

FEA CHECK REC'D: 761069

OCT 24 2011

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CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

OCT 24 2011

DIVISION OF AIR

RESOURCE MANAGEMENT

Part III. Notification of Intent to Use General permits

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):	RALCO, INC.		
2. Site Name (For example, plant name or number):	Custom Cast & Chroming		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	1419 Chaffee Dr. Suite 4		
City:	County:	Zip Code:	
Titusville FL	Brevard	32780-7933	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0090234-001		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	RAYMOND R. PINTO	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	Same as above		
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(321) 268-2493	Fax:	() -

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:	() -

No CHECK

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2. Site Name (For example, plant name or number): <i>Custom Cast & Chroming</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>1419 Chaffee Dr. Suite 4</i> City: <i>Titusville FL</i> County: <i>Brevard</i> Zip Code: <i>32780</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Raymond R. Pinto</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Same as above</i> Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(321) 268-2493</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
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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)
None	New/Existing			
None	New/Existing			
None	New/Existing			
None	New/Existing			
None	New/Existing			
None	New/Existing			
None	New/Existing			
None	New/Existing			
None	New/Existing			
None	New/Existing			
None	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)
Sept 24, 2011	New/Existing		FS/WA	4
	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 | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input checked="" type="checkbox"/> |
| (c) Equipment malfunctions | <input type="checkbox"/> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration
(used during initial performance test) | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" 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: _____
- 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.

Raymond R. Pinto
Print name of responsible official

Raymond R. Pinto
Signature

Oct 19, 2011
Date

Note: The business was formerly "Quality Pet Metal Works" that was located on 2810 Parkway St #5, Lakeland, FL

URGENT!

IMPORTANT

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NOTIFICATION OF EXPIRING
AIR GENERAL PERMIT REGISTRATION

**DIVISION OF AIR
RESOURCE MANAGEMENT**

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form to the following address:

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



I am a new OWNER or AUTHORIZED REPRESENTATIVE for this facility.



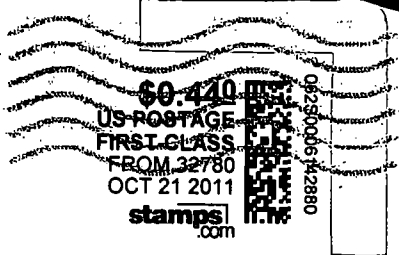
My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form.

RALCO Inc
2519 CRICKET TRL
TITUSVILLE FL 32780-6729

MID FLORIDA FL 327

21 OCT 2011 PM 1 T



Air General Permit Program
Bureau of Air Monitoring & Mobile Sources MS 5510
Dept of Env Regulations
2600 Blairstone Rd
Tallahassee FL 32399-2400

Atten: Dick Debbles



Ray & Lynn Pinto
2519 Cricket Trl.
Titusville, FL 32780



General Permits Section
Bureau of Air Monitoring &
Mobile Sources MS5510
Dept. of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL

32399-2400

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