



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 18, 2002

Mr. Todd Buhnerkemper  
Classic Chrome  
14835-49th Street, North  
Clearwater, Florida 33762

Re: Facility No.: 1030332-002

Dear Mr. Buhnerkemper:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on October 18, 2002.

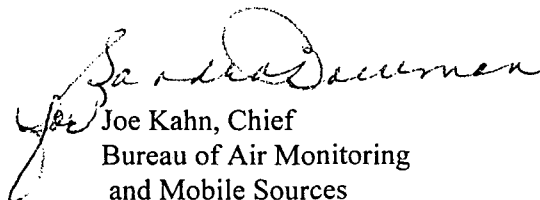
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

Fees 96-01  
SOC 7  
Comp. IN (SAC) No Permit

RECEIVED

OCT 18 2002

Bureau of Air Monitoring  
& Mobile Sources

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): Classic Chrome, Inc.
2. Site Name (For example, plant name or number): Classic Chrome
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 14835 49th Street N City: Clearwater County: Pinellas Zip Code: 33762
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030332-002

Responsible Official

6. Name and Title of Responsible Official: Name: Todd Buhnerkemper Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 14835 49th Street, North City: Clearwater County: Pinellas Zip Code: 33762
8. Responsible Official Telephone Number: Telephone: 727-531-2000 Fax: 727

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): N/A
10. Facility Contact Address: Street Address: City: N/A County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) N/A Fax: 727-531-3767

Page 1 of 1

**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			
	New/Existing			
	New/Existing			
	New/Existing			
N/A	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**

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
1994	New/Existing	97	FS/WA	✓
1997	New/Existing	97	FS/WA	✓
	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 checked="" type="checkbox"/> |
| (c) Equipment malfunctions   | <input type="checkbox"/>            | (d) Operation and maintenance checklist  | <input checked="" type="checkbox"/> |
| (e) Instrument calibration<br>(used during initial performance test) | <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 checked="" 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:  
1030332-001-AS
- 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.*

TODD BUNNER KEMPER

Print name of responsible official

Todd Kemper

Signature

9.27.02

Date

## Instructions for Completing Part III of Notification Form

The Chromium Electroplating and Anodizing Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III, of this form to:

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

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the chromium electroplating or anodizing facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.
10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.



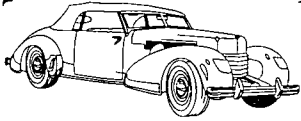
Page 21

1. (b) New should be circled under Unit Class for 1994 and 1997 tanks.

Page 22

4. (a)(c) Required for all sources. Should be marked.

Classic Chrome Inc.



14835 49th STREET N.  
CLEARWATER FL 33762



General Permits Section  
Bureau of Air Monitoring &  
Mobile Sources, MS 5510  
Department of Environmental  
Protection  
2606 Blain Stone Road  
Tallahassee, FL 32399-2400

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

468728 FEB 8 2007

Do **NOT** Remove Label

AIRS ID#1030332  
CLASSIC CHROME INC  
14835 49th St N  
CLEARWATER, FLORIDA 34622

FEB 12 2007  
Buy  
& Monitor  
Sources

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.

CLASSIC CHROME INC.  
14835 49TH ST N  
CLEARWATER FL 33762  
727-531-2000

ST PETERSBURG FL 337

06 FEB 2007 PM 3 T



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

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. 443954 DEC 30 2004

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 1030332 7  
CLASSIC CHROME INC  
14835 49th St N  
CLEARWATER, FL 34622

RECEIVED  
JAN 3 2004  
Bureau of Air Monitoring  
& Mobile Sources  
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. 457731 JAN 9 2006

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

1030332 7  
CLASSIC CHROME INC  
14835 49th St N  
CLEARWATER, FL 34622

RECEIVED  
JAN 11 2006  
Bureau of Air Monitoring  
& Mobile Sources  
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.

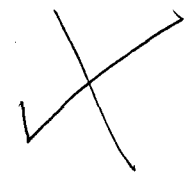


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434564 DEC 22 2003

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

1030332  
 TODD BUHNERKEMPER  
 CLASSIC CHROME INC  
 14835 49TH STREET N  
 CLEARWATER FL 33762

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420439 DEC 9 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

CLASSIC CHROME INC  
 TODD BUHNERKEMPER  
 14835 49TH STREET N  
 CLEARWATER FL  
 33762

AIRS ID#1030332

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

EA  
AR

RECEIVED  
 DEC 11 2002  
 Bureau of Air Monitoring  
 & Mobile Sources



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

32315+3070 99

