

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 25, 2001

Mr. George L. King
Airco Plating Company, Inc.
3650 Northwest 46 Street
Miami, Florida 33142

Re: Facility No.: 0250723-002

Dear Mr. King:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on June 21, 2001.

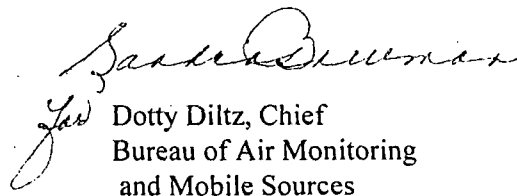
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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: 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
(JUN 21 2001)
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>Airco Plating Co. Inc.</i>
2. Site Name (For example, plant name or number): <i>- same as above -</i>
3. Hazardous Waste Generator Identification Number: <i>EPA I.D. # FLD 004145140</i>
4. Facility Location: Street Address: <i>3650 NW 46th street</i> City: <i>Miami Florida</i> County: <i>Dade</i> Zip Code: <i>33142</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0050123-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>George L. King</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Airco Plating Co Inc.</i> Street Address: <i>3650 NW 46th street</i> City: <i>Miami FL</i> County: <i>Miami Dade</i> Zip Code: <i>33142</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 633-2476</i> Fax: <i>(305) 635-4153</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Michael King, General Manager</i>
10. Facility Contact Address: Street Address: <i>3650 N.W. 46th Street</i> City: <i>Miami FL</i> County: <i>Miami Dade</i> Zip Code: <i>33142</i>
11. Facility Contact Telephone Number: Telephone: <i>(305) 633-2476</i> Fax: <i>(305) 635-4153</i>

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.

N/A **HARD CHROMIUM PLATING TANKS** *Airco does not operate a hard chrome plating tank.*

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?

N/A 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 *Airco operates a decorative chrome tank but does not operate a chromic acid anodize bath.*

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
<i>(estimated)</i> 1993	New/Existing	January 96	FS/WA	Y
	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 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 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.

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.

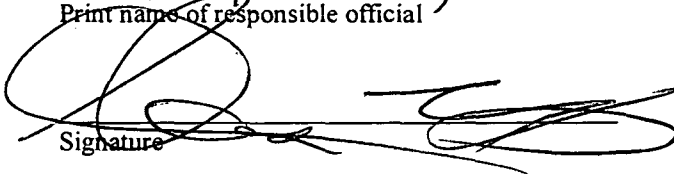
RECEIVED
JUN 21 2000
Bureau of Air Monitoring & Mobile Sources

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.

George L. King
Print name of responsible official


Signature

6/18/01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458845 FEB 13 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

FEB 15 2006

TOTAL AMOUNT DUE: \$50.00

Bureau of Administration
& Mobile Services

Do **NOT** Remove Label

AIRS ID# 250723 1st
AIRCO PLATING COMPANY
INC
3650 NW 46th Street
MIAMI, FL 33142

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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CERTIFIED MAIL™ RECEIPT											
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
For delivery information visit our website at www.usps.com											
OFFICIAL USE											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total	\$	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total	\$										
AIRS ID# 250723 1stC AIRCO PLATING COMPANY INC 3650 NW 46th Street MIAMI, FL 33142											
PS Form 3811	Instructions										

7004 2510 0002 3938 6846

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# 250723 1stC
 AIRCO PLATING COMPANY INC
 3650 NW 46th Street
 MIAMI, FL 33142

2 Article Number

(Transfer from service label)

7004 2510 0002 3938 6846

COMPLETE THIS SECTION ON DELIVERY

A. Signature
M. Kasper Agent Addressee

B. Received by (*Printed Name*)
MARIA RODRIGUEZ C. Date of Delivery
2/7/05

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

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-1011

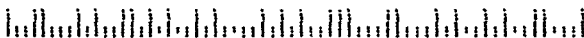
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 8510
7800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile Sources

FEB 6 2005

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436433 FEB17 2004

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

250723
GEORGE KING
AIRCO PLATING COMPANY INC
3650 NW 46TH STREET
MIAMI FL 33142

~~MINISTY OF AIR FORCE~~
RECEIVED
FEB 20 2004
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EQA1
Fund: 20-2-035001
Obj.: 002273

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

ID# 250723
 GEORGE KING
 AIRCO PLATING COMPANY INC
 3650 NW 46TH STREET
 MIAMI, FL 33142

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 1533

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# 250723
 GEORGE KING
 AIRCO PLATING COMPANY INC
 3650 NW 46TH STREET
 MIAMI, FL 33142

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
M. Kaalun

B. Received by (Printed Name) Date of Delivery
Rodriguez *2-6*

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 (Transfer from service label) 7003 2260 0003 5651 1533

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 •

EMERGENCY MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2600

Station & Mobile Sources
Monitoring

RECEIVED
FEB 19 2004





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422246 JAN27 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

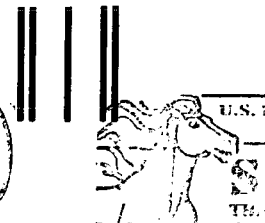
RECEIVED
FEB 03 2003
Bureau of Air Monitoring
& Mobile Source

Do **NOT** Remove Label

AIRS ID#0250723
AIRCO PLATING COMPANY INC GEORGE L KING 3650 NW 46TH STREET MIAMI FL 33142

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

AIRCO PLATING CO., INC.
3650 N.W. 46th Street
Miami, Florida 33142



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

32315+3070 33



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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# 250723 1stC
AIRCO PLATING COMPANY INC
3650 NW 46th Street
MIAMI, FL 33142

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

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447444 FEB 24 2005
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Bure
& Mobile Sources
FEB 28 2005
Monitoring