



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 26, 2003

Mr. Fred Perkins  
PERKO, Incorporated  
16490 Northwest 13 Avenue  
Miami, Florida 33169

Re: Facility No.: 0251143-002

Dear Mr. Perkins:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 11, 2003.

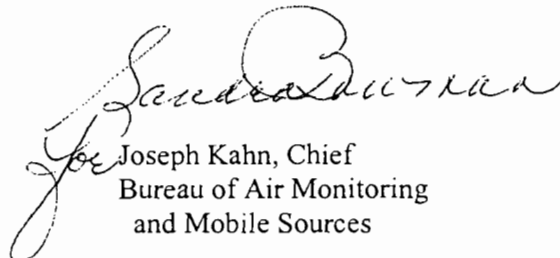
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED

AUG 11 2003

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& 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): PERKO, Incorporated
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: FLD 00417677
4. Facility Location: Street Address: 16490 N.W. 13 <sup>th</sup> Avenue City: Miami County: Dade Zip Code: 33169
5. Facility Identification Number (DEP Use ONLY - do not fill in) <b>0251143-002</b>

Responsible Official

6. Name and Title of Responsible Official: Name: Fred Perkins Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 16490 N.W. 13 <sup>th</sup> Avenue City: Miami County: Dade Zip Code: 33169
8. Responsible Official Telephone Number: Telephone: (305) 621-7525 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Barry A. Reiter (Consultant)
10. Facility Contact Address: Street Address: 110 South Wymore Road City: Winter Park County: Orange Zip Code: 32789
11. Facility Contact Telephone Number: Telephone: (407) 644-1275 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**

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
<b>No Hard Chrome Plating at this Facility</b>				

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)
Jan 1978	Existing	Jan 1978	PBS/CMP	Y
Jan 1978	Existing	Jan 1978	PBS/CMP	Y
Jan 1978	Existing	Jan 1978	PBS/CMP	Y

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 type="checkbox"/>            | (d) Operation and maintenance checklist  | <input 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 checked="" type="checkbox"/> |
| (i) Excess emissions   | <input type="checkbox"/>            | (j) Operating periods                    | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity   | <input type="checkbox"/>            | (l) Fume suppressant records             | <input 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.*

*Perko, Inc.*  
FRED PERKINS, Pres

Print name of responsible official

*Perko, Inc.*  
*Fred M. Perkins*  
Signature

8/8/03  
Date

**Dibble, Dickson**

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**From:** Dibble, Dickson  
**Sent:** Friday, August 10, 2007 1:06 PM  
**To:** 'breiter@air-engineering.com'  
**Cc:** Bowman, Sandy  
**Subject:** AIRS ID# 0251143, PERKO INC, 16490 NW 13TH AVE, MIAMI, FL 33169  
**Attachments:** perkolnc.pdf

<b>Tracking:</b>	<b>Recipient</b>	<b>Delivery</b>
	'breiter@air-engineering.com'	
	Bowman, Sandy	Delivered: 8/10/2007 1:06 PM

Dear Mr. Reiter,

Thank you for your inquiry regarding your client and the recent activity by a DERM inspector who advised that your facility/client was not eligible for the Chromium Electroplating & Anodizing Air General Permit and needed to file for a Title V Air Operating Permit.

It was a pleasure speaking with you today. As I mentioned during our conversation today, I am investigating the circumstances in order to determine the issues surrounding this activity. As soon as I make the discovery I will advise you of the outcome. Preliminarily, after speaking with the DERM folks there may well be a misunderstanding, but we'll see once they make their own discovery.

**(AM HAVING TO SEND TWO E-MAILS w/one attachment each, since Outlook will not allow me to send both files-too big)**

At any rate, attached you will find two files (.pdf files) containing the documents which you have requested, 1) copy of the letter (dated 9/26/03) acknowledging our receipt of your client's Chromium Electroplating & Anodizing Air General Permit Notification Form; 2) copy of the actual notification form (dated 8/11/03) signed by Mr. Fred Perkins; 3) a screen copy of the Perko facility page in our data base; and 4) a screen copy of the Perko Permitting detail page in our data base.

Thank you for your patience, and I hope that you have a great weekend!

