



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 23, 1996

Mr. Robert E. Little
Environmental Supervisor
Crown Plating, Inc.
1612 East 8th Street
Jacksonville, Florida 32206

Dear Mr. Little:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 22, 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 is 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 Dilts, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Ms. Lori Tilley, Duval County

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Crown Plating, Inc.
2. Site Name (For example, plant name or number): 1612 East 8th Street
3. Hazardous Waste Generator Identification Number: FDL053111241
4. Facility Location: Street Address: 1612 East 8th Street City: Jacksonville County: Duval Zip Code: 32206
5. Facility Identification Number (DEP Use): 0310363

Responsible Official

6. Name and Title of Responsible Official: Robert E. Little - Environmental Supervisor
7. Responsible Official Mailing Address: Same as 4 and 4 Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (904) 355-5381 Fax: (904) 355-8789

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Robert E. Little - Environmental Supervisor
10. Facility Contact Address: Same as 4 Same as 4 Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (904) 355-5381 Fax: (904) 355-8789

RECEIVED

AUG 22 1996

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.

HARD		CHROMIUM	PLATING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
None				

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

See Form 1 b

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)
TC-1	16-Dec-93	01-11-94	WA	Z

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

Robert E. Little
Signature

08/21/1996
Date

[CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	0310363	TIME IN:	9:00	TIME OUT:	1000
FACILITY NAME:	Crown Plating, Inc.				
FACILITY LOCATION:	1612 East 8th Street Jacksonville, FL 32206				

PART I: NOTIFICATION	
(check appropriate box)	
1. Facility notified DARM by 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use a general permit	<input type="checkbox"/>

PART II: CLASSIFICATION		
Facility type(s)/applicable standard indicated on notification form:		
<u>Hard Chromium Plating</u>		
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"/>	
<u>Decorative Chromium Plating/Anodizing</u>		
a. Chromic Acid Bath	Emissions of < 0.01mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/>	
	Surface tension of ≤ 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <input type="checkbox"/>	
	<i>May only be selected if a wetting agent is used.</i>	
b. Trivalent Chromium Bath	With wetting agent <input checked="" type="checkbox"/>	
	Without wetting agent <0.01mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/>	
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/>	
	Surface tension of 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <input type="checkbox"/>	
	<i>May only be selected if a wetting agent is used.</i>	

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/ <u>Wetting Agent</u> <i>only</i>	<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
- 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

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

- 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

[Empty box for additional site information]

Robert E. Little

Name of Responsible Official

Jeff Winter

Inspector's Name

Jeff Winter

Inspector's Signature

7/17/97

Date of Inspection

July, 1998

Approximate Date of Next Inspection

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

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 900 TIME OUT: 1000 AIRS ID#: 0310363
 TYPE OF FACILITY: Chromium Electroplating/Anodizing
 FACILITY NAME: Crown Plating, Inc. DATE: 7/17/97
 FACILITY LOCATION: 1612 East 8th Street
Jacksonville, FL 32206
 RESPONSIBLE OFFICIAL: Robert E. Little PHONE NUMBER: 904-355-5381

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:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES NO

DATE OF NEXT INSPECTION: July, 1998
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: *Jeff Winter* PHONE NUMBER: (904) 630-3484

AIRS ID#: 0310363

acc

Revised 10/10/96

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

FACILITY NAME: Crown Plating, Inc. DATE: 7/17/97
FACILITY LOCATION: 1612 East 8th Street
Jacksonville, FL 32206

Annual Reporting Period: August 22 1996 TO July 17 1997

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: _____

RECEIVED

AUG 20 1997

**Bureau of Air Monitoring
& Mobile Sources**

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: ROBERT E LITTLE Robert E Little 7/17/97
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.

✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0310363 **DATE:** 9/1/98 **TIME IN:** 1020 **TIME OUT:** 1050
FACILITY NAME: Crown Plating, Inc.
FACILITY LOCATION: 1612 East 8th Street
Jacksonville, FL 32206
RESPONSIBLE OFFICIAL: Robert Little **PHONE:** 904-355-5381
CONTACT NAME: Same **PHONE:** Same

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 type="checkbox"/> |
| b. Trivalent Chromium Bath | With wetting agent | <input checked="" 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"/> |

RECEIVED
 SEP 17 1998
 Bureau of Air Monitoring
 & Mobile Sources

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 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
- 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

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

- 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

[Empty box for additional site information]

Jeff Winter

Inspector's Name

Jeffrey Winter
Inspector's Signature

September 1, 1998

~~August 7, 1998~~ JW

Date of Inspection

August, 1999

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1020 TIME OUT: 1050 AIRS ID#: 0310363
 TYPE OF FACILITY: Chromium Electroplating and Anodizing Facility
 FACILITY NAME: Crown Plating, Inc. DATE: 9/1/98
 FACILITY LOCATION: 1612 East 8th Street
Jacksonville, FL 32206
 RESPONSIBLE OFFICIAL: Robert Little PHONE NUMBER: 904-355-5381

- 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:

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

DATE OF NEXT INSPECTION: August, 1999
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Little PHONE NUMBER: 904-630-2800

**CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	<u>0310363</u>	TIME IN:	<u>0950</u>	TIME OUT:	<u>CHOO</u>
FACILITY NAME:	<u>Crown Plating</u>				
FACILITY LOCATION:	<u>1612 E. 8th Street Jacksonville, FL</u>				

RECEIVED
 AUG 24 1999
 Bureau of Air & Noise Monitoring
 330206

PART I: NOTIFICATION

(check appropriate box)

- 1. Facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. 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)
- 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 (4.4x10⁻⁶ gr/dscf)
 - Surface tension of ≤ 45 dynes/cm (3.1x10⁻³ lb-f/ft)
 - May only be selected if a wetting agent is used.*
- b. Trivalent Chromium Bath
 - With wetting agent
 - Without wetting agent <0.01mg/dscm (4.4x10⁻⁶ gr/dscf)
- c. Chromium Anodizing
 - Emissions of <0.01 mg/dscm (4.4x10⁻⁶ gr/dscf)
 - Surface tension of 45 dynes/cm (3.1x10⁻³ lb-f/ft)
 - May only be selected if a wetting agent is used.*

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?

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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
5. Results of all performance tests.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> 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.

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N
12. Startup, Shutdown & Malfunction Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Robert Little

Name of Responsible Official

Jeff Winter

Inspector's Name

Jeffrey Winter

Inspector's Signature

7/21/99

Date of Inspection

July, 2000

Approximate Date of Next Inspection

AIRS ID#: 0310363

ACC

Revised 10/10/96

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

FACILITY NAME: Crown Plating DATE: 7/21/99
FACILITY LOCATION: 1612 E. 8th Street
Jacksonville, FL 32206

Annual Reporting Period: July 21, 1998 TO July 21, 1999

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: Richard Vitito Richard Vitito 7/21/99
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**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>0950</u>	TIME OUT: <u>1100</u>	AIRS ID#: <u>0310363</u>
TYPE OF FACILITY: <u>Chromium Electroplating</u>		
FACILITY NAME: <u>Crown Plating</u>	DATE: <u>7/21/99</u>	
FACILITY LOCATION: <u>1612 E. 8th Street</u>		
<u>Jacksonville, FL 32206</u>		
RESPONSIBLE OFFICIAL: <u>Robert Little</u>	PHONE NUMBER: <u>904/355-5381</u>	

- 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:

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

DATE OF NEXT INSPECTION: July, 2000
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

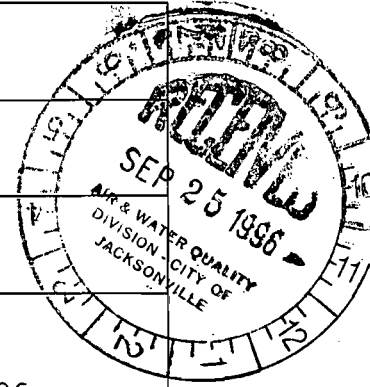
INSPECTOR'S SIGNATURE: Jeffrey Winter PHONE NUMBER: 904/630-3484

Chromium Electroplating and Anodizing Facilities Notification

Duval

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Crown Plating, Inc.		
2. Site Name (For example, plant name or number):	1612 East 8th Street		
3. Hazardous Waste Generator Identification Number:	FDL053111241		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	1612 East 8th Street	Jacksonville	Duval 32206
5. Facility Identification Number (DEP Use):	0310363		



Responsible Official

6. Name and Title of Responsible Official:	<i>Richard Vitito</i> - <i>New R.O.</i> Robert E. Little - Environmental Supervisor <i>95</i>		
7. Responsible Official Mailing Address:	Same as 4 and 5		
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:	Telephone:	Fax:	
	(904) 355-5381	(904) 355-8789	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Robert E. Little - Environmental Supervisor		
10. Facility Contact Address:	Same as 4		
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	(904) 355-5381	(904) 355-8789	

RECEIVED

AUG 22 1996

Facility Information

I.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.

