



0230703

Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

August 26, 1996

Mr. Daniel L. Pepple
Action Plating Corporation
1220 Ali-Baba Avenue
Opa Locka, Florida 33054

Dear Mr. Pepple:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 14, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

Air ID #
0250403

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

50,00

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Mr. Daniel L. Pepple, Owner
2. Site Name (For example, plant name or number): ACTION PLATING CORP.
3. Hazardous Waste Generator Identification Number: FLDO 85022291
4. Facility Location: Street Address: 1220 Ali-Baba Avenue City: Opa Locka County: Dade Zip Code: 33054

Responsible Official

5. Name and Title of Responsible Official: Mr. Daniel L. Pepple, Owner
6. Responsible Official Mailing Address: Organization/Firm: 1220 Ali-Baba Avenue Street Address: City: Opa Locka County: Dade Zip Code: 33054
7. Responsible Official Telephone Number: Telephone: (305) 685-6313 Fax: (305) 685-5252

Facility Contact (If different from Responsible Official)

8. Name and Title of Facility Contact (For example, plant manager): Mr. Daniel L. Pepple, Owner
9. Facility Contact Address: Street Address: Same as above City: County: Zip Code:
10. Facility Contact Telephone Number: Telephone: (305) 685-6313 Fax: (305) 685-5252

RECEIVED

AUG 14 1996

RECEIVED
MAIL ROOM
AUG - 9 96

Facility Information

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

TANK ID #	HARD DATE PURCHASED	CHROMIUM DATE CNTRL DEVICE INSTALLED	PLATING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)
20	1975	None	-	a
34	1980	"	-	a
49	1981	"	-	a
59	1987	"	-	a

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks
 under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes No

1.b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS				
TANK ID#	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
31	1987	1987	FS/WA	y

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator

Applicable Standard Key

x = 0.01 mg/dscm
 y = 45 dynes/cm
 z = records of bath components (trivalent Cr tanks only)
 c = alternative standard for multiple tanks under common control

2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form:

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

The facility will conduct an initial performance test
 The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| (a) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input checked="" type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) 50DAD130560.
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Amiel Pappas
Signature

Aug 5, 1996
Date

Action Plating Corp.

SPECIALISTS IN AIRCRAFT PARTS
FAA Approved No. 700-109

1220 ALI BABA AVENUE

OTA LOCKA, FLORIDA 33054

PHONE (305) 685-6313
FAX (305) 685-5292

FACSIMILE COVER SHEET

DATE: August 22/1996

FROM: Don. Pepple

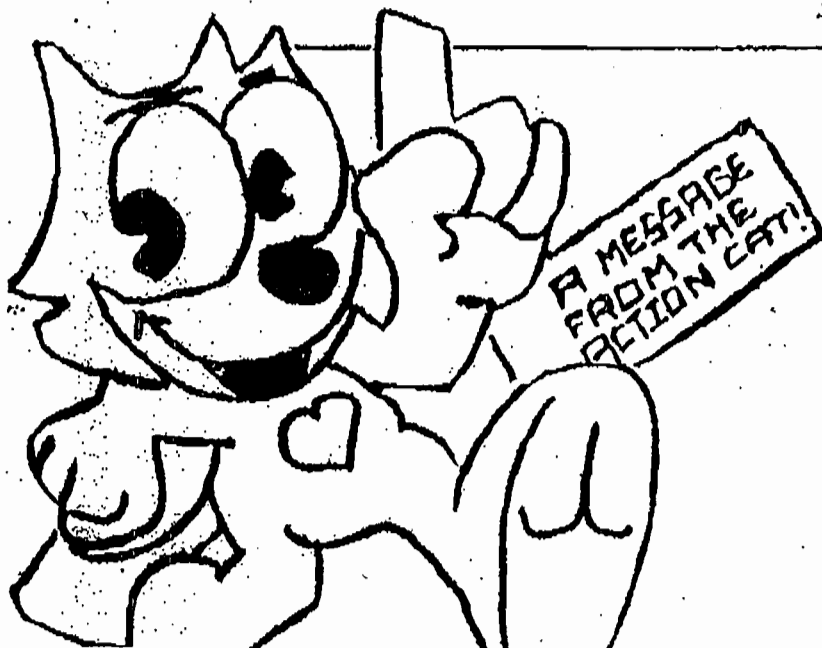
TO: Dept. of Environmental Protec.

ATTN: Alvin Williams

NUMBER OF PAGES: 02 (INCLUDING COVER SHEET)

SUBJECT: As requested. Yesterday please
find copy of pg. 22

Thank You.



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AUG 22 1996

Bureau of Air Monitoring
& Mobile Sources

AIR ID #
0250403

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50,00

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5. Name and Title of Responsible Official: Mr. Daniel L. Pepple, Owner		
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RECEIVED

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a = 0.03 mg/dscm
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 c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes No

1.b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
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January 25, 1996 January 25, 1997

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Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| (a) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input checked="" type="checkbox"/> |
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| (e) Instrument calibration | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> | | |

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I will promptly notify the Department of any changes to the information contained in this notification.

