



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 12, 2007

Mr. Kenneth Samaniego
Rebel Gun Refinishing
111 North Main Street
Wildwood, Florida 34785

Re: Facility No.: 1190032-002

Dear Mr. Samaniego:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on March 8, 2007.

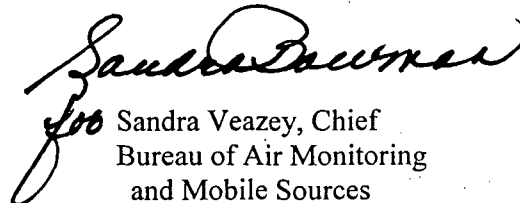
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Christopher Bradley, Southwest District

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES ¹⁹⁹ 2006
SOC REPORTS..1.....
COMPLIANCE STATUS IN.....

INSP-INS2 - Compliance Inspection Walkthrough
INSP - Sumter Co - SWD - C Bradley 2/16/2006

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR 08 2007
DEP - Air Quality
Permitting Section

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):	KENNETH SAMANIEGO ("REBEL Gun Refinishing")		
2. Site Name (For example, plant name or number):	REBEL Gun Refinishing		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	Street Address: 111 N MAIN STREET City: Wildwood County: Sumter Zip Code: 34785		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1190032-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: KENNETH SAMANIEGO Title: OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: REBEL GUN REFINISHING Street Address: 111 NORTH MAIN STREET City: Wildwood County: Sumter Zip Code: 34785		
8. Responsible Official Telephone Number:	Telephone: (352) 330-0268 Fax: (352) 330-0268		

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.

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			
	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			
	New/Existing			

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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 checked="" 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 checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input checked="" type="checkbox"/> | (l) Fume suppressant records | <input type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input 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.

KENNETH RAY SAMANIEGO

Print name of responsible official



Signature

2/16/07

Date



REBEL GUN REFINISHING
111 N Main St
Wildwood, FL 34785
www.rebelgunrefinishing.com



UNITED STATES
POSTAL SERVICE

0000



AMOUNT

\$0.63

U.S. POSTAGE
PAID
WILDWOOD, FL
34785
MAR 05 '07
0024050-07
32399

ATT Mr. Dibble

BUREAU of AIR monitoring + mobile sources
TO: Department of Environmental Protection

2600 Blair Stone Road

Tallahassee FL

32399-2400

March 15, 2007

Attn: Mr. Kenneth Samaniego
d.b.a. Rebel Gun Refinishing
111 N MAIN ST
Wildwood, FL 34785

Ref: AIRS ID# 1190032-002

Dear Mr. Samaniego:

It was pleasure to speak with you today regarding the completion of your Chromium Electroplating and Anodizing Air General permit notification form. I am faxing the complete original form which submitted and we received on March 8, 2007. I will need to receive back from you the form once you have answered the questions I have outlined below in the 2nd & 3rd paragraphs below. Please be sure to make a copy of this form after you have completed it, for your records, and mail the original to me at the address at the end of this letter.

If you will refer to form page #21 (actually the 2nd page of the form), I need for you to complete item #'s 1.a. and/or 1.b.. You mentioned during our conversation that you were not a Decorative and/or Anodizing operation, so therefore your concern would be # 1.a.. Try to fill in the space(s) as best represents your facility.

Next page #22, answer questions #2, #3, #4 (make sure you check all applicable boxes), and #5.

Address and mail completed form to me as soon as possible. I must have it in my hands no later than April 5, 2007, preferably earlier, in order to finish the review process. If not your entitlement to operate may be denied and I don't want that to happen.

Attn: Dick Dibble
General Permits Section
Bureau of Air Monitoring and Mobile Sources, **MS 5510**
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If you have any questions, or should I be able to assist you in any way do not hesitate to call me.

Dickson E. Dibble



Dickson E. Dibble
FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

Bureau of Air Monitoring
& Mobile Sources

APR 04 2007

RECEIVED

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

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.

