

# Department of Environmental Protection

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

Colleen M. Castille Secretary

December 21, 2005

Mr. Charlie Chang Mirror Finish & Polish 7411 Riverside Place Orlando, Florida 32810

Re: Facility No.: 0951292-001

Dear Mr. Chang:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on October 31, 2005.

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,

dE Joseph Kahn, Chief

Bureau of Air Monitoring and Mobile Sources

JK/jw

cc: Mr. Hamp Pridgen, Orange County

"More Protection, Less Process"

Printed on recycled paper.

,	
0571313 P	
CHROMILIM ELECTROPI ATING AND ANODIZING	
AIR GENERAL PERMIT NOTIFICATION FORM	<i>j</i>
CHROMIUM ELECTROPLATING AND ANODIZING AIR GENERAL PERMIT NOTIFICATION FORM  Part III. Notification of Intent to Use General permit	
CHROMIUM ELECTROPLATING AND ANODIZING AIR GENERAL PERMIT NOTIFICATION FORM  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):	
Mirror Finish & Polish	
2. Site Name (For example, plant name or number):	
LIMT Warehouse	
3. Hazardous Waste Generator Identification Number:	
FIROOD122788	
4. Facility Location: Street Address: 2514 UMT Drobustrial Drive Suite 109	
City: Aparka County: Orange Zip Code: 32703	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
0951297-00/	
Responsible Official	
6 Name and Title of Responsible Official:	
Name: Charlie Chang Title: Plant Manger.	
7. Responsible Official Mailing Address:	
Organization/Firm: 7411 RIVERS (de P/	
City: Orlando El County: Grange Zip Code: 32810	
6. Responsible Official Telephone Number.	
Telephone: $(407)342 - 9095$ Fax: ( ) -	
E W. C. A. A. (C. 100 and C. 100	
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address: 1270 Svin N. 1990 CT	
wintersprings f ( sounty seminal zip code: 32108	
11. Facility Contact Telephone Number:	
Telephone: $(40)797 - 4518$ 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	(circle one)	DEVICE	DEVICE	STANDARD
N. 40 (10)	1 2	INSTALLED	(see key)	(see key)
	New/Existing			

TrewExisting	
Key for Control Device Type	Applicable Standard Key
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	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 great	er than 60 million ampere-hours per year?
1.b. Provide the information below for each decorative electronic line in the type of machine, the date of its purchase,	

## **DECORATIVE AND ANODIZING TANKS**

DATE	UNIT CLASS	DATE CNTRL	CONTROL	APPLICABLE
PURCHASED	(circle one)	DEVICE	DEVICE	STANDARD
		INSTALLED	(see key)	(see key)
5-25-05	(New/Existing	11.1.05	WA/FS	U/7-
	New/Existing			1
	New/Existing			

DEP Form No. 62-213.900(5)

Effective: 2/24/99

applicable.

Key for Control Device Type		Applic	able Standard Key	
PBS = packed-bed scrubber CMP = composite mesh pad PBS/CMP = packed-bed scrubber FS = fume suppressant only FS/WA = fume suppressant with FM = fiber-bed mist eliminator WA = wetting agent		y = 45 n pad $z = rec$	ol mg/dscm dynes/cm cords of bath components (trivalent Cr tanks only) ernative standard for multip under common control	ole tanks
2. Indicate the date by which the Note: if your facility contains be late)	oth hard and decorat	ve plating or ar	nodizing units, you must ch	
[X] January 25, 19	96 []	January 25, 199	97	
3. Indicate how the facility will	fulfill the compliance	demonstration	ı:	
[X] The facility wi	ll conduct an initial p	erformance tes	t	
The facility will tension limit in		to reduce emis	sions and will meet the exis	sting surface
l. Equipment Monitoring and R Check all logs which are require			ith the requirements of this	general permit:
a) Equipment maintenance		(b) Equipment	inspection and repair	ιX
c) Equipment malfunctions	نـــــــ	(d) Operation a	nd maintenance checklist	<u>.                                    </u>
e) Instrument calibration used during initial performance		f) Start-up, sh	utdown, malfunction plan	
g) Performance test results		(h) Equipment	monitoring	
i) Excess emissions		j) Operating p	eriods	[X]
k) Rectifier capacity	[ '	1) Fume suppr	essant records	[X_]
m) Purchase records of wetting	agent components	ĽΧ̈́́́		,
. Surrender of Existing DEP Ai	r Permit(s)			
Please indicate with an "X" the	appropriate selection:			٠
	all existing DEP air p he permit number(s)		ing operation of the facility	indicated in this
No DEP air permits	currently exist for the	e operation of	the facility indicated in this	notification form.

# Gardner, Kelly

From: Bowman, Sandy

Sent: Wednesday, March 22, 2006 2:56 PM

To: Gardner, Kelly

Subject: RE: Wen Ki Chang Check

Thank you. The AIRS ID # is 0951292. The object code is 002273.

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

----Original Message-----From: Gardner, Kelly

Sent: Wednesday, March 22, 2006 2:30 PM

To: Bowman, Sandy

Subject: RE: Wen Ki Chang Check

The address on the check is:

7411 Riverside PL. Orlando, FL 32810-3773

There is no return address on the envelope. Sorry. Thanks.

-Kelly

From: Bowman, Sandy

Sent: Wednesday, March 22, 2006 2:26 PM

**To:** Gardner, Kelly

Subject: RE: Wen Ki Chang Check

Do you have an address?

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

-----Original Message-----**From:** Gardner, Kelly

Sent: Wednesday, March 22, 2006 2:22 PM

To: Bowman, Sandy Cc: Sullivan, Ann

**Subject:** Wen Ki Chang Check

Check #493 Receipt #: 536690 Remit ID: 665674

I received a \$50.00 check from Wen Ki Chang. There was no invoice attached, but there was a letter saying that the check was for "Mirror Finish & Polish." It says "Wasn't sure if my brother had already paid it. So, I'm sending you guys another check. If there are any questions, please call me at 407-342-9095." It's signed "Charlie Chang." It was

This Check is from Mirror Finish & Polish. Wast
Some If my brother had already faid it. So Im Sending
you guys another Check. If there are any Questions flease
Call me at 207-342 9095 thank you Charlie Chang.
450065 MARZEZ 2006

sent in a Title V – General Permit envelope. How should I apply the check? What is their AIRS ID #? Thanks.

Kelly Gardner

Accountant I
Department of Environmental Protection
Finance & Accounting - Revenue Section
Phone: (850) 245-2427, SC: 205-2427
Fax: (850) 245-2464, SC: 205-2464, MS - 77
Kelly:Gardner@dep.state.fl.us

**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.

Print name of responsible official

Signature

Date

DEP Form No. 62-213.900(5)

Effective: 2/24/99

0571313

PANE Are 1.75 Clearers
10428 W MASIX HWY
Taupa 33618

.

.

· ·

. .

# **Bowman, Sandy**

From: Ilka.Bundy@ocfl.net

Sent: Tuesday, December 09, 2008 8:55 AM

To: Dibble, Dickson

Cc: Jodi.Dittell@ocfl.net; Efren.Vazquez@ocfl.net; Bowman, Sandy

Subject: Mirror Finish & Polish AIRS ID# 0951292

Dick,

The owner of this facility, Charlie Chang, has picked up and moved from this location. He is no longer operating in Orange County. Please inactivate the facility in ARMS.

Ilka Bundy
<mailto:Ilka.Bundy@ocfl.net>
Environmental Team Leader
Orange County EPD
Phone 407-836-1476
Fax 407-836-1498