



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 18, 1997

Mr. Robert D. Uschold, President
Post Office Box 15606
Tampa, Florida 33684

Re: Facility No. 0571164

Dear Mr. Uschold:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 10, 1997.

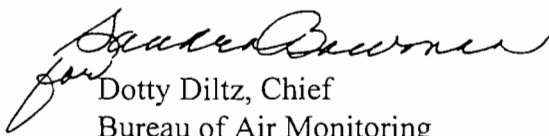
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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, Florida 32399-2400

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

Printed on recycled paper.

0571164²

p22

(9) Should be marked

6-30-97

JUL 10 1997

Chromium Electroplating and Anodizing Facilities Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	RUSCH INDUSTRIES OF TAMPA INC.		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	4616 N. HESPERIDES ST		
City:	TAMPA	County:	HILLSBOURGH Zip Code: 33614
5. Facility Identification Number (DEP Use):	0571164		

Responsible Official

6. Name and Title of Responsible Official:	ROBERT D. USCHOLD - PRESIDENT		
7. Responsible Official Mailing Address:			
Organization/Firm:	PO Box 15606		
Street Address:			
City:	TAMPA	County:	HILLSBOURGH Zip Code: 33684
8. Responsible Official Telephone Number:			
Telephone:	(813) 876-9026	Fax:	(813) 879-3527.

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:	() -

Facility Information

6/30/97

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)
No	No	No	No	No

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

6/30/97

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)
4x3x7	Oct 82	Oct 82	FS/WA	Y-45 DYNES/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.

6/30/97

Equipment Monitoring and Recordkeeping Information

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

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

RECEIVED

JUL 10 1997

Bureau of Air Monitoring
& Mobile Sources

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.

Lois Sefcoid
Signature

6/30/97
Date

TBD01021

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

0571164

AIRS ID#: ~~None~~ DATE: 3/12/97 TIME IN: 0845 TIME OUT: 1020
FACILITY NAME: Rusch Industries of Tampa, Inc
FACILITY LOCATION: 4616 N. HESPERIDES AVE
Tampa, FL 33614

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: (Not submitted)

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 < 0.01mg/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 type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

2-5 GAL CONTAINERS OF ATO C.M.S/5 CHROME ADDITIVE ON SITE

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

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

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N *No excess emissions*
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

MR. USCHLO SAID THEY BOUGHT 15 GALS OF WETTING AGENT IN LAST YEAR (DID NOT HAVE PURCHASE RECORDS AVAILABLE) SAID THEY PLATE APPROX TWICE A WEEK. HAD PURCH RECORDS STARTING IN FEB 96 THAT SHOWED HE HAD ACTUALLY OPERATED TANK FOL A TOTAL OF 28 HRS (FEB - 9/13/96)

SAID CHROME DIP TIMES VARIED FROM 15 SECONDS TO 2 MINS DEPENDING ON PIECE.

SAID CHROMING ONLY CONSTITUTED 25% OF HIS OPERATION (MACHINE STOP)

RECTIFIER NAME PLATE UNREADABLE. GAUGE HAD MAXIMUM INDICATION OF 3000 AMPS (HE SAID NORMAL RANGE WAS 2000)

SAID NORMAL FOAM BLANKET WAS ≤ 1 "

POOR RECORD KEEPING.

- NO RECORDS OF WHEN WETTING AGENT IS ADDED.
- NO STARTUP/SITDOWN/MALFUNCTION PLAN

BOB USCHLO (813)-876-9026

Name of Responsible Official

LEROY SHELTON / JIM HOLTON

Inspector's Name

3/12/97

Date of Inspection

[Handwritten Signature]

Inspector's Signature

1 YR

Approximate Date of Next Inspection

- NO RECORDS OF SURFACE TENSION MEASUREMENTS (ALTHOUGH DOES HAVE STALAGMOMETER AND DID TEST 5/2/96 - SEE ATTACHED REPORT)

ONLY SMALL DECORATIVE CHROME PIECES OBSERVED ON PREMISES TODAY.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0571164 DATE: 7/22/97 TIME IN: 2:30 TIME OUT: 3:35
 FACILITY NAME: Rusch Industries of Tampa
 FACILITY LOCATION: 4616 N. Hesperides Ave
Tampa, FL 33614

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 *new has 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 (4.4×10^{-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 <0.01mg/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 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 N/A
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N N/A
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

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

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

PART V: ADDITIONAL SITE INFORMATION

Plates on average of 90 minutes/week
Poor records on operating times,
no surface tension records.

