



Department of Environmental Protection

D 112293

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 24, 1996

Mr. John Richards
Gulf Plating
518 Southwest First Avenue
Fort Lauderdale, Florida 33301

Dear Mr. Richards:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 25, 1996.

Please note that in November 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

cc: Mr. John Coppola, Broward County

Attent Alvin Williams

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): John Richards Gulf Plating		
2. Site Name (For example, plant name or number): Gulf Plating		
3. Hazardous Waste Generator Identification Number: FLD 044922359		
4. Facility Location: Street Address: 518 SW 1st Ave City: Ft. Lauderdale County: Broward Zip Code: 33301		

Responsible Official

6. Name and Title of Responsible Official: John Richards V.P.		
7. Responsible Official Mailing Address: Organization/Firm: Gulf Plating Street Address: 518 SW 1st Ave City: Ft. Lauderdale County: Broward Zip Code: 33301		
8. Responsible Official Telephone Number: Telephone: (954) 467-9751 Fax: (954) 763-2973		

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: ()		

RECEIVED

SEP 25 1996

BEST AVAILABLE COPY

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
- (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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No 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 Peterson
Signature

08/28/96
Date

Best Available Copy

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				
TANK ID #	DATE PURCHASED	DATE CNTRL. DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
Chromil	1968	1970	FS/WA	Y

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

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 section (5) of Part II of this form:

- 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. 3 above.

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	John Richards Gulf Plating	
2. Site Name (For example, plant name or number):	Gulf Plating	
3. Hazardous Waste Generator Identification Number:	FLD 044922359	
4. Facility Location:	Street Address: 518 SW 1st Ave City: Ft. Lauderdale County: Broward Zip Code: 33301	
5. Facility Identification Number (DEP Use):	0112293	

Responsible Official

6. Name and Title of Responsible Official:	John Richards V.P.	
7. Responsible Official Mailing Address:	Organization/Firm: Gulf Plating Street Address: 518 SW 1st Ave City: Ft. Lauderdale County: Broward Zip Code: 33301	
8. Responsible Official Telephone Number:	Telephone: (954) 467-9751 Fax: (954) 763-2973	

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: ()	

RECEIVED

SEP 5 1996

Bureau of Air Monitoring
& Mobile Sources

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 | <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 checked="" type="checkbox"/> | (j) Operating periods | <input checked="" 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"/> | | |

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

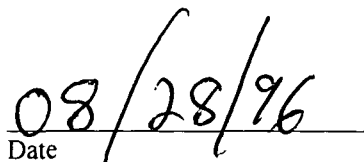
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

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.


Signature


Date

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				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
Chromic	1968	1970	FS1	Y

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

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 section (5) of Part II of this form:

- 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. 3 above.

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
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)

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

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

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes No

CHROMIUM ELECTROPLATING/ANODIZING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

all

✓

AIRS ID#0112293

JOHN RICHARDS
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

RECEIVED
JAN 26 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: JAN 19 1997 TO JAN 19 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
MAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: John Richards *[Signature]* 1/19/98
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	0112293	DATE:	12/14/99	TIME IN:	3:15	TIME OUT:	4:00
FACILITY NAME:	GULF PLATING, INC						
FACILITY LOCATION:	518 SW 1 AVE, FORT LAUD FL 33301						
RESPONSIBLE OFFICIAL:	JOHN RICHARDS	PHONE:	(954) 467-9751				
CONTACT NAME:	—	PHONE:	—				

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

- | | | | |
|-----------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| a. Existing Large (0.015 mg/dscm) | <input type="checkbox"/> | b. Existing Small (0.03 mg/dscm) | <input type="checkbox"/> |
| c. New (0.015 mg/dscm) | <input type="checkbox"/> | d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year) | <input type="checkbox"/> |

Decorative Chromium Plating/Anodizing

- | | | |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| a. Chromic Acid Bath | Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) | <input type="checkbox"/> |
| | Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
<i>May only be selected if a wetting agent is used.</i> | <input checked="" type="checkbox"/> |
| b. Trivalent Chromium Bath | With wetting agent | <input type="checkbox"/> |
| | Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) | <input type="checkbox"/> |
| c. Chromium Anodizing | Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) | <input type="checkbox"/> |
| | Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
<i>May only be selected if a wetting agent is used.</i> | <input type="checkbox"/> |

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

ART PENNETTA
Inspector's Name

Art Pennetta
Inspector's Signature

12/14/99
Date of Inspection

DEC 2000
Approximate Date of Next Inspection

**CHROMIUM ELECTROPLATING/ANODIZING
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

ACE

FACILITY NAME: GOLF PLATING, INC DATE: 12/14/99
 FACILITY LOCATION: 518 SW 1ST AVE FOET. LAUD. FL 33316

Annual Reporting Period: NOV 23 1998 TO DEC 14 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: John Richards [Signature] 12/14/99
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	<u>0112293</u>	DATE:	<u>12/21/00</u>	TIME IN:	<u>1:30</u>	TIME OUT:	<u>2:15</u>
FACILITY NAME:	<u>GULF PLATING, INC.</u>						
FACILITY LOCATION:	<u>2501 NE 13TH AVE.</u>						
	<u>WILTON MANORS, FL. 33305</u>						
RESPONSIBLE OFFICIAL:	<u>JOHN RICHARDS</u>	PHONE:	<u>954-567-0303</u>				
CONTACT NAME:	<u>SAME</u>	PHONE:	<u>-</u>				

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	<input checked="" type="checkbox"/>
2. Facility failed to notify DARM to use a general permit	<input type="checkbox"/>

RECEIVED
 JAN 8 2001
 Bureau of Air Monitoring
 & Mobile Sources

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

a. Existing Large (0.015 mg/dscm) <input type="checkbox"/>	b. Existing Small (0.03 mg/dscm) <input type="checkbox"/>
c. New (0.015 mg/dscm) <input type="checkbox"/>	d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year) <input type="checkbox"/>

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath	Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)	<input type="checkbox"/>
	Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)	<input checked="" type="checkbox"/>
	<i>May only be selected if a wetting agent is used.</i>	
b. Trivalent Chromium Bath	With wetting agent	<input type="checkbox"/>
	Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)	<input type="checkbox"/>
c. Chromium Anodizing	Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)	<input type="checkbox"/>
	Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)	<input type="checkbox"/>
	<i>May only be selected if a wetting agent is used.</i>	

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

5000 A RECTIFIER

FACILITY HAS MOVED TO A NEW LOCATION.
ADDRESS ON FRONT PAGE.

