



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 23, 1996

Ms. Pauline Torres  
Metal to Metal  
2706 1/2 East 7th Avenue  
Tampa, Florida 33605

Re: Facility I.D. No. 0571106

Dear Ms. Torres:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on December 13, 1996.

Please note that in January 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,

*for* Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Mr. Thomas Shelton, Hillsborough County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

RECEIVED

Chromium Electroplating and Anodizing Facilities Notification

1996  
Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
Pauline Torres

2. Site Name (For example, plant name or number):  
METAL TO METAL

3. Hazardous Waste Generator Identification Number:

4. Facility Location:  
Street Address: 2706 1/2 E. 7th AVE  
City: Tampa County: Hillsboro Zip Code: 33605

5. Facility Identification Number (DEP Use):  
0571106

Responsible Official

6. Name and Title of Responsible Official:  
Pauline TORRES

7. Responsible Official Mailing Address:  
Organization/Firm:  
Street Address: 2706 1/2 E. 7th AVE  
City: Tampa County: Hillsboro Zip Code: 33605

8. Responsible Official Telephone Number:  
Telephone: (813) 248-5874 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  
/

10. Facility Contact Address:  
Street Address:  
City: County: Zip Code:

11. Facility Contact Telephone Number:  
Telephone: ( ) - Fax: ( ) -

12/16/96

#0571106

Metal to Metal

Spoke w/ Mrs. Torres 12/16/96

1. Title of RO is  
owned

2. Equipment Monitoring  
and Recordkeeping Info  
(Mrs. Torres doesn't  
understand what  
records need to be  
kept.)

The following  
boxes should be  
checked.

(a), (c), (f), (h), (i), (j)

### 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)
n/a	n/a	n/a	n/a	n/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)
#1	Jan 1985	Jan 1985	FS/WA	y = 45 Dyne/cm

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 checked="" type="checkbox"/> | (h) Equipment monitoring                 | <input type="checkbox"/>            |
| (i) Excess emissions                             | <input 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) \_\_\_\_\_
- 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.*

Paulene M. Torres  
Signature

9-15-96  
Date



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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0571106 DATE: 7/30/97 TIME IN: 1:30 TIME OUT: 2:30  
 FACILITY NAME: Metal to Metal  
 FACILITY LOCATION: 2706 1/2 E. 7th Ave  
Tampa, FL 33605

**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 <math>0.01\text{ mg/dscm}</math> ( $4.4 \times 10^{-6}$  gr/dscf)
  - Surface tension of  $\leq 45$  dynes/cm ( $3.1 \times 10^{-3}$  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\text{ mg/dscm}</math> ( $4.4 \times 10^{-6}$  gr/dscf)$
- c. Chromium Anodizing
  - Emissions of  $<0.01\text{ mg/dscm}</math> ( $4.4 \times 10^{-6}$  gr/dscf)$
  - Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$  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 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
- 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

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

Excellent record keeping. In compliance with all requirements. Avg Surface tension test results are 35 dynes/cm

Paulene Torres  
Name of Responsible Official

Bruce M. King  
Inspector's Name

Bruce M. King  
Inspector's Signature

7/30/97  
Date of Inspection

X/1 year  
Approximate Date of Next Inspection

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>1:30</u>	TIME OUT: <u>2:30</u>	AIRS ID#: <u>0571106</u>
TYPE OF FACILITY: <u>Chromium plating</u>		
FACILITY NAME: <u>Metal to Metal</u>		DATE: <u>7/30/97</u>
FACILITY LOCATION: <u>2706 1/2 E 7th Ave Tampa, FL 33605</u>		
RESPONSIBLE OFFICIAL: <u>Paulene Tones</u>		PHONE NUMBER: <u>813-248-5874</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: 1 year  
(Approximate)

INSPECTION CONDUCTED BY: Bruce M. King  
(Please Print)

INSPECTOR'S SIGNATURE: Bruce M. King PHONE NUMBER: 813-272-5530

AIRS ID#: 0577106

RECEIVED

Revised 10/10/96

AUG 11 1997

*Chromium Plating* AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: Metal to Metal DATE: 7/30/97  
 FACILITY LOCATION: 2706 1/2 E. 7<sup>th</sup> Ave  
Tampa, FL 33605

Annual Reporting Period: 9/15/ 19 96 TO 7/23 19 97

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: Pauline Torres Pauline Torres 7/30/97  
 Name (Please Print) Signature Date  
Pauline Torres

\*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.

