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DIVISION OF AIR RESOURCE MANAGEMENT  
CHROMIUM ELECTROPLATERS AND ANODIZERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

DIVISION OF AIR RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0170370-002

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

FORDS CUSTOM PLATING & SERVICES

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

SHAMROCK ACRES INDUSTRIAL PARK

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 6843 N. CITRUS AVE - UNIT CC

City: CRYSTAL RIVER, FL, County: CITRUS  
34428

Zip Code: 34428-6933

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

N/A

**Facility Contact**

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: LARNA BOOTH, CEO

Facility Contact Telephone Numbers

Telephone: 352-564-0001

Fax: 352-564-0005

Cell phone: 352-257-1787

E-mail: fordscustom@tampabay.vv.com

Facility Contact Mailing Address

Organization/Firm: FORDS CUSTOM PLATING & SERVICES

Mailing Address: 6843 N. CITRUS AVE, UNIT C-C

City: CRYSTAL RIVER, FL.

County: CITRUS

Zip Code: 34428

**Correspondence Contact/Representative (to serve as additional Department contact)**

Name and Position Title

Print Name and Title: TRAVIS POWELL, SHOP MANAGER

Correspondence Contact/Representative Telephone Numbers

Telephone: 352-564-0001

Fax: 352-564-0005

Cell phone: \_\_\_\_\_

E-mail: fordscustom@tampabay.vv.com

Correspondence Contact/Representative Mailing Address

Organization/Firm: FORDS CUSTOM PLATING & SERVICES

Mailing Address: 6843 N. CITRUS AVE - UNIT C-C

City: CRYSTAL RIVER, FL. 34428

County: CITRUS

Zip Code: 34428

**Government Facility Code (check only one)**

- Facility not owned or operated by a federal, state, or local government.
- Facility owned or operated by the federal government.
- Facility owned or operated by the state.
- Facility owned or operated by the county.
- Facility owned or operated by the municipality.
- Facility owned or operated by a water management district.

**Facility Information**

1. a. Provide the information below for each hazardous 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.

DATE PURCHASED	UNIT CLASS (Check one)	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		FS	a
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			

PURCHASED  
TANK IN  
4/3/01  
w/ LINER

**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 (Check one)	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
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	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> 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 how the facility will fulfill the compliance demonstration (check one):

- 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.

Helpful Definitions

**"Add-on Air Pollution Control Device"** - Equipment installed in the ventilation system of chromium electroplating and anodizing tanks for the purpose of collecting and containing chromium emissions from the tank(s).

**"Air Pollution Control Technique"** - Any method, such as an add-on air pollution control device or a chemical fume suppressant, that is used to reduce chromium emissions from chromium electroplating and chromium anodizing tanks.

**"Base Metal"** - The metal or metal alloy that comprises the workpiece.

**"Bath Component"** - The trade or brand name of each component(s) in trivalent chromium plating baths. For trivalent chromium baths, the bath composition is proprietary in most cases. Therefore, the trade or brand name for each component(s) can be used; however, the chemical name of the wetting agent contained in that component must be identified.

**"Chemical Fume Suppressant"** - Any chemical agent that reduces or suppresses fumes or mists at the surface of an electroplating or anodizing bath; another term for fume suppressant is mist suppressant.

**"Chromic Acid"** - The common name for chromium anhydride (CrO<sub>3</sub>).

**"Chromium Anodizing"** - The electrolytic process by which an oxide layer is produced on the surface of a base metal for functional purposes (e.g., corrosion resistance or electrical insulation) using a chromic acid solution. In chromium anodizing, the part to be anodized acts as the anode in the electrical circuit, and the chromic acid solution, with a concentration typically ranging from 50 to 100 grams per liter (g/L), serves as the electrolyte.

**"Chromium Electroplating or Chromium Anodizing Tank"** - The receptacle or container in which hard or decorative chromium electroplating or chromium anodizing occurs.

**"Composite Mesh-pad System"** - An add-on air pollution control device typically consisting of several mesh-pad stages. The purpose of the first stage is to remove large particles. Smaller particles are removed in the second stage, which consists of the composite mesh pad. A final stage may remove any retrained particles not collected by the composite mesh pad.

**"Construction"** - The fabrication (on-site), erection, or installation of a chromium electroplating or anodizing unit.

**"Decorative Chromium Electroplating"** - The process by which a thin layer of chromium (typically 0.003 to 2.5 microns) is electrodeposited on a base metal, plastic, or undercoating to provide a bright surface with wear and tarnish resistance. In this process, the part(s) serves as the cathode in the electrolytic cell and the solution serves as the electrolyte. Typical current density applied during this process ranges from 540 to 2,400 amperes per square meter (A/m<sup>2</sup>) for the total plating periods of 0.5 to 5 minutes.

**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.*

Horace Booth  
Print name of responsible official

Horace Booth  
Signature

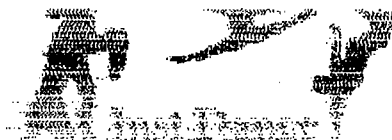
8/6/12  
Date

FORDS

6843 N. CITRUS Ave, UNIT C-C  
C.R. FL. 34428

GAINESVILLE FL 326

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Dept. of ENVIRONMENTAL Protection  
Receipts

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Tallahassee, FL 32315-3070

32315+3070

