



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 9, 2001

Mr. Felix Perez  
Imperial Plating  
2070 Northwest 141 Street  
Opa-Locka, Florida 33054

Re: Facility No.: 0251098-001

Dear Mr. Perez:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on April 6, 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,

  
*Jaw* Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

0251098-001

p21

4.(e) Required. Should be marked

(f) Required. Should be marked

(g) Required. Should be marked

(m) Required. Should be marked

p22

Responsible official sign and date  
for changes made.



01-113

**CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM**

**RECEIVED**  
MAR 30 2001  
Air Quality Management Division

**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): <b>Imperial Plating, Inc.</b>	Bureau of Air Monitoring & Mobile Sources APR - 6 2001
2. Site Name (For example, plant name or number): <b>Imperial Plating</b>	
3. Hazardous Waste Generator Identification Number: <b>FLD-980559728</b>	
4. Facility Location: Street Address: <b>2070 N.W. 141st Street</b> City: <b>Opa-Locka</b> County: <b>Miami-Dade</b> Zip Code: <b>33054</b>	
5. Facility Identification Number (DEP Use ONLY; do not fill in):	

**RECEIVED**

**Responsible Official**

6. Name and Title of Responsible Official: Name: <b>Felix Perez</b> Title: <b>President</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>Imperial Plating, Inc.</b> Street Address: <b>2070 N.W. 141st Street</b> City: <b>Opa-Locka</b> County: <b>Miami-Dade</b> Zip Code: <b>33054</b>
8. Responsible Official Telephone Number: Telephone: <b>(305) 688-9713</b> Fax: <b>(305) 688-2333</b>

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager): <b>Felix Perez</b>
10. Facility Contact Address: <b>2070 N.W. 141st Street</b> Street Address: City: <b>Opa-Locka</b> County: <b>Miami-Dade</b> Zip Code: <b>33054</b>
11. Facility Contact Telephone Number: Telephone: <b>(305) 688-9713</b> Fax: <b>(305) 688-2333</b>

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

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): Imperial Plating, Inc.	<p style="text-align: center;">RECEIVED MAR 30 2005 Air Quality Management Division Bureau of Air Monitoring &amp; Mobile Sources APR - 6 2001 RECEIVED</p>
2. Site Name (For example, plant name or number): Imperial Plating	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 2070 N.W. 141st Street City: Opa-Locka County: Miami-Dade Zip Code: 33054	
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0251098-001	

Responsible Official

6. Name and Title of Responsible Official: Name: Felix Perez Title: President
7. Responsible Official Mailing Address: Organization/Firm: Imperial Plating, Inc. Street Address: 2070 N.W. 141st Street City: Opa-Locka County: Miami-Dade Zip Code: 33054
8. Responsible Official Telephone Number: Telephone: (305) 688-9713 Fax: (305) 688-2333

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Felix Perez
10. Facility Contact Address: 2070 N.W. 141st Street Street Address: City: Opa-Locka County: Miami-Dade Zip Code: 33054
11. Facility Contact Telephone Number: Telephone: (305) 688-9713 Fax: (305) 688-2333

**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** N. A.

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	<del>New</del> /Existing	16 DEC 93	FS	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<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 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 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.*

Felix Perez

Print name of responsible official

  
Signature

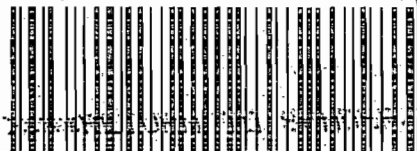
3-30-01  
Date



MS# 5510 MC Acct # 0524

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



7004 2510 0002 3939 3011



U.S. POSTAGE  
442  
POSTALIA 519524

UNCLAIMED  
RECEIVED  
FEB 10 2005

Bureau of Air Mail Operations  
& Mobile Sources

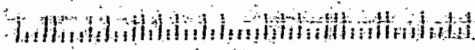
MAR 10 2005

RECEIVED  
3/7/05  
2-22

IMPERIAL PLATING  
2070 NW 141st Street  
OPA LOCKA, FL 33054

Printed on recycled paper

32399/2400





MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**

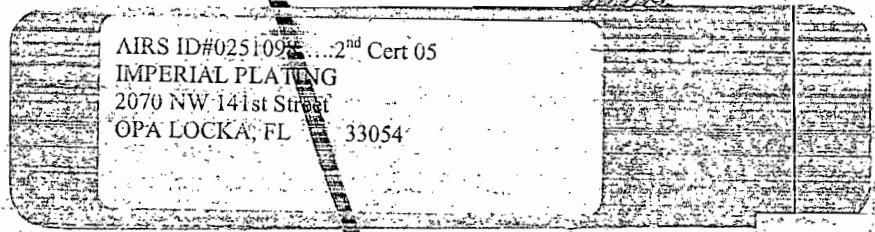


FOR RECEIPT SHOWN

7004 2510 0002 3939 4742



*Handwritten:* RETURN TO  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD  
TALLAHASSEE, FL 32399-2400



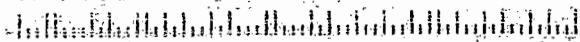
AIRS ID#025109...2<sup>nd</sup> Cert 05  
IMPERIAL PLATING  
2070 NW 141st Street  
OPA LOCKA, FL 33054