Have record of wetting agents

No Start-up/shut down plan/
malfunction plan

Deming loads - 35-40 minutes per day
actual plating approx 10 minutes/day
plate 2x per week

Bob Weckel

Name of Responsible Official

Bruce M. King

Inspector's Name

Bruce M. King

Inspector's Signature

7/22/97

Date of Inspection

3 months

Approximate Date of Next Inspection



Roger P. Stewart
Executive Director
272-5960

Date Issued: 6/2/97
S 05 T 29 R 18

ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

WARNING NOTICE

Responsible Party (Company/Person) Rusch Industries of Tampa, Inc. / Bob Uschold

Mailing Address: 4616 Hesperides Street

Tampa, FL 33614 Phone: (813) 876-9026

Location of alleged violation: 4616 Hesperides Street

Tampa, FL

Date and time of alleged violation: 6/2/97

Alleged violation pursuant to:

Chapter 84-446 Laws of Florida (Act):

- (Act) Section 13 Unauthorized open burning
- (Act) Section 16 Causing or allowing nuisance or injury
- (Act) Section 17 Causing water/air/noise pollution
- (Act) Section 17 Violating rule/standard/order:
- Chapter 62-4.030, F.A.C.
- Chapter 62-213.300(1)(a), F.A.C.
- Other: 1-3.21, Rules of the EPC

The violations here alleged may not include possible concurrent violations of other applicable environmental laws: local, state or federal including those of the Environmental Protection Commission. Facts believed to constitute alleged violation:

Operating a chrome plating facility without a valid permit.

By copy of this Notice, the responsible party is informed that Commission staff believes that based upon the information available, a violation may have occurred. If substantiated, appropriate administrative or legal action will occur to assure compliance with the Environmental Protection Act of Hillsborough County and the Rules of the Environmental Protection Commission of Hillsborough County. If you believe that the above does not constitute a violation as alleged, you are encouraged to immediately contact the Investigator named below. If the violation is substantiated, cooperative resolution and correction may avoid enforcement action in this matter.

Because continuation of a violation subsequent to this Notice may be considered to be an intentional violation, it is recommended that you cease the above activity and until this matter is resolved you:

Please respond in writing, or contact the EPC for instructions, within 15 days of receipt of this notice.

Investigator: James O. Holton Phone #: (813) 272-5530 Received by: CERTIFIED MAIL # P 055 739 739

Wrong form!
No effective date
on bottom

RECEIVED X

JUN 20 1997

Chromium Electroplating and Anodizing Facilities Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	RUSCH INDUSTRIES OF TAMPA INC.		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	4616 N. HESPERIDES ST.		
Street Address:			
City:	TAMPA	County:	HILLSBOURGH Zip Code: 33614

Responsible Official

5. Name and Title of Responsible Official:	ROBERT D. USCHOLD - PRESIDENT		
6. Responsible Official Mailing Address:			
Organization/Firm:	PO BOX 15606		
Street Address:			
City:	TAMPA.	County:	HILLSBOURGH Zip Code: 33684
7. Responsible Official Telephone Number:			
Telephone:	(813) 876-9026	Fax:	(813) 879-3527

Facility Contact (If different from Responsible Official)

8. Name and Title of Facility Contact (For example, plant manager):			
9. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
10. Facility Contact Telephone Number:			
Telephone:	()	Fax:	()

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)
No	No	No	No	No

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)
4X3X7	Oct 82	Oct 82	FS/WA	Y-45 dynes/cm

Key for Control Device Type

- PBS = packed-bed scrubber
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Applicable Standard Key

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

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

January 25, 1996 January 25, 1997

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

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



Equipment Monitoring and Recordkeeping Information

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

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| (a) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input checked="" 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.

Signature

Lowell A. Scola

Date

6-17-97

X

Roger P. Stewart
Executive Director
272-5960



Date Issued: 6/2/97
S 05 T 29 R 18

ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

WARNING NOTICE

Responsible Party (Company/Person) Rusch Industries of Tampa, Inc. / Bob Uschold

Mailing Address: 4616 Hesperides Street

Tampa, FL 33614 Phone: (813) 876-9026

Location of alleged violation: 4616 Hesperides Street

Tampa, FL

Date and time of alleged violation: 6/2/97

Alleged violation pursuant to:

Chapter 84-446 Laws of Florida (Act):

- (Act) Section 13 Unauthorized open burning
- (Act) Section 16 Causing or allowing nuisance or injury
- (Act) Section 17 Causing water/air/noise pollution
- (Act) Section 17 Violating rule/standard/order:
- Chapter 62-4.030, F.A.C.
- Chapter 62-213.300(1)(a), F.A.C.
- Other: 1-3.21, Rules of the EPC

The violations here alleged may not include possible concurrent violations of other applicable environmental laws: local, state or federal including those of the Environmental Protection Commission. Facts believed to constitute alleged violation:

Operating a chrome plating facility without a valid permit.

By copy of this Notice, the responsible party is informed that Commission staff believes that based upon the information available, a violation may have occurred. If substantiated, appropriate administrative or legal action will occur to assure compliance with the Environmental Protection Act of Hillsborough County and the Rules of the Environmental Protection Commission of Hillsborough County. If you believe that the above does not constitute a violation as alleged, you are encouraged to immediately contact the Investigator named below. If the violation is substantiated, cooperative resolution and correction may avoid enforcement action in this matter.