Arnold Papp
Signature

Aug 5, 1996
Date

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Equipment maintenance
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan *Q.P.*
- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions
- (j) Operating periods
- (k) Rectifier capacity *Q.P.*
- (l) Fume suppressant records
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I will promptly notify the Department of any changes to the information contained in this notification.

Amiel Papp
Signature

Aug 5, 1986
Date

RECEIVED

OCT 11 1996

Bureau of Air Monitoring & Mobile Sources

NOTIFICATION OF CONSTRUCTION/RECONSTRUCTION

Regulatory Rule: 40 CFR Part 63, Subpart N--National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks

This form is being completed because (check box(es) that apply):

- A chromium electroplating and/or chromium anodizing tank is being constructed.
- A chromium electroplating and/or chromium anodizing tank is being reconstructed.

Print or type the following for each plant in which a chromium electroplating and/or chromium anodizing tank is being constructed or reconstructed.

Owner/Operator/Title Mr Daniel Pepple, Owner

Street Address 1220 Ali-Baba Avenue

City Opa Locka State Florida Zip Code 33054

Plant Name Action Plating Corp.

Plant Phone Number (305)685-6313

Plant Contact/Title Mr. Daniel Pepple, Owner

Plant Address (if different than owner/operator's):

Street Address _____

City _____ State _____ Zip Code _____

3. Complete the following table for each tank for which construction or reconstruction is planned. If additional lines are needed, make copies of this page.

Tank ID #	Type of tank	Expected beginning date for const/reconst	Expected completion date for const/reconst	Anticipated startup date	Type of control technique to be used ¹	Control System ID #	Estimated total chromium emissions after control is applied ²
20	Hard chr	12/1/96	1/1/97	1/15/97	Comp.mesh	p. 5	0.01mg/dscm
34							
49		(Same system will serve all tanks)					
59							

¹ Attach design information from vendor, including design drawings and design capacity.
² Attach engineering calculations to support estimate. These calculations may be from the vendor.
 Emissions estimates should be expressed in units consistent with the emission limits in the regulation.

Best Available Copy

NOTIFICATION OF CONSTRUCTION/RECONSTRUCTION (continued)

EXAMPLE RESPONSE:

Tank ID #	Type of tank	Expected beginning date for const/reconst	Expected completion date for const/reconst	Anticipated start-up date	Type of control technique to be used ¹	Control System ID #	Estimated total chromium emissions after control is applied
1	Hard chrome plating	10/94	1/95	1/95	Composite mesh-pad system	5	0.01 mg/decm
2	Decorative chrome plating	2/95	6/95	6/95	Wetting-agent fume suppressant	N/A	Will meet 45 dynes/cm

4. Check the box that will apply after construction/reconstruction occurs.

- Tanks are located at a facility that is a major source.
 Tanks are located at a facility that is an area source.

NOTE: A major source is a facility that emits greater than 10 tons per year of any one hazardous air pollutant (HAP) or 25 tons per year of multiple HAPs. All other sources are area sources. The major/area source determination is based on all HAP emission points inside the facility fence-line, not just the chromium electroplating and anodizing tanks.

5. Complete the following if hard chromium electroplating tanks are being constructed/reconstructed. Check the box(es) that apply.

- The maximum cumulative potential rectifier capacity of the hard chromium electroplating tanks is greater than or equal to 60 million amp-hr/yr. This was determined by taking the sum of the total installed rectifier capacity (amperes) multiplied by 8,400 hours/yr and by 0.7 for each tank.
 The maximum cumulative potential rectifier capacity of the hard chromium electroplating tanks is less than 60 million amp-hr/yr. This was determined by taking the sum of the total installed rectifier capacity (amperes) multiplied by 8,400 hours/yr and by 0.7 for each tank.
 Records show that the facility's previous 12-month cumulative current usage for the hard chromium electroplating tanks was less than 60 million amp-hr.
 The facility wishes to accept a Federally-enforceable limit of less than 60 million amp-hr/yr on the maximum cumulative potential rectifier capacity of the hard chromium electroplating tanks.

6. Attach a brief description of the proposed emission control technique(s), including design drawings, design capacity, and emissions estimates with supporting calculations.

7. If reconstruction is to occur, attach a brief description of the source and the components to be replaced.

Composite mesh-pad system emission control is being installed.

NOTIFICATION OF CONSTRUCTION/RECONSTRUCTION (continued)

8. Complete the following if reconstruction is to occur, and the facility believes that there are economic or technical limitations to prevent the facility from complying with all relevant standards or requirements.

A. Attach a discussion of any economic or technical limitations of complying with the relevant standards or requirements. The discussion must be sufficiently detailed to demonstrate how these limitations will affect the facility's ability to comply.