ART PENNETTA

Inspector's Name

Art Pennetta

Inspector's Signature

12/21/00

Date of Inspection

DEC 2001

Approximate Date of Next Inspection

AIRS ID#: 0112293

Revised 01/18/00

ACE

**CHROMIUM ELECTROPLATING/ANODIZING
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: <u>GULF PLATING</u>	DATE: <u>12/21/00</u>
FACILITY LOCATION: <u>2501 NE 13 AVE WILTON MANORS, FL 33305</u>	

Annual Reporting Period: DEC 14 1999 TO DEC 21 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: John Richards *[Signature]* 12/21/00
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 0392597

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

RECEIVED
MAIL ROOM
FEB 24 00

Do **NOT** Remove Label

AIRS ID # 0112293

GULF PLATING
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Z 094 212 741

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0112293

GULF PLATING
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112293

GULF PLATING
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

4a. Article Number

Z094212741

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

[Signature]

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Z 333 613 150

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID 0112293

JOHN RICHARDS
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN RICHARDS
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

AIRS ID 0112293

4a. Article Number

Z 333 613 150

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

7/17/98

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 302936

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 18 98

Do **NOT** Remove Label

JOHN RICHARDS
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

AIRS ID#0112293

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259999

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

RECEIVED
MAIL ROOM

FEB -7 97

Do **NOT** Remove Label

GULF PLATING
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

AIRS ID# 0112293

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353877

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

RECEIVED
MAIL ROOM
TOTAL AMOUNT DUE: \$50.00
DEC 10 98

Bureau of Air Mail
& Mobile Services

RECEIVED
DEC 14 1998

Do NOT Remove Label

AIRS ID # 0112293

GULF PLATING
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

FOR GOVERNMENT USE ONLY
Org.: 37550100 EO: 91
Fund: 20-2-03508
Obj.: 002273

GULF PLATING, INC.						3037	
VENDOR ID	DEPARTMENT			NUMBER	00003037	DATE	12/08/98
PAYEE	Department of environmental pr			MEMO			
INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PREVIOUS PAY/CREDIT	DISCOUNT TAKEN	AMOUNT OF PAYMENT		
				TOTAL	*****\$50.00		

P 174 052 313

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID # 0112293

GULF PLATING
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDE **THIS SECTION ON DELIVERY**

Fold at line over top of envelope to the right of the return address

- 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 # 0112293

GULF PLATING
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

A. Received by (Please Print Clearly) _____ B. Date of Delivery 2/14/99

C. Signature [Signature] Agent Addressee

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

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)
P 174 052 313

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 210 662 488

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

7 AIRS ID # 0112293001AG
JOHN RICHARDS
GULF PLATING
2501 NE 13TH AVENUE
WILTON MANORS FL 33305

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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:

7 AIRS ID # 0112293001AG
JOHN RICHARDS
GULF PLATING
2501 NE 13TH AVENUE
WILTON MANORS FL 33305

2. Article Number (Copy from service label)

Z 210 662 488

COMPLETE THIS SECTION ON DELIVERY

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

6/8/01

C. Signature Agent
 Addressee

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

RECEIVED

JUN 13 2001

Bureau of Air Monitoring
3. Service Type Certified Mail Registered Return Receipt for Merchandise
 Mobile Services Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR PERMIT

12/13/2000

0164
50.00

CHECKING NATIONS B AIRS ID # 0112293

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE F

Please include your AIRS ID# on your check or money order. This number

WE'VE MOVED!!!
GULF PLATING, INC.
2501 N.E. 13th AVENUE
WILTON MANORS, FL 33305

400057

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112293

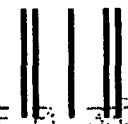
GULF PLATING
JOHN RICHARDS
518 SW 1ST AVENUE
FT LAUDERDALE FL 33301

RECEIVED
DEC 20 2000
Bureau of Air Monitoring
& Mobile Sources
we now
12-16-00pd
DEC 18 2000
MAIL ROOM
RECEIVED

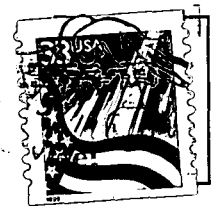
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A
Fund: 20-2-035001
Obj.: 002273

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

1506 FT LAUDERDALE FL 33305
14 DEC 2000

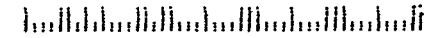
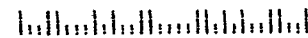


1506 FT LAUDERDALE FL 33305
14 DEC 2000



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

32315+3070



AIRS ID#: _____

Revised 01/13/98

**CHROMIUM ELECTROPLATING/ANODIZING
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

all

AIRS ID#0112293
JOHN RICHARDS JOHN RICHARDS 518 SW 1ST AVENUE FT LAUDERDALE FL 33301

RECEIVED
JAN 26 1998
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

Annual Reporting Period: _____ 19____ TO _____ 19____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: _____

John Richards
Name (Please Print)

[Signature]
Signature

1/19/98
Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.