



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

March 22, 2006

Mr. Romulo Naranjo
Hialeah Plating Corporation
1640 West 33rd Place
Hialeah, Florida 33012

Re: Facility No.: 0251091-002

Dear Mr. Naranjo:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on February 10, 2006.

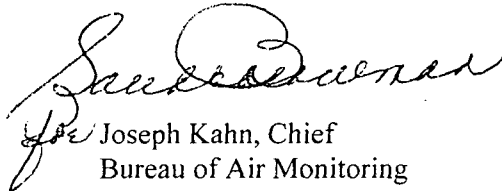
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES *2001-2004*
SOC REPORTS *2*
COMP. STATUS - SNC MNC

*INS2-compliance Inspection
walkthrough
Insp- Miami-Dade Co - mm*

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 10 2006
Bureau of Air, Water,
& 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>MIRTHA HERNANDEZ</i>
2. Site Name (For example, plant name or number): <i>Hialeah PLATING Corp.</i>
3. Hazardous Waste Generator Identification Number: <i>FLD-981019912</i>
4. Facility Location: Street Address: <i>1640 W 33 PL</i> City: <i>Hialeah</i> County: <i>MIAMI-Dade</i> Zip Code: <i>33012</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0251091-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>BOMULO NARANJO</i> Title: <i>PRODUCTION MANAGER</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>1640 W 33 PLACE</i> Street Address: <i>Hialeah</i> County: <i>MIAMI-Dade</i> Zip Code: <i>33012</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 557-4814</i> Fax: <i>(305) 557-2743</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>MIRTHA HERNANDEZ</i>
10. Facility Contact Address: Street Address: <i>1640 W. 33 PL</i> City: <i>Hialeah</i> County: <i>F/A.</i> Zip Code: <i>33012</i>
11. Facility Contact Telephone Number: Telephone: <i>(305) 557-4814</i> Fax: <i>(305) 557-2743</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.

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)
1983	New/Existing		FS/WA	Y-45 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
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration
(used during initial performance test)
- (f) Start-up, shutdown, malfunction plan
- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions
- (j) Operating periods
- (k) Rectifier capacity
- (l) Fume suppressant records
- (m) Purchase records of wetting agent components

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.

BOMU O NARANJO
Print name of responsible official

Bomulo Naranjo
Signature

2/3/06
Date

Hialeah Plating Shop, Inc.
1640 West 33rd Place
Hialeah, FL 33012

March 27, 2006.

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

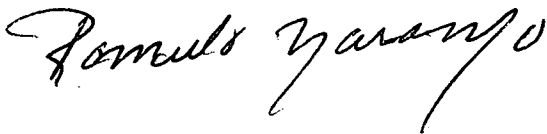
RE: Facility No.: 0251091-002

Dear Mr. Joseph Kahn:

On March 22nd, 2006 I received a notification letter for payment of the annual operation fee of \$50.00. I believe a minor mistake has occur because the payment of \$50.00 was mailed on February 8, 2006 check # 4845 by certified mail. I received a postcard from the post office that the payment was received on February 10, 2006. Please look into this matter and make the necessary adjustments. If you need to contact me , feel free to call me at (305) 557-4814.

Sincerely,

Romulo Naranjo, Production Manager

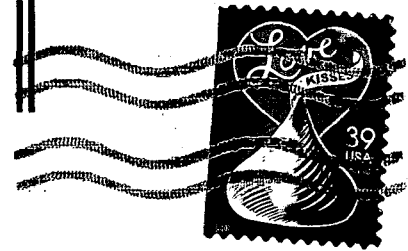


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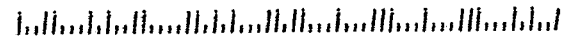
SOUTH FLORIDA POC

FL 330 3 T
07 FEB 2007 PM



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

32315\$3070 B099



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.

468844 FEB 9 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#251091
HIALEAH PLATING INC
1640 West 33 Place
HIALEAH, FLORIDA 33012

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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