B. Provide an estimate of the fixed capital cost of the replacements and of constructing a comparable entirely new source: Replacements \$70,000 New source \$140,000

C. Provide the estimated life of the source after the replacements: 10 years

9. Print or type the name and title of the Responsible Official for the plant:

Mr. Daniel Pepple Owner
(Name) (Title)

A Responsible Official can be:

- ◆ The president, vice-president, secretary, or treasurer of the company that owns the plant;
- ◆ The owner of the plant;
- ◆ The plant engineer or supervisor;
- ◆ A government official if the plant is owned by the Federal, State, City, or County government; or
- ◆ A ranking military officer if the plant is located on a military base.

I Certify The Information Contained In This Report To Be Accurate And True To The Best Of My Knowledge.

Daniel Pepple
(Signature of Responsible Official)

/ /
(Date)

SAMPLE
DATA SHEET FOR CHROMAX

MODEL CH1A

CAPACITY: 2000 MAXIMUM 1200 OPERATING CFM:

DESIGN PRESSURE DROP ACROSS UNIT: 5 INCHES W.C.

MATERIAL OF CONSTRUCTION:

SHELL: PVC

NOZZLE: PVC

MIST ELIMINATOR: PP

SAMPLE

	<u>PRESSURE DROP</u> <u>INCHES W.C.</u>	<u>SPRAY FREQUENCY</u>	<u>FLOW RATE</u> <u>GPM</u>
PRE-CONTROLLER	0.5"	15 SEC. EVERY 4 HOURS	0.7
DUCT FOG NOZZLE	---	CONTINUOUS	0.013
STAGE I	1	15 SEC. EVERY 2 HOURS	2.8
STAGE II	3	15 SEC. EVERY MINUTE	0.013
STAGE III	1	NONE	

<u>*NOZZLES</u>	<u>TYPE</u>	<u>QUANTITY</u>
PRE-CONTROLLER:	300 CFM - 1/4 HHSJ-PVC-120-07	1
	900 CFM - 1/4 HHSJ-PVC-120-07	1
DUCT: BETE PJ8		1
STAGE I: SS 1/4 HHSJ-PVC-90-07		4
STAGE II: BETE PJ8		4
STAGE III:		None

