

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 28, 2003

Mr. Lee Craft
Gulf Coast Plating Company, Inc.
3810 Liggett Street
Pensacola, Florida 32505

Re: Facility No.: 0330227-002

Dear Mr. Craft:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on December 20, 2002.

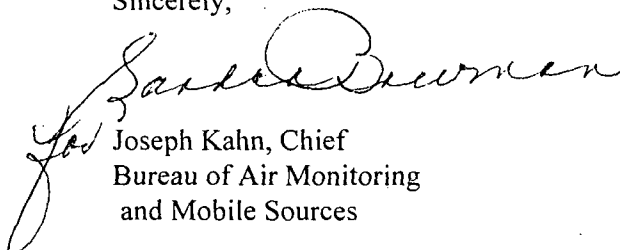
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Charlie Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 20 2002
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): <i>Gulf Coast Plating Inc.</i>
2. Site Name (For example, plant name or number): <i>Gulf Coast Plating Company, Inc., Pensacola</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>3810 Liggett St.</i> City: <i>Pensacola</i> County: <i>Escambia</i> Zip Code: <i>32505</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0330227-002 0330227-002

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Lee Craft</i> Title: <i>Plant Manager</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Gulf Coast Plating, Inc.</i> Street Address: <i>3810 Liggett St.</i> City: <i>Pensacola</i> County: <i>Escambia</i> Zip Code: <i>32505</i>
8. Responsible Official Telephone Number: Telephone: <i>(850) 433 - 7771</i> Fax: <i>(850) 433 - 4026</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME</i>
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)
16 Dec 93	New/Existing	16 Dec 93	PBS FS/WA	A
16 Dec 93	New/Existing	16 Dec 93	PBS FS/WA	A
	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)
16 Dec 93	New/Existing	3-22-99	FS/WA	Y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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 L Craft Jr.
Print name of responsible official

12-16-02

Stephen L Craft Jr.
Signature

Date _____

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 checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input checked="" type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" 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 checked="" type="checkbox"/> |
| (g) Performance test results | <input checked="" type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input checked="" 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.

12/18/2002

Rick,

Here is the Gulf Coast Planting Company renewal Notification.

Re the confusion over expiration dates.

Kevin White, Permit Supervisor, said that for non T-5 AGs, a change requires a new notification be submitted along with the \$100 fee and any required testing. This starts the 5-yr clock over.

For T-5 AGs, starting the clock over for notifications submitted for changes would eliminate confusion as to expiration dates. Since our fees are paid annually there would be no change there.

Charlie
Dawg Fan

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS
DOCUMENT TO:

Rich Butler, DPM

Name of Individual/Office

5510

Mail Station Number

Bowman, Sandy

From: Thomas, Bruce X.
Sent: Thursday, August 11, 2005 11:07 AM
To: Norman, Charles
Cc: Veazey, Sandra; Burleson, Blair; Bowman, Sandy
Subject: RE: Non-payment of 2004 Fees

Charlie,

Thank you for the quick turn around. Bruce

-----Original Message-----

From: Norman, Charles
Sent: Thursday, August 11, 2005 9:57 AM
To: Thomas, Bruce X.
Cc: Veazey, Sandra; Burleson, Blair
Subject: Non-payment of 2004 Fees

7775062	W.C. ALLOYS	NWD	6124 NAVARRE PKWY.
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Mail should be sent to Mr. Randall L. Mayne, W.C. Alloys, 1950 Aurora Drive, Navarre, Florida 32566. Our inspector said there is a problem in receiving mail at the site address. Email: wcalloy@aol.com. Facility contact is Renee Mayne. Telephone: 850-939-0779

0330227	GULF COAST PLATING COMPANY INC	NWD	3810 Liggett Street	PENSACO
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This business closed in 2004. It is inactive in ARMS. For fees owed, you should send the invoice to Charles E. Craft, Craft Plating & Finishing, Inc., 100 Utility Avenue SE, Attalla, Alabama 35954, Telephone: 256-538-7154

If you have questions, call me at 695-8364 ext. 1222.

Charlie

Charles Norman
<< File: Norman, Charles.vcf >>

Grant, Patricia

From: Thomas, Bruce X.
Sent: Friday, January 21, 2005 4:10 PM
To: Grant, Patricia
Subject: FW: Gulf Coast Plating, Inc. 0330227

-----Original Message-----

From: Thomas, Bruce X.
Sent: Friday, January 21, 2005 3:13 PM
To: Norman, Charles
Subject: RE: Gulf Coast Plating, Inc. 0330227

The status has been changed to inactive. Bruce

-----Original Message-----

From: Norman, Charles
Sent: Wednesday, January 19, 2005 3:01 PM
To: Thomas, Bruce X.
Cc: Allen, Andy
Subject: Gulf Coast Plating, Inc. 0330227

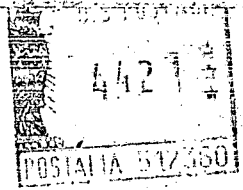
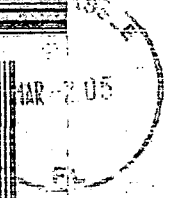
This facility is shutdown. Operation ceased in early September and the equipment moved out to Alabama in early October. Mr. Craft said a letter was sent to the Department, but I have not seen one. Please make the facility inactive.

