

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

July 6, 2006

Mr. Eladio George Morfa
American Bumper Corporation
7851 Northwest 64th Street
Miami, Florida 33166

Re: Facility No.: 0250724-003

Dear Mr. Morfa:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on June 26, 2006.

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,

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

COMP. STATUS - SNC MNC IN
EMISSION FEE DATES 196-2005
NO ACTIVITY FOR FACILITY.....
SOC REPORTS ... 3

Insp - Ins 2 Compliance Inspection
Walk through
Insp - Miami-Dade Co - MM

RECEIVED

JUN 26 2006

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>AMERICAN BUMPER CORPORATION</i>
2. Site Name (For example, plant name or number): <i>N/A (AMERICAN BUMPER CORP)</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: <i>7851 NW 64 STREET</i> Street Address: City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33166</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0250724-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>ELADIO GEORGE MORFA</i> Title: <i>PRES.</i>
7. Responsible Official Mailing Address: <i>7851 NW 64 ST</i> Organization/Firm: <i>AMERICAN BUMPER CORP</i> Street Address: <i>7851 NW 64 ST</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33166</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 592-6360</i> Fax: <i>(305) 592-3199</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>NO</i>
10. Facility Contact Address: Street Address: City: <i>NO</i> County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () <i>NO</i> 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)
N/A	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	25 Jan 1996	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 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 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 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.

Eladio George Morfa

Print name of responsible official


Signature

June 19, 2006
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.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

- 1.a. If the hard chromium plating tank was initially purchased from the manufacturer on or before December 16, 1993, it is an **EXISTING** unit. If it was initially purchased from the manufacturer after December 16, 1993, it is a **NEW** unit. For each such tank located at the facility, enter the date the tank was purchased from the manufacturer in the dd-mm-yy format (for example, 01-JAN-95). If you do not know the exact date of purchase, but can verify that it was before December 16, 1993, enter 16-DEC-93. Indicate whether the unit is classified as new or existing. In column 3, enter the date the control device was installed on the tank in the dd-mm-yy format. In column 4, enter the type of control device associated with that tank, using the key for control devices located immediately below this table (for example, PBS for a packed-bed scrubber). In the far right column, enter the type of applicable emission limitation standard for that tank (for example, 0.03 mg/dscm), using the applicable standard key located immediately below this table. Complete the table for all tanks located at the facility. Up to ten hard chromium plating tanks may be entered across this table. If more than ten tanks are located on-site, submit additional copies of this page of the form as needed to characterize all equipment. Also, indicate with an "X" whether or not the facility's cumulative potential rectifier capacity exceeds 60 million ampere-hours per year.
- 1.b. If the decorative chromium plating or anodizing tank was initially purchased from the manufacturer on or before December 16, 1993, it is an **EXISTING** unit. If it was initially purchased from the manufacturer after December 16, 1993, it is a **NEW** unit. For each such tank located at your facility, enter the date the tank was purchased from the manufacturer in the dd-mm-yy format (e.g., 01-JAN-95). If you do not know the exact date of purchase, but can verify that it was before December 16, 1993, enter 16-DEC-93. Indicate whether the unit is classified as new or existing. In column 3, enter the date the control device was installed on the tank in the dd-mm-yy format. In column 4, enter the type of control device associated with that tank, using the key for control devices located immediately below this table (e.g., PBS for a packed-bed scrubber). In the far right column, enter the type of applicable emission limitation standard for that tank (e.g., 0.01 mg/dscm), using the applicable standard key located immediately below this table. Complete the table for all tanks located at the facility. Up to ten chromium decorative plating and/or anodizing tanks may be entered across this table. If more than ten tanks are located on-site, submit additional copies of this page of the form as needed to characterize all equipment.
2. Based upon the information provided in Part II of this notification form, indicate with an "X" the date by which the facility must meet the emission control requirements.
3. Indicate with an "X" how the facility will fulfill the compliance demonstration required by this permit.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a general permit. Indicate whether the responsible official surrenders such permit(s), listing the permit numbers, or whether no such permit(s) exist with an "X".

Responsible Official Certification

This statement must be both printed and signed by the person named on page 19, Field 6, of this form.

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 21 2006
DEPARTMENT OF AIR MANAGEMENT
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>AMERICAN BUMPER CORP.</i>
2. Site Name (For example, plant name or number): <i>SIA (AMERICAN BUMPER CORP) FOR</i>
3. Hazardous Waste Generator Identification Number: <i>FILE ONLY</i>
4. Facility Location: Street Address: <i>7851 NW 64 ST</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33166</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0250724-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>ELADIO GEORGE MORFA</i> Title: <i>PRES.</i>
7. Responsible Official Mailing Address: <i>7851 NW 64 ST</i> Organization/Firm: <i>AMERICAN BUMPER CORP.</i> Street Address: <i>7851 NW 64 ST</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33166</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 592-6360</i> Fax: <i>(305) 592-3199</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>NO</i>
10. Facility Contact Address: Street Address: City: <i>NO</i> County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - <i>NO</i> 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)
N/A	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	25 Jan-1996	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

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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 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 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.

Eladio George Morfa

Print name of responsible official

[Handwritten Signature]

Signature

July 14, 2006
Date
July 14, 2006

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

467447 JAN22 2007

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 0250724
AMERICAN BUMPER CORPORATION
7851 NW 64 Street
MIAMI, FLORIDA 33166

Bureau of Air Monitoring
& Mobile Sources

JAN 25 2007

Printed on recycled paper.

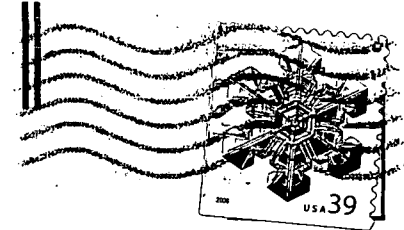
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

AMERICAN BUMPER CORP.
7851 N.W. 64 ST.
MIAMI, FL. 33166

MIAMI FL 331

18 JAN 2007 PM 2 L



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