

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 4, 2001

Mr. James Ray Booth
Precision Custom Chrome
36851 Blanton Road
Dade City, Florida 33523

Re: Facility No.: 1010359-002

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 April 2, 2001.

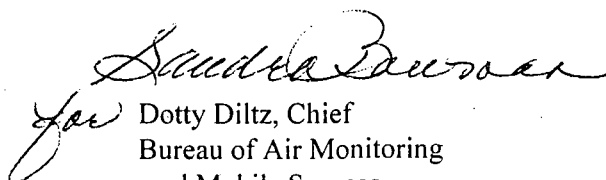
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

Used to be
International
Chrome

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): James Ray Booth	Bureau of Air Monitoring & Mobile Sources APR - 2 2001 RECEIVED
2. Site Name (For example, plant name or number): Precision Custom Chrome	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 36851 Blanton Rd. City: DADE CITY County: PASCO Zip Code: 33523	
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1010359-002	

Responsible Official

6. Name and Title of Responsible Official: Name: James Ray Booth Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: 36851 Blanton Rd. Street Address: City: DADE CITY County: PASCO Zip Code: 33523
8. Responsible Official Telephone Number: Telephone: (352) 597-9241 Fax: (352) 523 0409

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.

N/A

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)
10/96	New/Existing		FS/WA	Y
	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 checked="" type="checkbox"/>	(b) Equipment inspection and repair	<input 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 type="checkbox"/>	(f) Start-up, shutdown, malfunction plan	<input checked="" type="checkbox"/>
(g) Performance test results	<input 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 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.

JAMES RAY BOOTH

Print name of responsible official

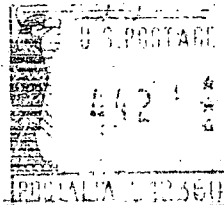
James Ray Booth
Signature

3-22-01
Date

MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL

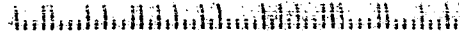


7004 2510 0002 3934 7061

AIRS ID#1.01036e+006.....2nd Cert.05
PRECISION CUSTOM CHROME
36831 Blanton Road
DADE CITY, FL 33523

- Division of Air Management
& Mobile Source
- Undeliverable as addressed
 - Moved, Left No Address
 - Unclaimed
 - Recipient Refused
 - Attempted, Not Known
 - No Such Street
 - No Such Number
 - No Recipient
 - Deceased

33523+2268391/2400



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:
1 010359

AIRS ID#1.01036e+006....2nd Cert 05
PRECISION CUSTOM CHROME
36851 Blanton Road
DADE CITY, FL 33523

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____
 Agent
 Addressee

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 7866

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7004 2510 0002 3939 7866

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 (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

1 010359-002

Sent To AIRS ID#1.01036e+006....2nd Cert 05
 PRECISION CUSTOM CHROME
 Street, Apt. No., or PO Box No. 36851 Blanton Road
 City, State, ZIP+4 DADE CITY, FL 33523

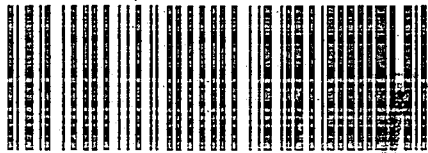
PS Form 3800, July

CERTIFIED MAIL

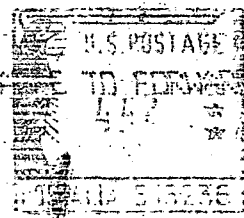
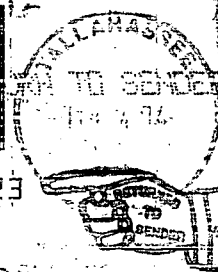
MS# 3510

MC Acct # 5621

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



001 1140 0001 7556 2523

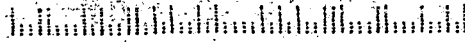


RECEIVED
FEB 9 2004
Bureau of Air Mail
& Mobile Services

ID# 1010359
JAMES BOOTH
PRECISION CUSTOM CHROME
36851 BLANTON ROAD
DADE CITY, FL 33523

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Vacant
- No Such Number
- No Mail Recipients
- Box Closed - No Order
- Forwarding Order Expired