Sincerely,

*Dickson E. Dibble*

**Dickson E. Dibble**

FL Dept of Environmental Protection  
 Div. of Air Resource Management  
 Bureau of Air Monitoring & Mobile Sources  
 Air General Permit Program  
 (850) 921-9586  
 SunCom 291-9586  
 ICG- #345  
**Dickson.Dibble@dep.state.fl.us**



8/10/2007

**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



<b>AREA</b>	Office * <b>SEDA</b>	<b>SE: DADE</b>	County * <b>MIAMI-DADE</b>	AIRS ID <b>ARMINV01</b>
Owner/Comp *	<b>PERKO INC</b>		Site	<b>PERKO INC</b>
Directions				
Street	<b>16490 NW 13th Avenue</b>			
City *	<b>MIAMI</b>	Zip	<b>33169</b>	
UTM Zone	East	North	Latitude	Longitude
Status *	<b>A</b>	<b>ACTIVE</b>	Maj Group SIC *	<b>34</b> <b>FABRICATED METAL PRODUCT, EXCEPT MACHINERY/T</b>
Reloc	<b>H</b>	Shtdwn Dt	Strt Dt	Final Shtdwn Dt
Gov Fac *	<b>0</b>	<b>NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE</b>		HAZ Waste Generator ID: FLD
AOR Req *	<b>H</b>	Ozone SIP Facility *	<b>H</b>	Type <b>7</b> <b>Chromium Electroplating/Anodizing Facilities</b>
Compliance Tracking			Current Permit Indicator	<b>AG</b>
Title V	<b>TITLE V</b>	non-HAP Class	<b>MINOR</b>	HAP Class <b>MINOR</b> Public Exempt
# of Emis Units	C	A	I	Generator Rating MW
Comment				

Enter the Type of this FACILITY. (POINT or AREA)

Record 1/1



Florida Department of Environmental Protection - Enterprise Applications

Permits Events Payment Facility Party Help Exit Window

ORACLE

Permitting Application - Permit Detail and Log Permit

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**ARMS Facility**

AREA:  AIRS ID:  STATUS:  OFFICE:  SE:

SITE NAME:  COUNTY:

OWNER/COMPANY:

---

**Project**

AIR Permit #:  -  -  Project #:  CRA Reference #:

Permit Office:  Agency Action:

Project Name:  Desc:

Type/Sub/Des:  /   Logged:

Received:  Issued:  Expires:  OGC:

Fee:  Fee Recd:  Dele:  Override:

---

**Related Party**

Role:  Begin:  End:

Name:  Company:

Address:

City:  State:  Zip:  Country:  Fax:

---

**Processors**

Processor:  Y Active:  Inactive:  Events:

---

Enter Project Name.

Record: 1/1

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443915 DEC29 2004

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 251143 7  
PERKO INC  
16490 NW 13th Avenue  
MIAMI, FL 33169

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

Printed on recycled paper.

Bureau of Air Monitoring  
& Mobile Sources

DEC 30 2004

RECEIVED

PERKO, INC. - MIAMI, FL

INV#	DATE	GROSS	DISC	NET	INV#	DATE	GROSS	DISC	NET
1217	12/17/04	50.00		50.00					

Ans ID# 251143 7

TOTAL

50.00

50.00

-----  
**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. **459166 FEB 23 2006**

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 251143 1st  
PERKO INC  
16490 NW 13th Avenue  
MIAMI, FL 33169

RECEIVED  
FEB 27 2006  
Bu. & Mobile Sources Monitoring

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

435493 JAN21 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

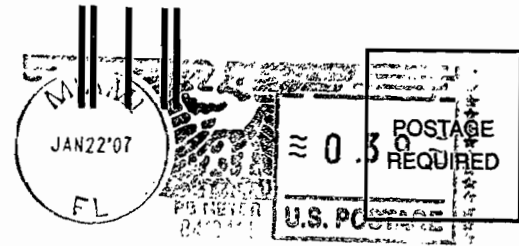
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

251143  
FRED PERKINS  
PERKO INC  
16490.NW 13TH AVENUE  
MIAMI FL 33169

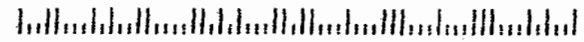
~~Bureau of Air Monitoring  
& Mobile Sources~~  
JAN 26 2004  
RECEIVED

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



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

32315+3070-70 8093



PERKO, INC. - MIAMI, FL

Invoice	Date	Amt	Disc	Net
01182007	1/18/07	50.00	0.00	50.00

Invoice	Date	Amt	Disc	Net
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AIRMS ID# 0251143

TOTAL		\$50.00	0.00	\$50.00
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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. 467460 JAN222007

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID 0251143 ✓  
PERKO INC  
16490 NW 13th Avenue  
MIAMI, FLORIDA 33169

JAN 25 2007  
AIRS ID 0251143

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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