

EXPIRES: 2/14/2010

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MAR 16 2011

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):	AEROTHRUST HOLDINGS, LLC
2. Site Name (For example, plant name or number):	AEROTHRUST MAIN FACILITY
3. Hazardous Waste Generator Identification Number:	SAME AS PERMIT. 0251246-002-AG
4. Facility Location: Street Address:	5300 NW 36 ST City: MIAMI, FL County: MIAMI-DADE Zip Code: 33166
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251246-003

Responsible Official

6. Name and Title of Responsible Official: Name:	MARIO A. ABAD	Title:	PRESIDENT/CEO
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	P.O. BOX 522236 City: MIAMI, FLORIDA	County:	MIAMI-DADE Zip Code: 33132
8. Responsible Official Telephone Number: Telephone:	(305) 876-0007	Fax:	(786) 441-2622

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	CARLOS GARRETA, MANAGER ENVIRONMENTAL
10. Facility Contact Address: Street Address:	5300 NW. 36 ST. City: MIAMI, FLORIDA County: MIAMI-DADE Zip Code: 33166
11. Facility Contact Telephone Number: Telephone:	(786) 441-2600 EXT: 326 Fax: (786) 441-2622

**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)
August 13-14 1991	New/Existing	August 13-14 1991	PBS-CMP	a
(4 tanks)	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. N/A

**DECORATIVE AND ANODIZING TANKS**

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

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

N/A

3. Indicate how the facility will fulfill the compliance demonstration:

The facility will conduct an initial performance test

N/A

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

(b) Equipment inspection and repair

(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  N/A

(j) Operating periods

(k) Rectifier capacity

(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:

N/A

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:

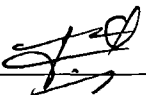
No DEP air-permits currently exist for the operation of the facility indicated in this notification form.

**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.*

MARIO A. ABAD.  
Print name of responsible official

  
Signature

03/02/2011  
Date



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Bureau of Air Monitoring & Mobile Sources

February 28, 2011

To whom it might concern:

The following states our intent to renew our Chromium Electroplating and Anodizing Air General Permit for our facility located on 5300 NW 36 Street, Miami Florida 33166.

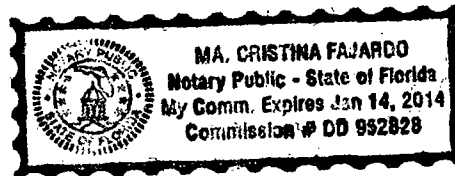
We have the exact same operations and capabilities as previously evaluated and approved under permit number 0251246-002 AG. The only minor change would be the name of the facility and the actual name of the responsible official. We would like to renew this permit under AeroThrust Holdings, LLC and present myself, Mr. Mario A. Abad as the responsible official.

If you have any questions or concerns do not hesitate to contact me.

Sincerely,

Mario A. Abad  
President/ CEO  
AeroThrust Holdings, LLC  
(305) 876-0007  
[Mario@AeroThrust.com](mailto:Mario@AeroThrust.com)

STATE OF FLORIDA - COUNTY OF Miami-Dade  
The foregoing instrument was acknowledged before me this 28<sup>th</sup>  
day of February, 2011, by Mario A. Abad  
Notary Signature [Signature]  
Notary Name Printed Ma. Cristina Fajardo  
Personally Known or ID produced A136341624100





AEROTHRUST Holdings, LLC

P.O. BOX 522236

Miami, FL 33152

GENERAL PERMITS SECTION

BUREAU OF AIR MONITORING AND  
MOBILE SOURCES, MS 5510

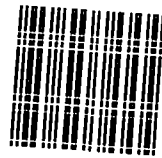
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