RECEIVEL

FEB 2 5 2010

# CHROMIUM ELECTROPLATING AND ANODIZING AIR GENERAL PERMIT NOTIFICATION FORM

R 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.

	cility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NORRIS PRECISION MEG.
2.	Site Name (For example, plant name or number):
3	Hazardous Waste Generator Identification Number:
٦.	
	FLD 984181818
4.	Facility Location: Street Address: 4680 110th Ave. Nonth
	Street Address: 4080 11018 Ave. 1001/A
	City: CLUARWATER County: PINEZLAS Zip Code: 33762-495
5.	Facility Identification Number (DEP Use ONLY - do not fill in):
	Facility Identification Number (DEP Use ONLY - do not fill in): 1030411-00
<b>87</b> A	
Res	sponsible Official
6.	
	Name: WIKE WORLANDS Title: Special Process Manguer
7	
1.	Responsible Official Mailing Address:  Organization/Firm: Norms Mecision Mea.
	Street Address: 4460 1186 Ave. 1800 1186
i	City: CLIANWATER County: PINETURS Zip Code: 33762
8.	Responsible Official Telephone Number: Telephone: (727) 572 - 6216  Fax: (727) 572 - 6216
	Telephone: (727) 572-6330 Fax: (727) 572-6216
	cility 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	Escility Contact Telephone Number
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -
	Totophono. ( )

DEP Form No. 62-213.900(5)

Effective: 2/24/99

#### **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			

Key for Control Device Type	Applicable Standard Key
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	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  Yes  No	than 60 million ampere-hours per year?
1.b. Provide the information below for each decorative electronic Indicate the type of machine, the date of its purchase, ar	

#### **DECORATIVE AND ANODIZING TANKS**

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE	CONTROL DEVICE	APPLICABLE STANDARD
	L	INSTALLED	(see key)	(see key)
1999	New/Existing	1999	FS/WA	<b>V</b>
	New/Existing			

DEP Form No. 62-213.900(5)

Effective: 2/24/99

applicable.

Key for Control Device Type			Applicable Standard Key		
			<del></del>		
PBS = packed-bed scrubber		x = 0.01  mg/dscm			
CMP = composite mesh pad PBS/CMP = packed-bed scrub	her and composite	e mech nad	y = 45 dynes/cm		
FS = fume suppressant only	ber and compositi	e mesn pau	z = records of bath components (trivalent Cr tanks only)		
FS/WA = fume suppressant wi	th a wetting agen	t	c = alternative standard for multip	ole tanks	
FM = fiber-bed mist eliminato	~ ~		under common control		
WA = wetting agent					
	-	-	rements of paragraph (5) of Part II ng or anodizing units, you must ch		
[] January 25, 1	1996 [	] January	25, 1997		
3. Indicate how the facility wi	ll fulfill the comp	liance demon	stration:		
The facility v	vill conduct an in	itial performa	ance test		
	vill use a wetting in No. 1 above.	agent to redu	ce emissions and will meet the exis	sting surface	
4. Equipment Monitoring and Check all logs which are requi			ance with the requirements of this	general permit:	
(a) Equipment maintenance	(X)	(b) Equi	pment inspection and repair		
(c) Equipment malfunctions	[X]	(d) Oper	ration and maintenance checklist		
(e) Instrument calibration (used during initial performand	ce test)	(f) Star	t-up, shutdown, malfunction plan	(X)	
(g) Performance test results		(h) Equi	pment monitoring		
(i) Excess emissions		(j) Ope	rating periods	[ <b>X</b> ]	
(k) Rectifier capacity	[X]	(l) Fum	e suppressant records		
(m) Purchase records of wettin	g agent componer	nts [			
5. Surrender of Existing DEP	Air Permit(s)				
Please indicate with an "X" th	e appropriate sele	ection:			
notification form;	the permit numb	er(s) are:	authorizing operation of the facility	indicated in this	
	71-002-/		 tion of the facility indicated in this	notification form.	

DEP Form No. 62-213.900(5) Effective: 2/24/99

#### **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.

MIKE WORLAND	
Print name of responsible official	

Mile Warland

2/23/10

Date

DEP Form No. 62-213.900(5) Effective: 2/24/99

## NORRIS PRECISION MFG, INC.

P.O. BOX 1968 PINELLAS PARK, FL 33780-1968



AIR CENERAL PERMIT PROGRAM
BUREAU OF AIR MONITORING AND MOBILE SOURCES, MS5510
BENANTMENT OF ENVIRONMENTAL PROTECTION
Z600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400