

Jeb Bush
Governor

Department of Environmental Protection

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

August 17, 2001

David B. Struhs
Secretary

Mr. Daniel L. Pepple
Action Plating Corporation
1220 Ali-Baba
Opa-Locka, Florida 33054

Re: Facility No.: 0250703-002

Dear Mr. Pepple:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on July 16, 2001.

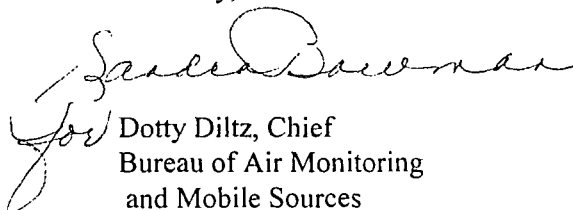
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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Fees Paid
SOC 4
Compliance IN

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 16 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 files.

Bureau of
Monitoring
Public Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Mr. Daniel L. Pepple, Owner
2. Site Name (For example, plant name or number): ACTION PLATING CORPORATION
3. Hazardous Waste Generator Identification Number: FLDO 85022291
4. Facility Location: Street Address: 1220 Ali-Baba City: Opa-Locka County: Dade Zip Code: 33054
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0250703-002

Responsible Official

6. Name and Title of Responsible Official: Name: Daniel L. Pepple Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: ACTION PLATING CORPORATION Street Address: 1220 Ali-Baba City: Opa-Locka County: Dade Zip Code: 33054
8. Responsible Official Telephone Number: Telephone: (305) 685 - 6313 Fax: (305) 685-5252

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Mr. Daniel L. Pepple, Owner
10. Facility Contact Address: Street Address: 1220 Ali-Baba City: Opa-Locka County: Dade Zip Code: 33054
11. Facility Contact Telephone Number: Telephone: (305) 685-6313 Fax: (305) 685-5252

0560 103-0035

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)
1975	New/Existing	3/1997	CMP	a
1980	New/Existing	"	"	a
1981	New/Existing	"	"	a
1987	New/Existing	"	"	a
	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)
1987	New/Existing	3/1997	FS/WA	y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

PBS = packed-bed scrubber
CMP = composite mesh pad
PBS/CMP = packed-bed scrubber and composite mesh pad
FS = fume suppressant only
FS/WA = fume suppressant with a wetting agent
FM = fiber-bed mist eliminator
WA = wetting agent

Applicable Standard Key

x = 0.01 mg/dscm
y = 45 dynes/cm
z = records of bath components
(trivalent Cr tanks only)
c = alternative standard for multiple tanks
under common control

2. Indicate the date by which the facility must meet the requirements of paragraph (5) of Part II:
(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

The facility ~~will~~^{did} conduct an initial performance test
 The facility ~~will use~~^{is using} 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
(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 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:


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.

Daniel L. Pepple
Print name of responsible official


Signature

July 13, 2001
Date

Instructions for Completing Part III of Notification Form

The Chromium Electroplating and Anodizing Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit**. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III, of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the chromium electroplating or anodizing facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.
10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

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

7001 0320 0001 7975 7735

OFFICIAL USE

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

[Handwritten Signature]
 Postmark Here

Total Post

AIRS ID#0250703

Sent To **ACTION PLATING CORP**
DANIEL L PEPPL
 Street, Apt. **1220 ALI-BABA AVE**
 or PO Box **OPA LOCKA FL**
 City, State, **33054**

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

ACTION PLATING CORP
DANIEL L PEPPL
1220 ALI-BABA AVE
OPA LOCKA FL
33054

AIRS ID#0250703

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Handwritten Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
 [Blank] 2/7/03

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

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

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number
 (Transfer from service label)

7001 0320 0001 7975 7735

ad IV

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 SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 5610
2809 BLANKET TUBE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED

32399-2400



017277

ACTION PLATING CORPORATION: DEPT. OF ENRIRONMENTAL PROTECTION

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
250703-4	TITLE5AIR	12/17/03	50.00	50.00	0.00	0.00	50.00

(Acct: 01110-)

