

Jeb Bush  
Governor

# Department of Environmental Protection

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.

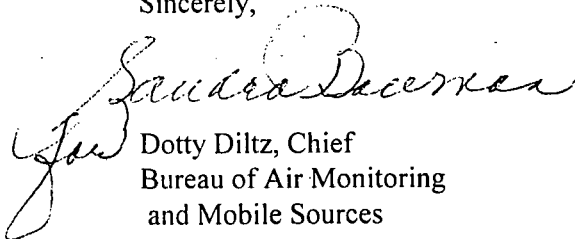
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

12/18/01 Called and asked Greg Menphart for information

Compliance In	
SOC	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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CENTRAL FLORIDA PLATING INC. TIBOR MENYHART, PRESIDENT OWNER
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: MERRITT ISLAND FLA. TEL. 1-321-452-7234 Street Address: 675 CYPRESS DR. City: MERRITT ISLAND, FL. County: BREVARD Zip Code: 32952	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0090163-002

Responsible Official

6. Name and Title of Responsible Official: Name: GREG MENYHART Title: VICE PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: CENTRAL FLORIDA PLATING INC. Street Address: 675 CYPRESS DR. City: MERRITT ISLAND, FLA. County: BREVARD Zip Code: 32952	
8. Responsible Official Telephone Number: Telephone: (321) 452-7234 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: Street Address: 675 CYPRESS DR. City: MERRITT ISLAND, FL. County: BREVARD Zip Code: 32952	
11. Facility Contact Telephone Number: Telephone: (321) 452-7234 Fax: (321) 459-2641	

Bureau of Air Monitoring  
& Mobile Sources  
RECEIVED  
DEC 21 2011

**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)
1987	New/Existing	1996	PBS/CMP	a = 0.03 mg/dscm
	New/Existing			
1989	New/Existing	1996	PBS/CMP	a = 0.03 mg/dscm
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

AM

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			

Do NOT HAVE

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 checked="" type="checkbox"/> |
| (e) Instrument calibration<br>(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 type="checkbox"/>            |
| (m) Purchase records of wetting agent components                     | <input 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: \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

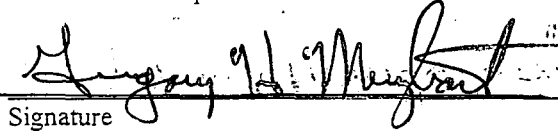
**Responsible Official Certification**

*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.*

GREG MENCHART

Print name of responsible official



Signature

12-18-01

Date



FACSIMILE COVER SHEET

Bureau of Air Monitoring  
& Mobile Sources

DEC 19 2001

RECEIVED

DATE: 12-18-01

ATTENTION: RICK BUTLER

COMPANY: DEPT. ENVIRONMENTAL SERVICES

FROM: GREG MENYHART

NUMBER OF PAGES (INCL. COVER): 5

COMMENTS:

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): <b>CENTRAL FLORIDA PLATING INC. TIBOR MENYHART, PRESIDENT OWNER</b>
2.	Site Name (For example, plant name or number): <b>CENTRAL FLORIDA PLATING INC.</b>
3.	Hazardous Waste Generator Identification Number: <b>FL 00000 23952</b>
4.	Facility Location: <b>MERRITT ISLAND FLA. TEL. 1-321-452-7234</b> Street Address: <b>675 CYPRESS DR.</b> City: <b>MERRITT ISLAND, FL.</b> County: <b>BREVARD</b> Zip Code: <b>32952</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in) <b>0000000002</b>	

**Responsible Official**

6.	Name and Title of Responsible Official: Name: <b>GREG MENYHART</b> Title: <b>VICE PRESIDENT</b>
7.	Responsible Official Mailing Address: Organization/Firm: <b>CENTRAL FLORIDA PLATING INC</b> Street Address: <b>675 CYPRESS DR.</b> City: <b>MERRITT ISLAND, FLA.</b> County: <b>BREVARD</b> Zip Code: <b>32952</b>
8.	Responsible Official Telephone Number: Telephone: <b>(321) 459-7234</b> Fax: <b>(321) 459-2641</b>

