



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 7, 1997

Mr. Richard J. Albrecht, Jr.
Southern Gun Refinishing, Inc.
d/b/a Rebel Gun Refinishing
111 North Main Street
Wildwood, Florida 34785

Re: Facility I.D. No. 1190027

Dear Mr. Albrecht:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on February 14, 1997.

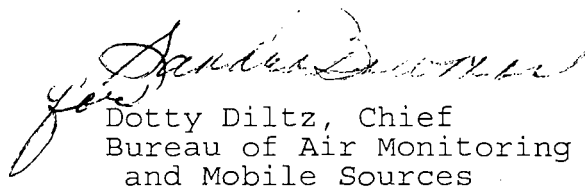
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

cc: Mr. Louis Fernandez, Southwest District

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

Sandy



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 7, 1997

Mr. Richard Albrecht
Rebel Gun Refinishing
111 North Main Street
Wildwood, Florida 34785

Dear Mr. Albrecht:

To properly complete your Title V Perchloroethylene Dry Cleaning Facility Notification Form, the title of the designated responsible official for the facility needs to be identified on the form in the Responsible Official (RO) block.

I am returning your original notification form for completion pursuant to Rule 62-213.300, F.A.C. Please enter your title next to your name in item number 6; for example, if you are the owner, then enter owner next to your name. Also, sign and provide the date of the change. Once completed, please return the original form to me.

I appreciate your cooperation. If you have any questions concerning your form, please call me at 904/488-6140.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

Enclosure

/SB

cc: Maggie Cangro
Henry Estevez

#1190024

pg 197 add "owner" as title
in the RO block

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 | <input checked="" 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
in chrome | <input checked="" type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

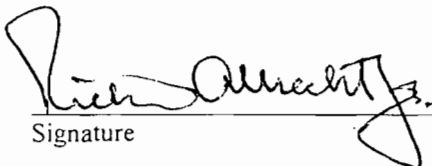
Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No 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.


Signature

1-15-97
Date

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Southern Gun Refinishing Inc ^{DBA} Rebel Gun Refinishing		
2. Site Name (For example, plant name or number):	NA		
3. Hazardous Waste Generator Identification Number:	NA		
4. Facility Location:			
Street Address:	111 N. Main St.		
City:	Wildwood, Fl.	County:	Sumter
		Zip Code:	34785
5. Facility Identification Number (DEP Use):	1190027		

Responsible Official

6. Name and Title of Responsible Official:	Richard J. Ahbrecht Jr.		
7. Responsible Official Mailing Address:			
Organization/Firm:	Rebel Gun Refinishing		
Street Address:	111 N. Main St.		
City:	Wildwood, Fl.	County:	Sumter
		Zip Code:	34785
8. Responsible Official Telephone Number:			
Telephone:	(352) 330-0268	Fax:	()

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:	()

RECEIVED

FEB 14 1997

Bureau of Air Monitoring
& Mobile Sources

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.

TANK ID #	HARD DATE PURCHASED	CHROMIUM DATE CNTRL DEVICE INSTALLED	PLATING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)

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

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

Were any hard chromium plating tanks at the facility operating before 12/16/93?

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				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
# 1	10/94	N/A	FS/WA	y

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

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 section (5) of Part II of this form:

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. 3 above.

Interoffice Memo

Date: 02/16/98
To: File
From: Rick Butler
Subject: Rebel Gun Refinishing AIRS ID # 1190027

The inspector (Maggie Cangro) in the southwest district office notified DARM by phone of the sale of and pending enforcement action to Rebel Gun Refinishing. The enforcement action was initiated by Haz. Waste.

File

Hey!

Tower Oaks Cleaners 1010363 should be inactive. That ownership has been gone since 2/98. I'm working on developing an enforcement case against the new owner.

Southgate cleaners 1010358 should also be inactive. New ownership effective last summer. Another one I'm trying to get a new notification on!

Southern Gun Refinishing (aka Rebel!) 1190027 needs to be made inactive also.

Thanks.
Maggie

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. Results of all performance tests.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.
7. Purchase records of wetting agent components.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8. Records of the date and time that fume suppressants are added to the bath.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
9. Records of rectifier capacity, if used to determine facility size.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
10. Records of the total process operating time.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
12. Startup, Shutdown & Malfunction Plan	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Richard Albrect, Jr.
Name of Responsible Official

Margaret Cangro
Inspector's Name

Margaret Cangro
Inspector's Signature

3/18/98
Date of Inspection

will call
Approximate Date of Next Inspection

**CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

RECEIVED
JUN 22 1996
Bureau of Air Quality
& Monitoring
of Air Sources

TYPE OF INSPECTION: ANNUAL
RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 1190027 DATE: 11/21/96 TIME IN: _____ TIME OUT: _____
 FACILITY NAME: Rebel Refinishing
 FACILITY LOCATION: 111 N. Main St
Wildwood, Ga 352-330-0268