	HARD	CHROMIUM	PLATING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
None				

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

See Form 1 b

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)
TC-1	16-Dec-93	01-11-94	WA	Z

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

Robert E. Little
Signature

08/21/1996
Date

Richard Vitale

7/21/1999

0310363



INITIAL NOTIFICATION REPORT

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

- 1. Print or type the following for each plant in which chromium electroplating and/or chromium anodizing operations are performed.

Owner/Operator/Title Robert E. Little - President

Street Address 1612 East Eighth Street

City Jacksonville State Florida Zip Code 32206-0183

Plant Name Crown Plating, Inc.

Plant Phone Number 904-355-5381

Plant Contact/Title Robert E. Little - President

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

Street Address 1612 East 8th Street

City Jacksonville State Florida Zip Code 32206-0183

- 2. Complete this section for all affected tanks using a chromic acid bath. If only trivalent chromium baths are used at the facility, go to 3.

A. Complete the following table. If additional lines are needed, make copies of this page.

Table with 7 columns: Tank ID #, Type of tank, Startup date, Total installed rectifier capacity (amperes), Description of parts plated, Applicable emission limit, Compliance date.

1New or reconstructed tanks with an initial startup date after 1/25/95 must submit a NOTIFICATION OF CONSTRUCTION/RECONSTRUCTION form and notify the Administrator of the date construction/reconstruction commenced and the actual startup date in accordance with 40 CFR 63.347(c)(2).

INITIAL NOTIFICATION REPORT (continued)

²Compliance dates for existing tanks (i.e., tanks for which operation commenced on or before 12/16/93):

Hard chromium plating tanks ⇒ 1/25/97

Decorative chromium plating tanks ⇒ 1/25/96

Chromium anodizing tanks ⇒ 1/25/97

Compliance dates for new tanks (i.e., tanks for which construction or reconstruction commenced after 12/16/93):

If initial startup occurred between 12/16/93 and 1/25/95 ⇒ 1/25/95

If initial startup occurred after 1/25/95 ⇒ upon startup

EXAMPLE RESPONSE:

Tank ID #	Type of tank	Startup date	Total installed rectifier capacity (amperes)	Description of parts plated	Applicable emission limit	Compliance date
10	Chrome anodizing	1/1/85	5,000		45 dynes/cm or 0.01 mg/dscm	1/25/97
23	Hard chrome plating	1/1/85	10,000		0.015 mg/dscm	1/25/97
24	Hard chrome plating	1/1/95	12,000		0.015 mg/dscm	1/25/95
25	Hard chrome plating	3/1/95	12,000		0.015 mg/dscm	3/1/95

B. Check the box that applies.

- 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.

C. Complete the following if hard chromium electroplating tanks are operated. 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.

INITIAL NOTIFICATION REPORT (continued)

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.

3. Complete this section for all decorative chromium electroplating tanks using a trivalent chromium bath. If only chromic acid baths are used at the facility, go to 4.

A. Complete the following table. If additional lines are needed, make copies of this page.

Tank ID #	Startup date ¹	Description of parts plated	Compliance date ²
TC-1	11/01/94	Tubular Furniture	1/25/95

¹New or reconstructed tanks with an initial startup date after 1/25/95 must submit a NOTIFICATION OF CONSTRUCTION/RECONSTRUCTION form and notify the Administrator of the date construction/reconstruction commenced and the actual startup date in accordance with 40 CFR 63.347(c)(2).

²Compliance date for existing tanks (i.e., tanks for which operation commenced on or before 12/16/93) ⇒ 1/25/96

Compliance dates for new tanks (i.e., tanks for which construction or reconstruction commenced after 12/16/93):

If initial startup occurred between 12/16/93 and 1/25/95 ⇒ 1/25/95

If initial startup occurred after 1/25/95 ⇒ upon startup

B. Provide a brief description of the trivalent chromium electroplating process used at your facility. Attach process flow diagrams for each plating line.

