



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030471	DATE: <u>1/17/14</u>	ARRIVE: <u>10:30</u>	DEPART: <u>11:30</u>
FACILITY NAME: NORRIS PRECISION MFG			
FACILITY LOCATION: 4680 110TH AVE N CLEARWATER 33762-4951			
OWNER/AUTHORIZED REPRESENTATIVE: MIKE WORLAND		PHONE: (727)572-6330	
Email:		Mobile:	
CONTACT NAME:		PHONE:	
Email:		Mobile:	
ENTITLEMENT PERIOD: 3/28/2010 / 3/28/2015 (effective date) (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) <input type="checkbox"/>	b. Existing Small (0.03 mg/dscm) ----- <input checked="" type="checkbox"/>
c. New (0.015 mg/dscm) ----- <input type="checkbox"/>	d. Alternative Standard 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. **Decorative Chromium Plating/Anodizing**

a. Chromic Acid Bath	1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- <input type="checkbox"/>
	2) Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- <input checked="" type="checkbox"/> (May only be selected if a wetting agent is used.)
b. Trivalent Chromium Bath	1) With wetting agent ----- <input type="checkbox"/>
	2) Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) <input type="checkbox"/>
c. Chromium Anodizing	1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- <input type="checkbox"/>
	2) Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- <input type="checkbox"/> (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. <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 checked="" 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
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

Jeff Morris

1/20/14

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

1/20/15

Approximate Date of Next Inspection

COMMENTS: The facility added fume suppressant on 12/17/13. A copy of the faom blanket thickness measurements is attached to the inspection report.[jm]