Because continuation of a violation subsequent to this Notice may be considered to be an intentional violation, it is recommended that you cease the above activity and until this matter is resolved you:

Please respond in writing, or contact the EPC for instructions, within 15 days
of receipt of this notice.

Investigator: James O. Holton Phone #: (813) 272-5530 Received by: CERTIFIED MAIL #
P 055 739 739

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

✓

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>2:30</u>	TIME OUT: <u>3:35</u>	AIRS ID#: <u>0571164</u>
TYPE OF FACILITY: <u>Chromium electroplating</u>		
FACILITY NAME: <u>Russell Industries of Tampa</u>	DATE: <u>7/22/97</u>	
FACILITY LOCATION: <u>4616 Hesperides Ave. Tampa, FL 33614</u>		
RESPONSIBLE OFFICIAL: <u>Robert Aschard</u>	PHONE NUMBER: <u>813-879-9026</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
<u>There were no records being maintained as required</u>	<u>Facility given example forms to be used to document required record keeping</u>
<u>no startup/shutdown + malfunction plan</u>	<u>Revised what was requested for the plan</u>
<u>no current surface tension test results</u>	<u>Given example form to document surface tension test results</u>

COMMENTS: Warning notice sent to facility

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

DATE OF NEXT INSPECTION: 3 months
(Approximate)

INSPECTION CONDUCTED BY: Bruce M King
(Please Print)

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

COMMISSION

DOTTIE BERGER
JOE CHILLURA
CHRIS HART
JIM NORMAN
JAN PLATT
THOMAS SCOTT
ED TURANCHIK

EXECUTIVE DIRECTOR

ROGER P. STEWART



ADMINISTRATIVE OFFICES, LEGAL &
WATER MANAGEMENT DIVISION
1900 - 9TH AVENUE
TAMPA, FLORIDA 33605
TELEPHONE (813) 272-5960
FAX (813) 272-5157

AIR MANAGEMENT DIVISION
TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION
TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION
TELEPHONE (813) 272-7104

August 4, 1997

Mr. Robert Uschold
Rusch Industries of Tampa, Inc.
P. O. Box 15606
Tampa, Fl 33684

Subject: Corrections to Air General Permit Application

Reference: Air General Permit 0571164

Dear Mr. Uschold,

The Florida Department of Environmental Protection has completed the review process for your application, and has assigned a permit number to your facility, as referenced above.

In the FDEP's review process of this application, the need to make some corrections has been identified. These corrections (indicated by orange dots on the attached copy) are required to be completed by you, as the indicated "Responsible Official", making sure you also sign and date the final page again, and mail to the following address:

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

If you have any questions, please don't hesitate to contact me at (813) 272-5530.

Sincerely,

James O. Holton, PE
Air Toxics Engineer

0571164

Seroy

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p22

(9) Should be marked

JUL 10 1997

Bureau of Air Monitoring & Mobile Sources

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- 2.
- 3.
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EPC of HC
AIR MANAGEMENT

33614

1164

ENT

Zip Code: 33684

- 3527.

ii)

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: () - -

Asd-8-18-97

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6-30-97

JUL 10 1997

Chromium Electroplating and Anodizing Facilities Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	RUSCH INDUSTRIES OF TAMPA INC.		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	4616 N. HESPERIDES ST		
City:	TAMPA	County:	HILLSBOROUGH Zip Code: 33614
5. Facility Identification Number (DEP Use):	05M1164		

Responsible Official

6. Name and Title of Responsible Official:	ROBERT D. USCHOLD - PRESIDENT		
7. Responsible Official Mailing Address:			
Organization/Firm:	PO Box 15606		
Street Address:			
City:	TAMPA	County:	HILLSBOROUGH Zip Code: 33684
8. Responsible Official Telephone Number:			
Telephone:	(813) 876-9026	Fax:	(813) 879-3527

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:	() -

8-18-97
ppf.

Facility Information

6/30/97

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.

TANK ID #	HARD DATE PURCHASED	CHROMIUM DATE CNTRL DEVICE INSTALLED	PLATING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)
No	No	No	No	No

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

*Ref
8-18-97*

6/30/97

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.

TANK ID #	DECORATIVE DATE PURCHASED	AND DATE CNTRL DEVICE INSTALLED	ANODIZING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)
4x3x7	Dec 82	Oct 82	FS/WA	Y-45.DYNTE/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.

ADP
8-18-97

6/30/97

Equipment Monitoring and Recordkeeping Information

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

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| (a) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input checked="" type="checkbox"/> | (h) Equipment monitoring | <input checked="" 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"/> | | |

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Bureau of Air Monitoring & Mobile Sources

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.

