

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 25, 1996

Mr. Arthur G. Martineau Electro Chromium Company, Inc. 549 North Orange Blossom Trail Orlando, Florida 32805

Dear Mr. Martineau:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

09/24/1996 13:05

ELECTRO CHROMIUM CO

PAGE 02

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

	DECORATIVE	AND	ANODIZING	TANKS
TANK ID #	DATE	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (sor key)
1	2/01/81	8/01/81	F5/WA	Y
2	8/0/18/	8/01/81	FS/WA	Y
3	8/01/81	8/01/81	ESINA	У
_ 4	8/01/86	8/01/81	FSWA	L. Ý
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	··			att willes
	., ., -		<u> </u>	<u>''</u>
· · · · · · · · · · · · · · · · · · ·				

Key for Control Device Type

PBS = packed-bed scrubber

CMP = composite mesh pad

PBS/CMP packed-hed scrubber and composite mesh pad

FS - fume suppressant only

FS/WA fume onpressant with a wetting agent

FM = fiber-bed rast algorithator

Applicable Standard Key

x = 0.01 mg/dscm

y = 45 dyncs/cm

z = records of bath components (trivalent Cr tanks only)

c = alternative standard for multiple tanks under common control

2. Indicate #

which the facility must meet the requirements of section (5) of Part II of this form:

lanuar 35, 1996

[_X] 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 ascerting surface tension limit in No. 3 above.

Equipment Monitoring and Recordkeeping Information

Check all logs And hare aqui		in accordance with the requirements of this g	
(a) Equipment maintenance	IXI OSM	(b) Equipment inspection and repair	IX) asm
(c) Equipment matrunctions	IXI asm	(d) Operation and maintenance checklist	L)
(e) Instrument cambration	[)	(f) Start-up, shutdown, malfunction plan	X aym
(g) Performance est results		(h) Equipment monitoring	
(i) Excess emissions]	(j) Operating periods]
(k) Rectifier capacity	(X -)	(I) Fume suppressant records	
(m) Purchase amonds of wetting	7		
	Surrender of	Existing Air Permit(s)	
Please indicate with an 'X' th	e appropriate selection	n;	
		rmits authorizing operation of the form: specifically, permit number(s)	
we are permits this notification		e operation of the facility indicated in	
	Responsible	Official Certification	
this matter of a mireby statemic of and in this no maint, it is always and in the control of the	certify, based on info exification are true, ac emissions units and a conditions of this ger Department of any cha	as defined in Part II of this form, of the facility or and belief formed after reasonable is curate and complete. Further, I agree to open air pollution control equipment described about a permit as set forth in Part II of this noting anges to the information contained in this noting.	nguiry, that the erate and ove so as to fication form.
Ethur Mai	Timeau	8/29/9 Date	6

DEP Form No. 67 (213 900(5)) Effective: (x-23.96)

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Electro Chromium Co. Inc.
2.	Site Name (For example, plant name or number):
	Electro Chromium Co. Inc.
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 549 N. Orange Blossom tr.
	Street Address: 549 N. Orange Blossom tr. City: Orlando County: Orange Zip Code: 32805
	Facility Identification Number (DEP Use):
	0957329
	Responsible Official
6.	Name and Title of Responsible Official:
	Arthur G. Martineau
7.	Responsible Official Mailing Address:
	Organization/Firm: Electro Chromium Co., Inc. Street Address: 549 N. Orange Blossom Tr.
	City: Orlando County: Orange Zip Code: 32505
8.	Responsible Official Telephone Number:
	Telephone: (407) 425 - 2217 Fax: (407) 425 - 9725
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Glenn Martineau
10.	Facility Contact Address:
	Street Address: 549 N. Orange Blos som Tr. City: Onlando County: Orange Zip Code: 32 fo 5
	City: Onlando County: Ovange Zip Code: 32 fo J
11.	Facility Contact Telephone Number: Telephone: (407) 425-2217 Fax: (407) 425-972
	RECEIVE

SEP 3 1996

DEP Form No. 62-213.900(5) Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

	HARD	CHROMIUM	PLATING	TANKS
TANK ID#	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
/	8/01/81	8/01/81	FS WA	.03 mg/dscm
2	8/01/81	8/01/81	FS/WA	iosna/dscm
33	8/01/81	8/01/81	FS/WA	.03 ang /dscm
4	8/01/86	8/01/86	FS/WA	03 mg/dscon
	<u>'</u>	, ,		
				45 dynes/cm
		_		<u> </u>

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/dscmb = 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?

