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CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

DEC 10 2010

Bureau of Air Monitoring
& Mobile Sources

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):			
Coating Technology Inc.			
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
FLD000442236			
4. Facility Location: 360 SCARLET BLVD			
Street Address:			
City: OLDSMAR	County: PINELLAS	Zip Code: 34677-3018	
5. Facility Identification Number (DEP Use ONLY - do not fill in):			
1030544-001			

Responsible Official

6. Name and Title of Responsible Official:			
Name: Stephen A. PANTLE		Title: President	
7. Responsible Official Mailing Address:			
Organization/Firm: Coating Technology Inc.			
Street Address: 360 SCARLET BLVD			
City: OLDSMAR	County: Pinellas	Zip Code: 34677-3018	
8. Responsible Official Telephone Number:			
Telephone: (813) 854-3674		Fax: (813) 854-4362	

Facility Contact (If different from Responsible Official)

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

Facility Information

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

HARD CHROMIUM PLATING TANKS

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

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)
11-4-2006	New/Existing	12-20-2006	FS	Y
	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 checked="" type="checkbox"/>
(e) Instrument calibration (used during initial performance test)	<input checked="" type="checkbox"/>	(f) Start-up, shutdown, malfunction plan	<input 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 checked="" 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.

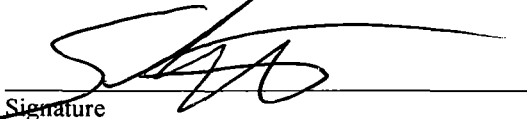
Responsible Official Certification

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.

Stephen A. PATEL

Print name of responsible official



Signature

12-8-2010

Date

COATING TECHNOLOGY, INC.
360 SCARLET BLVD.
OLDSMAR, FL 34677



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCE MS 5510
DEP
2600 BLAIR STONE RD
TALLAHASSEE, FL 32399

