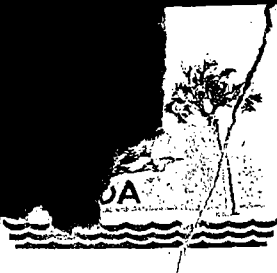


# Department of Environmental Protection



Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

October 25, 1996

Mr. Horace Booth  
Checkmate Guns  
370 Champion Drive  
Brooksville, Florida 34601

Dear Mr. Booth:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 3, 1996.

Please note that in November 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

cc: Mr. Louis Fernandez, Southwest District

# Checkmate Custom Gun Refinishing

370 Champion Dr  
Brooksville, FL 34601

Phone 352-799-5774  
Fax 352-799-2986

April 12, 2001

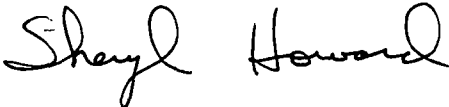
Maggie Cangro  
F D E R  
3804 Coconut Palm Dr  
Tampa FL 33610

**D.E.R.**  
**APR 16 2001**  
**Southwest District Tampa**

Dear Ms Cangro,

Horace Booth is no longer associated with Checkmate Custom Gun Refinishing. You had requested that I include my business number into this letter: #0530053. Since my former partner was the responsible person before, I now must assume that official responsibility. My shop manager, William Puterbaugh, who has been associated with Checkmate since the beginning, some twelve years now, would be available to answer questions about day to day operations.

Sincerely



Sheryl Howard

**RECEIVED**  
**APR 23 2001**  
Bureau of Air Monitoring  
& Mobile Sources

# Chromium Electroplating and Anodizing Facilities Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Horace Booth / Checkmate Guns</i>	Bureau of Air Monitoring & Mobile Sources  JUL - 1 1998  RECEIVED
2. Site Name (For example, plant name or number): <i>Checkmate Guns</i>	
3. Hazardous Waste Generator Identification Number: <i>FLD 984189514</i>	
4. Facility Location: Street Address: <i>370 CHAMPION DR</i> City: <i>Brooksville</i> County: <i>Hernando</i> Zip Code: <i>34601</i>	
5. Facility Identification Number (DEP Use): <i>0530055</i>	

## Responsible Official

6. Name and Title of Responsible Official: <i>Horace Booth / Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Checkmate Guns</i> Street Address: <i>370 Champion Dr</i> City: <i>Brooksville</i> County: <i>Hernando</i> Zip Code: <i>34601</i>
8. Responsible Official Telephone Number: Telephone: <i>(352) 799-5774</i> 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 hard plating

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
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)	
	12/89	12/89	FS/WA	LDWA	

① only  
 100 gallon tank  
 Use: MacDermid  
 Spray Stop  
 Blanket  
 Low volume  
 plate only guns

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

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

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes       No

RECEIVED  
 JUL - 1 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

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				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
#1	8/90		FS/WA	Low y

1 -  
40 gal. tank only  
Use only approx  
1/2 hr per  
week  
Covered rest  
of time  
plate  
(Small aluminum  
gun parts only)

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

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 section (5) of Part II of this form:

?  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. 3 above.

RECEIVED  
 JUL - 1 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**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 checked="" type="checkbox"/>   | (d) Operation and maintenance checklist  | <input type="checkbox"/>            |
| (e) Instrument calibration                       | <input 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 checked="" type="checkbox"/> p | (j) Operating periods                    | <input type="checkbox"/>            |
| (k) Rectifier capacity                           | <input type="checkbox"/>              | (l) Fume suppressant records             | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/>   |  |                                     |

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.
- No 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.*

*Harold Booth*  
 \_\_\_\_\_  
 Signature *Harold Booth*

*8/30/96*  
 \_\_\_\_\_  
 Date *6/18/97*

11. Facility Contact Telephone Number:  
 Telephone: ( ) - - Fax: ( ) - -

DEP Form No. 62-213.900(5)  
 Effective: 6-25-96

Revised 9/24/96

Am

**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.

TANK #	HARD DATE PURCHASED	CHROMIUM DATE CNTRL DEVICE INSTALLED	PLATING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)
	12/89	12/89	FS/WA	<del>low</del> A

H.B. ① only  
 100 gallon tank  
 Use: MacDermid  
 Spray Stop  
 Blanket  
 [Low volume  
 plate only guns]

