, 2002

Mr. Greg Menyhart Central Florida Plating, Inc. 675 Cypress Drive Merritt Island, Florida 32952

Re: Facility No.: 0090163-002

Dear Mr. Menyhart:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on December 21, 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, of 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. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

12/18/01 Called and asked Greg Menybort for Information

Compliance In 500 4
Fees Paid 97-00

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
CENTRAL FLORIDA PLATINGING. TIBOR MENYHAMT, PRESIDENT
2. Site Name (For example, plant name or number):
CENTRAL FLORIDA PLATING INC.
3. Hazardous Waste Generator Identification Number:
FL 00000 23952
4. Facility Location: MERRITY ISLAND FLA. TEL. 1-321-452-723+
Street Address: 675 CYPRESS DR. City: County: BREVAR Zip Code: 32952
City: MERRITT ISLAND, FL. County: BREVARD Zip Code: 32952
5: Facility Identification Number: (DEP Use (ONLY : do not fill in))
0090163=002
Page and the Official
Responsible Official 6. Name and Title of Responsible Official:
Name: GREG MENYHART Title: VICE PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: GENTRAL FLORIDA PLATING. INC.
Street Address: 6.75 (VPRGS DL.
City: MERLITT ISLAND, FLA. County: BREVARD Zip Code: 32952
8. Responsible Official Telephone Number:
Telephone: (321) 459- 7234 Fax: (321) 459-2641
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
TIBOR MENYHART PRESIDENT
10. Facility Contact Address: CENTRAL FLORIDA PLATING INC.
Street Address: 675 CYPRIZGS DR.
City: MELRITT ISLAND, FC. County: BREVACD Zip Code: 32952
11. Facility Contact Telephone Number:
Telephone: (321) 452-723+ Fax: (321) 454-2641
City: MEARITT 15LAND, IC. County: BREVARD Zip Code: 32752 11. Facility Contact Telephone Number: Telephone: (321) 452-723+ DEP Form No. 62-213.900(5) Effective: 2/24/99 County: BREVARD Zip Code: 32752 Fax: (321) 457-26+1 Sounds Jin Diagram (321) 257-26+1 Sounds Jin Diagram (321) 257-26+1
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DED Form No. 60 212 000(5)
DEP Form No. 62-213.900(5) 20 Effective: 2/24/99
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Facility Name and Location

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	UNIT-CLASS	DATE CNTRL	CONTROL	
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CM 2005 File	ROBER STONE OF THE SECOND	INSTALLED :	(see key)	(see key)
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	New/Existing			
1989	New Existing	1995	PBS/CMP	a = 0.03 mg/dscm
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	New/Existing	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		
	New/Existing			,
	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 ·

c = alternative standard for multiple tanks

FS = fume suppressant only

under common control

FS/WA = fume suppressant with a wetting agent

FM = fiber-bed mist eliminator

WA = wetting agent

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

[] Yes		No
	. حکا	110

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.

DECODATIVE AND ANODIZING TANKS

DECORATIVE AND ANODIZING		· · · · · · · · · · · · · · · · · · ·	
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DEP Form No. 62-213.900(5)

Key for Control Device Type			Applicable Standard Key	
PBS = packed-bed scrubber CMP = composite mesh pad PBS/CMP = packed-bed scrub FS = fume suppressant only FS/WA = fume suppressant with FM = fiber-bed mist eliminate WA = wetting agent	ith a wetting ager r	nt	x = 0.01 mg/dscm y = 45 dynes/cm z = records of bath components (trivalent Cr tanks only) c = alternative standard for multip under common control	
			irements of paragraph (5) of Part II ng or anodizing units, you must ch	
[] January 25,	1996 [] January	25, 1997	
The facility	will conduct an ir	nitial perform	·	iting surface
4. Equipment Monitoring and Check all logs which are requi			lance with the requirements of this	general permit:
(a) Equipment maintenance		(b) Equ	ipment inspection and repair	
(c) Equipment malfunctions		(d) Ope	ration and maintenance checklist	
(e) Instrument calibration (used during initial performance)	ce test)	(f) Star	t-up, shutdown, malfunction plan	
(g) Performance test results		(h) Equ	ipment monitoring	
(i) Excess emissions		(j) Ope	rating periods	
(k) Rectifier capacity		(l) Fum	ne suppressant records	
m) Purchase records of wettin	g agent còmpone	nts [_]	
5. Surrender of Existing DEP	Air Permit(s)			
Please indicate with an "X" the	e appropriate sele	ection:		
I hereby surrende notification form:			authorizing operation of the facility	indicated in this
No DEP air norm	its currently evice	for the opera	tion of the facility indicated in this	notification form

DEP Form No. 62-213.900(5)

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.

