

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 24, 2002

Mr. Robert D. Uschold
Rusch Industries of Tampa, Inc.
4413 North Hesperides Street
Tampa, Florida 33614

Re: Facility No.: 0571164-002

Dear Mr. Uschold:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 23, 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,

for

Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection. Less Process"

Printed on recycled paper.

4. (a) Required for all sources and should be marked.
- (c) Required for all sources and should be marked.
- (f) Required for all sources and should be marked.
- (i) Required for all sources and should be marked.
- (j) Required for all sources and should be marked.
- (k) Not required for decorative sources and should not be marked.

RECEIVED
SEP 23 2003
Bureau of Air Monitoring
& Mobile Sources

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):	RUSCH INDUSTRIES OF TAMPA INC.		
2. Site Name (For example, plant name or number):	SAME.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	4413 N. HESPERIDES ST		
Street Address:			
City:	TAMPA	County:	HILLSBOROUGH
		Zip Code:	33614
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571164-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	ROBERT D. USCHOLD	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	RUSCH INDUSTRIES OF TAMPA INC.		
Street Address:	4413 N. HESPERIDES ST.		
City:	TAMPA	County:	HILLSBOROUGH
		Zip Code:	33614
8. Responsible Official Telephone Number:			
Telephone:	(813) 876-9026	Fax:	(813) 879-3527

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)
Dec 16, 93 Oct, 82	New /Existing	Dec 16, 93	FS/WA	4 = 4504 mg/cm.
	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/cm²
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 checked="" 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 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.

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.

ROBERT D. USCHOZD

Print name of responsible official

Robert D. Uschozd

Signature

9-18-02

Date

Richard D. Garrity, Ph.D.
Executive Director
272-5960



Date Issued: 9/12/02

S 5 T 29 R 18

ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

WARNING NOTICE

RETURN BY CERT MAIL 9-19-02 5 PAGES

Responsible Party (Company/Person) Rush Industries of Tampa, Inc./Bob Uschold

Mailing Address: No 4616 Hesperides Street, Tampa, FL 33614

4413

Phone: 876-9026

Location of alleged violation: same as above

Date and time of alleged violation: 9/12/02

Alleged violation pursuant to:

Chapter 84-446 Laws of Florida (Act):

- ___ (Act) Section 13 Unauthorized open burning
- ___ (Act) Section 16 Causing or allowing nuisance or injury
- ___ (Act) Section 17 Causing water/air/noise pollution
- ___ (Act) Section 17 Violating rule/standard/order:

Chapter 62 : 4.030, F.A.C.

Chapter 62 : 213(1)(a), F.A.C.

Other: 1-3.21 Rules of the EPC

The violations here alleged may not include possible concurrent violations of other applicable environmental laws: local, state or federal including those of the Environmental Protection Commission. Facts believed to constitute alleged violation:

Operating a chrome plating facility without a valid permit.

By copy of this Notice, the responsible party is informed that Commission staff believes that based upon the information available, a violation may have occurred. If substantiated, appropriate administrative or legal action will occur to assure compliance with the Environmental Protection Act of Hillsborough County and the Rules of the Environmental Protection Commission of Hillsborough County. If you believe that the above does not constitute a violation as alleged, you are encouraged to immediately contact the Investigator named below. If the violation is substantiated, cooperative resolution and correction may avoid enforcement action in this matter.

Because continuation of a violation subsequent to this Notice may be considered to be an intentional violation, it is recommended that you cease the above activity and until this matter is resolved you:

Please respond by completing the hand delivered notifications form and submit to FDEP and EPC.

9-24-02 BY HAND.

Investigator: M. Nozari Phone #: 272-5530 Received by: HAND DELIVER

Mohammad Nozari

RECEIVED
Bureau of Air Monitoring & Mobile Sources
USB-23 2002

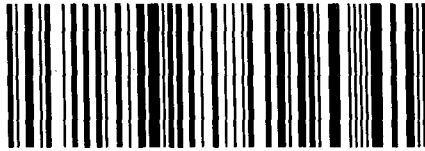
STANLEY
STANLEY
STANLEY

744-6500
CHH#
0119-477

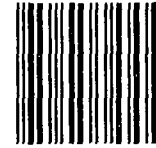
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL

RUSCH INDUSTRIES OF
P.O. Box 15606



7002 0860 0008 6522 5762



0000

32399

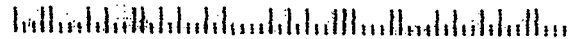
U.S. POSTAGE
PAID
TAMPA, FL
33614
SEP 19, 02
AMOUNT

\$4.65
00052003-04

RETURN RECEIPT
REQUESTED

*GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES, MS 5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE RD.
TALLAHASSEE, FL 32399-2400*

32399+2400-01



Butler, Rick

From: Alain Watson [watsona@epchc.org]
Sent: Thursday, December 26, 2002 10:55 AM
To: Butler, Rick
Subject: Chrome Plater 0571164