AIRS ID#: \_\_\_\_\_

Revised 01/13/98

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

AIRS ID#0571106

PAULINE TORRES  
PAULINE TORRES  
27061/2 E. 7TH AVE  
TAMPA FL 33605

Do **NOT** Remove Label

Bureau of Air Monitoring  
& Mobile Sources

FEB 5 1998

RECEIVED

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: Pauline Torres Pauline Torres 2-1-98  
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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:00 TIME OUT: 10:00 AIRS ID#: 0571106  
 TYPE OF FACILITY: Chromium Electroplating  
 FACILITY NAME: Metal to Metal DATE: 5/8/98  
 FACILITY LOCATION: 2706 1/2 E. 7th Ave  
Tampa, FL 33605  
 RESPONSIBLE OFFICIAL: Paulene Tienes PHONE NUMBER: 813-248-5874

- 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

**RECEIVED**  
 JUN 15 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1-year  
(Approximate)

INSPECTION CONDUCTED BY: Bruce M. King  
(Please Print)

INSPECTOR'S SIGNATURE: Bruce M King PHONE NUMBER: 813-272-5530

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

**RECEIVED**  
JUN 15 1998  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0571106 DATE: 5/8/98 TIME IN: 9:00 TIME OUT: 10:00  
 FACILITY NAME: Metal to Metal  
 FACILITY LOCATION: 2706 1/2 E. 7th Ave  
Tampa, FL 33605

**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<sup>-6</sup> gr/dscf)   
    Surface tension of ≤ 45 dynes/cm (3.1x10<sup>-3</sup> 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<sup>-6</sup> gr/dscf)

c. Chromium Anodizing      Emissions of <0.01 mg/dscm (4.4x10<sup>-6</sup> gr/dscf)   
    Surface tension of 45 dynes/cm (3.1x10<sup>-3</sup> 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 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

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

Checked records all are current  
Outstanding record keeping  
last test performed Apr 8, 98 results 33-8  
dynes.

as of Apr 30. operated 321.29 hours.

no malfunctions or excess emissions

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JUN 15 1998  
Bureau of Air Monitoring  
& Mobile Sources

Pauline Torres  
Name of Responsible Official

Bruce M. King  
Inspector's Name

Bruce M. King  
Inspector's Signature

5/8/98  
Date of Inspection

1 year  
Approximate Date of Next Inspection

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:30 AM TIME OUT: 10:45 AM AIRS ID#: 0571106  
 TYPE OF FACILITY: CHROMIUM ELECTROPLATING  
 FACILITY NAME: Metal to Metal DATE: 9/18/99  
 FACILITY LOCATION: 2706 1/2 East 7th Ave  
Tampa, FL 33605  
 RESPONSIBLE OFFICIAL: Pauline Torres PHONE NUMBER: (813) 248-5874

- 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: 1 year  
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari  
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

AIRS ID#: 0571106

AAC

Revised 10/10/96

### AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Metal to Metal DATE: 9-8-99  
 FACILITY LOCATION: 2706 1/2 East 7th Ave  
Tampa, FL 33605

Annual Reporting Period: 5/8/1998 TO 9/8/1999

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: \_\_\_\_\_~~

RECEIVED  
 OCT 11 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

#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: Pauline Torres Pauline Torres 9-8-99  
 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.

