



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0951287 **DATE:** 4/3/2013 **ARRIVE:** 9:30 **DEPART:** 10:00

FACILITY NAME: ORLANDO PLATING COMPANY

FACILITY LOCATION: 601 N Orange Blossom Trl
 ORLANDO 32805-1439

OWNER/AUTHORIZED REPRESENTATIVE: Servet ARAL **PHONE:** (321)239-2068
Email: **Mobile:**

CONTACT NAME: **PHONE:**
Email: **Mobile:**

ENTITLEMENT PERIOD: 4/12/2010 / 4/12/2015
 (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) 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 checked="" type="checkbox"/> No |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. <input type="checkbox"/> Packed Bed Scrubber ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant ----- | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent ----- | <input type="checkbox"/> Yes <input checked="" 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

Assefa Hailemariam

4/3/2013

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: New owner, Servet Aral, took over this business on 2/16/2012 . The new owner did not apply for a new air general permit. The facility is operating without a valid air permit. The facility uses Iridite 14-2, which contains chromium trioxide (50-60%), a regulated hazardous air pollutant, per 40 CFR part 63. It appears this facility does decorative chromium plating. No records were available to document plating time, fume suppressant / wetting agent additions, and surface tension measurements. This facility must comply with the requirements of the applicable Florida Rule 62-210.310(5)(i) F.A.C.