



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0170370 **DATE:** 06042009 **ARRIVE:** 1015 **DEPART:** 1203

FACILITY NAME: FORDS CUSTOM PLATING & SERVICES

FACILITY LOCATION: 6843 N. CITRUS AVE, BLDG# 10
 CRYSTAL RIVER 34428-6933

OWNER/AUTHORIZED REPRESENTATIVE: HORACE BOOTH **PHONE:** (352)564-0001

CONTACT NAME: Larna Booth **PHONE:** (352)564-0001

ENTITLEMENT PERIOD: 9/20/2007 / 9/20/2012
 (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 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

Joseph V Panetta

06/04/2009

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: This was an initial inspection and joint inspection with hazard waste Rebecca Foster and Air Quality Joe Panetta. This facility chrome plates A spread sheet was provided that showed date and times of operation, baune meter reading, amps, operating temperatures, test results and dates and dynes. Mrs. Booth said they only operate 3days recently do to the economy. Gave Mrs. Booth a copy of 2009 calendar, sbearp contact information, blank checklist and a copy of the rule/registration form.

ALLIED PLATING SUPPLIES, INC.
 *** INVOICE ***

Number : 120740 - Invoice
 Account: FORDS
 SIm # : FL

Date: 04/17/2006
 Page: 1
 Sales Order: 76423

Bill To:

Ship To:

C.O.D. FORDS CUSTOM PLATING
 4434 EAST ARLINGTON ST
 INVERNESS, FL 34453

C.O.D. FORDS CUSTOM PLATING
 4434 EAST ARLINGTON ST
 INVERNESS, FL 34453

Description		Order Date	Cust PO #	Sales Order	Shipping Instructions	
Invoice		04/17/2006	LORNA	76423	C.O.D. UPS	
Code	Quantity	UM	Description	Price	Amount	
1	5.00	GAL	TASKEM CHROME DISMIST TAS-CHRDIS-5	\$33.400	\$167.00	
1	30.00	LB	#20 GAGE COPPER WIRE WIRE20	\$5.580	\$167.40	

Terms: C.O.D.

Remit Payment to:
 ALLIED PLATING SUPPLIES, INC.
 5000 EAST 10 COURT
 305-681-8531
 HIALEAH, FL 33013
 USA

Disc.	(0.000):	\$0.00
Subtotal	:	\$334.40
Tax (Florida)	:	\$20.06
Freight	:	\$33.41
Less Deposit	:	\$0.00
Amount Due	:	<u>\$387.87</u>

EMERGENCY ACTION PLAN

FORD'S CUSTOM PLATING

6843 N. Citrus Ave., Unit C-C
Crystal River, Fl. 34428, 352-564-0001

In the event of an emergency, natural disaster or any other event that could compromise the safety and integrity of our plating tank solutions we have implemented the following plan.

1. We have ten, 55 gallon plastic drums with sealed lids.
2. Pump the plating solution into the plastic drums, using an electric sump pump. If electric service is unavailable, use the gas powered generator.
3. Store the drums with the plating solutions inside the building.