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

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

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes

Yes

No

No

DEP Form No. 62-213.900(5)  
Effective: 6-25-96

Page 20 of 22

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				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	8/90	16, Dec, 1993	FS/WA	<del>low</del> y

1 -  
40 gal. tank only  
HB. Use only approx  
1/2 hr per  
week  
Covered rest  
of time  
(Small calibration  
gun parts only)

Key for Control Device Type

- PBS = packed-bed scrubber
- CMP = composite mesh pad
- PBS/CMP = packed-bed scrubber and composite mesh pad
- FS = fine suppressant only
- T = fine suppressant with a 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



PS/WAL = fume suppressant with a wetting agent  
FM = fiber-bed mist eliminator

c = alternative standard for multiple units  
under common control

2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form:

?  January 25, 1996  January 25, 1997 H.B.

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. 3 above.

DEP Form No. 62-213.900(5)  
Effective: 6-25-96

Page 21 of 22

### 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 checked="" type="checkbox"/> | (d) Operation and maintenance checklist  | <input type="checkbox"/>            |
| (e) Instrument calibration   | <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"/>            |

**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 checked="" type="checkbox"/> | (d) Operation and maintenance checklist  | <input type="checkbox"/>            |
| (e) Instrument calibration                       | <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 type="checkbox"/>            | (j) Operating periods                    | <input type="checkbox"/>            |
| (k) Rectifier capacity                           | <input type="checkbox"/>            | (l) Fume suppressant records             | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> |  | H.B.                                |

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_
- No 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 verify, know or believe, 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 control 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.*

*[Signature]*  
Signature

*8/30/96*  
Date

# Chromium Electroplating and Anodizing Facilities Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Horace Booth / Checkmate Guns		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLD 984189514		
4. Facility Location:	Street Address: 370 CHAMPION DR City: Brooksville County: Hernando Zip Code: 34601		
5. Facility Identification Number (DEP Use):	0530053		

## Responsible Official

6. Name and Title of Responsible Official:	Horace Booth		
7. Responsible Official Mailing Address:	Organization/Firm: Checkmate Guns Street Address: 370 Champion Dr City: Brooksville County: Hernando Zip Code: 34601		
8. Responsible Official Telephone Number:	Telephone: (352) 799-5774 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: ( ) -		

RECEIVED

SEP 3 1996

### 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
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	12/89	12/89	FS/WA	LOW

① - only  
 100 gallon tank  
 Use: MacDermid  
 Spray Stop  
 Blanket  
 [ Low volume  
 plate only guns ]

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

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

Were any hard chromium plating tanks at the facility operating before 12/16/93?

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				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	8/90		FS/WA	LOW

1 -  
40 gal. tank only  
Use only approx  
1/2 hr per  
week  
Covered rest  
plate time  
(Small aluminum  
gun parts only)

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

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 section (5) of Part II of this form:

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. 3 above.

### 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                       | <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 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"/> |  |                          |

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

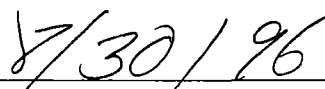
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_
- No air permits currently exist for the operation of the facility indicated in this notification form.

### 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.*

  
Signature

  
Date

**CHROMIUM ELECTROPLATING/ANODIZING  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
**APR 20 1998**  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
RE-INSPECTION

AIRS ID#: 0530053 DATE: 4/18/97 TIME IN: 12:45 TIME OUT: 1:30  
 FACILITY NAME: Checkmate Guns  
 FACILITY LOCATION: 370 Champion Dr.  
Brooksville, FL 34601

**PART I: NOTIFICATION**  
 (check appropriate box)

1. Facility notified DARM by 9/1/96   
 2. New facility notified DARM 30 days prior to startup   
 3. Facility failed to notify DARM to use a general permit

**PART II: CLASSIFICATION**

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

a. Existing Large (0.015 mg/dscm)       b. Existing Small (0.03 mg/dscm)   
 c. New (0.015 mg/dscm)       d. Alternative Standard for existing facilities   
 (0.03 mg/dscm) using a rolling average of *30MDC*  
 rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath      Emissions of < 0.01/mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)   
    Surface tension of  $\leq 45$  dynes/cm ( $3.1 \times 10^{-3}$  lb-f/R)   
    *May only be selected if a wetting agent is used.*

b. Trivalent Chromium Bath      With wetting agent   
    Without wetting agent < 0.01mg/dscm ( $4.4 \times 10^{-5}$  gr/dscf)

c. Chromium Anodizing      Emissions of < 0.01 mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)   
    Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$  lb-f/R)   
    *May only be selected if a wetting agent is used.*

