

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. Alex Llanes Imperial Plating 2070 Northwest 141st Street Opa-Locka, Florida .33054

Re: Facility No.: 0251098-003

Dear Mr. Llanes:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on June 11, 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

 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. Sendcompleted form to the address listed in the instructions and keep a copy of the form for your files. NO.030

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
2. Site Name (For example, plant name or number);
2. Site Nation (For example, plant haine of multiplet);
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
Imperial Plating
J. Hazardous Waste Generator Identification Number
4. Facility Location:
Street Address: 2070 WW 141 ST
Silver Authors 2010 1000 1-11 01
City: Opa-Locka County: Devola Zip Code:
1000 000
in. Facility identification Number (DMP Lise ONLY - do not till in):
025/098-003
Responsible Official
6. Name and Title of Responsible Official:
Name:
Alex lanes Presidente
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: O
Street Address: Sume as whate City: Zip Code:
City: Zip Cute:
8. Responsible Official Telephone Number:
Telephone: (186) 517 - 3461 Fax: (786) 517 - 3462
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
7. Name and Title of Parinty Consect (For example, plant manager):
•
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
- and
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

DEP Form No. 62-213.900(5)

Effective: 2/24/99

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			

Key for Control Device Type	Applicable Standard Key
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	 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 greate	r 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

	78110 781103512411		T	
DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE	CONTROL DEVICE	APPLICABLE STANDARD
		INSTALLED	(see key)	(see key)
	New/Existing		FS	V
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			•
	New/Existing			

DEP Form No. 62-213.900(5)

Effective: 2/24/99

NO.030 P.4

Key for Control Device	<u>Type</u>		Applicable Standard Key		
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			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)					
[] Јапџат	y 25, 1996 []	January	25, 1997		
3. Indicate how the facil	lity will fulfill the compliar	nce demons	tration:		
[_X] The fa	cility will conduct an initia	l performa	nce test		
	cility will use a wetting ago n No. 1 above.	ent to reduc	ee emissions and will meet the exist	ing surface tension	
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 maintenar	nce [X]	(b) Equi	pment inspection and repair	[<u>X</u>]	
(c) Equipment malfuncti	ons [_X_]	(d) Oper	ration and maintenance checklist	الحل	
(e) Instrument calibration (used during initial perfo		(f) Star	t-up, shurdown, malfunction plan		
(g) Performance test resu	ılts []	(h) Equi	pment monitoring	[]	
(i) Excess emissions]	(j) Oper	rating periods		
(k) Rectifier capacity	[]	(I) Fum	e suppressant records		
(m) Purchase records of wetting agent components [X]					
5. Surrender of Existing	DEP Air Permit(s)				
Please indicate with an "	X" the appropriate selectio	n:			
	rrender all existing DEP air form; the permit number(s		uthorizing operation of the facility is	ndicated in this	
[] No DEP air	permits currently exist for	the operat	—. ion of the facility indicated in this n	otification form.	

DEP Form No. 62-213.900(5) Effective: 2/24/99

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.

Print name of responsible official

Signature

5.23.07

Date

DEP Form No. 62-213.900(5) Effective: 2/24/99

Bowman, Sandy

From: Gordon, Ray (DERM) [GordoR@miamidade.gov]

Sent: Tuesday, June 12, 2007 8:33 AM

To: Bowman, Sandy

Subject: RE:

I spoke with the inspector and he said that the equipment is the same. The only thing that change is the owner

Ray A. Gordon

Air Compliance Project Manager Office:305-372-6925 gordor@miamidade.gov

"Delivering Excellence Every Day"

----Original Message----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]

Sent: June 12, 2007 8:06 AM To: Gordon, Ray (DERM)

Subject:

Hi Ray,

A registration form for Imperial Plating was received yesterday. The registration form is for a decorative chromium electroplater; however, the form did not provide the date the equipment was purchased or the date the control was installed. I looked at the files for AIRS ID #0251098 and have this information from previous forms. I also noted that this facility was inspected last month. I looked at the inspection form in GPCI and could find no reference regarding the equipment at the time of this registration. I also called the facility to inquire about the equipment. I am guessing the person that answered the phone does not speak English as they hung up on me.

All this background for a simple question. Do you or your staff know if there has been a recent equipment change? Or if not, did the inspector happen to recall seeing when the equipment was purchased and the dates the control equipment was added? Thanks so much for any assistance you can provide me with this. I am inclined to believe the equipment is the same, but would appreciate some first hand information.

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Imperial Plating INC 2070 NW 1415 DPA. LOCKA, FI 33054

SOUTH FLORIDA POC

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General Permit Section

Bereau of Air Monitoring and Mobile Sources, MS 5510

Bereau of Environmental Protection

Department of Environmental Protection

Z600 Blair Stone Road

Tallahasee, F1 32399-2400

32399+6542

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