Our Hoist Line cleans, nickel plates, and chrome plates
tubular furniture, for a manufacturer of school furniture.

Flow Diagram Attached:

C. Check the box that applies.

- The trivalent process used at the facility incorporates a wetting agent.
- The trivalent process used at the facility does not incorporate a wetting agent.

INITIAL NOTIFICATION REPORT (continued)

D. List below (or attach a list of) the trivalent chromium bath components and clearly identify the wetting agent.

See attached Tech Sheet

The wetting agent is: Tri-Chrome TC Regular

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

Robert E. Little

President

(Name)

(Title)

A Responsible Official can be:

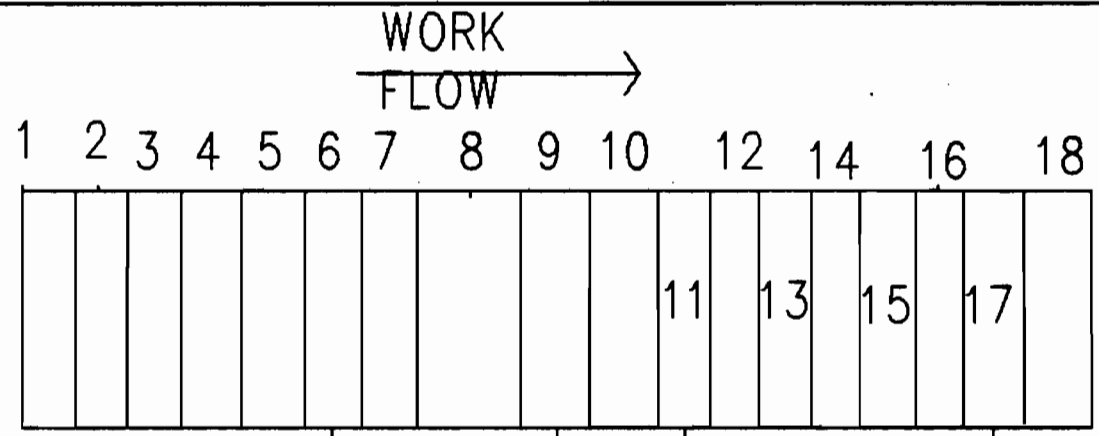
- ◆ The president, vice-president, secretary, or treasurer of the company that owns the plant;
- ◆ The owner of the plant;
- ◆ The plant engineer or supervisor;
- ◆ A government official if the plant is owned by the Federal, State, City, or County government; or
- ◆ A ranking military officer if the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

Robert E. Little
(Signature of Responsible Official)

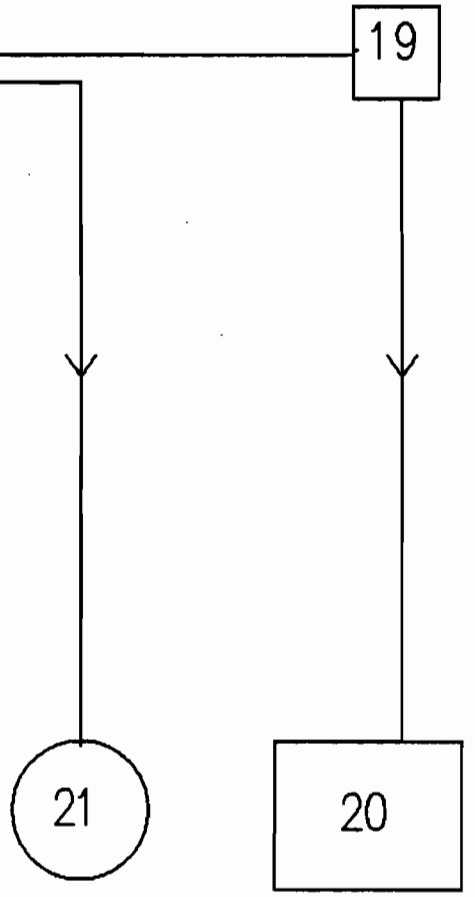
5/26/95
(Date)