✓

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#:	0571106	DATE:	9/8/99	TIME IN:	9:30 AM	TIME OUT:	10:45 AM
FACILITY NAME:	Metal to Metal						
FACILITY LOCATION:	2706 1/2 East 7 <sup>th</sup> Ave Tampa, FL 33605						

**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:

Hard Chromium Plating

- |                                   |                          |   |                                     |
|-----------------------------------|--------------------------|---|-------------------------------------|
| a. Existing Large (0.015 mg/dscm) | <input type="checkbox"/> | b. Existing Small (0.03 mg/dscm)  | <input checked="" 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 (4.4x10 <sup>-6</sup> gr/dscf)   | <input type="checkbox"/>            |
|                            | Surface tension of ≤ 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)<br><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 < 0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)   | <input type="checkbox"/>            |
| c. Chromium Anodizing      | Emissions of < 0.01 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)   | <input type="checkbox"/>            |
|                            | Surface tension of 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)<br><i>May only be selected if a wetting agent is used.</i>   | <input type="checkbox"/>            |

**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 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

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

[Empty box for additional site information]

Pauline Torres  
Name of Responsible Official

Mohammad Nozari  
Inspector's Name

M. Nozari  
Inspector's Signature

9/8/99  
Date of Inspection

1 Year  
Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Metal to Metal			PAGE 1 OF 1	
FACILITY ADDRESS: 12706 ½ East 7 <sup>th</sup> Avenue			CITY: Tampa PHONE: (813)248-5874	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33605
INSPECTION DATE: September 8, 1999	TIME IN: 9:30AM	TIME OUT: 10:15AM	INSPECTION TYPE: CDS	STATUS: In Compliance
NEDS NUMBER: 0571106				
SOURCE DESCRIPTION: Chromium Electroplating				
CONTACT(S): Mrs. Pauline Torres				

Leroy Shelton and I visited Metal to Metal Electro Plating for the annual inspection. We met with the responsible official, Mr. and Mrs. Torres.

The facility is classified as a decorative chromium-plating source. Each plating operation took approximately 1 minute. The owner tests the surface tension every 40 - hour. The record showed that the last 40 - hour test was performed on May 1, 1999, and the surface tension was 33.80 (<45 dynes/cm). By the rule, the surface tension measurement can be conducted every 40 – hour of tank operation until an exceedance occurs.

A wetting agent ( PRO TAB 1000 ) and POLY BALLS are used for emission control. The owner told us that wetting agent is added into the tank twice a day, a quart each time in the morning and in the after noon. The rectifier amperage is about 1500 amps for each operation. But the owner told us the rectifier amps goes only from 1 to 300 amps for the kind of operation they have.

The facility also operates a Copper-Plating and nickel – plating operation ( Ni is a HAP, but there is no MACT standard set to date). No odors were noticed around the chrome tank. The chrome tank was not in operation today.

The owner told us he had added no chrome to the chromic acid bath over the past year ( the recycles chrome rinse water back into the 55 gallon drum chrome tank)

INSPECTED BY: Mohammad Nozari	DATE: September 8, 1999
----------------------------------	----------------------------

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: <u>0571106</u>	DATE: <u>9/8/99</u>	TIME IN: <u>9:30 AM</u>	TIME OUT: <u>10:45 AM</u>
FACILITY NAME: <u>Metal to Metal</u>			
FACILITY LOCATION: <u>2706 1/2 East 7th Ave</u> <u>Tampa, FL 33605</u>			

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 Bureau of Air Monitoring  
 & Mobile Sources

**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:

**Hard Chromium Plating**

a. Existing Large (0.015 mg/dscm)	<input type="checkbox"/>	b. Existing Small (0.03 mg/dscm)	<input checked="" 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 (4.4x10 <sup>-6</sup> gr/dscf)	<input type="checkbox"/>
	Surface tension of ≤ 45 dynes/cm (3.1x10 <sup>-3</sup> 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 < 0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	<input type="checkbox"/>
c. Chromium Anodizing	Emissions of < 0.01 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	<input type="checkbox"/>
	Surface tension of 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft) <i>May only be selected if a wetting agent is used.</i>	<input type="checkbox"/>



**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 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

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

[Empty box for additional site information]

Pauline Torres  
Name of Responsible Official

Mohammad Nozari  
Inspector's Name

M. Nozari  
Inspector's Signature

9/8/99  
Date of Inspection

1 year  
Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Metal to Metal			PAGE 1 OF 1	
FACILITY ADDRESS: 12706 ½ East 7 <sup>th</sup> Avenue			CITY: Tampa PHONE: (813)248-5874	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33605
INSPECTION DATE: September 8, 1999	TIME IN: 9:30AM	TIME OUT: 10:15AM	INSPECTION TYPE: CDS	STATUS: In Compliance
NEDS NUMBER: 0571106				
SOURCE DESCRIPTION: Chromium Electroplating				
CONTACT(S): Mrs. Pauline Torres				

Leroy Shelton and I visited Metal to Metal Electro Plating for the annual inspection. We met with the responsible official, Mr. and Mrs. Torres.