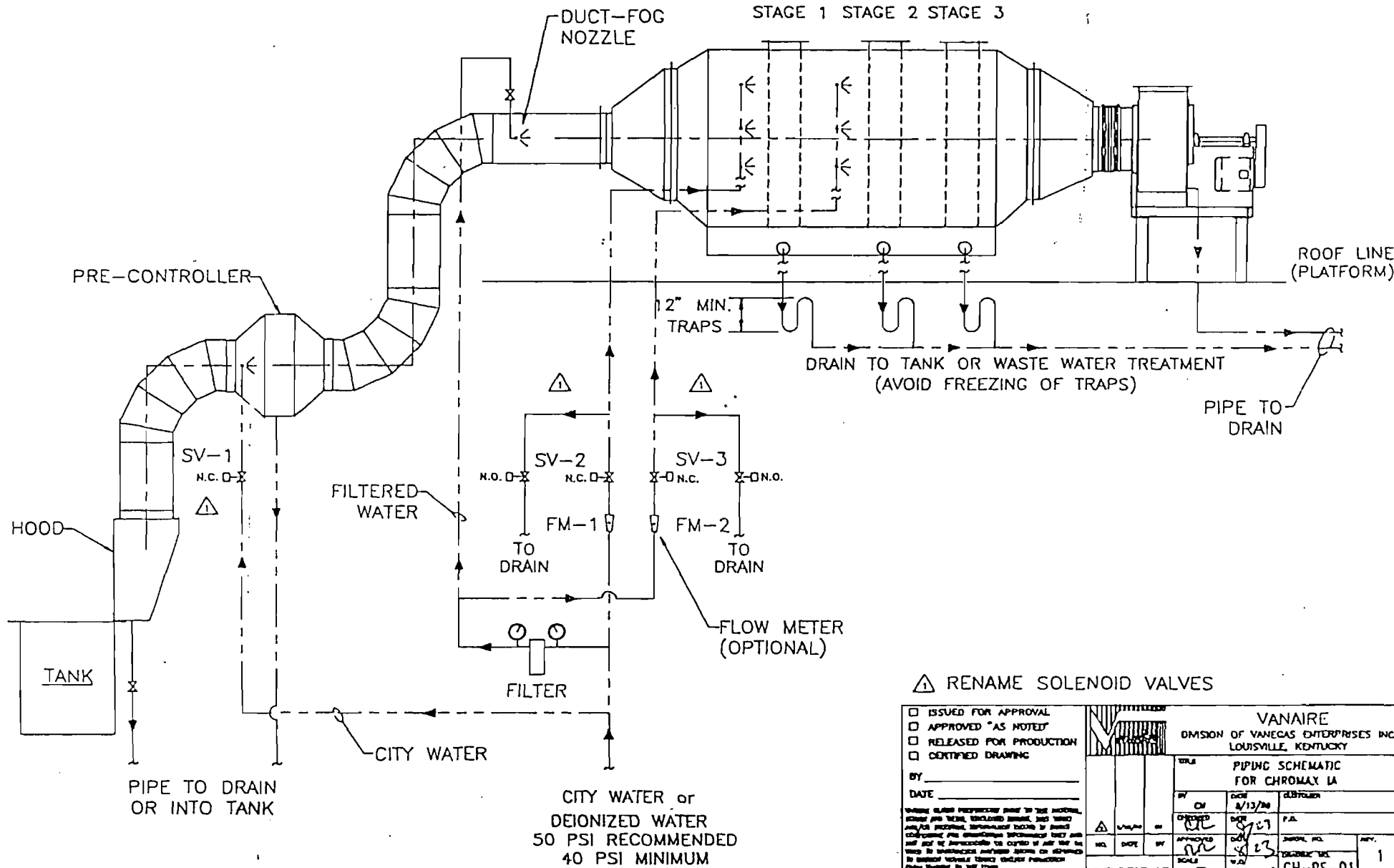
*RECOMMENDED SPARE PARTS

Sheet1

9/4/96	Chromax Water Usage						
	Pre-controller	Duct Fog Nozzle		Stage 1		Stage 2	
CFM		No. of		No. of	Actual at	No. of	Actual at
		Nozzle		Nozzle	10 PSI	Nozzle	40 psi
	gpm		gpm		gpm		gpm
500	0.70	1	0.013	1	0.7	1	0.013
1000	0.70	1	0.013	2	1.4	2	0.026
2000	1.30	1	0.013	4	2.8	4	0.052
3000	2.00	1	0.013	4	2.8	4	0.052
4000	3.00	1	0.013	4	2.8	4	0.052
5000	4.00	1	0.013	6	4.2	6	0.078
6000	5.30	1	0.013	9	6.3	9	0.117
8000	5.30	1	0.013	9	6.3	9	0.117
10000	8.20	1	0.013	12	8.4	12	0.156
12000	8.20	2	0.026	16	11.2	16	0.208
14000	12.00	2	0.026	16	11.2	16	0.208
16000		2	0.026	24	16.8	24	0.312
18000		2	0.026	24	16.8	24	0.312
20000		2	0.026	32	22.4	32	0.416
22000		3	0.039	32	22.4	32	0.416
24000		3	0.039	32	22.4	32	0.416
26000		3	0.039	40	28	40	0.52
28000		3	0.039	40	28	40	0.52
30000		3	0.039	48	33.6	48	0.624
35000		4	0.042	48	33.6	48	0.624
40000		4	0.042	48	33.6	48	0.624
45000		5	0.065				
50000		5	0.065				
55000		6	0.078				
60000		6	0.078				

NOTES:

1. CARTRIDGES ARE REMOVABLE AND CLEARANCES ABOVE SCRUBBER SHOULD BE EQUAL TO THE HEIGHT OF THE SCRUBBER.
2. THE SPRAY BARS ARE DESIGNED TO BE REMOVABLE AND CLEARANCE EQUAL TO THE WIDTH OF THE SCRUBBER WILL BE REQUIRED.
3. EXTERNAL PIPING, FILTER AND ACTUATED VALVES BY CUSTOMER.
4. FOR INDOOR INSTALLATIONS, THE N.O. SOLENOID VALVES WON'T BE REQ'D.