3332392400



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# 1010359
 JAMES BOOTH
 PRECISION CUSTOM CHROME
 36851 BLANTON ROAD
 DADE CITY, FL 33523

2. Article Number
(Transfer from service label)

7001 1140 0001 7556 2923

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

Agent

Addressee

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

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

OFFICIAL USE

7001 1140 0001 7556 2923

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

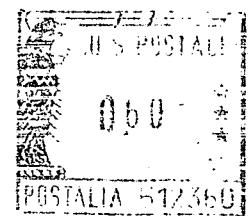
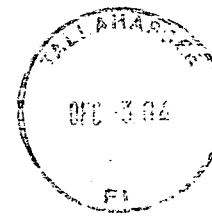
To: ID# 1010359
 JAMES BOOTH
 PRECISION CUSTOM CHROME
 36851 BLANTON ROAD
 DADE CITY, FL 33523

PS Form 3800, January 2001

See Reverse for Instructions

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32302-2400

Acct # 5521



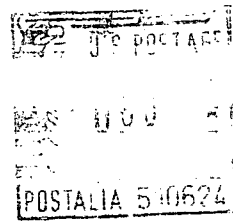
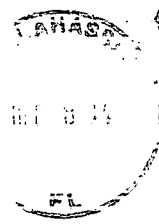
- Undeliverable as Addressed
- Moved, Left No Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- No Recipients
- Deceased
- Return

RECEIVED
DEC 15 2004
Bureau of Air Monitoring
& Mobile Sources

AIRS ID# 1010359 7
PRECISION CUSTOM CHROME
36851 Blanton Road
DADE CITY, FL 33523

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

Acct # 5521



- Undeliverable as Addressed
- Moved, Left No Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- No Recipient
- Deceased
- Invalid

RECEIVED
DEC 16 2004
Bureau of Air Monitoring
& Mobile Sources

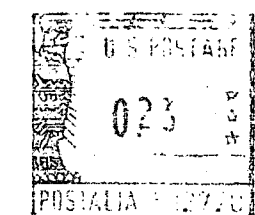
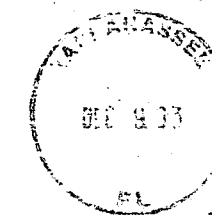
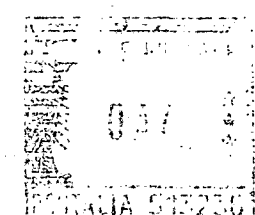
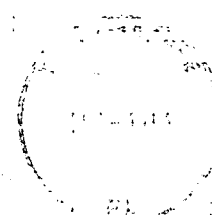
AIRS ID# 1010359 7
PRECISION CUSTOM CHROME
36851 Blanton Road
DADE CITY, FL 33523

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2800 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

Bureau of Air Monitoring
& Mobile Sources

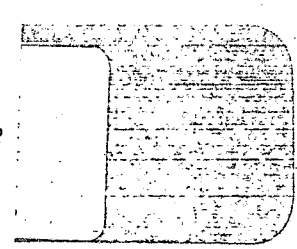
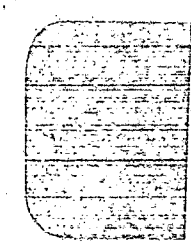
DEC 16 2003

RECEIVED



PREC 851

1010359
James Booth
Precision Custom Chrome
36851 Blanton Road
Dade City FL
33523



PREC851* 335233064 1303 23 12/13/03
RETURN TO SENDER
:PRECISION CHROME
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412987 JAN14 2002 ✓

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

AIRS ID # 1010359
PRECISION CUSTOM CHROME
JAMES RAY BOOTH
36851 BLANTON ROAD
DADE CITY FL
33523

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