**PART III: CONTROL TECHNOLOGY**

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters?  Y  N  N/A  
*(Not required for sources using a wetting agent or 1-inch foam blanket thickness)*

**PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)*  Y  N  N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)*  Y  N  N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).  Y  N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.  Y  N
- Results of all performance tests.  Y  N  N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)*  Y  N  N/A

<b>Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.	<b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.
<b>Fiber-Bed Mist Eliminator</b> Measure the pressure drop across the FBME and the upstream device daily.	<b>Packed Bed Scrubber/Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.
<b>Foam Blanket Fume Suppressant</b> Measure the foam blanket thickness at the appropriate interval.	<b>Fume Suppressant w/ Wetting Agent</b> Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components.  Y  N  N/A
- Records of the date and time that fume suppressants are added to the bath.  Y  N  N/A
- Records of rectifier capacity, if used to determine facility size.  Y  N  N/A
- Records of the total process operating time.  Y  N
- Records identifying specific periods of excess emissions.  Y  N
- Startup, Shutdown & Malfunction Plan  Y  N



**PART V: ADDITIONAL SITE INFORMATION**

Capacity 2000 amps

Spray Stop R

17881-05-96-36

MacDermid

HORACE BOOTH

Name of Responsible Official

MARGARET CANGRO

Inspector's Name

Margaret Cangro

Inspector's Signature

6/18/97

Date of Inspection

June '98

Approximate Date of Next Inspection

**SENDER:**

- Complete item
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Fold at line over top of envelope to

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

AIRS ID#: 0530053

HORACE BOOTH  
 HORACE BOOTH  
 370 CHAMPION DRIVE  
 BROOKSVILLE FL 34601

## 4a. Article Number

P 265 302 156

## 4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

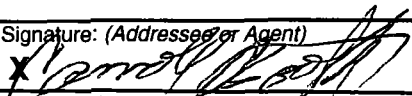
## 7. Date of Delivery

2-18-97

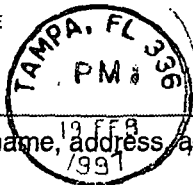
## 5. Received By: (Print Name)

## 8. Addressee's Address (Only if requested and fee is paid)

## 6. Signature: (Addressee or Agent)



UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

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



P 265 302 156

US Postal Service

# Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID#: 0530053

HORACE BOOTH  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>

Postmark or Date

2/14/97

PS Form 3800, April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260550 ✓

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED  
MAIL ROOM

FEB 14 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

CHECKMATE GUNS  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

AIRS ID# 0530053

**FOR GOVERNMENT USE ONLY**

**Org.: 37550101000 EO: B1**

**Fund: 20-2-035001**

**Obj.: 002273**

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

AIRS ID # 0530053

CHECKMATE GUNS  
 HORACE BOOTH  
 370 CHAMPION DRIVE  
 BROOKSVILLE, FL 34601

**4a. Article Number**

Z333660650

**4b. Service Type**

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

**7. Date of Delivery**

2. 16. 2009  
MAIL ROOM

**5. Received By: (Print Name)**

FEB 22 '09

**8. Addressee's Address (Only if requested and fee is paid)**

6. PS  
 [Faint return address text]

JSH

Receipt

Thank you for using Return Receipt Service.

Z 333 660 650

US Postal Service

# Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0530053

CHECKMATE GUNS  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361975

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED  
MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00**

FEB 25 99

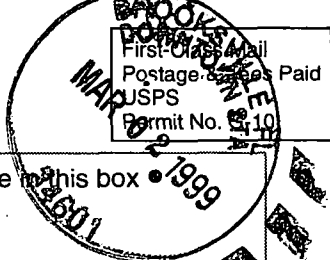
Do NOT Remove Label

AIRS ID # 0530053

CHECKMATE GUNS  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

UNITED STATES POSTAL SERVICE



• Print your name, address, and ZIP Code in this box •

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

51



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
  2.  Restricted Delivery
- Consult postmaster for fee.

