



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

April 1, 2002

Mr. Mark J. Zamsky
Preferred Chrome and Powdercoating
12635 #5 U.S. 19 North
Hudson, Florida 34667

Re: Facility No.: 1010381-001

Dear Mr. Zamsky:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on February 25, 2002.

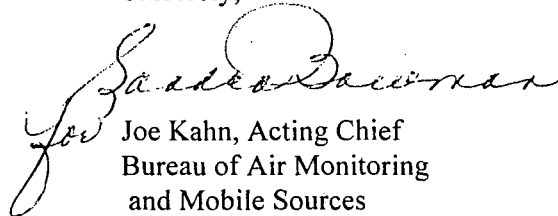
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Bill Proses, Southwest District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

101381-001

3/6/2002

Spoke to Mark Zarnsky and he stated the tanks were purchased in April 2001.

He also stated that he started operations in July 2001. He will be using FS/WA as the control device and use #5 dynes/cm as the standard. His tanks are decorative.

Page 20

1.b. Add information for each decorative tank.

Page 21

4. (a)

(c)

(f)

(i)

(j)

Required for all sources.
Should be marked.

Page 22

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

COMMENTS:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 25 2002
ASBP

Part III. Notification of Intent to Use General permit ^{Bureau of Air Monitoring & Mobile Sources}

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):	MARK J. ZAMSKY / Preferred Chrome and Powdercoating		
2. Site Name (For example, plant name or number):	Preferred Chrome and Powdercoating		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	12635 #5 U.S. 19 North		
Street Address:			
City:	County:	Zip Code:	
Hudson	PASCO	34667	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1010381-001		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	MARK J ZAMSKY	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	12635 #5 U.S. 19 North		
Street Address:			
City:	County:	Zip Code:	
Hudson	PASCO	34667	
8. Responsible Official Telephone Number:			
Telephone:	(727) 869-7390	Fax:	() -

Facility Contact (If different from Responsible Official)

TBD06021

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)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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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 (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 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:

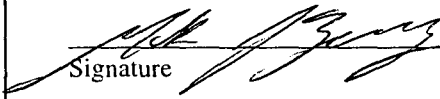
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

MARK J ZAMSKY
Print name of responsible official


Signature

1-8-02
Date

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: Bill Proves

DATE: 4-2-02

CC To:

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due: _____

Reply Required
Date Due: _____

Info Only

Comments:

From:

Jane Wise

Tel:

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: Bill Proses DATE: 4-1-02

CC To:

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due: _____

Reply Required
Date Due: _____

Info Only

Comments:

From:

Jane Wise

Tel:



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

April 1, 2002

Mr. Mark J. Zamsky
Preferred Chrome and Powdercoating
12635 #5 U.S. 19 North
Hudson, Florida 34667

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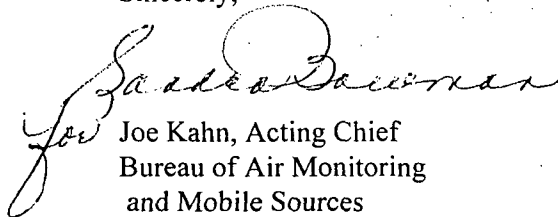
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If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Bill Proses, Southwest District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

D.E.P.
APR 03 2002
Southwest District Tampa

101381-001

3/6/2002

Spoke to Mark Zarnsby and he stated the tanks were purchased in April 2001. He also stated that he started operations in July 2001. He will be using FS/WA as the control device and use #5 dynes/cm as the standard. His tanks are decorative.

Page 20

1.b. Add information for each decorative tank.

Page 21

- 4. (a)
- (c)
- (f)
- (i)
- (j)

Required for all sources.
Should be marked.

Page 22

Responsible official sign and date for changes made.