The facility is classified as a decorative chromium-plating source. Each plating operation took approximately 1 minute. The owner tests the surface tension every 40 - hour. The record showed that the last 40 - hour test was performed on May 1, 1999, and the surface tension was 33.80 (<45 dynes/cm). By the rule, the surface tension measurement can be conducted every 40 - hour of tank operation until an exceedance occurs.

A wetting agent ( PRO TAB 1000 ) and POLY BALLS are used for emission control. The owner told us that wetting agent is added into the tank twice a day, a quart each time in the morning and in the after noon. The rectifier amperage is about 1500 amps for each operation. But the owner told us the rectifier amps goes only from 1 to 300 amps for the kind of operation they have.

The facility also operates a Copper-Plating and nickel - plating operation ( Ni is a HAP, but there is no MACT standard set to date). No odors were noticed around the chrome tank. ~~Tank~~ <sup>The</sup> chrome tank was not in operation today.

The owner told us he had added no chrome to the chromic acid bath over the past year ( the recycles chrome rinse water back into the 55 gallon drum chrome tank)

INSPECTED BY: Mohammad Nozari	DATE: September 8, 1999
----------------------------------	----------------------------

**TABLE V AIR QUALITY GENERAL PERMIT III  
INSPECTION SUMMARY REPORT**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:30 AM TIME OUT: 10:45 AM AIRS ID#: 0571106  
 TYPE OF FACILITY: CHROMIUM ELECTROPLATING  
 FACILITY NAME: Metal to Metal DATE: 9/8/99  
 FACILITY LOCATION: 2706 1/2 East 7th Ave  
Tampa, FL 33605  
 RESPONSIBLE OFFICIAL: Pauline Torres PHONE NUMBER: (813) 248-5874

- 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: 1 year  
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari  
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

AIRS ID#: 057106



Revised 10/10/96

### CHROMIUM PLATING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Metal to Metal DATE: 8-10-00  
 FACILITY LOCATION: 2706 1/2 East 7th Ave  
Tampa, FL 33605

Annual Reporting Period: 9/8 1999 TO 8/10/00 20  

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

If NO, complete the following:

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

*[This section is crossed out with a large diagonal line.]*

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

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 SEP 14 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

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

*[This section is crossed out with a large diagonal line.]*

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: Pauline Torres Pauline Torres 8-10-00  
 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.

INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Metal to Metal

PAGE 1 OF 1

FACILITY ADDRESS: 12706 ½ East 7<sup>th</sup> Avenue

CITY: Tampa  
 PHONE: (813)248-5874

MAILING ADDRESS: Same

CITY: Tampa

FLA

ZIP: 33605

INSPECTION DATE:  
 August 10, 2000

TIME IN:  
 9:30AM

TIME OUT:  
 10:15AM

INSPECTION TYPE:  
 CDS

STATUS:  
 In Compliance

NEDS NUMBER: 0571106

SOURCE DESCRIPTION: Chromium Electroplating

CONTACT(S): Mrs. Pauline Torres

I visited Metal to Metal Electro Plating for the annual inspection. I met with the responsible official, Mr. and Mrs. Torres.

The facility is classified as a decorative chromium-plating source. Each plating operation took approximately 1 minute. The owner tests the surface tension every 40 - hour. The record showed that the last 40 - hour test was performed on April 30, 2000, and the surface tension was 33.80 (<45 dynes/cm). By the rule, the surface tension measurement can be conducted every 40 - hour of tank operation until an exceedance occurs.