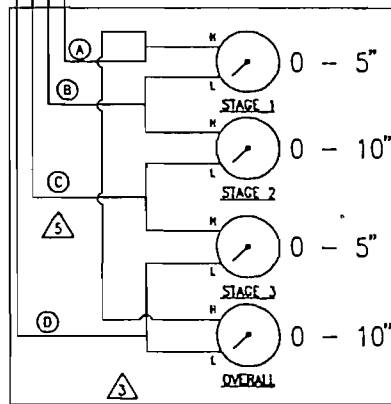
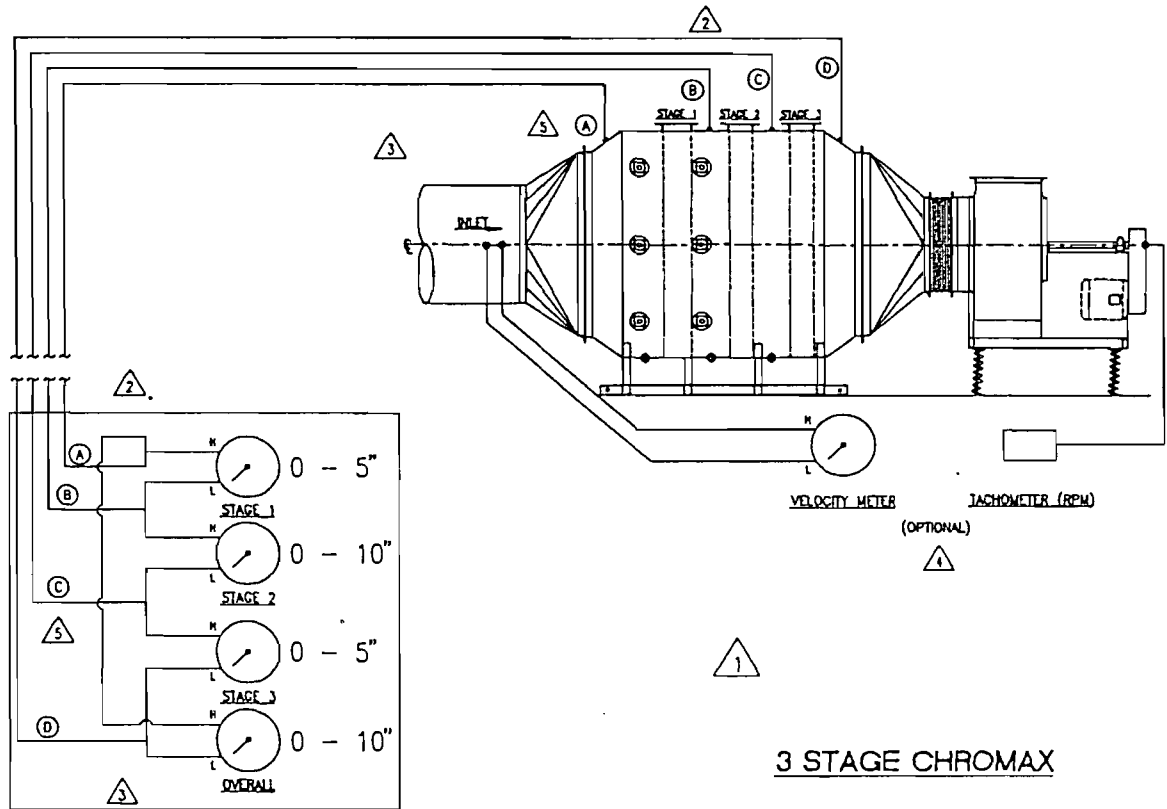
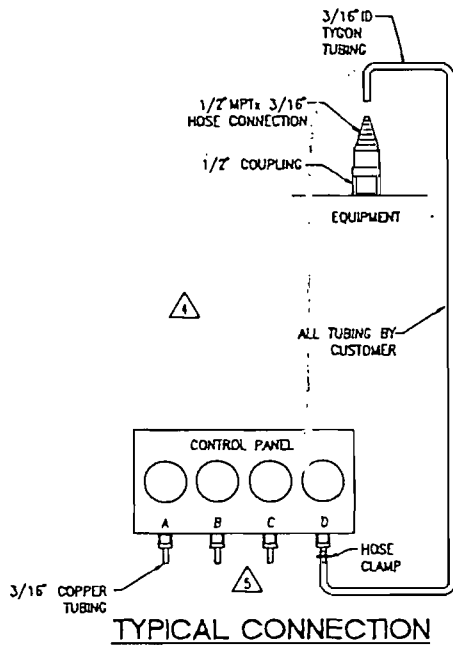
⚠️ RENAME SOLENOID VALVES

- ISSUED FOR APPROVAL
- APPROVED "AS NOTED"
- RELEASED FOR PRODUCTION
- CERTIFIED DRAWING

BY _____
DATE _____

WHEN ASSESSING PROPOSALS TO THE NATIONAL ARCHIVE AND RECORDS ADMINISTRATION, PLEASE CONTACT THE NATIONAL ARCHIVE AND RECORDS ADMINISTRATION FOR ASSISTANCE. THE NATIONAL ARCHIVE AND RECORDS ADMINISTRATION IS NOT RESPONSIBLE FOR THE COSTS OF ANY REPRODUCTION OR REPRODUCTION OF ANY INFORMATION CONTAINED HEREIN. CONTACT THE NATIONAL ARCHIVE AND RECORDS ADMINISTRATION FOR ASSISTANCE.

				VANAIRE DIVISION OF VANEGAS ENTERPRISES INC. LOUISVILLE, KENTUCKY	
				TITLE PIPING SCHEMATIC FOR CHROMAX IA	
BY	DATE	BY	DATE	BY	DATE
BY	DATE	BY	DATE	BY	DATE
BY	DATE	BY	DATE	BY	DATE
BY	DATE	BY	DATE	BY	DATE
REVISIONS NO. DATE BY		SCALE WTS		DRAWING NO. CH-PS-01	



- ISSUED FOR APPROVAL
- APPROVED "AS NOTED"
- RELEASED FOR PRODUCTION
- CERTIFIED DRAWING

BY _____

DATE _____

VANAIRE CLAIMS PROPRIETARY RIGHT TO THE MATERIAL DESIGN AND DETAIL DISCLOSED HEREIN. THIS SHEET AND/OR TECHNICAL INFORMATION ISSUED IN STRICT CONFIDENCE FOR ENGINEERING INFORMATION ONLY AND MAY NOT BE REPRODUCED OR COPIED IN ANY WAY OR USED TO MANUFACTURE ANYTHING SHOWN OR REFERRED TO HEREON WITHOUT DIRECT WRITTEN PERMISSION FROM VANAIRE TO THE USER.