Lois Refsland 8/18/97

Lois Refsland _____ *6/30/97* _____

Signature Date

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

RECEIVED
JUL 13 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERED
RE-INSPECTION

AIRS ID#: 571164 DATE: 6/17/98 TIME IN: 1:20 TIME OUT: 2:30
 FACILITY NAME: Rusch Industries of Tampa, Inc
 FACILITY LOCATION: 4616 N. Hesperides Ave
Tampa, FL 33684

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96 **N/A**
 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 (4.4×10^{-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 <0.01mg/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 checked="" 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 N/A
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N N/A
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

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

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

PART V: ADDITIONAL SITE INFORMATION

[Empty rectangular box for additional site information]

Mr. Robert Hoched
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M King
Inspector's Signature

6/17/98
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: 1:20 TIME OUT: 2:30 AIRS ID#: 571164
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: Rusch Industries of Tampa DATE: 6/17/98
 FACILITY LOCATION: 4616 N. Hesperides Ave
Tampa, FL 33684
 RESPONSIBLE OFFICIAL: Robert Rusch PHONE NUMBER: (813) 876-9026

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
<i>Surface tension test were performed, however, they were not calculated this facility did not know if they exceeded the 45 dyne surface limit</i>	<i>will submit all calculations and testing records to establish whether or not wetting agent is being added when needed</i>
<i>not performing inspections described in check startup, Shut down + Malfunction plan. Not using prescribed checklist</i>	<i>Must perform weekly inspection using the checklist in their startup, shut down + malfunction plan and established by consent order.</i>

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 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 30 days
 (Approximate)

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

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

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

TB001021

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0845 TIME OUT: 1020 AIRS ID#: ~~None~~ 0571164
 TYPE OF FACILITY: DECORATIVE CITRUS PLATER
 FACILITY NAME: RUSCH INDUSTRIES OF TAMPA, Inc DATE: 3/12/97
 FACILITY LOCATION: 46112 N. HESPERIDES AVE.
TAMPA, FL 33614
 RESPONSIBLE OFFICIAL: BOB USCHOLD PHONE NUMBER: 813-876-9026

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
FAILED TO APPLY FOR TITLE V GENERAL PERMIT	GAVE HIM PERMIT APPLICATION/ INSTRUCTIONS AND TOLD HIM TO APPLY WITHIN 30 DAYS.
NO STARTUP/SHUTDOWN/MALEFUNCTION PLAN	} TOLD MR. USCHOLD WHAT WAS REQUIRED & THAT WE EXPECT TO SEE THE RECORDS ON NEXT INSPECTION
NO RECORDS OF ADDING WETTING AGENT	
NO RECORDS OF SURFACE TENSION MEASUREMENT	

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YR
(Approximate)

INSPECTION CONDUCTED BY: LEROY STEWART & JIM HOLTON
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 813-272-5530

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

Bureau of Air Monitoring
& Mobile Sources

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AIRS ID 0571164
RUSCH INDUSTRIES OF TAMPA INC ROBERT D USCHOLD PO BOX 15606 TAMPA FL 33684

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO December 31 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:

NO DOCUMENTATION WITH EMISSION LIMITATION STANDARDS & MONITORING REQ.

Exact period of non-compliance: from 8-13-97 to 2-4-98

Action(s) taken to achieve compliance: HIRED ENVIRONMENTAL CONSULTING & TECHNOLOGY TO WORK

Method used to demonstrate compliance: WITH RPC & RESET TO SET UP PROPER RECORDS.

OF 40 CFR, SUBPART N.

#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 D USCHOLD [Signature] 2-24-98
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.

AIRS ID#: None 0571164

~~TDD 01021~~
Revised 10/10/96

CHROMIUM ELECTROPLATING AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>RUSCH INDUSTRIES OF TAMPA, INC</u>	DATE: <u>3/12/97</u>
FACILITY LOCATION: <u>4616 N. HOSPITAL AVENUE</u>	
<u>TAMPA, FL 33614</u>	

Annual Reporting Period: 3/12/97 1997 TO _____ 19____

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Bob Uschold [Signature] 3/12/97

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.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 13:30 TIME OUT: 15:00 AIRS ID#: 571164
 TYPE OF FACILITY: CHROMIUM ELECTROPLATING
 FACILITY NAME: RUSCH INDUSTRIES OF TAMPA INC DATE: 9/15/99
 FACILITY LOCATION: 4616 N. HESPERIDES ST.
TAMPA, FL 33684
 RESPONSIBLE OFFICIAL: ROBERT USCHOLD PHONE NUMBER: (813) 876-9026

- 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: LEROY SHELTON / ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (813) 272-5530

AIRS ID#: 571164

acc

Revised 10/10/96

CHROMIUM PLATING
~~DRY CLEANER~~ AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: RUSCH INDUSTRIES OF TAMPA INC DATE: 9/15/99
FACILITY LOCATION: 4616 N. HESPERIDES ST.
TAMPA, FL 33684