A wetting agent (PRO. TAB 1000 ) and POLY BALLS are used for emission control. The owner told us that wetting agent is added into the tank twice a day, a quart each time in the morning and in the after noon. The rectifier amperage is about 1500 amps for each operation. But the owner told us the rectifier amps goes only from 1 to 300 amps for the kind of operation they have.

The facility also operates a Copper-Plating and nickel - plating operation ( Ni is a HAP, but there is no MACT standard set to date). No odors were noticed around the chrome tank. The chrome tank was not in operation today.

The owner told us he had added no chrome to the chromic acid bath over the past year (the recycles chrome rinse water back into the 55 gallon drum chrome tank).

INSPECTED BY:  
 Mohammad Nozari

DATE:  
 August 10, 2000

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>9:30 Am</u>	TIME OUT: <u>10:15 Am</u>	AIRS ID#: <u>0571106</u>
TYPE OF FACILITY: <u>Chromium Electroplating</u>		
FACILITY NAME: <u>metal to metal</u>	DATE: <u>8/10/00</u>	
FACILITY LOCATION: <u>2706 1/2 E. 7th Ave</u> <u>Tampa, FL 33605</u>		
RESPONSIBLE OFFICIAL: <u>Pauline Torres</u>	PHONE NUMBER: <u>(813) 248-5874</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: 1 year  
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari  
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

# 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#:	0571106	DATE:	8/10/00	TIME IN:	9:30 Am	TIME OUT:	10:15 Am
FACILITY NAME:	Metal To Metal						
FACILITY LOCATION:	2206 1/2 East 7th Ave Tampa, Fl 33605						
RESPONSIBLE OFFICIAL:	Pantine Torres		PHONE:	813-248-5874			
CONTACT NAME:			PHONE:				

### PART I: NOTIFICATION

(check appropriate box)

Facility Compliance Status: IN

- |   |                          |             |     |                          |
|---|--------------------------|-------------|-----|--------------------------|
| 1. New facility notified DARM 30 days prior to startup    | <input type="checkbox"/> | (ARMS Data) | MNC | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use a general permit | <input type="checkbox"/> |             | SNC | <input type="checkbox"/> |

### 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 checked="" 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 $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)   | <input checked="" type="checkbox"/> |
|                            | Surface tension of $\leq 45$ dynes/cm ( $3.1 \times 10^{-3}$ lb-f/ft)<br><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 $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)  | <input checked="" type="checkbox"/> |
| c. Chromium Anodizing      | Emissions of $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)   | <input checked="" type="checkbox"/> |
|                            | Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$ lb-f/ft)<br><i>May only be selected if a wetting agent is used.</i>        | <input checked="" type="checkbox"/> |



**PART III: CONTROL TECHNOLOGY**

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

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

[Empty box for additional site information]

Mohammad NOZANI  
Inspector's Name

8-10-00  
Date of Inspection

M. NOZANI  
Inspector's Signature

1 year  
Approximate Date of Next Inspection

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

7000 0600 0026 4126 5723

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

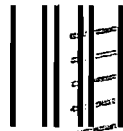
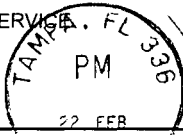
AIRS ID # 0571106

METAL TO METAL  
 PAULINE TORRES  
 2706 1/2 E. 7TH AVE  
 TAMPA FL 33605

PS Form 3800, February 2000 See Reverse for Instructions

<p><b>SENDER: C</b></p> <p>PLACE STICKER AT TOP OF ENVELOPE                  TO THE RIGHT OF RETURN ADDRESS</p>	<p><b>RETURN INFORMATION ON DELIVERY</b></p>
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) <b>P. J. Torres</b> B. Date of Delivery <b>2-22-01</b></p> <p>C. Signature <b>X P. J. Torres</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0571106</p> <p>METAL TO METAL                  PAULINE TORRES                  2706 1/2 E. 7TH AVE                  TAMPA FL 33605</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p><b>7000 0600 0026 4126 5723</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

