



# CHROMIUM ELECTROPLATING/ANODIZING



## COMPLIANCE INSPECTION CHECKLIST

**INSPECTION TYPE:** ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   2  
 RE-INSPECTION (FUI)  ARMS COMPLAINT NO:

<b>AIRS ID#:</b>	1030471	<b>DATE:</b>	1/9/13	<b>TIME IN:</b>	10:45	<b>TIME OUT:</b>	12:00
<b>FACILITY NAME:</b>	Norris Precision Mfg., Inc.						
<b>FACILITY LOCATION:</b>	4680 110th Avenue North Clearwater, FL, 33762						
<b>RESPONSIBLE OFFICIAL:</b>	Mike Worland	<b>Phone No.:</b>	727-572-6330				
	<b>e-mail:</b>						
<b>PERMIT NO.</b>	1030471-003-AG	<b>EXP. DATE:</b>	3/27/2015				
<b>CONTACT:</b>	Mike Worland	<b>PHONE:</b>	727-572-6330				
	<b>e-mail:</b>	mworland@norrisprecision.com					

<b>PART I: NOTIFICATION</b>			
(check appropriate box)		<b>Facility Compliance Status:</b>	IN <input checked="" type="checkbox"/>
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>	(ARMS Data)	MNC <input type="checkbox"/>
2. Facility failed to notify DARM to use a general permit	<input type="checkbox"/>		SNC <input type="checkbox"/>

<b>PART II: CLASSIFICATION</b>			
<b>PART II: CLASSIFICATION – Rule 62-213.300 FAC</b>			
Facility type(s)/applicable standard as indicated on notification form:			
1. <b>Hard Chromium Plating</b>			
a. <b>Existing Large</b> (0.015 mg/dscm)	<input type="checkbox"/>	b. <b>Existing Small</b> (0.03 mg/dscm) -----	<input checked="" type="checkbox"/>
c. <b>New</b> (0.015 mg/dscm) -----	<input type="checkbox"/>	d. <b>Alternative Standard</b> for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)	<input type="checkbox"/>
2. <b>Decorative Chromium Plating/Anodizing</b>			
a. <b>Chromic Acid Bath</b>	1) Emissions of $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf) -----		<input type="checkbox"/>
	2) Surface tension of $\leq 45$ dynes/cm ( $3.1 \times 10^{-3}$ lb-f/ft) ----- (May only be selected if a wetting agent is used.)		<input checked="" type="checkbox"/>
b. <b>Trivalent Chromium Bath</b>	1) With wetting agent -----		<input type="checkbox"/>
	2) Without wetting agent $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)		<input type="checkbox"/>
c. <b>Chromium Anodizing</b>	1) Emissions of $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf) -----		<input type="checkbox"/>
	2) Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$ lb-f/ft) ----- (May only be selected if a wetting agent is used.)		<input type="checkbox"/>

**PART III: CONTROL TECHNOLOGY – Rule 62-213.300 FAC**

(Select control device)

**DEVICE IN USE?**

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Composite Mesh Pad -----                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator -----                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. <input type="checkbox"/> Packed Bed Scrubber -----                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad -----       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant -----                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent ----- | <input type="checkbox"/> Yes <input type="checkbox"/> 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  N/A
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  N/A
12. Startup, Shutdown & Malfunction Plan. -----  Yes  No

**PART V: ADDITIONAL SITE INFORMATION**

1/9/13 - Air Quality performed a surface tension audit.  $1.17045 \times 1440 / 45 \text{ drops} = 37.45 \text{ dynes/cm} < 45 \text{ dynes/cm}$ .

Inspector=s Name (Please Print)

Jeffrey Morris

Date of Inspection

Inspector=s Signature

Approximate Date of Next Inspection