CHROMIUM ELECTROPLATING/ANODIZING

COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CI) ☐

RE-INSPECTION (FUI) ☐ ARMS COMPLAINT NO:

AIRS ID#: 0571106 **DATE:** 4/21/2009 **ARRIVE:** 9:00 a.m. **DEPART:** 10:00 a.m.

FACILITY NAME: METAL TO METAL

FACILITY LOCATION: 2706 1/2 E. 7th Ave.

TAMPA 33605-4106

OWNER/AUTHORIZED REPRESENTATIVE: PAULINE TORRES **PHONE:**

CONTACT NAME: **PHONE:**

ENTITLEMENT PERIOD: 12/31/2006 (effective date) / 12/31/2011 (end date)

PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box)

☒ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE

PART II: CLASSIFICATION – Rule 62-213.300 FAC

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

1. **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) ☐

2. **Decorative Chromium Plating/Anodizing**

   a. **Chromic Acid Bath**
      1) Emissions of ≤ 0.01/mg/dscm (4.4×10^{-6} gr/dscf) --------- ☐
      2) 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**
      1) With wetting agent ---------- ☐
      2) Without wetting agent ≤ 0.01mg/dscm (4.4×10^{-6} gr/dscf) ☐

   c. **Chromium Anodizing**
      1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ---------- ☐
      2) 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 – Rule 62-213.300 FAC

(Select control device)	DEVICE IN USE?
1. ☐ Composite Mesh Pad	☐Yes ☐No
2. ☐ Fiber Bed Mist Eliminator	☐Yes ☐No
3. ☐ Packed Bed Scrubber	☐Yes ☐No
4. ☐ Packed Bed Scrubber/Composite Mesh Pad	☐Yes ☐No
5. ☒ Foam Blanket Fume Suppressant	☒Yes ☐No
6. ☒ Fume Suppressant w/ Wetting Agent	☒Yes ☐No

Has the facility conducted an initial performance test to establish monitoring parameters? ☐Yes ☐No ☒N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING/REPORTING REQUIREMENTS – Rule 62-213.300(3)

Has the responsible official maintained the following records?

1. 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)* ---------- ☐Yes ☐No ☒N/A
2. Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* ---------- ☐Yes ☐No ☒N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). --------- ☒Yes ☐No
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☒Yes ☐No
5. Results of all performance tests.---------- ☐Yes ☐No ☒N/A
6. Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* ---------- ☒Yes ☐No ☐N/A

Composite Mesh Pad
Measure the pressure drop across the CMP daily. ---------- ☐Yes ☐No

Packed Bed Scrubber
Measure the pressure drop across the PBS and the inlet velocity daily. ---------- ☐Yes ☐No

Fiber-Bed Mist Eliminator
Measure the pressure drop across the FBME and the upstream device daily. --- ☐Yes ☐No

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily. ---------- ☐Yes ☐No

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.. ---------- ☒Yes ☐No

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval. ---------- ☒Yes ☐No

7. Purchase records of wetting agent components. ---------- ☒Yes ☐No ☐N/A
8. Records of the date and time that fume suppressants are added to the bath. ----- ☒Yes ☐No ☐N/A
9. Records of rectifier capacity, if used to determine facility size. ---------- ☒Yes ☐No ☐N/A
10. Records of the total process operating time. ---------- ☒Yes ☐No
11. Records identifying specific periods of excess emissions. ---------- ☒Yes ☐No
12. Startup, Shutdown & Malfunction Plan. ---------- ☒Yes ☐No

Stephen Hathaway, EPCHC Air Div.
Jason Waters, P.E., EPCHC Air Div.
Jessica Lopez, EPCHC Waste Div.
Joe Panetta, FDEP SWD Air Div.
Beth Knauss, FDEP SWD Waste Div.

Inspector's Name (Please Print)	4/21/2009 Date of Inspection
Inspector's Signature	5 years Approximate Date of Next Inspection

COMMENTS: Facility shut down as of September 2008 according to Mrs. Torres. Inspection conducted in conjunction with EPC Waste Division and FDEP SWD Air and Waste Divisions. New Facility Phone Number: (813)247-3532. See Also: Inspection Report.