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CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM **Bureau of Air Monitoring
& Mobile Sources**

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):	<i>Oscar Hernandez - Sunshine Polish & Plating, Inc</i>		
2. Site Name (For example, plant name or number):	-		
3. Hazardous Waste Generator Identification Number:	<i>CESQG</i>		
4. Facility Location:	<i>4149 E. 10th Ct. Miami-</i>		
Street Address:	<i>Hiialeah, FL</i>		
City:	County:	Zip Code:	
<i>Hiialeah, FL</i>	<i>Dade</i>	<i>33013 - 2503</i>	
5. Facility Identification Number: (DEP Use ONLY - do not fill in)	0250708-004		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	<i>Oscar L. Hernandez</i>	Title:	<i>President</i>
7. Responsible Official Mailing Address:			
Organization/Firm:	<i>1340 SW 76th Ct. Miami-</i>		
Street Address:	<i>Miami-</i>		
City:	County:	Zip Code:	
<i>Miami, FL</i>	<i>Dade</i>	<i>33144</i>	
8. Responsible Official Telephone Number:			
Telephone:	<i>(305) 681-1956</i>	Fax:	<i>(305) 681-1101</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	<i>Same as above</i>		
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)
16-DEC-93	New/Existing	16-DEC-93	WA	AY
	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 checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input 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.

Oscar L. Hernandez

Print name of responsible official

x [Signature]

Signature

4/13/11

Date

Sunshine Polish & Plating Inc.

4149 E 10TH CT.
HIALEAH, FL 33013

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



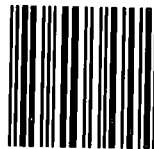
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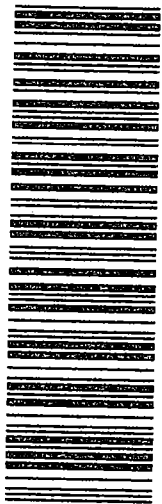
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