**3. Article Addressed to:**

AIRS ID # 0530053

CHECKMATE GUNS  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

**4a. Article Number**

P174 052 140

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

**7. Date of Delivery**

3-1-99

**5. Received By: (Print Name)**

**8. Addressee's Address (Only if requested and fee is paid)**

**6. Signature: (Addressee or Agent)**

X

Joe Hall

Thank you for using Return Receipt Service.

P 174 052 140

1999

US Postal Service

# Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0530053

CHECKMATE GUNS  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302524 ✓

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**

RECEIVED  
MAIL ROOM

FEB 12 98

Do **NOT** Remove Label

AIRS ID#0530053

HORACE BOOTH  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

**FOR GOVERNMENT USE ONLY**

**Org.: 37550101000 EO: B1**

**Fund: 20-2-035001**

**Obj.: 002273**

Z 333 613 146

US Postal Service

**Receipt for Certified Mail**

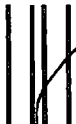
AIRS ID 0530053

HORACE BOOTH  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

UNITED STATES POSTAL SERVICE



BROOKSVILLE  
DOWNTOWN, FL

FEB 17 1998

34601

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

• Print your name, address, and ZIP Code in this box •

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF ENVIRONMENTAL PROTECTION  
1001 ST. JAMES AVE  
2500 W. UNIVERSITY BLVD  
WILLOW GLEN, FLORIDA 32806-4400

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

AIRS ID 0530053

HORACE BOOTH  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

**4a. Article Number**

2 333 613146

**4b. Service Type**

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

**7. Date of Delivery**

2-17-98

**5. Received By: (Print Name)**

**8. Addressee's Address (Only if requested and fee is paid)**

**6. Signature: (Addressee or Agent)**

*Horace Booth*

Thank you for using Return Receipt Service.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390750

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

CHECKMATE GUNS  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

AIRS ID # 0530053

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
JAN - 7 00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE**

JAN 15 2003

RECEIVED

421526 JAN 9 2003

Bureau of Air & Mobile Sources Monitoring

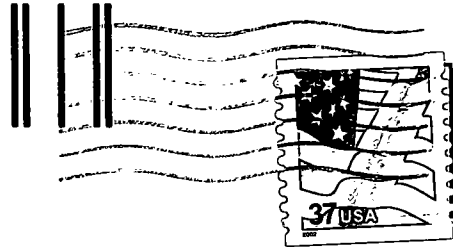
Do **NOT** Remove Label

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 Custom  
Gun Refinishing  
370 Champion Dr.  
Brooksville, FL 34601



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

32315+3070 99



## 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:

7                      AIRS ID # 0530053001AG  
 SHERYL HOWARD  
 CHECKMATE GUNS  
 370 CHAMPION DRIVE  
 BROOKSVILLE FL 34601

2. Article Number (Copy from service label)

2210 662 498

PS Form 3811, July 1999

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

6-8-01

C. Signature

X

*William J. Peterson*

 Agent AddresseeD. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

 No

JUN 11 2001

Bureau of Air Monitoring  
& Mobile Sources

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

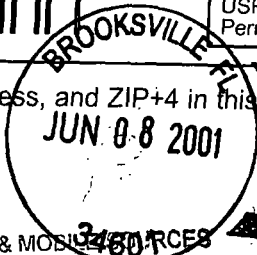
Domestic Return Receipt

102595-99-M-1789

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 SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

01



Z 210 662 498

US Postal Service

# Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

7                      AIRS ID # 0530053001AG  
SHERYL HOWARD  
CHECKMATE GUNS  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

7571  
4126  
0026  
9200  
0600  
7000



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

Postmark  
Here

Total

AIRS ID # 0530053

Recipient

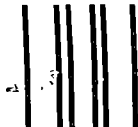
**CHECKMATE GUNS  
HORACE BOOTH**

Street

**370 CHAMPION DRIVE  
BROOKSVILLE FL 34601**

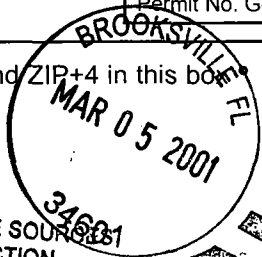
City, St

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 SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