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

Yes ____ No

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

	DECORATIVE	AND	ANODIZING	TANKS
TANK ID#	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
1	8/01/81	8/01/81	F5/WA	У
Z	8/01/81	8/01/81	FS/WA	Y
3	8/01/81	8/0/181	FSIWA	ý
Ч	8/01/86	8/01/81	FS/WA	Ý
- 1	' '	/ /		/x
				(0.01 mg/851
				11

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

 $y = 45 \text{ dynes/cm}^{\circ}$

z = records of bath components (trivalent Cr tanks only)

c = alternative standard for multiple tanks under common control

2.	Indicate the date by	v which the facility	must meet the requirement	s of section (5) of	Part II of this form
∠.	illuloute the date o	y willion the lacinty	mast meet the requirement		I all II OI tills lot.

January 25, 1996 [1 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.

DEP Form No. 62-213.900(5)

Effective: 6-25-96

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 ins	spection and repair	
(c) Equipment	malfunctions		(d) Operation and	maintenance checklist	
(e) Instrument	calibration		(f) Start-up, shutc	down, malfunction plan	,
(g) Performanc	e test results		(h) Equipment mo	onitoring	
(i) Excess emi	ssions		(j) Operating peri	iods	
(k) Rectifier ca	pacity	X	(l) Fume suppress	sant records	
(m) Purchase re	ecords of wetting	g agent components		•	
		Surrender of F	Existing Air Permi	t(s)	
Please indicate	with an "X" the	appropriate selection	:		
		der all existing air pered in this notification			
[<u>X</u>]	No air permits of this notification	currently exist for the form.	operation of the fac	cility indicated in	
·		Responsible (Official Certificati	on	
this notific statements maintain ti	ation. I hereby o made in this not he air pollutant o	certify, based on infoi tification are true, acc emissions units and a	rmation and belief f curate and complete ir pollution control	of this form, of the facility formed after reasonable in e. Further, I agree to ope equipment described abor forth in Part II of this notif	nquiry, that the rate and ve so as to
I will pron	nptly notify the D	Department of any cha	anges to the informa	ation contained in this not	ification.
Signature	tur Mar	Tineau		$\frac{8/29/9}{Date}$	6

DEP Form No. 62-213.900(5)

Effective: 6-25-96

AIRS ID#: '	•			Revised 01/13/98
CHRON	MIUM ELECTROPL	ATING/ANO	DIZING /	1101
A	IR QUALITY GENE	RAL PERMI	T C	
ANNU	AL COMPLIANCE CEI	RTIFICATION	FORM RE	CEIVEI
	A IDO ID WOOGOOO			
ELECTRO CHRON	AIRS ID#0950329 IIUM CO INC			JAN 2 9 1998
ARTHUR G MART 549 N ORANGE B	INEAU			"
ORLANDO FL 328			Burea	u of Air Monitoring
	}		a la	Mobile Sources
	Do NOT Remove	I ahal		
0				o 6
Annual Reporting Period:	19.4	98 to 10	e. 3t,	19 <u>.9</u> }
/	/		. /	
Based on each term or condition of the T	itle V general air permit, my fac	cility has remained	in compliance with	DEP Rule
62-213.300, Florida Administrative Cod	e (F.A.C.), during the period co	vered by this statem	ent. XYES	$\square_{ m NO}$
		-	-	
If NO, complete the following:			•	
#1. Term or condition of the general per	mit that has not been in continu	ous compliance du	ring the reporting p	eriod stated above:
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		to		
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Exact period of non-compliance: from			·	A AECE
Exact period of non-compliance: from Action(s) taken to achieve compliance:				RECEIVE MAIL ROC JAN 27
Exact period of non-compliance: from Action(s) taken to achieve compliance:			· .	PECEIVED MAIL ROOM JAN 27 98
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance	· 	to	ring the reporting n	- ROOM
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance	· 	to	ring the reporting p	- ROOM
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance	· 	to	ring the reporting p	- ROOM
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance #2. Term or condition of the general per	· 	to	ring the reporting p	- ROOM
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance #2. Term or condition of the general per Exact period of non-compliance: from	· 	toto	ring the reporting p	- ROOM
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Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance #2. Term or condition of the general per Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance	mit that has not been in continu	tototototo		POE 98 M eriod stated above:
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Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance #2. Term or condition of the general per Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance Method used to demonstrate compliance As the responsible official, I hereby certained in this notification are true, accura	ify, based on information and beate and complete.	tototototo		POE 98 M eriod stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance #2. Term or condition of the general per Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance Method used to demonstrate compliance As the responsible official, I hereby cert made in this notification are true, accurate RESPONSIBLE OFFICIAL: Arthory	ify, based on information and beate and complete.	tototototo		POE 98 M