RECEIVED

APR 13 2005

Bureau of Air Monitoring  
& Mobile Sources

*Handwritten:* 3/8/05  
3-13-  
3-23



BEST AVAILABLE COPY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No.</p>
<p>1. Article Addressed to:</p> <p>AIRS ID#0251098.....2<sup>nd</sup> Cert 05 IMPERIAL PLATING 2070 NW 141st Street OPA LOCKA, FL 33054</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (<i>Transfer from service</i>)</p>	<p>7004 2510 0002 3939 4742</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	Postmark Here
* Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: AIRS ID#0251098.....2<sup>nd</sup> Cert 05  
IMPERIAL PLATING  
Street, Apt. No., or PO Box No.: 2070 NW 141st Street  
City, State, ZIP+4: OPA LOCKA, FL 33054

PS Form 3800-01

7004 2510 0002 3939 4742

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 0320 0001 7975 6189

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*[Handwritten Signature]*  
 Postmark Here

**Total** AIRS ID#0251098

Sent	IMPERIAL PLATING
Street or P.O. Box	FELIX PEREZ
City	2070 NW 141ST STREET
	OPA LOCKA FL
	33054

PS Form 3800, January 2001 See Reverse for Instructions

**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#0251098

IMPERIAL PLATING  
 FELIX PEREZ  
 2070 NW 141ST STREET  
 OPA LOCKA FL  
 33054

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>[Handwritten: Perez]</i>	<i>[Handwritten: 2/7/03]</i>
C. Signature	<input type="checkbox"/> Agent
<i>[Handwritten: Felix Perez]</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 7975 6189

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

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2003

RECEIVED



7004 2510 0002 3939 9204

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To AIRS ID# 251098 3<sup>rd</sup> Cert04  
 IMPERIAL PLATING  
 Street, Apt. No., or PO Box No. 2070 NW 141st Street  
 City, State, ZIP+4 OPA LOCKA, FL 33054

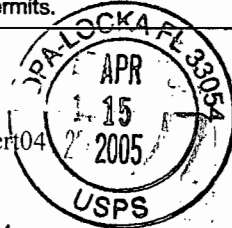
PS Form 3800, June 2004

**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# 251098 3<sup>rd</sup> Cert04  
 IMPERIAL PLATING  
 2070 NW 141st Street  
 OPA LOCKA, FL 33054



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) Alex L Jones C. Date of Delivery 4/15/05

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

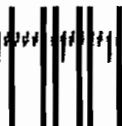
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7004 2510 0002 3939 9204

UNITED STATES POSTAL SERVICE

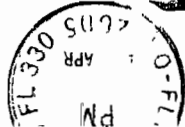


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32390-2400

REC'D  
APR 19 2005  
in Air Mail Source

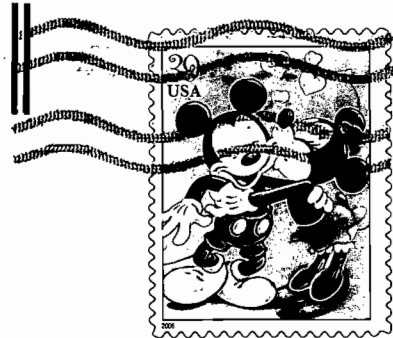




Imperial Planting  
2070 NW 141st  
Opn. Locker # 33054

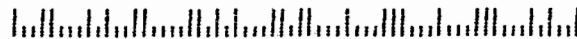
SOUTH FLORIDA P.O.C

FL 330 1  
25 AUG 2005 PM



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

32315+3070-70 B033



**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: \$75.00**

463490 AUG28 2006

Do NOT Remove Label

AIRS ID# 251098  
IMPERIAL PLATING  
2070 NW 141st Street  
OPA LOCKA, FL 33054

FLAIR ACCT. CODE 37202035001375501000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

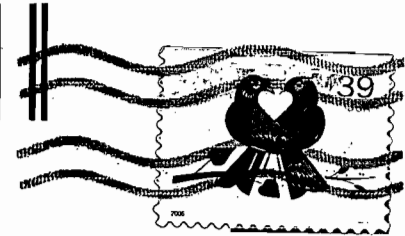
FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

*Printed on recycled paper.*

Imperial Plating  
14061 NW 20 ct  
Opa-locka fl 33054

SOUTH FLORIDA PDC

FL 330 3 T  
09 JAN 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. 467083 JAN 11 2007

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID 0251098  
IMPERIAL PLATING INC  
2070 NW 141st Street  
OPA LOCKA, FLORIDA 33054

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

*Printed on recycled paper.*



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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**

422740 FEB10 2003

Do NOT Remove Label

AIRS ID#0251098

IMPERIAL PLATING  
FELIX PEREZ  
2070 NW 141ST STREET  
OPA LOCKA FL  
33054

Bureau of Air Mail  
& Mobile Sources

FEB 10 2003

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413960 FEB11 2002

X

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

AIRS ID # 0251098 IMPERIAL PLATING FELIX PEREZ 2070 NW 141ST STREET OPA LOCKA FL 33054
---

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <b>Perez</b> B. Date of Delivery <b>2/11/02</b>
1. Article Addressed to:  <p style="text-align: center;">AIRS ID # 0251098</p> <p>IMPERIAL PLATING            FELIX PEREZ            2070 NW 141ST STREET            OPA LOCKA FL            33054</p>	C. Signature <b>X</b> <i>Felisa Perez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Copy from service label) <b>7000 0600 0026 4128 8239</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, July 1999	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
7000 0600 0026 4128 8239	<div style="border: 1px solid black; height: 30px;"></div>
Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	<div style="border: 1px solid black; height: 100px;"></div> <p style="text-align: center;">Postmark Here</p>
Total Postage & Fees  <b>Rec</b> IMPERIAL PLATING <b>Stre</b> FELIX PEREZ 2070 NW 141ST STREET <b>City</b> OPA LOCKA FL 33054	AIRS ID # 0251098  <div style="border: 1px solid black; height: 40px;"></div>
PS	or Instructions