



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 7, 2001

Mr. Jerald Vann
Tampa Electro Plating, Inc.
3005 Tenth Avenue
Tampa, Florida 33605

Re: Facility No.: 0571074-002

Dear Mr. Vann:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on July 5, 2001.

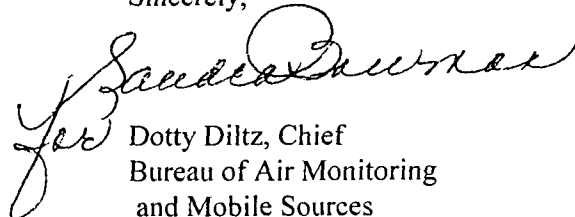
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC 4
Compliance IN

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUL - 5 2004

RECEIVED

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):	TAMPA ELECTRO PLATING INC	PHILLIS HYDEN
2. Site Name (For example, plant name or number):	3005 10 TH AVE 33605 TAMPA FLA.	
3. Hazardous Waste Generator Identification Number:	#0571074001 AG	
4. Facility Location: Street Address:	3005 10 TH AVE	
City:	TAMPA	County: HILLSBOROUGH
		Zip Code: 33605
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571074-002	

Responsible Official

6. Name and Title of Responsible Official: Name:	JERALD VANN	Title: V.P.
7. Responsible Official Mailing Address: Organization/Firm:	TAMPA ELECTRO PLATING INC.	
Street Address:	3005 10 TH AVE	
City:	TAMPA	County: Hills. Zip Code: 33605
8. Responsible Official Telephone Number: Telephone:	(813) 247-3471	Fax: (813) 247-3669

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	JERALD VANN	
10. Facility Contact Address: Street Address:	TAMPA ELECTRO PLATING INC.	
City:	3005 10 TH AVE.	
	TAMPA	County: Hills Zip Code: 33605
11. Facility Contact Telephone Number: Telephone:	(813) 247-3471	Fax: (813) 247-3669

0571074-002

8/3/2001

Spoke to Mr. Jerald Vann and he stated that the tanks and process has not changed since initial notification. He stated that he has on tanks.

P21

1(b) add Date Purchased (1967)
add Date Control Device Installed (1967)
add Control Device (FS/WA)
add applicable standard (Y)

P22

4. (b) } Required. Should be marked.
(F)
(J)

P23 Responsible Official sign and date for changes made.

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			
	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.

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	<i>EVERY THING SAME</i>		
	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 (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 *FIRST NOTIFY* (h) Equipment monitoring
(i) Excess emissions (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:

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.

JERALD VANN
Print name of responsible official


Signature

7-2-2001
Date

Instructions for Completing Part III of Notification Form

The Chromium Electroplating and Anodizing Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III, of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the chromium electroplating or anodizing facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.
10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

TAMPA ELECTRO PLATING INC.

3005 E. 10TH AVE. 813-247-3471
TAMPA, FL 33605-4219

AIAS #0571074 282950 JAN 13 2006

DATE 1-10-06

PAID TO THE ORDER OF Department of Environmental \$ 50.00

Fifty Dollars + ~~no~~ DOLLARS



COLONIAL BANK.
Tampa, Florida
24 Hr Colonial Connection 1-877-502-2265

FOR Department of Environmental Protection: *Jerald [Signature]*

TAMPA
11 JAN 06 P
Sampa Electro Plating
3005 E. 10th Ave
Sampa, Florida 33605

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

32315+3070

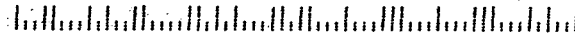
3755 2273 APCTE

TAMPA ELECTRO PLATING INC.
3005 E. 10th AVE.
TAMPA, FL 33605



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

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420438 DEC 9 2002

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

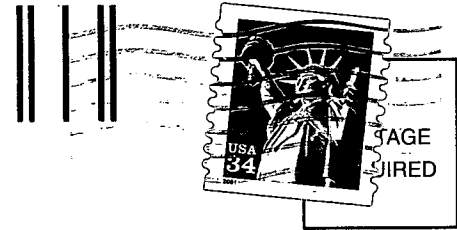
AIRS ID#0571074
 TAMPA ELECTRO PLATING INC
 JERALD VANN
 3005 E 10TH AVE
 TAMPA FL
 33605

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

Ex
AR

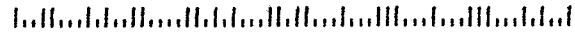
RECEIVED
 DEC 11 2002
 Bureau of Air Monitoring
 & Mobile Sources

TAMPA ELECTRO PLATING INC.
3005 E. 10th AVE.
TAMPA, FL 33605



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

32315+3070 99





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412049 DEC21 2001

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

AIRS ID # 0571074
TAMPA ELECTRO PLATING INC
JERALD VANN
3005 E 10TH AVE
TAMPA FL
33605

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434349 DEC152003

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

571074
GERALD VANN
TAMPA ELECTRO PLATING INC
3005 E 10TH AVE
TAMPA FL 33605

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

Bureau of Air Navigation
& Mobile Services

DEC 17 2003

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443228 DEC13 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

57107Y
TAMPA Electroplating, Inc

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Bureau of Air Monitoring
& Mobile Sources

DEC 14 2004

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

Tampa Electro Plating
3005 E. 10th ave
Tampa, FL 33605

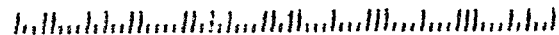
TAMPA, FL 336

20 DEC 2005 PM 6 L



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

32315+3070



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.

486372 DEC22 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0571074 ✓
TAMPA ELECTRO PLATING INC
3005 E 10th Ave
TAMPA, FLORIDA 33605

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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