01





SENDER

- 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 # 0530053

HECKMATE GUNS  
ORACE BOOTH  
70 CHAMPION DRIVE  
BROOKSVILLE FL 34601

2. Article Number (Copy from service label)


7000060026004261751

COMPLETE THIS SECTION ON DELIVERY

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

Justin Tipton 3-5-01

C. Signature

X   Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406800 MAR 5 2001

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

CHECKMATE GUNS  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

AIRS ID # 0530053

FOR GOVERNMENT USE ONLY

Org.: 3755010100 EO: A1

Fund: 20-2-035001

Obj.: 002273

**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 # 0530053

CHECKMATE GUNS  
 HORACE BOOTH  
 370 CHAMPION DRIVE  
 BROOKSVILLE FL 34601

2. Article Number (Copy from service label)

7000 · 0600 0026 4127 4126

**COMPLETE THIS SECTION ON DELIVERY**

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

William Petur PAUGH 2-12-91

C. Signature

X William Petur PAUGH

- 
- Agent
- 
- 
- Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- 
- Yes
- 
- 
- No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- 
- Yes

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 •

DIR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 2400  
2600 W. FLORISSA ROAD  
TALLAHASSEE, FLORIDA 32399-2400

2399/2400



U.S. Postal Service

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4127 4126 92TH 0090 0002 42TH 4126



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

Total Postage

AIRS ID # 0530053

Recipient's Name

CHECKMATE GUNS  
HORACE BOOTH  
370 CHAMPION DRIVE  
BROOKSVILLE FL 34601

Street, Apt. No

City, State, ZIP

AIRS ID#: \_\_\_\_\_

*all*

**CHROMIUM ELECTROPLATING/ANODIZING  
AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

Revised 01/12/98

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 1998

RECEIVED

AIRS ID#0530053
HORACE BOOTH HORACE BOOTH 370 CHAMPION DRIVE BROOKSVILLE FL 34601

Do NOT Remove Label

Annual Reporting Period: 2/1 19 98 TO 2/1 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.*

**RESPONSIBLE OFFICIAL:** Horace Booth *Horace Booth* 2/9/98  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**CHROMIUM ELECTROPLATING/ANODIZING  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0530053 DATE: 6/24/98 TIME IN: 11:20 TIME OUT: 1:00  
 FACILITY NAME: Checkmate Guns  
 FACILITY LOCATION: 370 Champion Dr.  
Brooksville, FL

**RECEIVED**  
 JUL 10 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART I: NOTIFICATION**

(check appropriate box)

1. Facility notified DARM by 9/1/96   
 2. New facility notified DARM 30 days prior to startup   
 3. Facility failed to notify DARM to use a general permit

**PART II: CLASSIFICATION**

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

a. Existing Large (0.015 mg/dscm)       b. Existing Small (0.03 mg/dscm)   
 c. New (0.015 mg/dscm)       d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath      Emissions of < 0.01/mg/dscm (4.4x10<sup>-6</sup> gr/dscf)   
    Surface tension of ≤ 45 dynes/cm (3.1x10<sup>-3</sup> lb-f/ft)   
    *May only be selected if a wetting agent is used.*

b. Trivalent Chromium Bath      With wetting agent   
    Without wetting agent <0.01mg/dscm (4.4x10<sup>-6</sup> gr/dscf)

c. Chromium Anodizing      Emissions of <0.01 mg/dscm (4.4x10<sup>-6</sup> gr/dscf)   
    Surface tension of 45 dynes/cm (3.1x10<sup>-3</sup> lb-f/ft)   
    *May only be selected if a wetting agent is used.*

**PART III: CONTROL TECHNOLOGY**

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters?  Y  N  N/A  
*(Not required for sources using a wetting agent or 1-inch foam blanket thickness)*

**PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
5. Results of all performance tests.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A						
<table border="0"> <tr> <td><b>Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.</td> <td><b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.</td> </tr> <tr> <td><b>Fiber-Bed Mist Eliminator</b> Measure the pressure drop across the FBME and the upstream device daily.</td> <td><b>Packed Bed Scrubber/Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.</td> </tr> <tr> <td><b>Foam Blanket Fume Suppressant</b> Measure the foam blanket thickness at the appropriate interval.</td> <td><b>Fume Suppressant w/ Wetting Agent</b> Measure the surface tension at the appropriate interval.</td> </tr> </table>	<b>Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.	<b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.	<b>Fiber-Bed Mist Eliminator</b> Measure the pressure drop across the FBME and the upstream device daily.	<b>Packed Bed Scrubber/Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.	<b>Foam Blanket Fume Suppressant</b> Measure the foam blanket thickness at the appropriate interval.	<b>Fume Suppressant w/ Wetting Agent</b> Measure the surface tension at the appropriate interval.	
<b>Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.	<b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.						
<b>Fiber-Bed Mist Eliminator</b> Measure the pressure drop across the FBME and the upstream device daily.	<b>Packed Bed Scrubber/Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.						
<b>Foam Blanket Fume Suppressant</b> Measure the foam blanket thickness at the appropriate interval.	<b>Fume Suppressant w/ Wetting Agent</b> Measure the surface tension at the appropriate interval.						
7. Purchase records of wetting agent components.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A						
8. Records of the date and time that fume suppressants are added to the bath.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A						
9. Records of rectifier capacity, if used to determine facility size.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
10. Records of the total process operating time.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
12. Startup, Shutdown & Malfunction Plan	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						



**PART V: ADDITIONAL SITE INFORMATION**

[Empty box for additional site information]

RECEIVED  
JUL 10 1998  
Bureau of Air Monitoring  
& Mobile Sources

Horace Booth

Name of Responsible Official

Margaret Cangro

Inspector's Name

Margaret Cangro

Inspector's Signature

6/24/98

Date of Inspection

During testing

Approximate Date of Next Inspection

**CHROMIUM ELECTROPLATING/ANODIZING**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0530053 DATE: 1/21/99 TIME IN: 10:50 TIME OUT: 11:15  
 FACILITY NAME: Checkmate Guns  
 FACILITY LOCATION: 370 Champion Dr  
Brooksville, FL 34601

**PART I: NOTIFICATION**

(check appropriate box)

1. Facility notified DARM by 9/1/96   
 2. New facility notified DARM 30 days prior to startup   
 3. Facility failed to notify DARM to use a general permit

**RECEIVED**  
 JAN 27 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART II: CLASSIFICATION**

Facility type(s)/applicable standard indicated on notification form:

**Hard Chromium Plating**

a. Existing Large (0.015 mg/dscm)       b. Existing Small (0.03 mg/dscm)   
 c. New (0.015 mg/dscm)       d. Alternative Standard for existing facilities   
 (0.03 mg/dscm) using a rolling average of  
 rectifier capacity (less than 60 million A-hr/year)

**Decorative Chromium Plating/Anodizing**

a. Chromic Acid Bath      Emissions of < 0.01/mg/dscm (4.4x10<sup>-6</sup> gr/dscf)   
    Surface tension of ≤ 45 dynes/cm (3.1x10<sup>-3</sup> lb-f/ft)   
    *May only be selected if a wetting agent is used.*

b. Trivalent Chromium Bath      With wetting agent   
    Without wetting agent <0.01mg/dscm (4.4x10<sup>-6</sup> gr/dscf)

c. Chromium Anodizing      Emissions of <0.01 mg/dscm (4.4x10<sup>-6</sup> gr/dscf)   
    Surface tension of 45 dynes/cm (3.1x10<sup>-3</sup> lb-f/ft)   
    *May only be selected if a wetting agent is used.*

**PART III: CONTROL TECHNOLOGY**

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters?  Y  N  N/A  
*(Not required for sources using a wetting agent or 1-inch foam blanket thickness)*

**PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)*  Y  N  N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)*  Y  N  N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).  Y  N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.  Y  N  N/A
- Results of all performance tests.  Y  N  N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)*  Y  N  N/A

<b>Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.	<b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.
<b>Fiber-Bed Mist Eliminator</b> Measure the pressure drop across the FBME and the upstream device daily.	<b>Packed Bed Scrubber/Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.
<b>Foam Blanket Fume Suppressant</b> Measure the foam blanket thickness at the appropriate interval.	<b>Fume Suppressant w/ Wetting Agent</b> Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components.  Y  N  N/A
- Records of the date and time that fume suppressants are added to the bath.  Y  N  N/A
- Records of rectifier capacity, if used to determine facility size.  Y  N  N/A
- Records of the total process operating time.  Y  N
- Records identifying specific periods of excess emissions.  Y  N  N/A
- Startup, Shutdown & Malfunction Plan  Y  N