Page _____ of _____.

^{*}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.

(CC)

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM | V F

AIRS ID#0950329

ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805 JAN 2 6 1998

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period: //b/	19 <i>98</i>	то/	2/31	19 <i>98</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	=		4i -	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continuous c	ompliance during	the reporting pe	eriod 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 c	ompliance during	the reporting pe	riod 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, base notification are true, accurate and complete. Fu does not exceed 2,100 gallons per year for dry-to-	urther, my annual consumption of podry facilities or 1,800 gallons per y	verchloroethylene s	solvent, based upor	n purchase receipts,
	ne (Please Print)	Signatu	ire /	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.

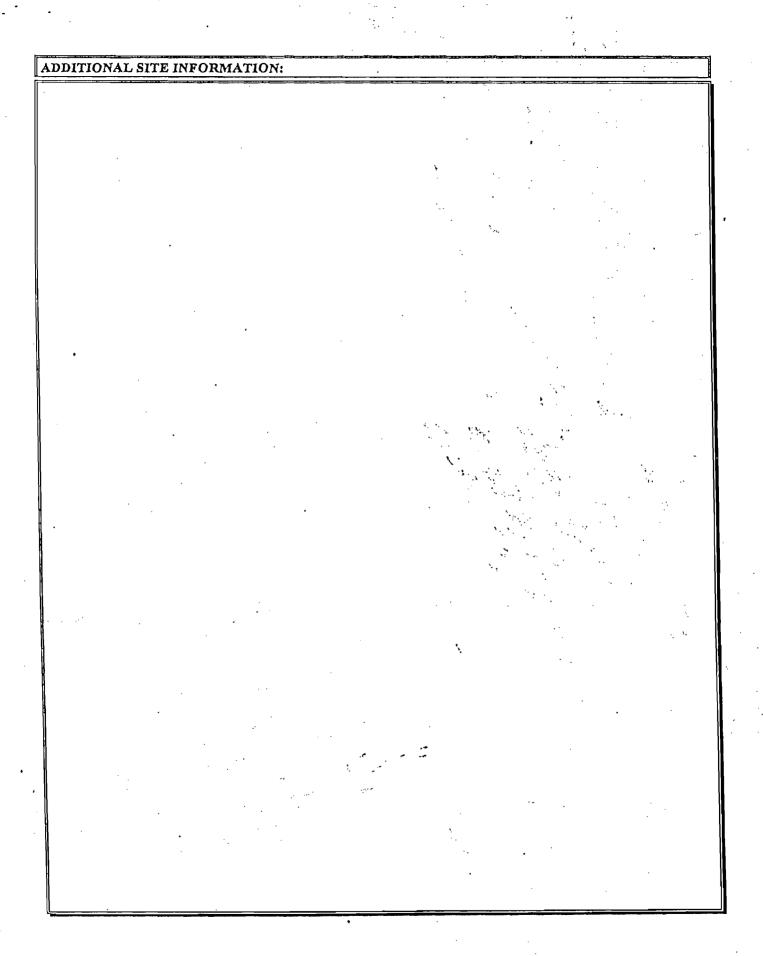
CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	Ø .	COMPLAINT/DISCOVERY	
			0845 TIME OUT: 00	730°
FACILITY NAME:	Electro C	hromium	Company, Inc.	
FACILITY LOCATION:			Blossom Trail	
	Orlando, F	L 32	805	
RESPONSIBLE OFFICIAL	. '		PHONE: 407-425-221	7 ,
CONTACT NAME: _ G e	nn Martineau		PHONE: 407-425-221	7.
			r	
PART I: NOTIFICATION			P (*
(check appropriate box) 1. New facility notified DARI	M 30 days prior to start	tup	The Part of the Pa	1
2. Facility failed to notify DA	RM to use a general pe	ermit	The Market Services	M
			OL ON	0
И				
PART II: CLASSIFICATIO	N		des des	
Facility type(s)/applicable star		fication form:	es oring	
		fication form:	Oliment of the second of the s	
Facility type(s)/applicable star	ndard indicated on notil		all (0.03 mg/dscm)	
Facility type(s)/applicable star	ndard indicated on notif	b. Existing Sm d. Alternative (0.03 mg/dsc	all (0.03 mg/dscm) Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year	٥
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg	ndard indicated on notif	b. Existing Sm d. Alternative (0.03 mg/dsc	all (0.03 mg/dscm) Standard for existing facilities cm) using a rolling average of	٥
