

**CHROMIUM ELECTROPLATERS AND ANODIZERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

**Facility Identification Number - If known (seven digit number)**

1030332      1030332-004

**Registration Type**

Check one:

**INITIAL REGISTRATION** - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

**RE-REGISTRATION** (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

**Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable**

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

N/A

**General Facility Information**

**Facility Owner/Company Name** (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Classic Chrome Inc

**Site Name** (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, complete registration must be submitted for each.)

N/A

**Facility Location** (Physical location of the facility, not necessarily the mailing address.)

Street Address: 14835 49th St. N.

City: Clearwater

County: Pinellas

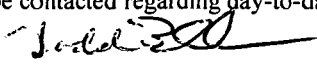
Zip Code: 33762

**Facility Start-Up Date** (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

N/A

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**Facility Contact**

<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: <u>Todd Buhnerkemper/ President</u> 		
<u>Facility Contact Telephone Numbers</u> Telephone: <u>727-531-2000</u> Fax: <u>727-531-2767</u> Cell phone: <u>727-656-7810</u> E-mail: <u>clchrome@verizon.net</u>		
<u>Facility Contact Mailing Address</u> Organization/Firm: <u>Classic Chrome Inc</u> Mailing Address: <u>14835 49th St. N.</u> City: <u>Clearwater</u> County: <u>Pinellas</u> Zip Code: <u>33762</u>		

**Correspondence Contact/Representative (to serve as additional Department contact)**

<u>Name and Position Title</u> Print Name and Title: <u>Missy Buhnerkemper/ Office Manager</u>		
<u>Correspondence Contact/Representative Telephone Numbers</u> Telephone: <u>727-526-1219</u> Fax: _____ Cell phone: <u>727-656-7820</u> E-mail: _____		
<u>Correspondence Contact/Representative Mailing Address</u> Organization/Firm: _____ Mailing Address: <u>6900 10th St. N.</u> City: <u>St. Petersburg</u> County: <u>Pinellas</u> Zip Code: <u>33702</u>		

**Government Facility Code (check only one)**

<input checked="" type="checkbox"/> Facility not owned or operated by a federal, state, or local government.
<input type="checkbox"/> Facility owned or operated by the federal government.
<input type="checkbox"/> Facility owned or operated by the state.
<input type="checkbox"/> Facility owned or operated by the county.
<input type="checkbox"/> Facility owned or operated by the municipality.
<input type="checkbox"/> Facility owned or operated by a water management district.

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**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 (Check one)	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
N/A	<input type="checkbox"/> New <input type="checkbox"/> Existing			y=45dynes/cm
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> 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 (Check one)	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
1994	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	1994	FS/WA	y=45dynes/cm
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			
	<input type="checkbox"/> New <input type="checkbox"/> Existing			

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