



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

July 13, 2007

Mr. Jose Arturo Hernandez, Jr.  
Hialeah Plating Corporation  
1640 West 33<sup>rd</sup> Place  
Hialeah, Florida 33012

Re: Facility No.: 0251091-003

Dear Mr. Hernandez, Jr.:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on June 8, 2007.


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,

  
Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

NO ACTIVITY FOR FACILITY.....  
EMISSION FEE DATES *2001-2006*  
SOC REPORTS *4*.....  
COMP. STATUS - SNC MNC

*TRPT - SOCR - Statement of  
Compliance Report*

*Insp - Miami - Dade Co - Mmuthiah*

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
 JUN 03 2007  
 Bureau of Air Monitoring  
 & Mobile Source

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):	Hialeah Plating Shop / JOSE ARTURO Hernandez, JR		
2. Site Name (For example, plant name or number):	SAME Hialeah plating corp.		
3. Hazardous Waste Generator Identification Number:	FID - 981019912		
4. Facility Location:	1640 W 33rd PLACE.		
Street Address:			
City:	Hialeah	County:	DADE
		Zip Code:	33012
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251091-003		

Responsible Official

6. Name and Title of Responsible Official:	Name: Jose Arturo Hernandez, JR Title: President/owner		
7. Responsible Official Mailing Address:	Organization/Firm: 1640 W 33rd Place		
Street Address:	1640 W 33rd Place		
City:	Hialeah	County:	DADE
		Zip Code:	33012
8. Responsible Official Telephone Number:	Telephone: (305) 557 4814 Fax: (305) 557 2743		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Jose Hernandez		
10. Facility Contact Address:	1640 W 33rd Pl		
Street Address:	1640 W 33rd Pl		
City:	Hialeah	County:	FL.
		Zip Code:	33012
11. Facility Contact Telephone Number:	Telephone: (305) 557 4814 Fax: (305) 557 2743		

**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			
	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)
1983	New/Existing		FS/WA	Y-95 dynes
	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 type="checkbox"/>            |
| (c) Equipment malfunctions   | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist  | <input type="checkbox"/>            |
| (e) Instrument calibration<br>(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 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: 251091
- 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.*

Jose Arturo Hernandez, Jr.

Print name of responsible official

  
Signature

6/03/07.  
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.



**Bowman, Sandy**

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**From:** Gordon, Ray (DERM) [GordoR@miamidade.gov]  
**Sent:** Thursday, June 26, 2008 1:05 PM  
**To:** Dibble, Dickson  
**Cc:** Bowman, Sandy  
**Subject:** 0251091 -CR

Per inspection on 6/16/2008 this facility is no longer in operation. Please update ARMS accordingly

Thank you

*Ray A. Gordon*

*Special Projects Administrator*

*Office: 305-372-6925*

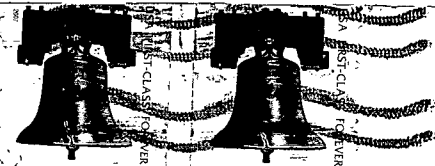
*gordor@miamidade.gov*

**"Delivering Excellence Every Day"**

Hialeah plating shop  
1640 W 33rd Pl.  
Hialeah, Florida. 33012

SOUTH FLORIDA PDC

FL 330 2 T  
06 JUN 2007 PM



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