

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

October 30, 2008

Mr. Nelsido Hernandez Nick Plating 535 Northwest 29th Street Miami, Florida 33127

Re: Facility No.: 0251129-002

Dear Mr. Hernandez:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 26, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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, all the successful and su

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

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

X

SOCR

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 2012 2006
VER REPORTS 2012 2006
COMP. STATUS - SNC MNC IN

TRPT SOCR-Statement of Complainer
Report -9/17/2008-IN
INSP-Miami-Dide Co-Mmuthiah

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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):				
NickPlating				
2. Site Name (For example, plant name or number): 2050 CENTRAL QUENUE S.E				
2. Site Name (For example, plant name or number): 2050 CENTRAL QUENUE S.E ENVIRITE OF OHIO, INC. CANTON, OH 44707 USA tug: 330-456-6238				
3. Hazardous Waste Generator Identification Number:				
003842130JJK				
4. Facility Location: Street Address: 535NW 29 St. City: MiaMi County: F. Dade. Zip Code: 33/27				
Street Address: 5 35 / W County County Code: 22/22				
City. MiaMi County. F1. Date. 7 zip code. 33127				
5. Facility Identification Number (DEP Use ONLY - do not fill in):				
0251129-002				
Responsible Official				
6. Name and Title of Responsible Official:				
Name: NELSido Hernandez Title:				
7. Responsible Official Mailing Address:				
Onese instinct Times				
Street Address: 535NW 29 M				
City: Miani County: DADE Zip Code: 33/27				
8. Responsible Official Telephone Number:				
Telephone: (305)573-7656 Fax: () -				
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: () -				

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	UNIT CLASS	DATE CNTRL	CONTROL	APPLICABLE!
PURCHASED			DEVICE	STANDARD
Y THE		(INSTALLED)	(see key)	(see key)
	New/Existing			
	New/Existing	,		

Key for Control Device Type	Applicable Standard Key
PBS = packed-bed scrubber	a = 0.03 mg/dscm
CMP = composite mesh pad	b = 0.015 mg/dscm
PBS/CMP = packed-bed scrubber and composite mesh pad	c = alternative standard for multiple tank
FS = fume suppressant only	under common control
FS/WA = fume suppressant with a wetting agent	
FM = fiber-bed mist eliminator	
WA = wetting agent	
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

	CLASS;	DATE CNTRL	CONTROL	APPLICABLE -
PURCHASED (circle	one)	DEVICE	DEVICE:	STANDARD
		INSTALLED.	(see key)	(see key)
New/E	Existing			
· New/E	Existing			
New/E	existing			
New/E	Existing			
New/E	Existing			
New/E	Existing			
New/E	Existing			
New/E	Existing			
New/E	Existing	,		
New/E	Existing	,		

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Key for Control Device Type			Applicable Standard Key	
PBS = packed-bed scrubber CMP = composite mesh pad PBS/CMP = packed-bed scrub FS = fume suppressant only FS/WA = fume suppressant wi FM = fiber-bed mist eliminato WA = wetting agent	th a wetting agent	esh pad	 x = 0.01 mg/dscm y = 45 dynes/cm z = records of bath components (trivalent Cr tanks only) c = alternative standard for multipunder common control 	le tanks
- -	•	-	rements of paragraph (5) of Part II: ng or anodizing units, you must che	ck each applicable
[] January 25,	1996 []	January	25, 1997	
3. Indicate how the facility wi	ll fulfill the complian	ce demon	stration:	
[] The facility	will conduct an initial	performa	ince test	
[] The facility limit in No.		nt to redu	ce emissions and will meet the exist	ing surface tension
4. Equipment Monitoring and Check all logs which are requi			ance with the requirements of this g	eneral permit:
(a) Equipment maintenance	[]	(b) Equ	ipment inspection and repair	[]
(c) Equipment malfunctions	[]	(d) Ope	eration and maintenance checklist	[]
(e) Instrument calibration (used during initial performance	[] ce test)	(f) Star	rt-up, shutdown, malfunction plan	[]
(g) Performance test results	[]	(h) Equ	ipment monitoring	[]
(i) Excess emissions	[]	(j) Ope	erating periods	[]
(k) Rectifier capacity	[]	(l) Fun	ne suppressant records	[]
(m) Purchase records of wetting	g agent components	[_] .	
5. Surrender of Existing DEP	Air Permit(s)			
Please indicate with an "X" the	e appropriate selection	n:		
	er all existing DEP air the permit number(s	-	authorizing operation of the facility	indicated in this
Mo DED air parm	vita augmently aviat for	the energ		notification form

