

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 30, 2001

Mr. Thomas Hartill  
T & A Gun Refinishing, Inc.  
4149 East Tenth Court  
Hialeah, Florida 33013

Re: Facility No.: 0250708-002

Dear Mr. Hartill:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on June 18, 2001.

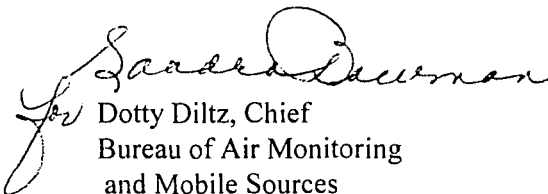
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 18 2001  
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): <b>THOMAS HARTILL</b>
2. Site Name (For example, plant name or number): <b>T &amp; A - GUN REFINISHING INC.</b>
3. Hazardous Waste Generator Identification Number: <b>NO HAZARDOUS WASTE GENERATED</b>
4. Facility Location: Street Address: City: <b>4149 E 10TH CT</b> County: <b>HALEAH FL</b> Zip Code: <b>37017</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0250908-002</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>THOMAS HARTILL</b> Title: <b>OWNER</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>T &amp; A. G. REFINISHING, INC.</b> Street Address: <b>4149 E. 10TH CT.</b> City: <b>HALEAH, FL 38013</b> Zip Code: <b>(305) 681-1684</b>
8. Responsible Official Telephone Number: Telephone: <b>305 681-1684</b> Fax: ( ) <b>SHELL</b> <b>561 487-9146</b>

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: <b>305 681-1684</b> Fax: ( )

THOMAS HOSTILL  
*Thomas Hostill*

**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)
DEC 90	New/Existing	98	X	X
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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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
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration   
(used during initial performance test)
- (f) Start-up, shutdown, malfunction plan
- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions
- (j) Operating periods
- (k) Rectifier capacity
- (l) Fume suppressant records
- (m) Purchase records of wetting agent components

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:  
PKP-000372-2001/2002 (P) GPH SRELLI
- 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.*

THOMAS HORTON  
Print name of responsible official

  
Signature

6/22/01  
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 Elair 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.

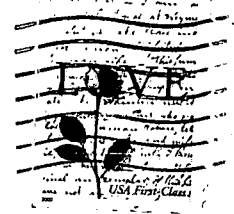
### Responsible Official

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.

**S&A S. REFINISHING, INC.**  
4149 E. 10TH CT.  
MALEAH, FL 33013  
(905) 681-1684



General Permits Section  
Bureau of Air Monitoring & Mobile Sources MS 5510  
Dept of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee, Fl 32399-2400



CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 18 2001  
Bureau of Air Monitoring  
& Mobile Sources  
JUL - 2 2001  
Bureau of Air Monitoring  
& Mobile Sources

**Part III. Notification of Intent to Use General permit**

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1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	THOMAS HARTILL		
2. Site Name (For example, plant name or number):	T & A - GUN REFINISHING INC.		
3. Hazardous Waste Generator Identification Number:	NO HAZARDOUS WASTE GENERATED		
4. Facility Location:	Street Address:	City:	County: Zip Code:
		4149 E 10TH CT	Dade HIALEAH FL 33010
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250708-002		

**Responsible Official**

6. Name and Title of Responsible Official:	Name:	Title:
	THOMAS HARTILL	OWNER
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	T. & A. G. REFINISHING, INC.	4149 E. 10TH CT.
	City:	Zip Code:
	HIALEAH, FL 33010	(305) 681-1684
8. Responsible Official Telephone Number:	Telephone:	Fax: ( )
	305 681-1684	SABEE

**Facility Contact (If different from Responsible Official)**

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	305 681-1684		

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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.

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	New/Existing			
	New/Existing			
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January 25, 1997

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(k) Rectifier capacity

(l) Fume suppressant records

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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:

1 XLP-000372-2001/2002 (P) GPK SRELLI

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

*Permit Renewal*

**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.*

TIKOWRS HORTILL  
Print name of responsible official

  
Signature

6/17/01  
Date

(CUT HERE)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

**456948 DEC19 2005**

**Please include your AIRS ID# on your check or money order. This number is located on the mailing label.**

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

250708 7  
T & A GUN REFINISHING INC  
4149 E 10th Ct  
HIALEAH, FL 33013

250708 7  
T & A GUN REFINISHING INC  
4149 E 10th Ct  
HIALEAH, FL 33013

DEC 21 2005

REMOVED

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.

