

RECEIVED

MAY 26 2010

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORMBureau 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):
Darrell L. Pittman / ChromeAddicts
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
FLR0000165621
4. Facility Location:
Street Address: 1890 US HWY 17/92 Suite 2
City: Lake Alfred County: Polk Zip Code: 33850
5. Facility Identification Number (DEP Use ONLY - do not fill in):
1050436-001

Responsible Official

6. Name and Title of Responsible Official:
Name: Darrell L. Pittman Title: Owner
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 1890 US HWY 17/92 Suite 2
City: Lake Alfred County: Polk Zip Code: 33850
8. Responsible Official Telephone Number:
Telephone: (863) 860-2051 Fax: (863) 875-5668

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)
April 2009	New/Existing		FS/WA	
1997	New/Existing		FS/WA	
1997	New/Existing		FS/WA	
1997	New/Existing		FS/WA	
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

- Decorative Chrome
- Bright Nickel
- Bright Acid Copper
- Cyanide Copper

Key for Control Device Type

PBS = packed-bed scrubber
CMP = composite mesh pad
PBS/CMP = packed-bed scrubber and composite mesh pad
FS = fume suppressant only
FS/WA = fume suppressant with a wetting agent
FM = fiber-bed mist eliminator
WA = wetting agent

Applicable Standard Key

x = 0.01 mg/dscm
y = 45 dynes/cm
z = records of bath components
(trivalent Cr tanks only)
c = alternative standard for multiple tanks
under common control

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

(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

☐ January 25, 1996 ☐ January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

- ☐ The facility will conduct an initial performance test
☒ The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above.

4. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| (a) Equipment maintenance | <input type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input type="checkbox"/> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration
(used during initial performance test) | <input 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 checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input 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.

Darrell C. Pittman

Print name of responsible official

Darrell C. Pittman

Signature

05-21-10

Date

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000002635

FILED
Mar 01, 2010
Secretary of State

Entity Name: CHROMEADDICTS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

405 N CHARLES ST
SUITE 100
DAYTONA BEACH, FL 32114

New Principal Place of Business:

1890 US HWY 17/92
SUITE 2
LAKE ALFRED, FL 33850

Current Mailing Address:

405 N CHARLES ST
SUITE 100
DAYTONA BEACH, FL 32114

New Mailing Address:

1890 US HWY 17/92
SUITE 2
LAKE ALFRED, FL 33850

FEI Number: 14-1946138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PITTMAN, DARRELL L
201 FISH HAWK DRIVE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARRELL L PITTMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PITTMAN, DARRELL L
Address: 201 FISH HAWK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGR
Name: PITTMAN, SUKHVINDER K
Address: 201 FISH HAWK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DARRELL L PITTMAN

MGRM

03/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

PLEASE PRINT



1006



32399

U.S. POSTAGE
PAID
LAKE ALFRED, FL
33850
MAY 24, 10
AMOUNT

\$5.60

00069637-01



Flat Rate Mailing Envelope

For Domestic and International Use

Visit us at usps.com



**PRIORITY®
MAIL**

UNITED STATES POSTAL SERVICE

For Domestic
and International Use



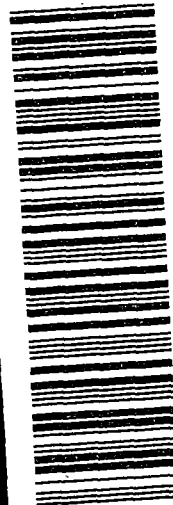
From **Chrome Addicts LLC**
1890 US HWY 17/92, Suite #2
Lake Alfred, FL 33850

TO Air General Permits Section
Bureau of Air Monitoring + Mobile Sources
MS 5510
D.E.P.
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

Label 228, January 2008

Country of Destination/Pays de destination:

United States Postal Service®
DELIVERY CONFIRMATION™



0000 0070 0000 1685 4091