

Department of Environmental Protection

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

Colleen M. Castille Secretary

June 2, 2006

Mr. Tom Rigsby T & L Gun Refinishing 4149 East 10th Court Hialeah, Florida 33013

Re: Facility No.: 0250708-003

Dear Mr. Rigsby:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on April 7, 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: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

CHROMIUM ELECTROPLATING AND ANODIZING AIR GENERAL PERMIT NOTIFICATION FORM

APR 7 2006

Bureau of Air Monttoinn. & Mobile Sources

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.

Fac	cility Name and Location	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	BenHart Enterprises, Inc.	
2.	Site Name (For example, plant name or number):	
	T d Gun Refinishing Hazardous Waste Generator Identification Number:	
3.	Hazardous Waste Generator Identification Number:	
	No Hazardous Wast Generated	
4.	Facility Location:	
Ì	Street Address: Mami - Dale	
	Facility Location: Street Address: City: 4/49 E. 10±5 Cf ^{County:} Hialeah, FL Zip Code: 336	/3
5.4	Facility Identification Number (DEP Use ONLY - do not fill in):	
	0250708-00 2	
Re	sponsible Official	
6.	Name and Title of Responsible Official:	
	Name: Tom Kigsby Responsible Official Mailing Address: Title: Owner	
7.	Responsible Official Mailing Address:	
	Organization/Firm: 4149 E. 104 CT Manne	
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: Haleah Responsible Official Telephone Number: The County of	3
8.	Responsible Official Telephone Number:	
[Telephone: (305) 681 - 1684 Fax: (305) 681 - 1101	
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Fac	cility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
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<u> </u>		
10.	Facility Contact Address:	
	Street Address: City: County: 7ip Code:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: (305 681 - 1684) Fax: (305) 681 - 1684	

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		APPLICABLE -
PURCHASED (circle one)	DEVICE:	*DEVICE	STANDARD
	INSTALLED	(see key)	(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	Applicable Standard Key
PBS = packed-bed scrubber	a = 0.03 mg/dscm
CMP = composite mesh pad	b = 0.015 mg/dscm
PBS/CMP = packed-bed scrubber and composite mesh pad	c = alternative standard for multiple tanks
FS = fume suppressant only	under common control
FS/WA = fume suppressant with a wetting agent	
FM = fiber-bed mist eliminator	
WA = wetting agent	·
Is the facility's cumulative potential rectifier capacity greater	than 60 million ampere-hours per year?
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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	UNIT CLASS	DATE CNTRL	CONTROL	APPLICABLE -
PURCHASED	(circle one)	DÉVICE	DEVICE	
		INSTALLED	(see key)	(see key)
Dec 95	(New/Existing	98	4	· X
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			<u> </u>
	New/Existing			
	New/Existing			`
	New/Existing		2-	
	New/Existing			
	New/Existing			

DEP Form No. 62-213.900(5)

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Key for Control Device Type	•	Applicable Standard Key		
PBS = packed-bed scrubber CMP = composite mesh pad PBS/CMP = packed-bed scrubber a FS = fume suppressant only FS/WA = fume suppressant with a v FM = fiber-bed mist eliminator WA = wetting agent		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		
Indicate the date by which the fa (Note: if your facility contains both date)	-	rements of paragraph (5) of Part II: ing or anodizing units, you must che	ck each applicable	
[] January 25, 1996	[Januar	y 25, 1997		
3. Indicate how the facility will full	fill the compliance demon	estration:		
The facility will c	onduct an initial performa	ance test ·		
[X] The facility will u limit in No. 1 abo		ace emissions and will meet the exist	ting surface tension	
4. Equipment Monitoring and Reco		lance with the requirements of this g	eneral permit:	
(a) Equipment maintenance	(b) Equ	uipment inspection and repair		
(c) Equipment malfunctions	(d) Op	eration and maintenance checklist	\bowtie	
(e) Instrument calibration (used during initial performance tes		rt-up, shutdown, malfunction plan		
(g) Performance test results	(h) Equ	sipment monitoring	\triangle	
(i) Excess emissions		erating periods	$oldsymbol{\mathcal{X}}$	
(k) Rectifier capacity	(1) Fur	me suppressant records	\swarrow	
(m) Purchase records of wetting age	ent components [_	K I		
5. Surrender of Existing DEP Air Pe	ermit(s)			
Please indicate with an "X" the appr	ropriate selection:			
I hereby surrender all notification form; the p		authorizing operation of the facility	indicated in this	
No DEP air permits cu	arrently exist for the opera	ation of the facility indicated in this	notification form.	

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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

3-31-06

Date

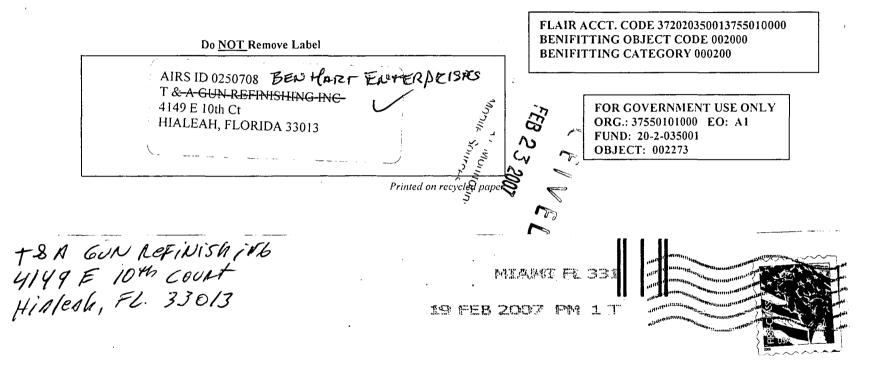
DEP Form No. 62-213.900(5)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

469671 FEB21207

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00



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