		VANAIRE DIVISION OF VANEGAS ENTERPRISES INC. LOUISVILLE, KENTUCKY				
		TITLE: PRESSURE GAGE CONNECTIONS				
BY	DATE	CUSTOMER				
CM	4/11/96					
CHECKED	DATE	P.O.				
NO.	DATE	BY	APPROVED	DATE	SERIAL NO.	REV.
	8/77/96	CM	<i>RPZ</i>	9/21		
REVISIONS:		SCALE		W.O.	DRAWING NO.	
NONE		NONE			PR-GA-01	6

✓

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: <u>250703</u>	DATE: <u>12/21/98</u>	TIME IN: <u>10:30 am</u>	TIME OUT: <u>11:15 am</u>
FACILITY NAME: <u>Action Plating Corp</u>			
FACILITY LOCATION: <u>1214 Ali-Baba Ave</u> <u>Opa Locka, FL 33054</u>			
RESPONSIBLE OFFICIAL: <u>Daniel Pepple</u>		PHONE: <u>(305) 685-6313</u>	
CONTACT NAME: _____		PHONE: _____	

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

- | | | | |
|-----------------------------------|--------------------------|---|--------------------------|
| a. Existing Large (0.015 mg/dscm) | <input type="checkbox"/> | b. Existing Small (0.03 mg/dscm) | <input 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"/> |

Decorative Chromium Plating/Anodizing

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

ARMS
3/9/99
JRG

12/28/98
PMB

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

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)* Y N 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)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N NA
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N NA
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

Advised Mr. Pepple that he needed to begin keeping receipts of wetting agent purchases and keep a record of the date + time fame suppressants are added to the bath. Additionally, he was advised that he needs to record the actual dynes/cm value when monitoring is performed as opposed to just checking off that the monitoring was performed. Lastly, Mr. Pepple needs to keep a record of total process operating time.

Hard Decorative plating operation ^{was found} in compliance.

Debra Griner

Inspector's Name

Debra Griner

Inspector's Signature

12/21/98

Date of Inspection

12/99

Approximate Date of Next Inspection

BEST AVAILABLE COPY

ACC

AIRS ID#: 250703

Revised 10/10/96

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

FACILITY NAME: <u>Action Plating Corp</u>	DATE: <u>12/21/98</u>
FACILITY LOCATION: <u>1214 Ali Baba Ave</u>	
<u>Opa Locka, FL</u>	

Annual Reporting Period: 12 1997 TO 12 1998

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:

No record of wetting agent purchase, fume suppressant additions, + ^{total} process _{operating time}
Exact period of non-compliance: from 12/97 to 12/98

Action(s) taken to achieve compliance: Keep records

Method used to demonstrate compliance: Log sheets

#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: Daniel Peppie Daniel Peppie 12-20-98
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.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:30 am TIME OUT: 11:15 am AIRS ID#: 250703
 TYPE OF FACILITY: Decorative Chrome Electroplating
 FACILITY NAME: Action Plating Corp. DATE: 12/21/98
 FACILITY LOCATION: 1214 AliBaba Ave.
 Opa Locka, FL
 RESPONSIBLE OFFICIAL: Daniel Pepple PHONE NUMBER: (305) 685-5252

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No records of wetting agent purchases.	Begin keeping receipts on site and available for inspection for a minimum of 5 years.
No record of the date + time fume suppressants are added to bath.	Begin keeping record of these additions.
No record of total process operating time.	Begin keeping a record of total process operating time.

COMMENTS: Advised Mr. Pepple to begin writing down the dynes/cm value on the log sheet.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 12/99 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: *Debora G.* PHONE NUMBER: (305) 372-6925

Decorative

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
DEC 13 2000
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL (INS1, INS2, INS3) COMPLAINT/DISCOVERY (CD)
RE-INSPECTION (FUI)

AIRS ID#: 0250703 DATE: 9/18/00 TIME IN: 12:20pm TIME OUT: 1:10 pm
 FACILITY NAME: Action Plating Corp.
 FACILITY LOCATION: 1214 AliBaba Ave.
Opa Locka, FL
 RESPONSIBLE OFFICIAL: Daniel Pepple PHONE: (305) 685-6313
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN
 1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC
 2. Facility failed to notify DARM to use a general permit SNC

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:
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)

Decorative Chromium Plating/Anodizing

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

11/17/00

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

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)* Y N 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)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N N/A
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

Shot Peening

Empty rectangular box for additional site information.