U.S. DEPT. OF AIR MONITORING  
& MOBILE SOURCES

FEB 26 2001

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392330

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

METAL TO METAL  
PAULINE TORRES  
27061/2 E. 7TH AVE  
TAMPA FL 33605

AIRS ID # 0571106

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

RECEIVED  
MAIL ROOM  
FEB 18 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261270 ✓

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

RECEIVED  
MAIL ROOM  
FEB 24 97

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

METAL TO METAL  
PAULINE TORRES  
27061/2 E. 7TH AVE  
TAMPA FL 33605

AIRS ID# 0571106

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300375

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**

RECEIVED  
MAIL ROOM  
JAN 20 98 ✓

Do **NOT** Remove Label

PAULINE TORRES  
PAULINE TORRES  
2706 1/2 E. 7TH AVE  
TAMPA FL 33605

AIRS ID#0571106

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362726

OK H1007  
2/25/99 \$50.00

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**

✓

RECEIVED  
MAIL ROOM  
MAR - 1 99

Do NOT Remove Label

AIRS ID # 0571106

METAL TO METAL  
PAULINE TORRES  
2706 1/2 E. 7TH AVE  
TAMPA FL 33605

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

u





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405107 FEB12 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**

*2/12/01 pd*

Do **NOT** Remove Label

METAL TO METAL PAULINE TORRES 27061/2 E. 7TH AVE TAMPA FL 33605	AIRS ID # 0571106
--	-------------------

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for addition.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse side 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 # 0571164

RUSCH INDUSTRIES OF TAMPA INC  
ROBERT D USCHOLD  
PO BOX 15606  
TAMPA FL 33684

4a. Article Number

2333660628

4b. Service Type

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

7. Date of Delivery

2/17/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

Thank you for using Return Receipt Service.

2 333 660 628

1999

US Postal Service

**Receipt for Certified Mail**

AIRS ID # 0571164

RUSCH INDUSTRIES OF TAMPA INC  
ROBERT D USCHOLD  
PO BOX 15606  
TAMPA FL 33684

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

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

**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.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

AIRS ID#: 0571106

PAULINE TORRES  
PAULINE TORRES  
27061/2 E. 7TH AVE  
TAMPA FL 33605

4a. Article Number  
**P 265 302 188**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2-20-97**

5. Received By: (Print Name)  
*Pauline Torres*

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

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 188

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

AIRS ID#: 0571106

PAULINE TORRES  
PAULINE TORRES  
27061/2 E. 7TH AVE  
TAMPA FL 33605

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	<b>2/14/97</b>

PS Form 3800, April 1995

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:

METAL TO METAL  
PAULINE TORRES  
27061/2 E. 7TH AVE  
TAMPA FL 33605

AIRS ID # 0571106

4a. Article Number

2 333 660 376

4b. Service Type

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

7. Date of Delivery

2/16/95

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Pauline Torres

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 376

1999

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

AIRS ID # 0571106

METAL TO METAL  
PAULINE TORRES  
27061/2 E. 7TH AVE  
TAMPA FL 33605

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	



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

**SENDER: COMPLETE** **RESTRICTED DELIVERY**

- 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 # 0571106

METAL TO METAL  
PAULINE TORRES  
2706 1/2 E. 7TH AVE  
TAMPA FL 33605

Z 333 667 445

2. Article Number (Copy from service label)

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

2-11-00

C. Signature  Agent

*Pauline Torres*  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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 333 667 445 <sup>2000</sup>

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0571106

METAL TO METAL  
PAULINE TORRES  
2706 1/2 E. 7TH AVE  
TAMPA FL 33605

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to

**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.

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 # 0571106

METAL TO METAL  
PAULINE TORRES  
27061/2 E. 7TH AVE  
TAMPA FL 33605

4a. Article Number  
**P174052659**

4b. Service Type

Registered                       Certified  
 Express Mail                       Insured  
 Return Receipt for Merchandise    COD

7. Date of Delivery  
**3-3-99**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X Pauline Torres**

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

P 174 052 659

1999

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

AIRS ID # 0571106

METAL TO METAL  
PAULINE TORRES  
27061/2 E. 7TH AVE  
TAMPA FL 33605

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

PS Form 3800, April 1995