Annual Reporting Period: June 17 19 98 TO Sep 15 19 99

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: _____

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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. 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: ROBERT D USCHOLD Robert D Uschold 9-15-99
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#:	571164	DATE:	9/15/99	TIME IN:	13:30	TIME OUT:	15:00
FACILITY NAME:	RUSCH INDUSTRIES OF TAMPA INC.						
FACILITY LOCATION:	4616 N. HESPERIDES ST. TAMPA, FL 33614						

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 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 ⁻⁶ gr/dscf)	<input type="checkbox"/>
	Surface tension of ≤ 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <i>May only be selected if a wetting agent is used.</i>	<input checked="" type="checkbox"/>
b. Trivalent Chromium Bath	With wetting agent	<input type="checkbox"/>
	Without wetting agent < 0.01 mg/dscm (4.4x10 ⁻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) <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 checked="" type="checkbox"/> Y <input type="checkbox"/> N

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N N/A
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

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

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

PART V: ADDITIONAL SITE INFORMATION

see attached insp. report

ROBERT USCITOLD

Name of Responsible Official

LEROY SHELTON / ROGER ZHU

Inspector's Name

Leroy Shelton / Roger Zhu

Inspector's Signature

9/15/99

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Rusch Industries of Tampa, Inc.				PAGE 1 OF 1	
FACILITY ADDRESS: 4616 N. Hesperides Street			CITY: Tampa PHONE: 813-876-9026		
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33684	
INSPECTION DATE: Sept 15, 1999	TIME IN: 13:30	TIME OUT: 15:00	INSPECTION TYPE: non- CDS	STATUS: In Compliance	
NEDS NUMBER: 571164					
SOURCE DESCRIPTION: Chromium Electroplating					
CONTACT(S): Robert Uschold					

Leroy Shelton and I visited Rusch Industries of Tampa, Inc. today to conduct the annual inspection.

The chrome tank was not operating today. No odors were noticed.

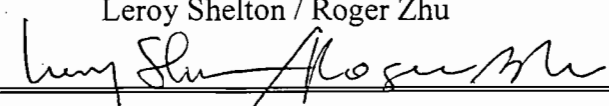
During the electro-plating process in this facility, the parts were nicked first about 1 hour, then chromed about 30 seconds. The current is usually applied around 500 amps for the plating process.

The record keeping is in a good shape. It indicated that the total chromium plating operation hours is 54.62 for the last 12 months (August 98 thru July 99). Three monitoring tests were done in September 98, December 98 and March 99 and the tests results were 42, 43 and 43 dynes respectively.

The type of wetting agent used to inhibit misting is ATOTECH-PAIL CMS. It has been add into the tank once every 2~3 months according to the R.O., Mr. Robert Uschold.

The purchase records of the wetting agent in 1999 were not available during our visit (Mr. Uschold said he left them at home). However, we verified that 4 purchases were made in 1998 for the total of 20 gallons.

We did see the startup, shutdown and malfunction plan kept on site.

INSPECTED BY: Leroy Shelton / Roger Zhu	DATE: 9/15/99
	

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 13:30 TIME OUT: 15:00 AIRS ID#: 571164
 TYPE OF FACILITY: CHROMIUM ELECTROPLATING
 FACILITY NAME: RUSCH INDUSTRIES OF TAMPA INC DATE: 9/6/00
 FACILITY LOCATION: 4616 N. HESPERIDES ST.
TAMPA, FL 33684
 RESPONSIBLE OFFICIAL: ROBERT USCHOLD PHONE NUMBER: (813)876-9026

- 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
 SEP 14 2000
 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: ROGER ZHU
 (Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813)272-5530

AIRS ID#: 571164

Revised 10/10/96

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

FACILITY NAME: RUSCH INDUSTRIES OF TAMPA INC DATE: 9/6/00
 FACILITY LOCATION: 4616 N. HESPERIDES ST.
TAMPA, FL 33684

Annual Reporting Period: Sep 16 1999 TO Sep 6 2000

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

If NO, complete the following:

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

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

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

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

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Robert Uschard ROBERT USCHARD 9-6-00
 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.

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#:	<u>571164</u>	DATE:	<u>9/6/00</u>	TIME IN:	<u>13:30</u>	TIME OUT:	<u>15:00</u>
FACILITY NAME:	<u>RUSCH INDUSTRIES OF TAMPA, INC</u>						
FACILITY LOCATION:	<u>4616 N. HESPERIDES STREET</u> <u>TAMPA, FL 33684</u>						
RESPONSIBLE OFFICIAL:	<u>ROBERT USCHOLD</u>	PHONE:	<u>(813) 876-9026</u>				
CONTACT NAME:	<u>SAME</u>	PHONE:	<u>SAME</u>				

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

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?