**PART V: ADDITIONAL SITE INFORMATION**

[Empty box for additional site information]

Horace Booth  
Name of Responsible Official

MARGARET CANGRU  
Inspector's Name

Margaret Cangru  
Inspector's Signature

1/21/99  
Date of Inspection

June 99  
Approximate Date of Next Inspection

AIRS ID#: 0530053

ACC

Revised 10/10/96

**CHROMIUM ELECTROPLATING/ANODIZING  
AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

D.E.P.  
MAY 21 1999  
Southwest District Tampa

FACILITY NAME: CHECKMATE GUNS  
FACILITY LOCATION: 370 CHAMPION DR  
BROOKSVILLE, FL 34601

Annual Reporting Period: 1-1- 1998 TO 1-21- 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Initial performance test.

Exact period of non-compliance: from 1-1-98 to 7-16-98

Action(s) taken to achieve compliance: Testing initiated.

Method used to demonstrate compliance: Surface tension testing ongoing - results logged.

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

RECEIVED  
MAY 27 1999  
Bureau of Air Monitoring  
& Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: HORACE BOOTH Horace Booth 5/21/99  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

AIRS ID#: 0530053

ACC

Revised 01/18/00

**CHROMIUM ELECTROPLATING/ANODIZING  
AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

RECEIVED  
FEB 11 2000  
Bureau of Air & Mobile Sources Monitoring

FACILITY NAME: CHECKMATE GUNS DATE: 2/11/00  
FACILITY LOCATION: 370 CHAMPION DR  
BROOKSVILLE, FL 34601

Annual Reporting Period: 1-22-1999 TO 2-11-2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.*

RESPONSIBLE OFFICIAL: MORACE BOOTH Morace Booth 2/11/00  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**CHROMIUM ELECTROPLATING/ANODIZING  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

Bureau of Air Monitoring  
& Mobile Sources

FEB 17 2000

RECEIVED

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0530053 DATE: 2/11/00 TIME IN: 11:15 TIME OUT: 11:45  
 FACILITY NAME: Checkmate Guns  
 FACILITY LOCATION: 370 Champion Dr.  
Brooksville, FL 34601

**PART I: NOTIFICATION**

(check appropriate box)

1. Facility notified DARM by 9/1/96   
 2. New facility notified DARM 30 days prior to startup   
 3. Facility failed to notify DARM to use a general permit

**PART II: CLASSIFICATION**

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Hard Chromium Plating

a. Existing Large (0.015 mg/dscm)       b. Existing Small (0.03 mg/dscm)   
 c. New (0.015 mg/dscm)       d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath      Emissions of < 0.01/mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)   
    Surface tension of  $\leq 45$  dynes/cm ( $3.1 \times 10^{-3}$  lb-f/ft)   
    *May only be selected if a wetting agent is used.*

b. Trivalent Chromium Bath      With wetting agent   
    Without wetting agent < 0.01 mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)

c. Chromium Anodizing      Emissions of < 0.01 mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)   
    Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$  lb-f/ft)   
    *May only be selected if a wetting agent is used.*

**PART III: CONTROL TECHNOLOGY**

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters?  Y  N  N/A  
*(Not required for sources using a wetting agent or 1-inch foam blanket thickness)*

**PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5. Results of all performance tests.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<b>Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.	<b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.
<b>Fiber-Bed Mist Eliminator</b> Measure the pressure drop across the FBME and the upstream device daily.	<b>Packed Bed Scrubber/Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.
<b>Foam Blanket Fume Suppressant</b> Measure the foam blanket thickness at the appropriate interval.	<b>Fume Suppressant w/ Wetting Agent</b> Measure the surface tension at the appropriate interval.
7. Purchase records of wetting agent components.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8. Records of the date and time that fume suppressants are added to the bath.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
9. Records of rectifier capacity, if used to determine facility size.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
10. Records of the total process operating time.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
11. Records identifying specific periods of excess emissions.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
12. Startup, Shutdown & Malfunction Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N



**PART V: ADDITIONAL SITE INFORMATION**

[Empty rectangular box for additional site information]

Horace Booth  
Name of Responsible Official

Margaret Cangro  
Inspector's Name

Margaret Cangro  
Inspector's Signature

2/11/00  
Date of Inspection

Feb 2001  
Approximate Date of Next Inspection