



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

September 27, 2007

Mr. Horace Booth  
Fords, Incorporated  
1350 Northeast 7<sup>th</sup> Avenue  
Crystal River, Florida 34428

Re: Facility No.: 0170370-001

Dear Mr. Booth:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 20, 2007.

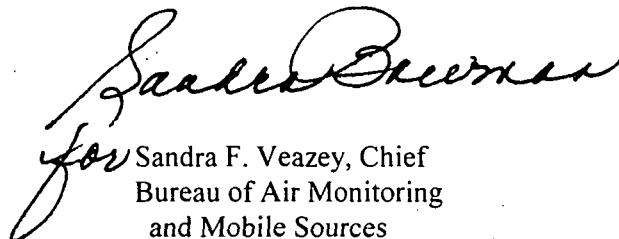
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
for Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. Christopher Bradley, Southwest District

NO ACTIVITY FOR FACILITY ✓.....  
EMISSION FEE DATES .....  
SOC REPORTS .....  
COMP. STATUS - SNC MNC IN

New Facility - No Activity  
Insp - SWD - Citrus Co - C Bradley

RECEIVED

AUG 20 2007

Bureau of Air, Water  
& Mobile Sources

8/23/07 - OLD FACILITY AIRS ID # 0170359  
TO INACTIVE

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):	Fords, Inc.
2. Site Name (For example, plant name or number):	N/A
3. Hazardous Waste Generator Identification Number:	N/A
4. Facility Location: Street Address: City: County: Zip Code:	6843 N. Citrus Ave. Bldg. #10 Crystal River Citrus 34428
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0170370-001

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	HORACE Booth Pres/owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	1350 N.E. 7th Ave - Crystal River, FL Citrus 34428
8. Responsible Official Telephone Number: Telephone: Fax:	shop (352) 564-0001 (352) 564-0005

Home

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: County: Zip Code:	N/A
11. Facility Contact Telephone Number: Telephone: Fax:	( ) N/A ( ) -

**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)
4/3/01	<del>New</del> Existing		F/S	A.
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

*equipment was purchased used*

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)
	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

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<br>(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 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: \_\_\_\_\_
- 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.*

HORACE BOOTH  
Print name of responsible official

Horace Booth  
Signature

Date 7/28/07

Monday, Aug. 6, 2007

To Whom it may concern,

We have an existing business at  
4434 E. Arlington St. #9, INVERNESS, FL. 34453.  
Phone # (352) 344-8707. We will be moving  
it to a new location on the 23<sup>rd</sup> of  
August 2007. That address is;

6843 N. Citrus Ave., Bldg. #10  
Crystal River, FL. 34428  
phone (352) 564-0001  
fax (352) 564-0005

If you have any questions, please call  
and ask for Larra Booth.

Thank You,  
LARNA Ford Booth  
Fords

until  
7-23-07 (352) 344-8707

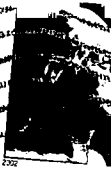
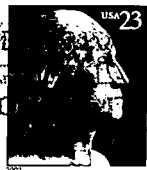
7-23-07 (352) 564-0001

FORDS  
4434 E. ARLINGTON ST. #9  
INVERNESS, FL. 34453

GAINESVILLE

FL 32601

17 AUG 2000



Dept. of E.P.A.  
2600 Blair Stone Rd - MS 5510  
Tallahassee, Fl. 32399-2400

620004+6042





Monday, Aug. 6, 2007

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If you have any questions, please call  
and ask for Larra Booth.

Thank You,  
LARNA Ford Booth  
Fords

unt./  
7-23-07 (352) 344-8707  
7-23-07 (352) 564-0001

PAT. Airc ID# 0170359  
↑

THIS FACILITY IS  
NOW INACTIVE

THIS COMPANY WAS  
MOVED TO NEW  
LOCATION ↓

REFER TO: #0170370-001

THANKS,

Quik

Fords  
4434 E. Arlington St. #9  
Inverness, FL 34453

GAINESVILLE  
FL 32601  
17 AUG 200



Dept. of E.P.A  
2600 Blair Stone Rd - MS 5510  
Tallahassee, FL 32399-2400

32399+0742