**Facility Contact (If different from Responsible Official)**

9.	Name and Title of Facility Contact (For example, plant manager): <b>TIBOR MENYHART PRESIDENT</b>
10.	Facility Contact Address: <b>CENTRAL FLORIDA PLATING INC.</b> Street Address: <b>675 CYPRESS DR.</b> City: <b>MERRITT ISLAND, FL.</b> County: <b>BREVARD</b> Zip Code: <b>32952</b>
11.	Facility Contact Telephone Number: Telephone: <b>(321) 452-7234</b> Fax: <b>(321) 459-2641</b>



**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**

*RM*

DATE PURCHASED	TYPE CLASS (Condition)	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (See key)	APPLICABLE STANDARD (See key)
1987	New/Existing	1996	PBS/CMP	a = 0.03 mg/dscm
	New/Existing			
1989	New/Existing	1996	PBS/CMP	a = 0.03 mg/dscm
	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	TYPE CLASS (Condition)	DATE CONTROL 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			

*Do not have*

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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 checked="" type="checkbox"/> |
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| (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 type="checkbox"/>            |
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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**

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*I will promptly notify the Department of any changes to the information contained in this notification.*

GREG MENYHART

Print name of responsible official



Signature

12-18-01

Date

Date in 1993

4(c)  
(g)  
(i) } Required

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
DEC - 6 2001  
Bureau of Air Monitoring  
& Mobile Sources

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4. Facility Location: MERITT ISLAND FLA. TEL. 1-321-452-7234 Street Address: 675 CYPRESS DR. City: MERITT ISLAND, FL. County: BREVARD Zip Code: 32952	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0090163-002

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 DR. City: MERITT 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):	GREGORY H. MENYHART VP.
10. Facility Contact Address: CENTRAL FLORIDA PLATING INC. Street Address: 675 CYPRESS DR. City: MERITT ISLAND, FL. County: BREVARD Zip Code: 32952	
11. Facility Contact Telephone Number: Telephone: (321) 452-7234 Fax: (321) 459-2641	

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1993	New/Existing	1996	PBS/CMP	a = 0.03 mg/dscm
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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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.

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	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Do NOT HAVE

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(trivalent Cr tanks only)  
c = alternative standard for multiple tanks  
under common control

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(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

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- (h) Equipment monitoring
- (i) Excess emissions
- (j) Operating periods
- (k) Rectifier capacity
- (l) Fume suppressant records
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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:  
AIRS ID # 0090163.
- 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.*

TIBOR MENYHART  
Print name of responsible official

Tibor Menyhart  
Signature

12-3-01  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412982 JAN14 2002 X

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



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**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

Bureau of Air Monitoring  
Office

DEC 15 2005  
AIR 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.

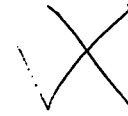


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422382 JAN31 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**



Do **NOT** Remove Label

AIRS ID#0090163

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 05 2003

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

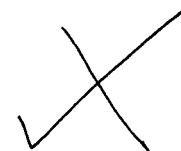


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434641 DEC222003

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

CENTRAL FLORIDA PLATING, INC.

1024

DEPT. OF ENVIRONMENTAL PROTECTION

12/27/2004

AIRS ID# 90163 7

50.00

WACHOVIA

AIRS ID# 90163 7

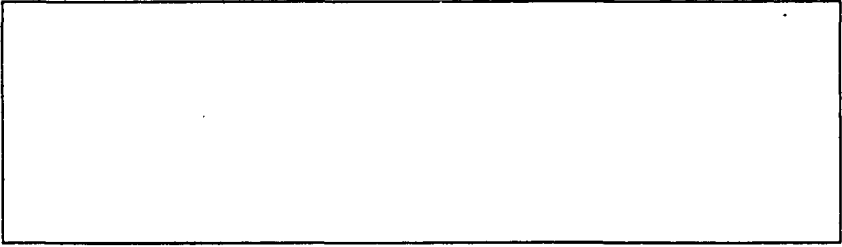
50.00

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

#0090163



443919 DEC 29 2004  
 RECEIVED  
 DEC 30 2004  
 Bureau of Air Monitoring  
 & Mobile Sources

FOR GOVERNMENT USE ONLY  
 ORG.: 37550101 EO: A1  
 FUND: 20-2-035001  
 OBJECT: 002273

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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**