FLOW DIAGRAM NO. 3
ESTIMATE 800 GPD



PROCESS NO. 3 NI-CR PLATING

- | | |
|-------------------|---------------------------|
| 1 DRY STATION | 14 NICKEL RINSE 3 |
| 2 HOT WATER DIP | 15 TRI-CHROME PLATE |
| 3 SOAK CLEANER | 16 STATIC CHROME RINSE 1 |
| 4 ELECTRO. CLEAN | 17 CHROME RINSE 2 |
| 5 ALKA. CLEANER | 18 CHROME RINSE 3 |
| 6 CLEANER RINSE 1 | 19 SUMP PUMP |
| 7 CLEANER RINSE 2 | 20 CHEMICAL PRECIPITATION |
| 8 ACID DIP | 21 PH ADJUSTMENT TANK |
| 9 ACID DIP RINSE | |
| 10 NICKEL PLATE | |
| 11 EXCHANGE TANK | |
| 12 NICKEL RINSE 1 | |
| 13 NICKEL RINSE 2 | |



01-23-95

Technical Information

TRI-CHROME® PLUS

Trivalent Chromium Plating Process

INTRODUCTION

Atotech TRI-CHROME® PLUS is a new technology chromium plating process using no chromic acid. TRI-CHROME PLUS can replace conventional or proprietary chromic acid based electrolytes with minor changes in processing sequence. TRI-CHROME PLUS provides a lighter color deposit than first generation trivalent chromium processes. The TRI-CHROME PLUS is characterized by:

- * Reduced effluent problems
 - * Improved metal distribution
 - * Wide range of applications
- No need to treat toxic hexavalent chromium.
More uniform thickness across current density range.
One formulation for both decorative and haze-free, microdiscontinuous deposits.

BATH COMPOSITION

	Optimum	Range
TRI-CHROME TC Additive	53.3 oz/gal (400 g/liter)	53.3-61.3 oz/gal (400-460 g/liter)
TRI-CHROME TC Stabilizer	6.5 % by vol. (65 ml/liter)	5.5-7.5 % by vol. (55-75 ml/liter)

Important Notice Regarding This Information:

The statements, technical information and recommendations contained in this document are based on tests that are believed to be reliable. However, this document is not contractual, and NOTHING IN IT CONSTITUTES A WARRANTY THAT THE GOODS DESCRIBED ARE FIT FOR A PARTICULAR PURPOSE OF CUSTOMER or that their use does not conflict with any existing patent rights. The exclusive source of any warranty and of any other customer rights whatsoever is the written acknowledgement of a customer's order.

atotech



BATH COMPOSITION

	Optimum	Range
TRI-CHROME TC Regulator (<u>WETTING AGENT</u>)	2 gal/1000 gal (2 ml/liter)	2-4 gal/1000 gal (2-4 ml/liter)
TRI-CHROME TC Corrector	3 gal/1000 gal	(3 ml/liter)
Chromium (Cr +3)	2.9 oz/gal (22 g/liter)	2.7-3.0 oz/gal (20-23 g/liter)
Boric Acid (H3BO3)	8.4 oz/gal (63 g/liter)	8.0-8.7 oz/gal (60-65 g/liter)

OPERATING CONDITIONS

	Optimum	Range
pH	2.5-2.7	2.3-2.9
Temperature	85-90°F (29-32°C)	80-110°C (27-43°C)
Specific Gravity	1.22	1.20-1.24
Cathode Current Density	80-100 A/sq.ft.	(870-1080 A/sq.dm.)
Anode to Cathode Ratio	1.5-2.0:1	
Current	DC at less than 10 % ripple	
Voltage	6-12 Volts	
Deposition Rate	6-10 microinches per minute at 100 A/sq.ft. (0.15-0.25 microns per minute at 1080 A/sq.m.)	
Filtration	Required to remove precipitate following treatment for metallic contamination with TC Purifier.	
Agitation	Moderate air agitation is recommended. Air must come from a low pressure blower. Use of compressed air is not recommended.	
Ventilation	Recommended to remove overspray from the cathodes. Consult with an industrial hygienist for more information.	

