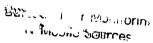


APR 2 & 2010

# 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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Freedom Motal Finishing Inc.
2. Site Name (For example, plant name or number):
Freeden Metal Finishing Inc
3. Hazardous Waste Generator Identification Number:
FLDPPB646422
4. Facility Location: 50 95 113+h Avenue North Street Address:
City: Clearmater County: Pinellas Zip Code: 33/60 -
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030306 - 00
1030306-00
Responsible Official  6. Name and Title of Responsible Official:
Nomes ()
Name: Keith E. Eidschun Me: President
7. Responsible Official Mailing Address:
Organization/Firm: Freedon Metal Fingsony Inc. Street Address: 5075 11344 Ave North
City: Clase mater County: Rine llas Zip Code: 33760
8. Responsible Official Telephone Number: Telephone: (727) - 723 2464 Fax: (727) 572 - 1997
Telephone: $(727)$ - $573-2464$ Fax: $(727)572 - 1991$
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):
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: ( ) -

DEP Form No. 62-213.900(5) Effective: 2/24/99

#### **Facility Information**

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

#### HARD CHROMIUM PLATING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			

Key for Control Device Type	Applicable Standard Key
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	a = 0.03 mg/dscm b = 0.015 mg/dscm d c = alternative standard for multiple tank under common control
Is the facility's cumulative potential rectifier capacity great	ater 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	UNIT CLASS	DATE CNTRL	CONTROL	APPLICABLE
PURCHASED	(circle one)	DEVICE	DEVICE	STANDARD
		INSTALLED	(see key)	(see key)
01180	New/Existing	1/25/96	FS/mA	У
01/80	NewExisting	1/26/96	FS1 WH	У
	New/Existing			

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Key for Control Device Type	Applicable Standard Key
PBS = packed-bed scrubber CMP = composite mesh pad PBS/CMP = packed-bed scrubber and composite me FS = fume suppressant only FS/WA = fume suppressant with a wetting agent FM = fiber-bed mist eliminator WA = wetting agent	x = 0.01 mg/dscm y = 45 dynes/cm sh pad 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 t (Note: if your facility contains both hard and decorate date)	the requirements of paragraph (5) of Part II: tive plating or anodizing units, you must check each applicable
[] January 25, 1996 []	January 25, 1997
3. Indicate how the facility will fulfill the compliance	e demonstration:
[] The facility will conduct an initial	performance test
The facility will use a wetting agen limit in No. 1 above.	nt to reduce emissions and will meet the existing surface tension
4. Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site i	nation in accordance with the requirements of this general permit:
(a) Equipment maintenance []	(b) Equipment inspection and repair []
(c) Equipment malfunctions []	(d) Operation and maintenance checklist []
(e) Instrument calibration [] (used during initial performance test)	(f) Start-up, shutdown, malfunction plan
(g) Performance test results []	(h) Equipment monitoring []
(i) Excess emissions []	(j) Operating periods [X]
(k) Rectifier capacity []	(l) Fume suppressant records [X]
(m) Purchase records of wetting agent components	[ <u>X</u> ]
5. Surrender of Existing DEP Air Permit(s)	
Please indicate with an "X" the appropriate selection	ut.
[] I hereby surrender all existing DEP air notification form; the permit number(s)	permits authorizing operation of the facility indicated in this are:
No DEP air permits currently exist for	the operation of the facility indicated in this notification form.
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### **Responsible Official Certification**

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Rint name of responsible official

4/23/10

\*Freedom

Metal Finishing, Inc.

5095 113th Avenue No.

Clearwater, FL 33760

FIRST CLASS
MAILED FROM 33760
01110401027826

General Permits Section
Bureau of Air Monitoring and
Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

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