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

<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>
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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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10. Records of the total process operating time.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
12. Startup, Shutdown & Malfunction Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

See attached inspection report

ROGER ZHU

Inspector's Name

Roger Zhu

Inspector's Signature

9/6/00

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Rusch Industries of Tampa, Inc. PAGE 1 OF 1

FACILITY ADDRESS: 4616 N. Hesperides Street CITY: Tampa
PHONE: 813-876-9026

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33684

INSPECTION DATE: Sept 6, 2000	TIME IN: 13:30	TIME OUT: 15:00	INSPECTION TYPE: Non- CDS	STATUS: In Compliance
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NEDS NUMBER: 571164

SOURCE DESCRIPTION: Chromium Electroplating

CONTACT(S): Robert Uschold

Today's visit was to conduct the annual inspection. I met with the R.O., Mr. Uschold on site. He told me they do both the nickel plating and chrome plating.

The purchase records indicate a 10-gallon of ATO-406 and a 5-gallon of ATO-506, both were the nickel-added, purchased in the past 12 months. Mr. Uschold said that, for obtaining the best products finishing, he usually nickels maximum 12 pieces in one tank for 45 minutes, then only put 4 pieces in the chrome tank, the total plating time should be a sum of 2-min/each piece.

Both the chrome and nickel tanks were not operating during my visit. No odors were noticed. I saw both tanks had the covers on them.

The record keeping is in a good shape. The purchase record indicates the purchase of 10 gallons of suppressant (wetting agent) made in May, 1999, and the log book shows that the suppressant has been added into the tank 4 time in the past 12-month period, they were: 1-qt in Jan, 2000; 1-qt in Feb, 2000; 2-qt in Mar, 2000; 2-qt in Aug, 2000.

According to the log book, the total 12-month chrome-plating hours was 59.2, and one monitoring test was done in January 2000, resulted 42 dynes from the test.

Mr. Uschold told me he is still using the chrome powder he bought 3 years ago. It is a 15-gallon drum initially weighted about 100 lbs.

INSPECTED BY: Roger Zhu

DATE: 9/6/00

Handwritten signature

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Noise Sources
RECEIVED
SEP 1 2000
DISCOVERY (ei)

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

AIRS ID#:	<u>571164</u>	DATE:	<u>8/31/00</u>	TIME IN:	<u>13:30</u>	TIME OUT:	<u>14:30</u>
FACILITY NAME:	<u>RUSCH INDUSTRIES OF TAMPA, INC</u>						
FACILITY LOCATION:	<u>4616 N. HESPERIDES STREET</u> <u>TAMPA, FL 33684</u>						
RESPONSIBLE OFFICIAL:	<u>ROBERT USCHOLD</u>	PHONE:	<u>(813) 876-9026</u>				
CONTACT NAME:	<u>SAME</u>	PHONE:	<u>SAME</u>				

PART I: NOTIFICATION			
(check appropriate box)	Facility Compliance Status:		
1. New facility notified DARM 30 days prior to startup <input type="checkbox"/>	(ARMS Data)	IN <input type="checkbox"/>	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: <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 ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)		<input type="checkbox"/>
	Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) <i>May only be selected if a wetting agent is used.</i>		<input checked="" type="checkbox"/>
b. Trivalent Chromium Bath	With wetting agent		<input type="checkbox"/>
	Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)		<input type="checkbox"/>
c. Chromium Anodizing	Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)		<input type="checkbox"/>
	Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) <i>May only be selected if a wetting agent is used.</i>		<input type="checkbox"/>

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?

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 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 type="checkbox"/> N/A						
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input 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 type="checkbox"/> Y <input type="checkbox"/> N						
5. Results of all performance tests.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
<table border="0"> <tr> <td>Composite Mesh Pad Measure the pressure drop across the CMP daily.</td> <td>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</td> </tr> <tr> <td>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</td> <td>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</td> </tr> <tr> <td>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</td> <td>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</td> </tr> </table>	Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.	Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.	Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.	
Composite Mesh Pad 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 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 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 type="checkbox"/> N/A						
10. Records of the total process operating time.	<input type="checkbox"/> Y <input type="checkbox"/> N						
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input type="checkbox"/> N						
12. Startup, Shutdown & Malfunction Plan	<input type="checkbox"/> Y <input type="checkbox"/> N						

PART V: ADDITIONAL SITE INFORMATION

The R.O. was not available today.
The annual inspection will be arranged
next week.

ROGER ZHU

Inspector's Name

Roger Zhu

Inspector's Signature

8/31/00

Date of Inspection

NEXT WEEK

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 13:30 TIME OUT: 15:00 AIRS ID#: 571164
 TYPE OF FACILITY: CHROMIUM ELECTROPLATING
 FACILITY NAME: RUSCH INDUSTRIES OF TAMPA INC DATE: 9/6/00
 FACILITY LOCATION: 4616 N. HESPERIDES ST.
TAMPA, FL 33684
 RESPONSIBLE OFFICIAL: ROBERT USCHOLD PHONE NUMBER: (813)876-9026

- 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
 OCT 12 2000
 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: ROGER ZHU
 (Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813)272-5530

AIRS ID#: 571164

Revised 10/10/96

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

FACILITY NAME: RUSCH INDUSTRIES OF TAMPA INC DATE: 9/6/00
FACILITY LOCATION: 4616 N. HESPERIDES ST.
TAMPA, FL 33684

Annual Reporting Period: Sep 16 19 99 TO Sep 6 20 00

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

If NO, complete the following:

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

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

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

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

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Robert Useford ROBERT USEFORD 9-6-00
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.