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

ARM

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1045 TIME OUT: 1120 AIRS ID#: 0310363
 TYPE OF FACILITY: Chromium Electro Plating
 FACILITY NAME: Crown Plating DATE: 6/21/2000
 FACILITY LOCATION: 1612 East 8th Street
Jacksonville, FL 32206
 RESPONSIBLE OFFICIAL: Richard Vitito PHONE NUMBER: 904-355-5381

- 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:

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

DATE OF NEXT INSPECTION: June, 2001
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffery Winters PHONE NUMBER: 904-630-1212
ext. 5109

AIRS ID#: 0310363

APMS Revised 10/10/96

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

FACILITY NAME:	<u>Crown Plating</u>	DATE:	<u>6/21/2000</u>
FACILITY LOCATION:	<u>1612 East 8th Street Jacksonville, FL 32206</u>		

Annual Reporting Period: July 21, 1999 TO June 21, 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: _____

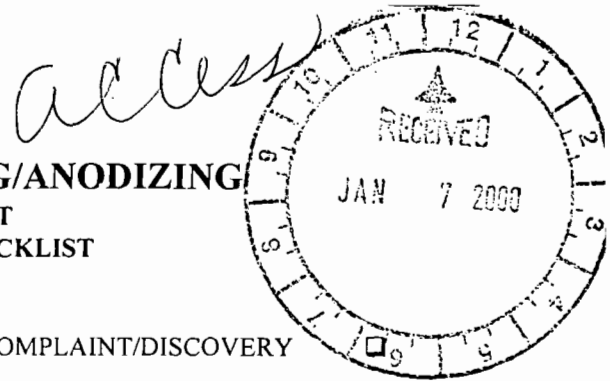
Method used to demonstrate compliance: _____

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.

RESPONSIBLE OFFICIAL: Richard Vitito Richard Vitito 6/21/2000
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.

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0310363 DATE: 6/21/2000 TIME IN: 1045 TIME OUT: 1120
 FACILITY NAME: Crown Plating, Inc.
 FACILITY LOCATION: 1612 East 8th Street
Jacksonville, FL 32206
 RESPONSIBLE OFFICIAL: Richard Vitito PHONE: 904-355-5381
 CONTACT NAME: Richard Vitito PHONE: Same

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

RECEIVED
 JUN 26 2000
 Bureau of Air Monitoring
 & Mobile Sources

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.

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?

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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
5. Results of all performance tests.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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.
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N
12. Startup, Shutdown & Malfunction Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Jeff Winder
Inspector's Name

Jeff Winder
Inspector's Signature

6/21/2000
Date of Inspection

June, 2001
Approximate Date of Next Inspection

AIRS ID#: 0310363

Revised 01/13/98 *Alle*

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

RECEIVED

AIRS ID#0310363
CROWN PLATING INC
ROBERT E LITTLE
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

JAN 22 1998

Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

Annual Reporting Period: 1-1-97 1997 TO 1-1-98 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: ROBERT E. LITTLE *Robert E Little* 1-20-98
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.

2 210 662 496

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

7 AIRS ID # 0310363001AG
RICHARD VITITO
CROWN PLATING INC
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

PS Form 3800, April 1995

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	

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 # 0310363001AG
RICHARD VITITO
CROWN PLATING INC
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

COMPLETE THIS SECTION ON DELIVERY

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

Richard Vitito 6/8/99

C. Signature

X Richard Vitito

- Agent
 Addressee

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

2210 662-496

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 18 2001

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389223

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 # 0310363

CROWN PLATING INC
RICHARD VITITO
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

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

RECEIVED
MAIL ROOM
DEC - 9 99

CROWN PLATING, JACKSONVILLE, FL

DATE		INVOICE NO.		DESCRIPTION		INVOICE AMOUNT	DEDUCTION	BALANCE
AIRS ID		0310363		Title V Air General Permit				
CHECK DATE		CHECK NUMBER		TOTALS				

PLEASE DETACH THIS PORTION BEFORE DEPOSITING

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

304156

Do NOT Remove Label

AIRS ID#0310363
CROWN PLATING INC
ROBERT E LITTLE
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

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

RECEIVED
MAIL ROOM
MAR - 2 1998

CROWN PLATING, JACKSONVILLE, FL

DATE		INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
			AIRS ID#0310363			
CHECK DATE	2/27/98	CHECK NUMBER	20976	TOTALS	\$50.00	

RECEIVED
MAR 04 1998
Bureau of Air Monitoring
& Mobile Sources

PLEASE DETACH THIS PORTION BEFORE DEPOSITING

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360934

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 # 0310363
CROWN PLATING INC
ROBERT E LITTLE
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