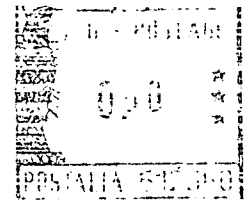
Rick:

Please change the mailing address for Rusch Industries (0571164) to PO Box 15906, Tampa, Florida 33684. We discussed this with Mr. Uschold, owner today at an enforcement meeting. Thanks. Have a safe and happy holiday.
alain

File

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32360-2400

Acc # 5521



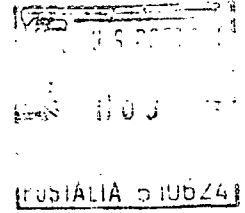
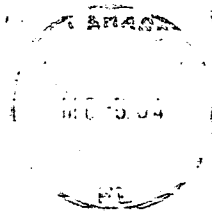
TO
FROM
DATE
NO. OF COPIES
CHECKED
 Not Recd. Forward Exp.
 Not Known Incomplete
 No Add./Suite #
 Receptable Variant
 Refused
DO NOT REMOVE FROM THIS ENVELOPE

RECEIVED
DEC 10 2004
Bureau of Air Monitoring
& Mobile Sources

AIRS ID# 571164 7
RUSCH INDUSTRIES OF TAMPA INC
4613 N Hesperides Street
TAMPA, FL 33614

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

Acc # 15321



RECEIVED
DEC 15 2004
Bureau of Air Monitoring
& Mobile Sources

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400
TEL: 904/417-2000
FAX: 904/417-2001
WWW.FLORIDADEP.COM

AIRS ID# 571164 7
RUSCH INDUSTRIES OF TAMPA INC
4613 N Hesperides Street
TAMPA, FL 33614 ✓



U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

7004 2510 0004 6986 6576

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

Postmark
Here

Sent To

Street, Apt. #
or PO Box #
City, State, Z

AIRS ID#0571164.....2nd Cert 05
RUSCH INDUSTRIES OF TAMPA INC
4613 N Hesperides Street
TAMPA, FL 33614

PS Form 3800, June 2005

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#0571164.....2nd Cert 05
RUSCH INDUSTRIES OF TAMPA INC
4613 N Hesperides Street
TAMPA, FL 33614

2 Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Bob Usenord Agent Addressee

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

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

3-4-5

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0004 6986 6576

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 •

DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2000 CLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air, Moun
& Mobile Sources

MAR 15 2005

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

X

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

423336 FEB21 2003

Do NOT Remove Label

AIRS ID#0571164
RUSCH INDUSTRIES OF TAMPA INC ROBERT D USCHOLD PO BOX 15906 TAMPA FL 33684

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448823 MAR 10 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#0571164.....2nd Cert 05
RUSCH INDUSTRIES OF TAMPA INC
4613 N Hesperides Street
TAMPA, FL 33614

Should be 4413 N Hesperides St.

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A17's
FUND: 20-2-035001
OBJECT: 002273

Bureau of Air Mail
& Mobile Services

RECEIVED
MAR 11 2005

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436454 FEB17 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# 571164
ROBERT USCHOLD
RUSCH INDUSTRIES OF TAMPA INC
PO BOX 15906
TAMPA, FL 33684

Bureau of Air Monitoring
& Mobile Sources

FEB 2 2004

~~RECEIVED~~

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

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

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Postmark Here

Tote ID# 571164

Sent: ROBERT USCHOLD
RUSCH INDUSTRIES OF TAMPA INC

Street or PO: PO BOX 15906

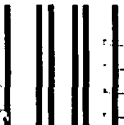
City: TAMPA, FL 33684

PS Form 3800, June 2002 See Reverse for Instructions

2942 7595 E000 0922 E007

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1 Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 571164 ROBERT USCHOLD RUSCH INDUSTRIES OF TAMPA INC PO BOX 15906 TAMPA, FL 33684</p> </div> <p>2 Article Number <small>(Transfer from service label)</small></p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert D. Uschold</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ROBERT D. USCHOLD</i></p> <p>C. Date of Delivery</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 <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? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5651 2462</p>	

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 STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2004

RECEIVED



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

OFFICIAL USE

7000 2870 0000 7027 5845

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

Postmark Here

AIRS ID#0571164

Total Postage RUSCH INDUSTRIES OF TAMPA INC

Sent To ROBERT D USCHOLD
 PO BOX 15906
 TAMPA FL
Street, Apt. No. 33684
City, State, ZIP - -

PS Form 3800, May 2000

See Reverse for 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#0571164

RUSCH INDUSTRIES OF TAMPA INC
 ROBERT D USCHOLD
 PO BOX 15906
 TAMPA FL
 33684

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ROBERT D. USCHOLD** B. Date of Delivery

C. Signature *[Signature]* Agent
 Addressee

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

70002870000070275845

2 Article Number (Copy from service label)

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 •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED

32399/2400