GREG MENYHART

Print name of responsible official

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12-18-01

Date

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FACSIMILE COVER SHEET	DEC 1 Bureau of 1 & Mobi
DATE: 17-18-01	DEC 1 5 20(1 eau of Air Monitoring Mobile Sources
ATTENTION: RICK BUTTER	oring
COMPANY: DEPT. ENVIRONMENTAL	SERVICES
FROM: GREG MENYHART	·
NUMBER OF PAGES (INCL. COVER): 5	
COMMENTS:	W
. Fig.	
OUR TELEPHONE NUMBERS: 321.452.7234 OR 800.327.0943	
OUR FAX NUMBER: 321.459.2641	

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):
CENTRAL FLORIDA PLATINGING. TIBOR MENYHART, PESSINEN
2. Site Name (For example, plant name or number):
CENTRAL FLORIDA PLATING INC.
3. Hazardous Waste Generator Identification Number:
FL 00000 23952
4. Facility Location: MERRITY ISLAND FLA. TEL. 1-321-452-7234
Street Address: 675 CYPRESS DR.
City: MERRITT ISLAND, FL. County: BREVARD Zip Code: 32952
PROPERTY AND THE TRANSPORT OF THE PROPERTY OF
Responsible Official
6. Name and Title of Responsible Official:
Name: GREG MENYHART Title: VICE PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: CENTRAL FLARIDA PLATING INC
Street Address: 675 CYPREGS DL. City: MELLITT ISLAND, FLA. County: BREVARD Zip Code: 32952
MERCITY ISLAND, THE
8. Responsible Official Telephone Number:
Telephone: (321) 459-7234 Fax: (321) 459-2641
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
TIBOR MENYHART PRESIDENT
10. Facility Contact Address: CENTRAL FLORIDA PLATTING INC. Street Address: 675 CYPRIZAS DR.
City: MELILITY ISLAND IC. County: BREVARD Zip Code: 32952
11. Facility Contact Telephone Number:
Telephone: (321) 452-7234 Fax: (321) 454-2641
•

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

	iideilie (6) asess	DATE GUILLE	CONTR	oi.	XPPLICABLE	
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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 · c = alternative standard for multiple tanks

FS = fume suppressant only.

under common control

FS/WA = fume suppressant with a wetting agent

FM = fiber-bed mist eliminator

WA - wetting agent

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

1 Yes

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

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DEP Form No. 62-213.900(5)

Key for Control Device Type			Applicable Standard Key	
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2. Indicate the date by which (Note: if your facility contains date)	the facility must meet s both hard and decora	t the requiative plati	irements of paragraph (5) of Part II ng or anodizing units, you must ch	: eck each applicable
January 25,	1996	January	25, 1997	
3. Indicate how the facility w	ill fulfill the complian	ice demon	stration:	
The facility	will conduct an initial	l performa	ince test	
The facility			ce emissions and will meet the exis	sting surface
4. Equipment Monitoring and Check all logs which are requi			ance with the requirements of this	general permit:
(a) Equipment maintenance		(b) Equi	pment inspection and repair	
(c) Equipment malfunctions	لكنا	(d) Oper	ration and maintenance checklist	
(e) Instrument calibration (used during initial performance	ce test)	(f) Star	t-up, shutdown, malfunction plan	
(g) Performance test results		(h) Equi	pment monitoring	
(i) Excess emissions		(j) Oper	rating periods	٠
(k) Rectifier capacity		(l) Fum	e suppressant records	
(m) Purchase records of wettin	g agent components	[]	
5. Surrender of Existing DEP	Air Permit(s)			
Please indicate with an "X" the	e appropriate selection	n:		
	r all existing DEP air the permit number(s)		uthorizing operation of the facility	indicated in this
No DEP air perm	its currently exist for	the operat	tion 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.

