

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

September 6, 2006

Mr. William M. Onuska
Hard Chrome Enterprises
220 Tenth Street
Lake Park, Florida 33403

Re: Facility No.: 0990381-003

Dear Ms. Onuska:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 3, 2006.


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: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

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EMISSION FEE DATES 196-2005
NO ACTIVITY FOR FACILITY.....
SOC REPORTS 4

Insp - Palm Beach Co. - AS
SOCR - Statement of Compliance
Report

RECEIVED

AUG 03 2006
Bureau of Air Monitoring
& Mobile Sources

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): HARD CHROME ENTERPRISES, INC.
2. Site Name (For example, plant name or number): HARD CHROME
3. Hazardous Waste Generator Identification Number: U.S. GENERATOR # FLD072251424 STATE OF FLORIDA GENERATOR # 50-73-00856
4. Facility Location: Street Address: 220 TENTH STREET City: LAKE PARK, FLORIDA County: PALM BEACH Zip Code: 33403
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990381-003

Responsible Official

6. Name and Title of Responsible Official: Name: WILLIAM M. ONUSKA Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: HARD CHROME ENTERPRISES, INC. Street Address: 220 TENTH STREET City: LAKE PARK, FLORIDA County: PALM BEACH Zip Code: 33403
8. Responsible Official Telephone Number: Telephone: (561) 844 - 2529 Fax: (561) 881 - 8639

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: () -

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)
1970's	New/Existing	SEPT 1996	CMP	.015 b
1970's	New/Existing	SEPT 1996	CMP	.015 b
1970's	New/Existing	SEPT 1996	CMP	.015 b
	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			
	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

* NOTE: OUR TEST WAS ON
~~11-19-96~~ RESULTS WERE
MAILED TO US & IN
COMPLIANCE 01-08-97

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

The facility will conduct an initial performance test
11-19-96 RESULTS 1-8-97
 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 checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> |
| (e) Instrument calibration
(used during initial performance test) | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input checked="" type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input type="checkbox"/> |
| (k) Rectifier capacity | <input checked="" type="checkbox"/> | (l) Fume suppressant records | <input type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input 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:

AIRS ID # 0990381

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

DO NOT FULLY UNDERSTAND, WE WILL SURRENDER
FOR NEW 5 YEAR PERMIT, THIS WILL BE OUR
3RD 5 YEAR TITLE V AIR GENERAL PERMIT

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.

WILLIAM M. ONUSKA

Print name of responsible official

William M. Onuska

Signature

7-29-06

Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466041 DEC14 2006

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 0990381
HARD CHROME ENTERPRISES INC
220 10th Street
LAKE PARK, FLORIDA 33403

Bureau of Air Mail
& Mobile Sources
DEC 15 2006

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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