



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0090216 DATE: 7/3/07 ARRIVE: 12:35 DEPART: 1:37
 FACILITY NAME: TECHNI-CHROME CORPORATION
 FACILITY LOCATION: 895 Buffalo Road
 TITUSVILLE 32796
 RESPONSIBLE OFFICIAL: CURTIS CLARK PHONE: (321)239-2068
 CONTACT NAME: PHONE:
 REMITTANCE YEAR: 2006 ENTITLEMENT PERIOD: 5/23/2005 / 5/23/2010
 (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) 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 ≤ 0.01 mg/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. <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 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?

- 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
- 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
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ----- Yes No *None needed*
- 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
- Results of all performance tests. ----- Yes No N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* ----- Yes No N/A *Weekly*

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

Manual Shut Down

Wanda Parker-Garvin
Inspector's Name (Please Print)

7/3/07
Date of Inspection

Wanda Parker-Garvin
Inspector's Signature

Approximate Date of Next Inspection

COMMENTS:

AIRS ID#: 0090216

Revised 10/10/96

**CHROMIUM ELECTROPLATING/ANODIZING
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: <u>TECHNICHROME</u>	DATE: <u>7/3/07</u>
FACILITY LOCATION: <u>895 Buffalo Road</u>	
<u>TITUSVILLE FL 32796</u>	

Annual Reporting Period: _____ 20 TO _____ 20

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: CURTIS CLARK [Signature] 7/3/07

Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.