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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

447756 FEB28 2005

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AIRS ID# 250708     7  
T & A GUN REFINISHING INC  
4149 E 10th Ct  
HIALEAH, FL 33013     ✓

**FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273**

*Printed on recycled paper.*

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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

446246 FEB14 2005

**Please include your AIRS ID# on your check or money order. This number is located on the mailing label.**

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 250708 1stC  
T & A GUN REFINISHING INC  
4149 E 10th Ct  
HIALEAH, FL 33013

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Bureau of  
& Mobile

FEB 16 2005

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<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>											
<b>OFFICIAL USE</b>											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total Postage &amp; Fees</b></td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	\$	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	\$										
7004 2510 0002 3938 6778 Sem AIRS ID# 250708 1stC T & A GUN REFINISHING INC Str or P 4149 E 10th Ct City, HIALEAH, FL 33013 PS Instructions											

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

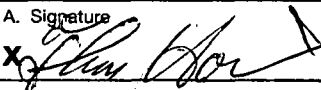
1 Article Addressed to:

AIRS ID# 250708 1stC  
 T & A GUN REFINISHING INC  
 4149 E 10th Ct  
 HIALEAH, FL 33013

 2 Article Number  
 (Transfer from service label)

7004 2510 0002 3938 6778

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature   Agent  Addressee
- B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 2-7-07
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

 4. Restricted Delivery? (Extra Fee)  Yes



BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR CONTROLLING & NOISE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
WASHINGTON, DC 20460  
ASSEE, FLORIDA 32080-2400

Bureau of Air  
& Noise Source  
Control

FEB 16 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437079 MAR 1 2004

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

250708  
THOMAS HARTWELL  
T & A GUN REFINISHING INC  
4149 E 10TH COURT  
HIALEAH FL 33013

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

*refund  
pd 2/11/04  
DDN 436 209*

Bureau of Air Monitoring  
& Toxic Sources

MAR 4 2004

RECEIVED

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

ID# 250708  
 THOMAS HARTWELL  
 T & A GUN REFINISHING INC  
 4149 E 10TH COURT  
 HIALEAH, FL 33013

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 1519

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

ID# 250708  
 THOMAS HARTWELL  
 T & A GUN REFINISHING INC  
 4149 E 10TH COURT  
 HIALEAH, FL 33013

2 Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Thomas Hartwell*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 \_\_\_\_\_ **2-9-04**

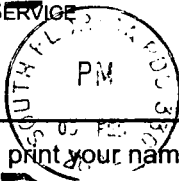
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7003 2260 0003 5651 1519

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED  
FEB 11 2004  
Bureau of Air Monitoring  
& Mobile Sources

REMEDIATION MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 FAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436209 FEB11 2004

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

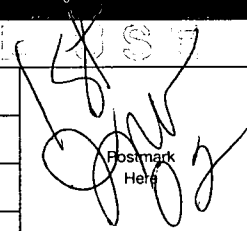
Do NOT Remove Label

ID# 250708 ~~HARTWELL~~  
 THOMAS ~~HARTWELL~~  
 T & A GUN REFINISHING INC  
 4149 E 10TH COURT  
 HIALEAH, FL 33013

RECEIVED  
 FEB 18 2004  
 Bureau of Air Monitoring  
 & Mobile Stations  
 FOR GOVERNMENT USE ONLY  
 Org.: 3755010T0007EO: A1  
 Fund: 20-2-03500.1  
 Obj.: 002273

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

**Total Pc** AIRS ID#0250708

Sent To	T & A GUN REFINISHING INC
	THOMAS HARTWELL
Street, Ap or PO Box	4149 E 10TH COURT
City, State	HIALEAH FL 33013

PS Form 3800, January 2001 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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AIRS ID#0250708

T & A GUN REFINISHING INC  
 THOMAS HARTWELL  
 4149 E 10TH COURT  
 HIALEAH FL  
 33013

2 Article Number  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
  Agent  
 Addressee

B. Received by (Printed Name)  
 ORLANDO AREDES

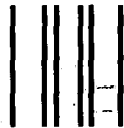
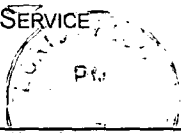
C. Date of Delivery  
 2-10-03

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box.

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 5880  
2500 BLVD. W. TALLEH ROAD  
TALLAHASSEE, FLORIDA 32309-2400

BUR. OF AIR MONITORING & MOBILE SOURCES

FEB 12 2003

RECEIVED

799+2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE. PER HANDLING

422881 FEB12 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

X

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#0250708
T & A GUN REFINISHING INC THOMAS HARTWELL 4149 E 10TH COURT HIALEAH FL 33013

<b>FOR GOVERNMENT USE ONLY</b> Org.: 3750101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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