

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 23, 2002

Mr. Brian Len
American Chroming Corporation
1707 West 32nd Place
Hialeah, Florida 33012

Re: Facility No.: 0251118-001

Dear Mr. Len:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on April 16, 2002.

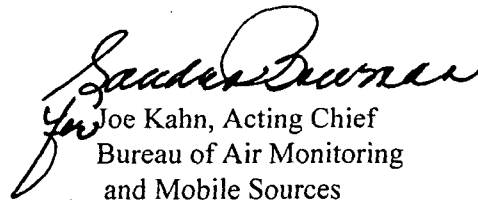
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

0251118-001

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4. (a)

(c)

(f)

(j)

} Required for all sources.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

COMMENTS:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

ASOP RECEIVED

APR 16 2002

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

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): AMERICAN CHROMING CORPORATION	Division of Air Monitoring & Mobile Sources
2. Site Name (For example, plant name or number): AMERICAN CHROMING CORPORATION	
3. Hazardous Waste Generator Identification Number: NA	
4. Facility Location: Street Address: 1707 W. 32nd Place City: Hialeah County: Miami-Dade Zip Code: 33012	
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0251118-001	

APR 22 2002

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Responsible Official

6. Name and Title of Responsible Official: Name: Mr. Brian Len Title: President
7. Responsible Official Mailing Address: Organization/Firm: AMERICAN CHROMING CORPORATION Street Address: 1707 W. 32nd Place, City: Hialeah County: Miami-Dade Zip Code: 33012
8. Responsible Official Telephone Number: Telephone: (305) 401 1598 Fax: (305) 817 8399

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () 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

(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			
	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

N/A

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)
15-MAR-02	New/Existing	15-MAR-02	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

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 type="checkbox"/> |
| (e) Instrument calibration
(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 checked="" 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:

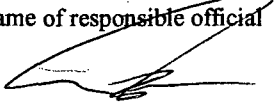
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Brian Len
Print name of responsible official



Signature

04/06/02
Date

AMERICAN CHROMING CORPORATION 1707 W. 32nd Place, Hialeah, FL 3312

I/We, Brian Len Owner /Operator of American Chroming Corporation's decorative chromium electroplating tank hereby agree to follow the manufacturer's operating instruction and trouble shooting guide for operation and maintenance of the testing equipment (Stalagmometer), emission control (wetting agent) and emission source (chromium plating tank). This statement has been prepared to comply with the Standards specified in 40 CFR 63.342 (3).

Attached are the said manufacturer's operating instructions.

Brian Len
Name


Signature

04/06/02
Date

President
Title

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Tuesday, October 21, 2003 4:27 PM
To: Bowman, Sandy
Cc: Fernandez, Cynthia (DERM)
Subject: RE: ARMS Database

Hi Sandy:

Please be informed that Cynthia is attending training in Tampa and she will be out of the office until Thursday. I need to discuss some of the cases you mention with her before giving you an answer. After that, I will E-mail you the status of all the pending cases.

As far as I know, the following facilities which are part of your list, need to be inactivated from ARMS and ASGP:

1-	0250966	ARTCRAFT	PETROLEUM
2-	0250907	TONI'S LAUNDRY & CLEANER	OOB
3-	0250895	176 BEACH LAUNDRY	OOB

In addition, the following facilities also need to be inactivated from ARMS and ASGP:

1-	0250700	ONE HOUR VALENTONE	DROP-OFF
2-	0250752	CRANDON CLEANERS	PETROLEUM
3-	0250791	DRYCLEAN USA	DROP-OFF
4-	0250793	DRYCLEAN USA	DROP-OFF
5-	0251061	DRYCLEAN USA	PETROLEUM
6-	0251071	DRYCLEAN USA	OOB
7-	0251118	AMERICAN CHROMING	OOB
8-	0251131	MIAMI'S BEST CLEANERS	PETROLEUM

Thanks for your help.

Marcelo.

-----Original Message-----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: Tuesday, October 21, 2003 11:08 AM
To: Barros, Marcelo (DERM)
Subject: RE: ARMS Database

Good Morning Marcelo!

In looking through the ARMS database, I noticed that the entitlement for the following facilities has expired. The last time we heard from each (when they paid their annual emissions fee) is also identified below. The last year invoiced for the annual emissions fee is 2002 (invoices for 2003 will go out in December of 2003)

I suspect some of these facilities are no longer in operation. However, if they are still operating of course they will need to submit another notification form. If not, then I will need to inactivate them. With this information, I am hoping to make the database as current to the information you have as possible.

10/22/2003

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

2061 1901
 8021 6021
 8100 8100
 0211 0002

OFFICIAL USE	
Postage \$	02 3 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	AIRS ID#0251118
Sent To AMERICAN CHROMING CORPORATION	
BRIAN LEN	
1707 W 32ND PLACE	
HIALEAH FL	
33012	
PS Form 3800, May 2000	
See Reverse for Instructions	

SENDER: COMP

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

- 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#0251118

AMERICAN CHROMING CORPORATION
 BRIAN LEN
 1707 W 32ND PLACE
 HIALEAH FL
 33012

A. Received by: (Please Print Clearly) B: Date of Delivery

C. Signature Agent Addressee

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 (Copy from service label)

400011510001331091902

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 32399-2400

Bureau of Air Monitoring
& Mobile Sources

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01



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

OFFICIAL USE

7001 0320 0001 7976 4269

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

W. J. ...
 Postmark Here

AIRS ID#0251118

Sent To **AMERICAN CHROMING CORPORATION**
 Street, Apt **BRIAN LEN**
 or PO Box **1707 W 32ND PLACE**
 City, State **HIALEAH FL**
33012

PS Form 3811

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#0251118

AMERICAN CHROMING CORPORATION
BRIAN LEN
1707 W 32ND PLACE
HIALEAH FL
33012

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Brian L.* Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **3-10-03**

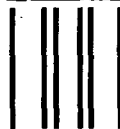
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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) **7001 0320 0001 7976 4269**

UNITED STATES POSTAL SERVICE



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

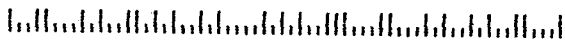
• Sender: Please print your name, address, and ZIP+4 in this box

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 17 2005

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

7001 0320 0001 7975 6240

OFFICIAL USE

Postage	\$	<i>[Signature]</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P:		

AIRS ID#0251118

Sent To AMERICAN CHROMING CORPORATION
 BRIAN LEN
 Street, A 1707 W 32ND PLACE
 or PO Box HIALEAH FL
 City, Sta 33012

PS Form 3800, January 1999

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#0251118
 AMERICAN CHROMING CORPORATION
 BRIAN LEN
 1707 W 32ND PLACE
 HIALEAH FL
 33012

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

2/10/03

C. Signature

X *[Signature]*

- Agent
 Addressee

D. IS delivery address different from item 1? Yes

If YES, enter delivery address below: No.

3. Service Type

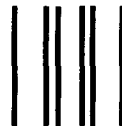
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

2 Article Number *(Copy from service label)*

7001 0320 0001 7975 6240

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 •

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

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FEB 20 2003

Bureau of Air Monitoring
& Mobile Sources