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

a. Existing Large (0.015 mg/dscm) b. Existing Small (0.03 mg/dscm)
 c. New (0.015 mg/dscm) d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath Emissions of < 0.01/mg/dscm (4.4x10⁻⁶ gr/dscf)
 Surface tension of ≤ 45 dynes/cm (3.1x10⁻³ lb-f/ft)
 May only be selected if a wetting agent is used.

b. Trivalent Chromium Bath With wetting agent
 Without wetting agent <0.01mg/dscm (4.4x10⁻⁶ gr/dscf)

c. Chromium Anodizing Emissions of <0.01 mg/dscm (4.4x10⁻⁶ gr/dscf)
 Surface tension of 45 dynes/cm (3.1x10⁻³ lb-f/ft)
 May only be selected if a wetting agent is used.

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

Notification left with R.O.

Richard Albrecht
Name of Responsible Official

Margaret Cangro
Inspector's Name

Margaret Cangro
Inspector's Signature

11/21/96
Date of Inspection

Nov. 97
Approximate Date of Next Inspection

REBEL REFINISHING INC. 9046221070

F.01

111 N MAIN
WILDWOOD FL

RECEIVED
JUN 22 1998

(904) 629-5465

**REI
GUN REFIN**

*BLUING *NICKEL *
1203 S.W.
Ocala, Fl
Phone (90

1994 - DEALER'S COM
EFFECTIVE DATE
APPROXIMATELY THREE
WE GUARAN



*Reto
addition
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Aug 1994

Bluing	Pistols	Rifles	Barreled Actions Only	All Shotguns Except D/B	Barrels Only	D/B Shotguns	Barrels Only
Matte (Glass Blasted)	\$56.00	\$61.00	\$51.00	\$61.00	\$41.00	\$89.00	\$74.00
Std. No. 1	\$58.00	\$61.00	\$51.00	\$61.00	\$41.00	\$89.00	\$74.00
Semi-Gloss No. 11	\$56.00	\$71.00 ^{35.00}	\$62.00	\$71.00	\$46.00	\$99.00	\$85.00
Hi-Polish No. 11	\$78.00	\$81.00	\$72.00	\$81.00	\$54.00	\$121.00	\$104.00

*We Rust Blue Soft Soldered Barrels (Double Barrel Shotguns)
Barrels Only - \$140.00 Complete Guns - \$206.00

Parkerizing - (Prices same as Grade 1 Bluing)

DESERT EAGLE - \$100.00 Any Finish (Gold appts. extra)
(Refinishers for Magnum Research's Desert Eagle)

	Pistols	Rifles	Barreled Actions Only	All Shotguns Except D/B	Barrels Only	D/B Shotguns	Barrels Only
Nickel Plating - Bright Finish, Satin Finish (Brush), Matte Finish (Glass Blasted).	78.00 \$65.00	\$77.00 ^{92.00}	\$58.00	\$77.00	\$50.00	\$103.00	\$88.00
Hard Chrome Plating - Matte, Satin, Bright	95.00 \$79.00	\$90.00 ^{108.00}	\$73.00	\$89.00	\$63.00	\$115.00	\$100.00
Gold Plating - 24 Karat	216.00 \$180.00						
Gold Plating Gold Appts. (set) - \$100							

Other Gold Prices Upon Request

Jewelling - (Engine Turning) Bolt \$38.00 Magazine Follower \$28.00 Hammer or Trigger \$23.00
Color Case Hardening - Receivers and Frames \$125.00 Small parts - price on request.

152.00

(Any firearm we refinish is automatically cleaned and lubed at NO EXTRA CHARGE)

pg 197 add "owner" as title
in the RO block

1. Fa	
So	
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11. Fac	
Telephone: ()	Fax: ()

RECEIVED

FEB 14 1997

Bureau of Air Monitoring
& Mobile Sources

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Southern Gun Refinishing Inc ^{DBA} Rebel Gun Refinishing		
2. Site Name (For example, plant name or number):	NA		
3. Hazardous Waste Generator Identification Number:	NA		
4. Facility Location:	111 N. Main St.		
Street Address:	Wildwood, Fl.		
City:	County:	Zip Code:	
	Sumter	34785	
5. Facility Identification Number (DEP Use):	1190027		

Responsible Official

6. Name and Title of Responsible Official:	Richard J. Ahbrecht Jr.		
7. Responsible Official Mailing Address:	Rebel Gun Refinishing		
Organization/Firm:	111 N. Main St		
Street Address:	Wildwood, Fl.		
City:	County:	Zip Code:	
	Sumter	34785	
8. Responsible Official Telephone Number:	Telephone: (352) 330-0268 Fax: () -		

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: () -		

RECEIVED

FEB 14 1997

Bureau of Air Monitoring
& Mobile Sources

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
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)

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

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

Were any hard chromium plating tanks at the facility operating before 12/16/93?

