

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 6, 2001

Mr. John Richards
Gulf Plating, Inc.
2501 W E 13 Avenue
Wilton Manors, Florida 33305

Re: Facility No.: 0112293-002

Dear Ms. Richards:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on July 2, 2001.

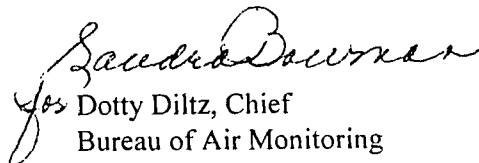
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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Fees Paid
SOC 2
Compliance IN

0112293-002

p22

4. (a)

(b)

(c)

(f)

(j)

Required for all chrome sources. Should be marked.

p23

Responsible official sign and date for changes made

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL - 2 2001
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
JUL - 2 2001

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 file.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Gulf Plating Inc		
2. Site Name (For example, plant name or number):	same		
3. Hazardous Waste Generator Identification Number:	FLD 984194852		
4. Facility Location: Street Address:	2501 WE 13 ave		
City:	County:	Zip Code:	
wilton manors	Broward	33305	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	01/2293-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: John Richards Title: V.P.		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: City: 2501 WE 13 ave wilton manors County: Broward Zip Code: 33305		
8. Responsible Official Telephone Number:	Telephone: (954) 567-0303 Fax: (954) 566-9215		

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)
	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)
1960 ^s	New/Existing		FS	4
	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

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 type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input type="checkbox"/> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration
(used during initial performance test) | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input type="checkbox"/> | (j) Operating periods | <input type="checkbox"/> |
| (k) Rectifier capacity | <input checked="" type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <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:
0112293001 AG
- 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.

John Richard
Print name of responsible official


Signature

06/11/01
Date

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457674 JAN 6 2006

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

112293 7
GULF PLATING
2501 NE 13th Avenue
WILTON MANORS, FL 33305

RECEIVED
JAN 9 2006
Bureau of Air Monitoring
& Mobile Sources

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

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Total P# ID# 112293

Sent To JOHN RICHARDS
Street, Apt. or PO Box GULF PLATING
 2501 NE 13TH AVENUE
City, State WILTON MANORS, FL 33305

PS Form 3800, June 2002 See Reverse for Instructions

9900 7595 0000 0922 0007

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# 112293
 JOHN RICHARDS
 GULF PLATING
 2501 NE 13TH AVENUE
 WILTON MANORS, FL 33305

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Valerie R. Benvenuti* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Valerie R. Benvenuti *2/6/04*

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

2 7003 2260 0003 5651 0086

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 •

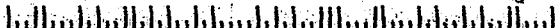
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

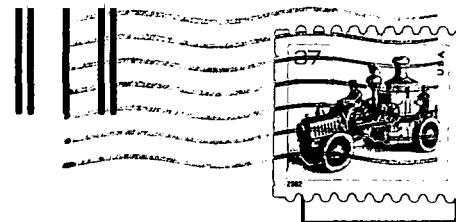
FEB 9 2004

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32399+2400



GULF PLATING INC.
2501 NE 13 AVE
WILTON MANORS FL 33305



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

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421022 DEC23 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#0112293

GULF PLATING
JOHN RICHARDS
2501 NE 13TH AVENUE
WILTON MANORS FL
33305

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EOP#1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
JAN 02 2003
Bureau of Air Monitoring
& Mobile Sources

Date	D.E.P.	Type	Reference	Original Amt.	Balance Due	12/20/2001	Discount	Payment
12/18/2001		Bill		50.00	50.00			50.00
						Check Amount		50.00

CHECKING NATIONS B

50.00

AMOUNT PAID

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

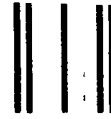
AIRS ID # 0112293

GULF PLATING
 JOHN RICHARDS
 2501 NE 13TH AVENUE
 WILTON MANORS FL
 33305

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

GULF PLATING INC.
2501 NE 13 AVE
WILTON MANORS FL 33305



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

32315+3070 99



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443412 DEC16 2004

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

AIRS ID# 112293 7
GULF PLATING
2501 NE 13th Avenue
WILTON MANORS, FL 33305

Bureau of Air Monitoring
& Mobile Sources

DEC 17 2004

RECEIVED

✓

FOR GOVERNMENT USE ONLY
OR# 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434291 DEC15 2003

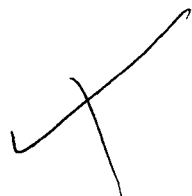
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Do **NOT** Remove Label

112293
 JOHN RICHARDS
 GULF PLATING
 2501 NE 13TH AVENUE
 WILTON MANORS FL 33305

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



Bureau of Air Month
& Mobile Source

DEC 17 2003

112293