



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

October 30, 2008

Mr. James C. Bolton, III
White Wolf Custom
370 Champion Drive
Brooksville, Florida 34601

Re: Facility No.: 0530053-003

Dear Mr. Bolton, III:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 24, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

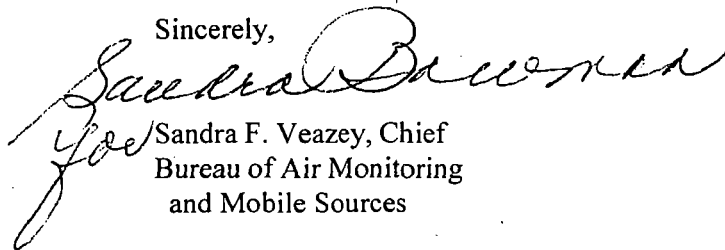
For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Ms. Danielle Henry, Southwest District

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
★ SEP 24 2008

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):	WHITE WOLF CUSTOM		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLR 0000 25062		
4. Facility Location: Street Address: City:	370 CHAMPION DR BROOKSVILLE	County: HERNANDO	Zip Code: 34601

0530053-003

Responsible Official

6. Name and Title of Responsible Official: Name:	JAMES C BOLTON III	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	14015 CHESTERFIELD TR HUDSON FL	County:	PASCO
		Zip Code:	34669
8. Responsible Official Telephone Number: Telephone:	(352) 799-5774	Fax:	(352) 799-2486

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

3-08	New/Existing	1990	FS	A
	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

3-05	New/Existing	1990	FS	X
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

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 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 type="checkbox"/> | (b) Equipment inspection and repair | <input 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 type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input 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.

JAMES C BOLTON II

Print name of responsible official

James C Bolton II
Signature

9-22-08
Date

FAX COVER

RECEIVED

TO DICK DIBBLE

SEP 24 2008

Bureau of Air Monitoring
& Mobile Sources

FROM WHITE WOLF CUSTOM
JAMES BOLTON

FAX # 1-352-799-2986

5 PAGES INC COVER

RECEIVED

SEP 25 2006
USE 24

Bureau of Air Monitoring
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

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2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	FLR 0000 26062
4. Facility Location: Street Address: City:	370 CHAMPION DR BROOKSVILLE County: HERNANDO Zip Code: 34601
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0530053-003

Responsible Official

6. Name and Title of Responsible Official: Name:	JAMES C PROULTON III	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	14015 CHESTERFIELD TR HUDSON FL	County:	PASCO Zip Code: 34669
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HARD CHROMIUM PLATING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
3-00	New/Existing	1990	FS	A
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
3-05	New/Existing	1990	FS	X
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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JAMES C BOLTON III

Print name of responsible official

James C Bolton III
Signature

9-22-08
Date

FedEx Tracking Number **8672 3980 8950**

Form ID No. **0200**

Recipient's Copy

1 From *1-21* 

Date *1-21*
 Sender's Name *[Redacted]* Phone *[Redacted]*

Company *[Redacted]*

Address *[Redacted]*
 Dept./Floor/Suite/Room *[Redacted]*

City *[Redacted]* State *[Redacted]* ZIP *[Redacted]*

2 Your Internal Billing Reference

3 To
 Recipient's Name *[Redacted]* Phone *[Redacted]*

Company *[Redacted]*

Recipient's Address *[Redacted]*
 We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room *[Redacted]*

Address *[Redacted]*
 To request a package be held at a specific FedEx location, print FedEx address here.
 City *[Redacted]* State *[Redacted]* ZIP *[Redacted]*

4a Express Package Service

Packages up to 150 lbs.

- FedEx Priority Overnight**
Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Standard Overnight**
Next business afternoon. * Saturday Delivery NOT available.
- FedEx First Overnight**
Earliest next business morning delivery to select locations. * Saturday Delivery NOT available.
- FedEx 2Day**
Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx Envelope rate not available. Minimum charge: One-pound rate.
- FedEx Express Saver**
Third business day. * Saturday Delivery NOT available.

4b Express Freight Service

Packages over 150 lbs.

- FedEx 1Day Freight***
Next business day. ** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx 2Day Freight**
Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx 3Day Freight**
Third business day. * Saturday Delivery NOT available.

* Call for Confirmation: _____ ** To most locations.

5 Packaging

- FedEx Envelope***
- FedEx Pak***
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- FedEx Box**
- FedEx Tube**
- Other**
* Declared value limit \$500.

6 Special Handling

Include FedEx address in Section 3.

- SATURDAY Delivery**
Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
- HOLD Weekday at FedEx Location**
Not available for FedEx First Overnight.
- HOLD Saturday at FedEx Location**
Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.



Does this shipment contain dangerous goods?

- No**
- Yes**
As per attached Shipper's Declaration.
- Yes**
Shipper's Declaration not required.
- Dry Ice**
Dry ice, 9, UN 1845 _____ x _____ kg
- Cargo Aircraft Only**

7 Payment Bill to:

- Recipient**
- Third Party**
- Credit Card**
- Cash/Check**

Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No.

 
 Total Packages _____ Total Weight _____ Total Declared Value¹ *22.75*
 \$ _____ .00

¹Our liability is limited to \$100 unless you declare a higher value. See back for details. Credit Card Auth.

8 Residential Delivery Signature Options

If you require a signature, check Direct or Indirect.

- No Signature Required**
Package may be left without obtaining a signature for delivery.
- Direct Signature**
Someone at recipient's address may sign for delivery. Fee applies.
- Indirect Signature**
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

520

FEDEx.COM 1.800.505.FEDEx 1.800.463.3339



8672 3980 8950