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.

TANK ID #	DECORATIVE AND ANODIZING TANKS	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
# 1		10/94	N/A	FS/WA	y

Key for Control Device Type

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 FS = fume suppressant only
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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 section (5) of Part II of this form:

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. 3 above.

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"/> |
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<i>in chrome</i> | <input checked="" type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

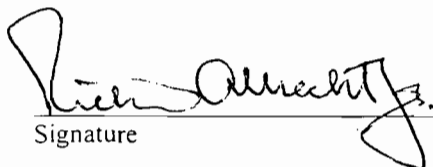
Please indicate with an "X" the appropriate selection:

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I will promptly notify the Department of any changes to the information contained in this notification.


Signature

1-15-97
Date

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4. Facility Location:	Street Address: 111 N. Main St. City: Wildwood, Fl. County: Sumter Zip Code: 34785		
5. Facility Identification Number (DEP Use):	1190027		

Responsible Official

6. Name and Title of Responsible Official:	Richard J. Ahbrecht Jr. President		
7. Responsible Official Mailing Address:	Organization/Firm: Rebel Gun Refinishing Street Address: 111 N. Main St. City: Wildwood, Fl. County: Sumter Zip Code: 34785		
8. Responsible Official Telephone Number:	Telephone: (352) 330-0268 Fax: () -		

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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: () -		

RECEIVED

FEB 14 1997

Bureau of Air Monitoring
& Mobile Sources

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 under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

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				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
# 1	10/94	N/A	FS/WA	y

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

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 section (5) of Part II of this form:

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. 3 above.

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 | <input checked="" 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
in chrome | <input checked="" type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

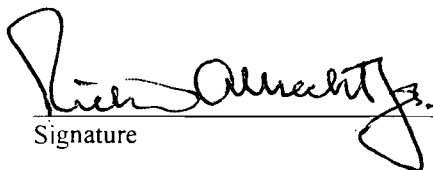
Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No 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.


Signature

1-15-97
Date



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 7, 1997

Mr. Richard Albrecht
Rebel Gun Refinishing
111 North Main Street
Wildwood, Florida 34785

Dear Mr. Albrecht:

To properly complete your Title V Perchloroethylene Dry Cleaning Facility Notification Form, the title of the designated responsible official for the facility needs to be identified on the form in the Responsible Official (RO) block.

I am returning your original notification form for completion pursuant to Rule 62-213.300, F.A.C. Please enter your title next to your name in item number 6; for example, if you are the owner, then enter owner next to your name. Also, sign and provide the date of the change. Once completed, please return the original form to me.

I appreciate your cooperation. If you have any questions concerning your form, please call me at 904/488-6140.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

Enclosure

/SB

cc: Maggie Cangro
Henry Estevez

AIRS ID#: 1190027

Revised 10/10/96

ACC
②

**CHROMIUM ELECTROPLATING/ANODIZING
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Rebel Gun Refinishing DATE: 3/18/98
 FACILITY LOCATION: 111 N. Main St.
Wildwood, FL 34785

RECEIVED
APR 17 1998
Department of Environmental Protection
SOUTHWEST DISTRICT

Annual Reporting Period: 1 - 1 1997 TO 3 - 18 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

Bureau of Air Monitoring & Mobile Sources

APR 22 1998

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Initial compliance test

Exact period of non-compliance: from business opening to 3-18-98

Action(s) taken to achieve compliance: We are taking steps to comply and are keeping

Method used to demonstrate compliance: maintenance and suppressant records

You need to understand we only use chrome tank (2) times a week (30 min)
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Recordkeeping (O&M Plan, maintenance records, rectifier capacity, date suppressants added, total process operating time, etc.)