Print name of responsible official

Signature

Date

Date in 1993

4(c) (g) Required

CHROMIUM ELECTROPLATING AND ANODIZING AIR GENERAL PERMIT NOTIFICATION FORM



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3. Hazardous Waste Generator Identification Number:
FL 00000 23952
4. Facility Location: MERRITY ISLAND FLA. TEL. 1-321-452-7234 Street Address: 675 CYPRESS DR. City: MERRITT ISLAND, FL. County: BREVARD Zip Code: 32952
MELLITT ISLAND, FL.
5. Facility Identification Number (DEP Use ONLY do not fill in): $OO90163 \pm OO20$
Responsible Official
6. Name and Title of Responsible Official:
Name: TIBOR MENYHART Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: CENTRAL FLORIDA PLATING INC Street Address: 675 CYPRESS DL. City: MELLITT ISLAND, FLA. County: BREVARD Zip Code: 32952
8. Responsible Official Telephone Number: Telephone: (321) 459-7234 Fax: (321) 459-26+1
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
GREGORY H. MENYHART UP.
10. Facility Contact Address: CENTRAL FLURIDA PLATING INC. Street Address: 675 LYPRIESS DR. City: MERRITT I SLAND, FL. County: BREVARD Zip Code: 32952
11. Facility Contact Telephone Number: Telephone: (321) 452- 723+ Fax: (321) 459- 2641

DEP Form No. 62-213.900(5)

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	UNIT CLASS	DATE CNTRL	CONTROL	APPLICABLE	Ī
PURCHASED	(circle one)	DEVICE	DEVICE/	STANDARD	1 .
		INSTALLED"	(see key)	(see key)	
1987	New Existing	1996	PBS/CMP	0.03.ng	dicom
	New/Existing			١ .	!
1993	New Existing	1996	PBS/CMP	a = 0.03 mg/d	som
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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 ·	c = alternative standard for multiple tanks
FS = fume suppressant only	under common control
FS/WA = fume suppressant with a wetting agent	
FM = fiber-bed mist eliminator	· .
WA = wetting agent	
Is the facility's cumulative potential rectifier capacity greater	than 60 million ampere-hours per year?

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

DECORATIVE AND ANODIZING TANKS

_____ Yes

applicable.

DATE	UNIT: CLASS	DATE CNTRL	CONTROL	APPLICABLE
PURCHASED	(circle one)	DEVICE	DEVICE	STANDARD
The second		INSTALLED	(see key)	(sée kéy)
	New/Existing			/
	New/Existing			
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DEP Form No. 62-213.900(5)

Company of the

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 = fume 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 and 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 [] Ja	nuary 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 [X] (b)) Equipment inspection and repair			
(c) Equipment malfunctions [] (d)) Operation and maintenance checklist [X]			
(e) Instrument calibration [X] (f) (used during initial performance test)	Start-up, shutdown, malfunction plan [X]			
(g) Performance test results [] (h)	Equipment monitoring			
(i) Excess emissions [] (j)	Operating periods			
(k) Rectifier capacity [X] (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:				
notification form; the permit number(s) are $A1RS$ (1) # 0090				

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

12-3-01

Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412982 JAN142882 V

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 # 0090163 CENTRAL FLORIDA PLATING INC TIBOR MENYHART 675 CYPRESS DRIVE MERRITT ISLAND FL 32952

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 456887 DEC15 2005

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

90163 7 CENTRAL FLORIDA PLATING INC 675 Cypress Drive MERRITT ISLAND, FL 32952 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422382 JAN31 2803

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#0090163

CENTRAL FLORIDA PLATING INC GREG MENYHART 675 CYPRESS DRIVE MERRITT ISLAND FL 32952

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434641 DEC222883

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

90163 GREG MENYHART CENTRAL FLORIDA PLATING INC 675 CYPRESS DRIVE MERRITT ISLAND FL 32952

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

1024 CENTRAL FLORIDA PLATING, INC.

DEPT. OF ENVIRONMENTAL PROTECTION AIRS ID# 90163 7 12/27/2004

50.00

. . . 50.00

WACHOVIA

AIRS ID# 90163

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00 #0090163 Do NOT Remove Label

FOR GOVERNMENT USE ONL ORG.: 37550101#00 EO: A1 FUND: 20-2-035001 **OBJECT: 002273**

Printed on recycled paper.