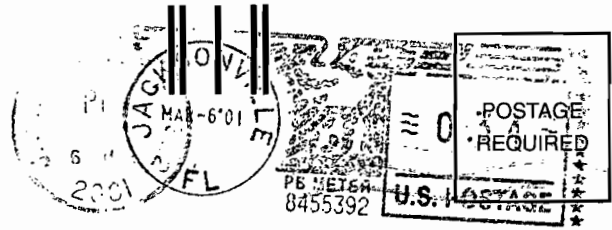
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
FEB 18 99

CROWN PLATING, JACKSONVILLE, FL

DATE		INVOICE NO.		DESCRIPTION		INVOICE AMOUNT	DEDUCTION	BALANCE
Invoice AIS ID 0310363								
CHECK DATE	2-17-99	CHECK NUMBER	21533	TOTALS				*50.00

PLEASE DETACH THIS PORTION BEFORE DEPOSITING



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315X3070



CROWN PLATING, INC.

025632

~~3x95xxx~~

3/05/01

Title V Air General Permits
OPEN INVOICE MAINTENANCE

\$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407022 MAR 8 2001

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 # 0310363
CROWN PLATING INC RICHARD VITITO 1612 EAST 8TH STREET JACKSONVILLE FL 32206

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

Bureau of Air Monitoring
& Mobile Sources

MAR - 9 2001

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262296

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 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

CROWN PLATING INC
ROBERT E LITTLE
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

AIRS ID# 0310363

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

CROWN PLATING, JACKSONVILLE, FL

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
2/28/97	AIRS ID# 0310363		\$50.00		
CHECK DATE	2/28/97	CHECK NUMBER	20336	TOTAL	\$50.00

PLEASE DETACH THIS PORTION AND RETAIN FOR YOUR RECORDS

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

7000 0600 0026 4126 6244

--	--

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

AIRS ID # 0310363

CROWN PLATING INC
RICHARD VITITO
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CROWN PLATING INC
ROBERT E LITTLE
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

AIRS ID 0310363

4a. Article Number

2333613144

4b. Service Type

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

7. Date of Delivery

2-17-98

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *Cliffie Davis*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 144

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

AIRS ID 0310363

CROWN PLATING INC
ROBERT E LITTLE
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

PS Form 3800, April 1995

Postage	\$
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	

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0310363

CROWN PLATING INC
 ROBERT E LITTLE
 1612 EAST 8TH STREET
 JACKSONVILLE FL 32206

4a. Article Number
2333 660 410

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2-16-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *Robert Little*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

2 333 660 410

1999

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

Sent to
 AIRS ID # 0310363

CROWN PLATING INC
 ROBERT E LITTLE
 1612 EAST 8TH STREET
 JACKSONVILLE FL 32206

PS Form 3800, April 1995

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	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>3/5/01</u>
1. Article Addressed to: <p style="text-align: right;">AIRS ID # 0310363</p> <p>CROWN PLATING INC RICHARD VITITO 1612 EAST 8TH STREET JACKSONVILLE FL 32206</p>	C. Signature <u>Richard R. Vitito</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Copy from service label) <u>7000 0600 0026 4126 1416</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, July 1999	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) <input type="checkbox"/> Yes

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
7000 0600 0026 4126 1416	<div style="border: 1px solid black; height: 37px;"></div>
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> Postmark Here </div>
Rec CROWN PLATING INC Str RICHARD VITITO 1612 EAST 8TH STREET City JACKSONVILLE FL 32206	AIRS ID # 0310363
PS Form 3811, July 1999	Instructions

Fold at line over top of envelope to

SENDER

Is your RETURN ADDRESS completed on the reverse side?

- Complete 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):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#: 0310363</p> <p>CROWN PLATING INC ROBERT E LITTLE 1612 EAST 8TH STREET JACKSONVILLE FL 32206</p>	<p>4a. Article Number <i>P265 302 475</i></p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery <i>2-20-97</i></p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature (Addressee or Agent)</p> <p><i>X</i> <i>Charlie Davis</i></p>	

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 475

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

Sent to

AIRS ID#: 0310363

CROWN PLATING INC
ROBERT E LITTLE
1612 EAST 8TH STREET
JACKSONVILLE FL 32206

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	<i>2/17/97</i>

PS Form 3800, April 1995