Check Date = 02/20/04

Total = *****50.00

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

250703
DANIEL PEPPL
ACTION PLATING CORP
1220 ALI-BABA AVE
OPA LOCKA FL 33054

436774 FEB 27 2004
RECEIVED
FEB 27 2004
Bureau of Air Monitoring
& Mobile Source

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A3
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448976 MAR 14 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

AIRS ID#0250703.....2nd Cert 05
ACTION PLATING CORP
1220 Ali-Baba Ave
OPA LOCKA, FL 33054

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

Bureau of Air Monitoring
& Mobile Sources

MAR 15 2005

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To AIRS ID#0250703.....2nd Cert 05
 ACTION PLATING CORP

Street, A 1220 Ali-Baba Ave
 or PO Box OPA LOCKA, FL 33054
 City, State

PS Form 3811, February 2004

7004 2510 0002 3939 3080

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

AIRS ID#0250703.....2nd Cert 05
 ACTION PLATING CORP
 1220 Ali-Baba Ave
 OPA LOCKA, FL 33054

2 Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Trisel Anthony

- Agent
 Addressee

B. Received by (Printed Name)

Date of Delivery

3/5/05

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)

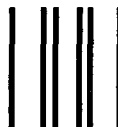
Yes

7004 2510 0002 3939 3080

1ed

33w

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 STOP 16810
2600 BLAIR HUNTER ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR 17 2005

RECEIVED

01



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OFFICIAL USE

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

AIRS ID# 250703 1stC
 ACTION PLATING CORP
 1220 Ali-Baba Ave
 OPA LOCKA, FL 33054

PS Instructions

7004 2510 0002 3938 6747

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1 Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> AIRS ID# 250703 1stC ACTION PLATING CORP 1220 Ali-Baba Ave OPA LOCKA, FL 33054 </div> <p>2 Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <i>Prisel Opinaid</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">7004 2510 0002 3938 6747</div>	

BEST AVAILABLE COPY

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 •

BUREAU OF AIR MONITORING & MODERATION
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 3010
2800 BURNING TREE ROAD
TALLAHASSEE, FLORIDA 32390-2400

FEB 9 2005

RECEIVED



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

7001 0320 0001 7976 4429

OFFICIAL USE

Postage	\$	<i>[Handwritten Signature]</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post

AIRS ID#0250703

Sent To	ACTION PLATING CORP DANIEL L PEPPL
Street, Apt. or PO Box #	1220 ALI-BABA AVE
City, State	OPA LOCKA FL 33054

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

ACTION PLATING CORP
 DANIEL L PEPPL
 1220 ALI-BABA AVE
 OPA LOCKA FL
 33054

AIRS ID#0250703

COMPLETE THIS SECTION ON DELIVERY

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

Grisel Hernandez 3/12

C. Signature

Grisel Hernandez

- Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3 Service Type

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

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

2 Article No.

(Transfer)

7001 0320 0001 7976 4429

BEST AVAILABLE COPY

ried

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 •

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

Bureau of Air Monitoring
& Mobile Sources

MAR 17 2003

RECEIVED

2399/2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

425186 MAR 7 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#0250703
ACTION PLATING CORP DANIEL L PEPPLER 1220 ALI-BABA AVE OPA LOCKA FL 33054

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

Bureau of Air Mail
& Mailing Services

MAR 11 2003

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457004 DEC19 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

250703 7
ACTION PLATING CORP
1220 Ali-Baba Ave
OPA LOCKA, FL 33054

The Director of Air Management
C. McNeil Squire

RECEIVED
DEC 21 2005

RECEIVED

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

015419

15419

ACTION PLATING CORPORATION

Vendor No: MISC / Name: MIAMI-DADE FIRE RESCUE DEPARTMENT

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
74825	PERMIT REN	09/04/01	50.00	50.00	0.00	0.00	50.00

AIRS ID# 0250703

(Acct: 01110-)

Check Date = 02/18/02

Total = *****50.00

414320 FEB20 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 # 0250703

ACTION PLATING CORP
DANIEL L PEPPLE
1220 ALI-BABA AVE
OPA LOCKA FL
33054

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