Deborah Griner
Inspector's Name

Deborah Griner
Inspector's Signature

9/18/00
Date of Inspection

9/01
Approximate Date of Next Inspection

Hard

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2, INS3) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)

AIRS ID#: D250703 DATE: 9/18/00 TIME IN: 12:20pm TIME OUT: 1:10pm
FACILITY NAME: Action Plating Corp
FACILITY LOCATION: 1214 AliBaba Ave.
Opa Locka, FL
RESPONSIBLE OFFICIAL: Daniel Pepple PHONE: (305) 685-6313
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN

1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC

2. Facility failed to notify DARM to use a general permit SNC

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:
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)

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
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 With wetting agent
Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)

c. Chromium Anodizing Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.

DPG
11/17/00

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input checked="" type="checkbox"/> Composite Mesh Pad	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
5. Results of all performance tests.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
<table border="0"> <tr> <td>Composite Mesh Pad <i>0.4</i> Measure the pressure drop across the CMP daily.</td> <td>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</td> </tr> <tr> <td>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</td> <td>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</td> </tr> <tr> <td>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</td> <td>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</td> </tr> </table>	Composite Mesh Pad <i>0.4</i> Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.	Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.	Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.	
Composite Mesh Pad <i>0.4</i> Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.						
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.						
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.						
7. Purchase records of wetting agent components.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
8. Records of the date and time that fume suppressants are added to the bath.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
9. Records of rectifier capacity, if used to determine facility size.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
10. Records of the total process operating time.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA						
12. Startup, Shutdown & Malfunction Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						

PART V: ADDITIONAL SITE INFORMATION

Every Monday the facility washes out the Composite Mesh Pad.

* Records of rectifier capacity not required b/c the Initial Notification form indicates that the total potential rectifier capacity is not greater than 60 million ampere-hours per year.

Next year's compliance inspection:

Look for maximum amperage.

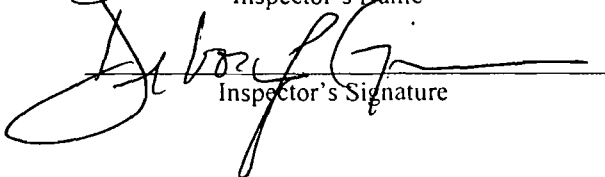
There are two gauges on the rectifier, one should read amperage.

Look for max reading and multiply by 8400 hrs. and then by 0.7. This will verify that the potential is < 60 mil ampere-hours/yr.

(See GP or NESHAP for calculation)

Deborah Griner

Inspector's Name



Inspector's Signature

9/18/00

Date of Inspection

9/01

Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:20 pm TIME OUT: 1:10 pm AIRS ID#: 0250703
 TYPE OF FACILITY: Hard + Decorative Chrome Electroplating
 FACILITY NAME: Action Plating Inc. DATE: 9/18/00
 FACILITY LOCATION: 1214 Alibaba Ave
Opa Locka, FL
 RESPONSIBLE OFFICIAL: Daniel Pepple PHONE NUMBER: (305) 685-6313

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
/	

COMMENTS: Clarify rectifier capacity. Facility maintains its classification as a "small" hard chrome plater by demonstrating the Maximum Cumulative Potential Rectifier Capacity of 60 million amp-hours/year. I will contact Mr. Pepple if unable to locate information in the file. Should be a record of Amp/hr determination in application.
 The Annual Compliance Certification Form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 9/01 (Approximate)
 INSPECTION CONDUCTED BY: Debra Griner (Please Print)
 INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-0936

ACE

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Action Plating Inc. DATE: 9/18/00
 FACILITY LOCATION: 1214 AliBaba Ave
Opalocka, FL

Annual Reporting Period: 9 1999 TO 9 2000

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. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Daniel Pepple Daniel Pepple 9/18/00
 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.

acc ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250703
DANIEL L PEPPLE DANIEL L PEPPLE 1220 ALI-BABA OPA LOCKA FL 33054

Do NOT Remove Label

Annual Reporting Period: JAN 1 1997 TO JAN 1 1998

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: _____

RECEIVED

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

JAN 15 1998
Bureau of Air Monitoring
& Mobile Sources

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. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: DANIEL L. PEPPLE Daniel L. Pepple 1-13-98
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.

Vendor No: DEP01 / Name: DEPT. OF ENRIRONMENTAL PROTECTION

13761

Invoice Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
1/00 OPR ID#0250703	01/05/00	50.00	50.00	0.00	0.00	50.00

(Acct 01110-)

Check Date = 01/06/00

Check Total =

50.00

AIRS ID # 0250703

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390860

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250703

ACTION PLATING CORP
 DANIEL L PEPPE
 1220 ALI-BABA
 OPA LOCKA FL 33054

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273

RECEIVED
 MAIL ROOM
 JAN 11 00

Vendor No: DEP01 / Name: DEPT. OF ENRIRONMENTAL PROTECTION 12649

Invoice Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
12*TIT.5 ID#0250703	12/07/98	50.00	50.00	0.00	0.00	50.00

(Acct 01110-)	Check Date = 12/30/98		Check Total =		50.00	

AIRS ID# 0250703

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356119

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250703

ACTION PLATING CORP
DANIEL L PEPPE
1220 ALI-BABA
OPA LOCKA FL 33054

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
JAN -4 98

019692

ACTION PLATING CORPORATION
Vendor No: MISC / Name: DEPT. OF ENVIRONMENTAL PROTECTION

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
250703*6	PERMIT/06	12/12/06	50.00	50.00	0.00	0.00	50.00

AIRS ID# 0250703

(Acct: 01110-)

Check Date = 12/12/06

Total = *****50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466059 DEC14 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.



TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0250703
ACTION PLATING CORP
1220 Ali-Baba Ave
OPA LOCKA, FLORIDA 33054

Bureau of Air Monitoring
& Mobile Services
DEC 15 2006

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Vendor No: DEP01 / Name: DEPT. OF ENRIRONMENTAL PROTECTION 10167

Invoice Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
01/98PER ID#0250703	01/13/98	50.00	50.00	0.00	0.00	50.00
(Acct 01110-)						50.00
Check Date = 01/13/98				Check Total =		50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300031 ✓

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00RECEIVED
MAIL ROOM

JUN 15 93

Do **NOT** Remove Label

DANIEL L PEPPLE
 DANIEL L PEPPLE
 1220 ALI-BABA
 OPA LOCKA FL 33054

AIRS ID#0250703

FOR GOVERNMENT USE ONLY
 Org.: 375S0101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273

Vendor No: MISC / Name: DEPT. OF ENVIRONMENTAL PROTECTION 7806

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt	
0250703	PERMIT	02/27/97	50.00	50.00	0.00	0.00	50.00	
(Acct 01110-)							Check Date = 02/27/97	Check Total = 50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262188

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. ✓

RECEIVED
MAIL ROOM

MAR -3 99

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 0250703
ACTION PLATING CORP
DANIEL L PEPPLER
1220 ALI-BABA
OPA LOCKA FL 33054

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

P. 265 302 419

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID#: 0250703

DANIEL L PEPPL
DANIEL L PEPPL
1220 ALI-BABA
OPA LOCKA FL 33054

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	2/19/97

PS Form 3800, April 1995

Fold at line over top of envelope the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0250703

DANIEL L PEPPL
DANIEL L PEPPL
1220 ALI-BABA
OPA LOCKA FL 33054

4a. Article Number

1265 302 419

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2/19

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

Brisel Armando

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 210 662 490

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

7 AIRS ID # 0250703001AG
DANIEL L PEPPL
ACTION PLATING CORP
1220 ALI-BABA
OPA LOCKA FL 33054

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

7 AIRS ID # 0250703001AG
DANIEL L PEPPL
ACTION PLATING CORP
1220 ALI-BABA
OPA LOCKA FL 33054

2. Article Number (Copy from service label)

Z 210 662 490

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A.: Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Beisel Hernandez* Agent *6/8/01*

X Beisel Hernandez Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

RECEIVED
JUN 12 2001
Bureau of Air Monitoring

3. Service Type & Mobile Services
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9373 0374

[Redacted area]

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
To:	AIRS ID # 0250703		
Re:	ACTION PLATING CORP		(mailer)
	DANIEL L PEPPLER		
Str:	1220 ALI-BABA AVE		
	OPA LOCKA FL		
City:	33054		

PS Form 3800, February 2000 See Reverse for Instructions

TO THE RIGHT OF RETURN ADDRESS
PLACE STICKER AT TOP OF ENVELOPE
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250703
ACTION PLATING CORP
DANIEL L PEPPLER
1220 ALI-BABA AVE
OPA LOCKA FL
33054

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Reisel Hernandez</i>	2/11
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<i>Reisel Hernandez</i>	
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, enter delivery address below:	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

70000520002093730374

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ACTION PLATING CORPORATION

Vendor No: DEP01 / Name: DEPT. OF ENVIRONMENTAL PROTECTION

014628

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Adj Amt	Net Amt
'01PERM.	#0250703	12/13/00	50.00	50.00	0.00	0.00	50.00

(Acct: 01110-)

Check Date = 01/19/01

Total = *****50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403796

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250703

ACTION PLATING CORP
DANIEL L PEPPL
1220 ALI-BABA
OPA LOCKA FL 33054

Division of Air Mgmt
& Noise Sources

RECEIVED

JAN 24 01

RECEIVED
MAIL ROOM

1-24-01 pd

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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

All
✓

RECEIVED

JAN 21 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0250703
DANIEL L PEPPLER DANIEL L PEPPLER 1220 ALI-BABA OPA LOCKA FL 33054

Do NOT Remove Label

Annual Reporting Period: JAN 1 1997 TO JAN. 1 1998

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: DANIEL PEPPLER Daniel Peppler 1-18-98
 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.