Charles Norman
<< File: Norman, Charles.vcf >>

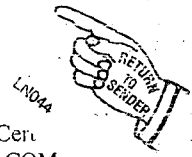
MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

~~REGISTERED MAIL~~



RETURN TO SENDER - ATTEMPTED NOT KNOWN 124 0534 083
7004 2510 0004 6786 6477



AIRS ID#0330227.....2nd Cer.
GULF COAST PLATING COM.
3810 Liggett Street
PENSACOLA, FL 32505

UNKNOWN AT
THIS PO BOX
NAME IS NOT ON
BOX APPLICATION

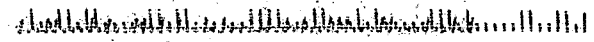
GULF810 325052002 1404 12 03
NOTIFY SENDER OF NEW ADDRESS
GULF COAST PLATING
PO BOX 91
ATLANTA GA 30301-0091

Bureau of Air Mail
& Money Sources

MAR 29 2005

RECEIVED

325052002 1404 12 03



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>AIRS ID#0330227.....2nd Cert 05 GULF COAST PLATING COMPANY INC 3810 Liggett Street PENSACOLA, FL 32505</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7004 2510 0004 6986 6477</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

US Postal Service

CERTIFIED MAIL RECEIPT

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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To AIRS ID#0330227.....2nd Cert 05
 GULF COAST PLATING COMPANY INC
 Street, Apt or PO Box 3810 Liggett Street
 City, State City, State PENSACOLA, FL 32505

PS Form 3811, February 2004

7004 2510 0004 6986 6477

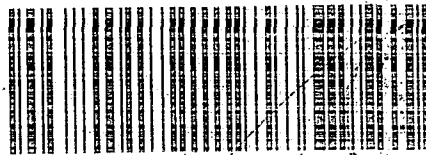
5510

5527

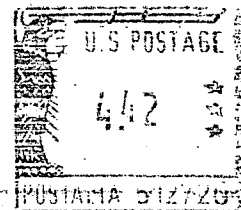
MS# _____ MC Acct# _____

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7004 2510 0002 3939 8227



AIRS ID# 330227 3rd Cert04
GULF COAST PLATING COMPANY
INC
3810 Liggett Street
PENSACOLA FL 32505

RECEIVED
APR 11 2005
Bureau of Air Monitoring
& Mobile Sources

**FORWARDING
TIME EXPIRED**



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# 330227 3rd Cert04
 GULF COAST PLATING COMPANY
 INC
 3810 Liggett Street
 PENSACOLA, FL 32505

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

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

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 9327

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 2510 0002 3939 9327

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only - No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	Postmark Here
AIRS ID# 330227 3 rd Cert04 GULF COAST PLATING COMPANY INC 3810 Liggett Street PENSACOLA, FL 32505	
Sent To _____ Street, Apt. No., or PO Box No. _____ City, State, ZIP+4 _____	
PS Form 3800-1	

7003 2260 0003 5651 0796

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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
ID# 330227		
Total Post: LEE CRAFT		
Sent To	GULF COAST PLATING CO INC	
Street, Apt. or PO Box	3810 LIGGETT STREET	
City, State	PENSACOLA, FL 32505	
PS Form 3800, June 2002		See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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# 330227
 LEE CRAFT
 GULF COAST PLATING CO INC
 3810 LIGGETT STREET
 PENSACOLA, FL 32505

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

Lee CRAFT 2-9-09

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

2. Article Number
 (Transfer to)

7003 2260 0003 5651 0796

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2004

RECEIVED

32399+2400



7004 2510 0004 6986 5135

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OFFICIAL USE

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

Postmark
Here

Total Postage AIRS ID# 330227 1stC
GULF COAST PLATING COMPANY

Sent To INC
3810 Liggett Street
PENSACOLA, FL 32505

PS Form 3800, June 2002

See Reverse for Instructions.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435858 FEB 2 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

330227
LEE CRAFT
GULF COAST PLATING COMPANY INC
3810 LIGGETT STREET
PENSACOLA FL 32505

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 11
Fund: 20-2-035001
Obj.: 002273

Bureau of Air
& Mobile Services

FEB 6 2004

RECEIVED