



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 7, 2001

Ms. Sheryl Howard
Checkmate Gun
8232 Shaw Road
Brookville, Florida 34602

Re: Facility No.: 0530053-002

Dear Ms. Howard:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on June 25, 2001.

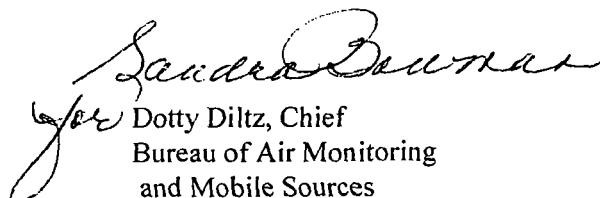
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Bill Proses, Southwest District

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):	Sheryl Howard dba Checkmate Custom Gun Refinishing		
2. Site Name (For example, plant name or number):	Checkmate Gun		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	370 Champion Dr		
Street Address:	Brooksville FL County: Hernando Zip Code: 34601		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0530053-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: Sheryl Howard Title: Owner		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 8232 Shaw Rd City: Brooksville FL County: Hernando Zip Code: 34602		
8. Responsible Official Telephone Number:	Telephone: (352) 799-5774 Fax: (352) 799-2986		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	William Puterbaugh - Manager		
10. Facility Contact Address:	Street Address: 370 Champion City: Brooksville County: Hernando Zip Code: 34601		
11. Facility Contact Telephone Number:	Telephone: (352) 754-9111 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)
16 - Dec - 93	New/Existing		FS	
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

*Machermid
Pro Tab 1000*

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 | <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 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 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 checked="" 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.

Sheryl Howard
Print name of responsible official

Sheryl Howard
Signature

06/20/01
Date

IMPORTANT

RECEIVED

JUN 25 2001
Bureau of Air Monitoring
& Mobile Sources

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

• If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO (Responsible Official)**, and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

• If you **do not** wish to continue your **eligibility**, please disregard this notice.

0530053-002

p 21

1(a) Enter Date Control Device Installed
Enter Applicable Standard from Key
(a, b or c)

p 22

3. Choose appropriate compliance demonstration.

4. (a) } Required for all sources.
(b) }
(c) } Should be worked.

p 23

Responsible official sign and date
for changes made

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.

468948 FEB12 2007

TOTAL AMOUNT DUE: \$50.00

*PERMIT EXPIRED: 7/26/2006
LAST SUBMITTED: 6/25/2001*

Do NOT Remove Label

DID NOT CONTACT

AIRS ID 0530053
CHECKMATE GUNS
370 Champion Dr
BROOKSVILLE, FLORIDA 34601



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.

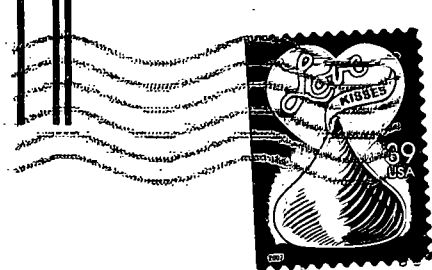
*SHERYL HOWARD
(352) 799-5174*



Grover White
 370 Champion Dr.
 Brooksville, FL 34601

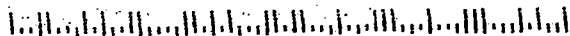
TAMPA FL 336

09 FEB 07 PM 6 L



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

32315+3070-70 8099



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.

460236 MAR27 2006

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 530053
CHECKMATE GUNS
370 Champion Dr
BROOKSVILLE, FL 34601

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.

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# 530053 7
CHECKMATE GUNS
370 Champion Dr
BROOKSVILLE, FL 34601

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

RECEIVED
DEC 15 2004
Bureau of Air Monitoring
& Mobile Sources
DEC 17 11 04 AM
REVENUE
DUHNING

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435168 JAN12 2004

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

530053
SHERYL HOWARD
CHECKMATE GUNS
8232 SHAW ROAD
BROOKSVILLE FL 34602

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

RECEIVED
JAN 15 2004
Director of
& Management Resources
Monitoring



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413303 JAN18 2002

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

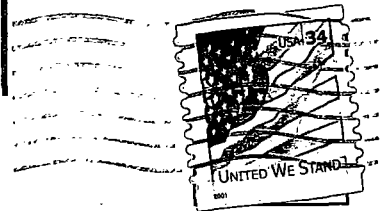
Do **NOT** Remove Label

AIRS ID # 0530053

CHECKMATE GUNS
SHERYL HOWARD
8232 SHAW ROAD
BROOKSVILLE FL
34602

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

CHECKMATE
PH. 352-799-5774
370 CHAMPION DR.
BROOKSVILLE, FL 34601



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

32315+3070 99