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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.

NELSIDO HEVNANDEZ

Print name of responsible official

09-18-008

Date

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*ADDENDUM TO DEIGINAL FORM SUBMINED ON SEP 26, 2008

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: UNIT CLASS	DATE:CNTRL	CONTROL	APPLICABLE :
PURCHASED (circle one)	DEVICE		
	INSTALLED 🚉	(see key)	(see key)
New/Existing			
New/Existing		·	
New/Existing			
New/Existing	•		
New/Existing			
New/Existing	·		
New/Existing	•		•

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K AL	+~+	(ontrol	1 103/100	1 Una
I/C A	101	Control	DEVICE	2 1 1 1 1 1 1

Applicable Standard Key

PBS = packed-bed scrubber

a = 0.03 mg/dscm

CMP = composite mesh pad

b = 0.015 mg/dscm

PBS/CMP = packed-bed scrubber and composite mesh pad

c = alternative standard for multiple tanks under common control Bureau of Air Mountorn

FS = fume suppressant only

FS/WA = fume suppressant with a wetting agent

FM = fiber-bed mist eliminator

WA = wetting agent

	•	
s the facility's cumulative notenti	al rectifier canacity greater than 6	O million ampere-hours per year?

1	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 CNIRL		APPLICABLE 2
PURCHASED (circle one)	DEVICE -	THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART	STANDARD: ::
Salara Salar		(see key)	(see key)
7-2)-00 New/Existing	7-22-00	12 ados	
New/Existing		•	
New/Existing			
New/Existing	1		
New/Existing			

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	Key for Control Device Type	Applicable Standard Key
	PBS = packed-bed scrubber CMP = composite mesh pad PBS/CMP = packed-bed scrubber and composite mes 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 th pad z = records of bath components (trivalent Cr tanks only) c = alternative standard for multiple tanks under common control
ð	2. Indicate the date by which the facility must meet the (Note: if your facility contains both hard and decorate date)	ne requirements of paragraph (5) of Part II: ve plating or anodizing units, you must check each applicable
	[] January 25, 1996 []	January 25, 1997
	3. Indicate how the facility will fulfill the compliance	demonstration:
	[] The facility will conduct an initial p	•
	[] The facility will use a wetting agent limit in No. 1 above.	to reduce emissions and will meet the existing surface tension
	4. Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site in	ation accordance with the requirements of this general permit:
	(a) Equipment maintenance []	(b) Equipment inspection and repair [V]
	(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 [1]	(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:	
	•••	permits authorizing operation of the facility indicated in this

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

NELSido Hernandez Nick Plating 535NW 29 At. Miami FL-33127

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General Permits Section
Bureau of Air Monitoring and Mobile Sources
MS 5510
Department of Environmental Protection
Department of Environmental Protection
2600 Blair Stone Road
tallahassee, FL. 32399-2400

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NELSido Hernandez Nick Plating 535 NW 29 St. Migni Fl. 33127

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To: FOEP-DARM

To: FOEP-DARM

Mail Station 55/0

Mail Station 55/0

2600 Blair Stone Road

Tallahassee, FL. 32399-2400

Tallahassee, FL. 32399-2400

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NELSido Hernandez 10/14/008

Nick Plating and Company

535 NW 29 St.

Miam; FL. 33127

Thurst 305-8573-7656

HANK YOU