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#:	<u>571164</u>	DATE:	<u>9/6/00</u>	TIME IN:	<u>13:30</u>	TIME OUT:	<u>15:00</u>
FACILITY NAME:	<u>RUSCH INDUSTRIES OF TAMPA, INC</u>						
FACILITY LOCATION:	<u>4616 N. HESPERIDES STREET</u> <u>TAMPA, FL 33684</u>						
RESPONSIBLE OFFICIAL:	<u>ROBERT USCHOLD</u>	PHONE:	<u>(813) 876-9026</u>				
CONTACT NAME:	<u>SAME</u>	PHONE:	<u>SAME</u>				

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

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

<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>
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- 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 N/A
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

See attached inspection report

ROGER ZHU

Inspector's Name

Roger Zhu

Inspector's Signature

9/6/00

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Rusch Industries of Tampa, Inc.

PAGE 1 OF 1

FACILITY ADDRESS: 4616 N. Hesperides Street

CITY: Tampa
 PHONE: 813-876-9026

MAILING ADDRESS: Same

CITY: Tampa

FLA

ZIP: 33684

INSPECTION DATE:

TIME IN:

TIME OUT:

INSPECTION TYPE:

STATUS:

Sept 6, 2000

13:30

15:00

Non- CDS

In Compliance

NEDS NUMBER: 571164

SOURCE DESCRIPTION: Chromium Electroplating

CONTACT(S): Robert Uschold

Today's visit was to conduct the annual inspection. I met with the R.O., Mr. Uschold on site. He told me they do both the nickel plating and chrome plating.

The purchase records indicate a 10-gallon of ATO-406 and a 5-gallon of ATO-506, both were the nickel-added, purchased in the past 12 months. Mr. Uschold said that, for obtaining the best products finishing, he usually nickels maximum 12 pieces in one tank for 45 minutes, then only put 4 pieces in the chrome tank, the total plating time should be a sum of 2-min/each piece.

Both the chrome and nickel tanks were not operating during my visit. No odors were noticed. I saw both tanks had the covers on them.

The record keeping is in a good shape. The purchase record indicates the purchase of 10 gallons of suppressant (wetting agent) made in May, 1999, and the log book shows that the suppressant has been added into the tank 4 time in the past 12-month period, they were: 1-qt in Jan, 2000; 1-qt in Feb, 2000; 2-qt in Mar, 2000; 2-qt in Aug, 2000.

According to the log book, the total 12-month chrome-plating hours was 59.2, and one monitoring test was done in January 2000, resulted 42 dynes from the test.

Mr. Uschold told me he is still using the chrome powder he bought 3 years ago. It is a 15-gallon drum initially weighted about 100 lbs.

INSPECTED BY: Roger Zhu

DATE: 9/6/00

Z 333 613 153

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0571164

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

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	

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. Addressee Addressed to:

AIRS ID 0571164
RUSCH INDUSTRIES OF TAMPA INC
ROBERT D USCHOLD
PO BOX 15606
TAMPA FL 33684

4a. Article Number

Z 333 613 153

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)

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

6. Signature: (Addressee or Agent)

X *Robert D. Uschold*

Thank you for using Return Receipt Service.

Z 210 662 468

2000

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

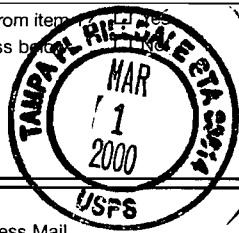
AIRS ID # 0571164

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

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 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. 	<p>A. Received by (Please Print Clearly) <i>Robert D Uschold</i></p> <p>B. Date of Delivery</p> <p>C. Signature <i>Robert D Uschold</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0571164</p> <p>RUSCH INDUSTRIES OF TAMPA INC ROBERT D USCHOLD PO BOX 15606 TAMPA FL 33684</p>	<p>D. Is delivery address different from item label? If YES, enter delivery address below</p> <p>AM</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) Z 210 662 468</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	



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

7000 0600 0026 4128 6518

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post: RUSCH INDUSTRIES OF TAMPA INC		
Recipient's Name	ROBERT D USCHOLD	
Street, Apt. #	PO BOX 15606	
City, State, ZIP	TAMPA FL 33684	

AIRS ID # 0571164

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION	
<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. 		<p>A. Received by (Please Print Clearly) ROBERT D USCHOLD B. Date of Delivery 2-15-02</p> <p>C. Signature <i>[Signature]</i> <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: center;">AIRS ID # 0571164</p> <p>RUSCH INDUSTRIES OF TAMPA INC ROBERT D USCHOLD PO BOX 15606 TAMPA FL 33684</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>70000600002641286518</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