Exact period of non-compliance: from 1-1-97 to present

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: Richard Albrect, Jr. [Signature] 3/18/98
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

file

**CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

RECEIVED
JUN 22 1996
Bureau of Air Quality
& Mobile Sources

TYPE OF INSPECTION: ANNUAL RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 1190027 DATE: 11/21/96 TIME IN: _____ TIME OUT: _____
 FACILITY NAME: Relief Refinishing
 FACILITY LOCATION: 111 N. Main St
Wildwood, Pa 352-330-0268

PART I: NOTIFICATION

(check appropriate box)

- 1. Facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

- a. Existing Large (0.015 mg/dscm)
- b. Existing Small (0.03 mg/dscm)
- c. New (0.015 mg/dscm)
- d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

- a. Chromic Acid Bath
 - Emissions of < 0.01/mg/dscm (4.4×10^{-6} gr/dscf)
 - Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
 - May only be selected if a wetting agent is used.*
- b. Trivalent Chromium Bath
 - With wetting agent
 - Without wetting agent < 0.01mg/dscm (4.4×10^{-6} gr/dscf)
- c. Chromium Anodizing
 - Emissions of < 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 - Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
 - May only be selected if a wetting agent is used.*

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

U.S. Postal Service											
CERTIFIED MAIL RECEIPT											
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
[Redacted]											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										
<p style="text-align: center;">AIRS ID # 1190027001AG</p> <p>Re RICHARD ALBRECHT JR (mailer)</p> <p>Sr REBEL GUN REFINISHING</p> <p>111 N MAIN ST</p> <p>ci WILDWOOD FL 34785</p>											
PS Instructions											

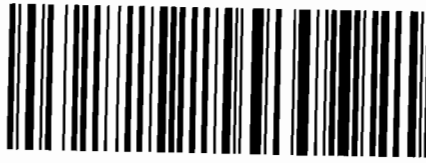
7000 0520 0020 9372 8890

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS</p>	
<p>SENDER: COMPLETE THIS SECTION</p> <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> <p>7 AIRS ID # 1190027001AG RICHARD ALBRECHT JR REBEL GUN REFINISHING 111 N MAIN ST WILDWOOD FL 34785</p>	<p style="text-align: center;">RECEIVER'S SECTION ON DELIVERY</p> <p>A. Received by (Please Print Clearly) <i>Richard</i> B. Date of Delivery</p> <p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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>2. Article Number (Copy from service label) 7000 0520 0020 9372 8890</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>	

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

5510

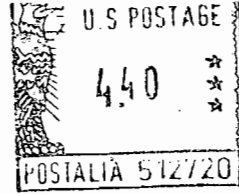
5521



7000 0520 0020 9372 8890

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
NOV - 5 2001



MOVED, LEFT NO ADDRESS
 FORWARDING ORDER EXPIRED
 ATTEMPTED—NOT KNOWN
 UNCLAIMED REFUSED
 NO SUCH STREET
 NO SUCH NUMBER
 INSUFFICIENT ADDRESS
 NO MAIL RECEPTACLE
 TEMPORARILY AWAY
 VACANT

ROUTE NO. _____ DATE 10/31
CARR./INITIALS _____

AIRS ID # 1190027001AG
RICHARD ALBRECHT JR
REBEL GUN REFINISHING
111 N MAIN ST
WILDWOOD FL _____

P.O. Box 638?
No longer here

CHROMIUM ELECTROPLATING/ANODIZING . AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1190027
SOUTHERN GUN REFINISHING INC
RICHARD ALBRECHT JR
111 N MAIN ST
WILDWOOD FL 34785

Do **NOT** Remove Label

Annual Reporting Period: _____ 19 ____ TO _____ 19 ____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RECEIVED

Exact period of non-compliance: from _____ to JAN 22 1998

Action(s) taken to achieve compliance: Bureau of Air Monitoring & Mobile Sources

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: Richard J. Albrecht Jr [Signature] 1-16-98
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

No Dates
SWD



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362741

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM
MAR - 1 99

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1190027

REBEL GUN REFINISHING
~~RICHARD ALBRECHT JR~~
 111 N MAIN ST
 WILDWOOD FL 34785

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300111 ✓

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 16 93

Do NOT Remove Label

AIRS ID#1190027

SOUTHERN GUN REFINISHING INC
 RICHARD ALBRECHT JR
 111 N MAIN ST
 WILDWOOD FL 34785

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273

Z 333 660 733

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

1999

AIRS ID # 1190027

REBEL GUN REFINISHING
RICHARD ALBRECHT JR
111 N MAIN ST
WILDWOOD FL 34785

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1190027

REBEL GUN REFINISHING
RICHARD ALBRECHT JR
111 N MAIN ST
WILDWOOD FL 34785

4a. Article Number

2333 660 733

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

3-1-99 RB

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

[Handwritten Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 378 1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 1190027

REBEL GUN REFINISHING
RICHARD ALBRECHT JR
111 N MAIN ST
WILDWOOD FL 34785

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1190027

REBEL GUN REFINISHING
RICHARD ALBRECHT JR
111 N MAIN ST
WILDWOOD FL 34785

4a. Article Number
Z 333 660 378

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)

7. Date of Delivery
2-10-99 SW

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.