D.E.P.
APR 03 2002
Southwest District Tampa

RECEIVED
APR 18 2002

Bureau of Air Monitoring
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 25 2002

FEB 25 2002

Part III. Notification of Intent to Use General permit

Bureau of Air Monitoring
& Mobile Sources

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):	MARK J. ZAMSKY / Preferred Chrome and Powder Coating		
2. Site Name (For example, plant name or number):	Preferred Chrome and Powder Coating		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	12635 #5 U.S. 19 North		
Street Address:			
City:	County:	Zip Code:	
Hudson	PASCO	34667	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1010381-001		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	MARK J ZAMSKY	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	12635 #5 U.S. 19 North		
Street Address:			
City:	County:	Zip Code:	
Hudson	PASCO	34667	
8. Responsible Official Telephone Number:			
Telephone:	(727) 869-7390	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	727-2021		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() -	Fax:	() -

Facility Information

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	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

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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)
4-27-2001	New/Existing	Fume Supp.	245 Dyes	245 Dyes
	New/Existing		u2	
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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(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 MZ
- (b) Equipment inspection and repair
- (c) Equipment malfunctions MZ
- (d) Operation and maintenance checklist
- (e) Instrument calibration (used during initial performance test)
- (f) Start-up, shutdown, malfunction plan MZ
- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions MZ
- (j) Operating periods MZ
- (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:

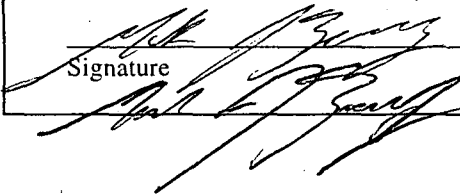
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Responsible Official Certification

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.

MARK J ZAMSKY
Print name of responsible official


Signature

1-8-02
Date
4-11-02



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423762 FEB 26 2003

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#1010381
PREFERRED CHROME AND POWDERCOATING MARK J ZAMSKY 12635 #5 US 19 NORTH HUDSON FL 34667

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

RECEIVED
FEB 28 2003
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436841 FEB 25 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

1010381 MARK ZAMSKY PREFERRED CHROME AND POWDERCOATING 12635 #5 US 19 NORTH HUDSON FL 34667
--

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

RECEIVED
MAR 3 2004
Bureau of Air Monitoring
& Mobile Sources

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

OFFICIAL USE

7000 2870 0000 7027 6064

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

[Handwritten Signature]
 Postmark Here

AIRS ID#1010381

Sent To PREFERRED CHROME AND POWDERCOATING
 MARK J ZAMSKY
Street, Apt. No.: 12635 #5 US 19 NORTH
 HUDSON FL 34667
City, State, ZIP+4:

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#1010381
 PREFERRED CHROME AND POWDERCOATING
 MARK J ZAMSKY
 12635 #5 US 19 NORTH
 HUDSON FL 34667

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 [Signature] 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

700028700000 7027 6064
 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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air MO
of Mobile Sources

FEB 10 2003

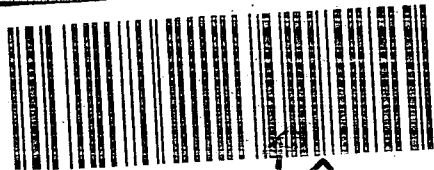
32399/2400



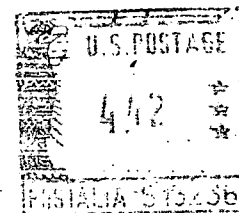
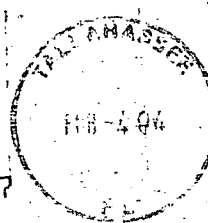
CERTIFIED MAIL

MS# 5510 MC Acct # 5529

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



7001 1140 0001 551 2817



2/25

Bureau of Air Mail
& Mobile

RECEIVED
MAR 3 2004

1ST NOTICE 2/6/04
2ND NOTICE 2-18
RETURN 2-21

UNCLAIMED

ID# 1010381
MARK ZAMSKY
PREFERRED CHROME &
POWDERCOATING
12635 #5 US 19 NORTH
HUDSON, FL 346

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# 1010381
 MARK ZAMSKY
 PREFERRED CHROME &
 POWDERCOATING
 12635 #5 US 19 NORTH
 HUDSON, FL 34667

2. Article Number

(Transfer from service label)

7001 1140 0001 7556 2817

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

ID# 1010381

MARK ZAMSKY
 PREFERRED CHROME &
 POWDERCOATING
 12635 #5 US 19 NORTH
 HUDSON, FL 34667

Postmark
 Here

7001 1140 0001 7556 2817

PS Form 3800, January 2001

See Reverse for Instructions