7000 0600 0026 4126 6008

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

AIRS ID # 0571164
 RUSCH INDUSTRIES OF TAMPA INC
 ROBERT D USCHOLD
 PO BOX 15606
 TAMPA FL 33684

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS									
<p>SENDER:</p> <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. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0571164</p> <p>RUSCH INDUSTRIES OF TAMPA INC ROBERT D USCHOLD PO BOX 15606 TAMPA FL 33684</p>	<p style="text-align: center;">ACTION ON DELIVERY</p> <table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery 2/12/01</td> </tr> <tr> <td colspan="2">C. Signature <i>Robert D. Uschold</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	A. Received by (Please Print Clearly)	B. Date of Delivery 2/12/01	C. Signature <i>Robert D. Uschold</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery 2/12/01								
C. Signature <i>Robert D. Uschold</i>									
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
2. Article Number (Copy from service label) 7000 0600 0026 4126 6008									
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789									

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

OFFICIAL USE

7001 0320 0001 7976 1237

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

Postmark
Here

AIRS ID # 0571164

Sent to: **RUSCH INDUSTRIES OF TAMPA INC**
ROBERT D USCHOLD
Street or PO: **PO BOX 15606**
City: **TAMPA FL**
33684

PS Form

Instructions

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

OFFICIAL USE

7001 0320 0001 7976 0469

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

Handwritten signature: *Robert D. Uschold*

Total P 7 AIRS ID # 0571164

Sent To ROBERT D USCHOLD
 Street, A or PO Bx RUSCH INDUSTRIES OF TAMPA INC
 City, Sta PO BOX 15606
 TAMPA FL 33684

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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. 	<p>A. Received by (Please Print Clearly) <i>ROBERT D USCHOLD</i> B. Date of Delivery <i>4-12-02</i></p> <p>C. Signature <i>R. Uschold</i> <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>7 AIRS ID # 0571164 ROBERT D USCHOLD RUSCH INDUSTRIES OF TAMPA INC PO BOX 15606 TAMPA FL 33684</p>	<p>3. Service Type</p> <p><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.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7001 0320 0001 7976 0469

P 174 052 662

1999

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

Sent to

AIRS ID # 0571164

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

PS Form 3800, April 1995

Carriage 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 the right of the return address

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571164
RUSCH INDUSTRIES OF TAMPA INC
ROBERT D USCHOLD
PO BOX 15606
TAMPA FL 33684

4a. Article Number

0P174052662

4b. Service Type

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

7. Date of Delivery

3/9/99

5. Received By: (Print Name)

6. Signature: Addressee or Agent

X *Robert D Uschold*

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 174 052 510

US Postal Service
Receipt for Certified Mail

AIRES 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	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to
Supplemental address

SENDER: COMPLETE THIS SECTION **RECEIVER: COMPLETE THIS SECTION ON 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:

AIRES ID # 0571164

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

(P 174 052 510)

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery
2/14/00

C. Signature
 Robert D Uschold 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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392142

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
FEB 14 00

Do **NOT** Remove Label

AIRS ID # 0571164
 RUSCH INDUSTRIES OF TAMPA INC
 ROBERT D USCHOLD
 PO BOX 15606
 TAMPA FL 33684

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

RUSCH INDUSTRIES OF TAMPA, INC.			7382
Dept. of Environmental Protection		2/8/'00	
01/25/00	Bill #0571164		50.00
CENTRAL BANK OF TA PERMIT			50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 304112

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 - 2 98

Do **NOT** Remove Label

AIRS ID 0571164
RUSCH INDUSTRIES OF TAMPA INC
ROBERT D USCHOLD
PO BOX 15606
TAMPA FL 33684

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361091

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
FEB 25 1999
Bureau for Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0571164
RUSCH INDUSTRIES OF TAMPA INC
ROBERT D USCHOLD
PO BOX 15606
TAMPA FL 33684

RECEIVED
MAIL ROOM
FEB 19 99

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

RUSCH INDUSTRIES OF TAMPA, INC.			6451
Dept. of Environmental Protection		2/17/99	
01/11/99	Bill #0571164		50.00
CENTRAL BANK OF TA PERMIT			50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414824 MAR 4 2002

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 # 0571164
RUSCH INDUSTRIES OF TAMPA INC
ROBERT D USCHOLD
PO BOX 15606
TAMPA FL
33684

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

RUSCH INDUSTRIES OF TAMPA, INC.		8295
Dept. of Environmental Protection	2/28/'02	
12/13/01	Bill #0571164	50.00
CENTRAL BANK OF TA PERMIT		50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405109 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

AIRS ID # 0571164
RUSCH INDUSTRIES OF TAMPA INC
ROBERT D USCHOLD
PO BOX 15606
TAMPA FL 33684

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

RUSCH INDUSTRIES OF TAMPA, INC.			
Dept. of Environmental Protection			7838
12/11/00	Bill #0571164	2/5/'01	50.00
CENTRAL BANK OF TA PERMIT			50.00