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3. Hazardous Waste Generator Identification Number:			
4. Facility Location: III N. Main ST Street Address: City: Wildwood County: Sumter Zip Code: 34785			
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official: Name: KENNETH SAMANIEGO Title: OWNER			
7. Responsible Official Mailing Address: Organization/Firm: REBEL Gun Refinishing Street Address: III N. Main ST County: Sumter Zip Code: 34785 City: Wildwood			
8. Responsible Official Telephone Number: Telephone: (352) 330-0268 Fax: (352) 330-0268			

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HARD CHROMIUM PLATING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
7/20/95	New/Existing	2/5/95	FS/WA	A
7/7/01	New/Existing	2/7/01	FS/WA	A
	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

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	New/Existing			
	New/Existing			
	New/Existing			
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	New/Existing			
	New/Existing			
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(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

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- | | | | |
|--|-------------------------------------|--|-------------------------------------|
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(used during initial performance test) | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input type="checkbox"/> |
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I will promptly notify the Department of any changes to the information contained in this notification.

KENNETH RAY SAMANIEGO

Print name of responsible official


Signature

2/16/07
Date

TRANSMISSION VERIFICATION REPORT

TIME : 03/15/2007 10:05
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME 03/15 10:05
FAX NO./NAME 613523300268
DURATION 00:00:00
PAGE(S) 00
RESULT BUSY
MODE STANDARD

BUSY: BUSY/NO RESPONSE



Florida Department of
Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

FAX TRANSMITTAL SHEET

DATE: MARCH 15, 2007

TO: MR. KENNETH SAMANTIGO

PHONE: (352) 330-0268

FAX: (352) 330-0268

FROM: DICK DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: REBEL GUN REFINISHING

CC: _____

Total number of pages including cover sheet: SIX (6)

Message

SEE COVER LETTER W/INSTRUCTIONS.

D. Dibble

TRANSMISSION VERIFICATION REPORT

TIME : 03/15/2007 10:28
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER. # : BROG2J568046

DATE, TIME 03/15 10:22
FAX NO./NAME 613523300268
DURATION 00:06:37
PAGE(S) 07
RESULT OK
MODE STANDARD
ECM



Florida Department of
Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: MARCH 15, 2004

TO: MR. KENNETH SAMANIEGO

PHONE: (352) 330-0268

FAX: (352) 330-0268

FROM: DIRK DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: REBEL GUN REFINISHING

CC: _____

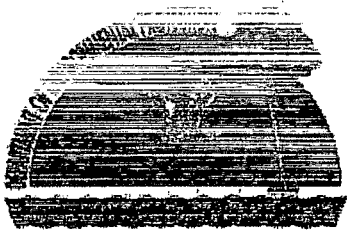
Total number of pages including cover sheet: SIX (6)

Message

SEE COVER LETTER W/INSTRUCTIONS.

D. Dibble

BEST AVAILABLE COPY



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Florida State
Conservation

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

RECEIVED
APR 9 SHEET
Bureau of Air Monitor
Mobile Course

FAX TRANSMITTAL

DATE: MARCH 15, 2004

TO: MR. KENNETH SAMANTIGO

PHONE: (352) 330-0268

FAX: (352) 330-0268

FROM: DICK DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: REBEL GUN REFINISHING

CC: _____

Total number of pages including cover sheet: SIX (6)

Message

SEE COVER LETTER W/INSTRUCTIONS.

D. Dibble

If there are any problems with this fax transmittal, please call the above phone number.

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

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Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

F A X T R A N S M I T T A L S H E E T

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Division of Air Resources Management

FAX: 850.922.6979

RE: REBEL GUN REFINISHING

CC: _____

Total number of pages including cover sheet: SIX (6)

Message

SEE COVER LETTER W/INSTRUCTIONS.

D. Dibble

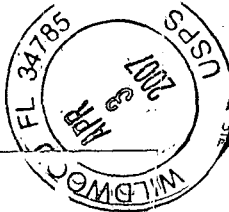
3/29/04 - 4:00 pm

Called & left message to remind them that they need to submit completed form by April 5th.

If there are any problems with this fax transmittal, please call the above phone number.

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

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Addressee Copy
Label 11-B, March 2006

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 30905	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 10.00
Date Accepted 4/3/07	Scheduled Date of Delivery Month: 4 Day: 4	Return Receipt Fee \$
Mo. Day Year 4 3 07	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$ Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 10.00
Flat Rate <input type="checkbox"/> or Weight 2 lbs. 2 ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Employee Signature
Mo. Day	4 4	124	JRM

CUSTOMER USE ONLY

NO DELIVERY
Weekend Holiday Mailer Signature

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

FROM: (PLEASE PRINT) PHONE ()

11700 ...
...
... 4 10

TO: (PLEASE PRINT) PHONE ()

ATTN: ...
...
... SS10

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

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FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING
Visit **www.usps.com**
Call 1-800-222-1811