

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 10, 2002

Mr. Kevin Hendrickson  
Mark Plating, Inc.  
441 - 25th Street  
West Palm Beach, Florida 33407

Re: Facility No.: 0990434-002

Dear Mr. Hendrickson:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 3, 2002.

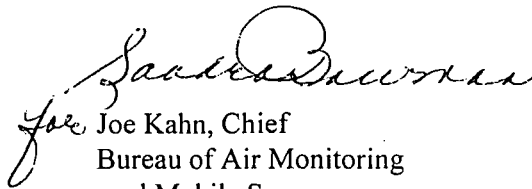
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

*Printed on recycled paper.*

Fees Paid 96-01

SOC 1

Compliance IN



09/30/2002

Spoke with Mrs. Hendrickson at Mark Plating, Inc. and she stated that they do not do any hard chrome plating at their facility. I also spoke with Martin Liebler, Palm Beach County inspector, on the condition of the facility and their operation. He stated that the shop is a small operation and does not appear to be operating a hard chrome facility.

Page 21

1 (a) Information for decorative chrome plating should be listed under 1 (b).

Page 22

4. (a), (c), (f), (i), (j), (m) Should be marked.

RECEIVED

SEP 3 2002

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):	MARK PLATING INC.
2. Site Name (For example, plant name or number):	SAME
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	441 25th STREET W. P. B. County: PALM BEACH Zip Code: 33407
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990434-002

Responsible Official

6. Name and Title of Responsible Official: Name:	KEVIN HENDRICKSON	Title:	PRES.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	441 25th STREET West Palm Beach	County:	PALM BEACH Zip Code: 33407
8. Responsible Official Telephone Number: Telephone:	(561) 655-4370	Fax:	(561) 655-4552

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)
1992	New/Existing	1992	FPWA	2
	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			
	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
- (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.

X

**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.*

KEVIN HENDRICKSON

Print name of responsible official

KV. H - d h

Signature

8/30/02

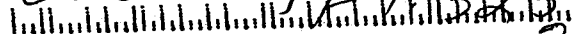
Date

MARK PLATING INC.  
441 25th Street  
West Palm Beach, FL 33407



General Permits Section  
Bureau of Air Monitoring  
and Mobile Sources  
Department of Environmental  
Protection  
2600 Blau Stone Road  
Jalapa, FL 32399  
2400

32399+6342 01





PALM BEACH COUNTY HEALTH DEPARTMENT

12/19/2006

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
11/9/2006	Bill	373A	50.00	50.00		50.00
				Check Amount		50.00

Wachovia Bank, N.A. 50-73-03677

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.

466373 DEC22 2006

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID 0990434  
 MARK PLATING  
 441 25th St  
 WEST PALM BEACH, FLORIDA 33407

Mobile Sources  
 Bureau of Air Monitoring  
 DEC 27 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

Mr & Mrs K Hendrickson  
3596 Brique Dr.  
Wellington, FL 33467

WEST PALM BEACH  
FL 33411  
20 DEC 2006 PM 8 L

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

BEST AVAILABLE COPY

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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.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 990434 1st  
MARK PLATING  
441 25th St  
WEST PALM BEACH, FL 33407

458888 RECEIVED  
FEB 15 2006  
Bureau of Air Mail  
& Mobile Services

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.

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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

443454 DEC17 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# 990434 7 ✓  
MARK PLATING  
441 25th St  
WEST PALM BEACH, FL 33407

✓  
**FOR GOVERNMENT USE ONLY**  
**ORG.: 3755010100 EO: A1**  
**FUND: 20-2-035001**  
**OBJECT: 002273**

*Printed on recycled paper.*



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422992 FEB14 2003

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#0990434

MARK PLATING  
K J HENDRICKSON  
441 25TH STREET  
WEST PALM BEACH FL  
33407

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

Bureau of Air Mail  
21 Madison St  
FEB 19 2003  
RECEIVED

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7003 2260 0003 5650 0582

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	\$

*[Handwritten Signature]*  
 Postmark Here

ID# 990434

Se K HENDRICKSON  
 Si MARK PLATING  
 or 441 25TH STREET  
 Ci WEST PALM BEACH, FL 33407

PS See reverse for instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

ID# 990434  
 K HENDRICKSON  
 MARK PLATING  
 441 25TH STREET  
 WEST PALM BEACH, FL 33407

2 Article Number  
 (Transfer from service label)

7003 2260 0003 5650 0582

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Handwritten Signature]*  Agent  Addressee

B. Received by (Printed Name): *S. Miller*

C. Date of Delivery: *2/6/04*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: *[Handwritten]*

3. Service Type

Certified Mail  Express Mail

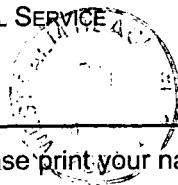
Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

ed

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

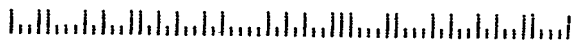
BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

RECEIVED

01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR AIRS HANDLING

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# 990434  
K HENDRICKSON  
MARK PLATING  
441 25TH STREET  
WEST PALM BEACH, FL 33407

436363 FEB132004

**RECEIVED**  
FEB 10 2004  
Bureau of Air Monitoring  
& Mobile Sources

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





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

425181 MAR 7 2003

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#0990434

MARK PLATING  
K J HENDRICKSON  
441 25TH STREET  
WEST PALM BEACH FL  
33407

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

*pd 2/14/03*  
*422992*  
*Buy. of Air Mptg & Mobile Support*

**RECEIVED**  
MAR 11 2003

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 0320 0001 7975 4925

**OFFICIAL USE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage & Fees \$ \_\_\_\_\_

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0990434

Sent To **MARK PLATING**  
 Street, Apt. No. or PO Box No. **K J HENDRICKSON**  
**441 25TH STREET**  
 City, State, ZIP **WEST PALM BEACH FL**  
**33407**

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0990434

**MARK PLATING**  
**K J HENDRICKSON**  
**441 25TH STREET**  
**WEST PALM BEACH FL**  
**33407**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

**K J HENDRICKSON** / **2/7/03**

C. Signature

**X** *[Handwritten Signature]*  
 Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

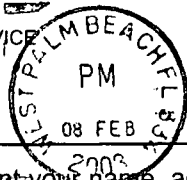
Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7001 0320 0001 7975 4925

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DAR/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
Mobile Source  
FEB 10 2003  
RSC 317

10