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg c. New (0.015 mg/dscm)	ndard indicated on notif	b. Existing Sm d. Alternative (0.03 mg/dsc rectifier capa	all (0.03 mg/dscm) Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year	٥
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg c. New (0.015 mg/dscm) Decorative Chromium Plating	ndard indicated on notificated on no	b. Existing Sm d. Alternative (0.03 mg/dsc rectifier capa 01/mg/dscm (4.4)	all (0.03 mg/dscm) Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year 4x10 ⁻⁶ gr/dscf) 1 (3.1x10 ⁻³ lb-f/ft))
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg c. New (0.015 mg/dscm) Decorative Chromium Plating	ing/Anodizing Emissions of ≤ 0 . Surface tension of May only be selected in	b. Existing Sm d. Alternative (0.03 mg/dsc rectifier capa 01/mg/dscm (4.4) f 45 dynes/cm f a wetting agent is a	all (0.03 mg/dscm) Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year 4x10 ⁻⁶ gr/dscf) 1 (3.1x10 ⁻³ lb-f/ft))
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg c. New (0.015 mg/dscm) Decorative Chromium Plating a. Chromic Acid Bath	ing/Anodizing Emissions of ≤ 0 . Surface tension of May only be selected if	b. Existing Sm d. Alternative (0.03 mg/dsc rectifier capa 01/mg/dscm (4.4) f \(\leq 45 \) dynes/cm f a wetting agent is a	all (0.03 mg/dscm) Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year 4x10 ⁻⁶ gr/dscf) 1 (3.1x10 ⁻³ lb-f/ft))
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg c. New (0.015 mg/dscm) Decorative Chromium Plating a. Chromic Acid Bath	ing/Anodizing Emissions of ≤ 0 . Surface tension of May only be selected if	b. Existing Sm d. Alternative (0.03 mg/dsc rectifier capa 01/mg/dscm (4.4) f \le 45 dynes/cm f a wetting agent is a nt agent \le 0.01mg/	all (0.03 mg/dscm) Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year 4x10 ⁻⁶ gr/dscf) 1 (3.1x10 ⁻³ lb-f/ft) 1 (4.4x10 ⁻⁶ gr/dscf)	

PART III: CON	TROL TECHNOLOGY				
Control device selected		In u	0		
	nposite Mesh Pad	ΠΥ	ser □N		
2.	er Bed Mist Eliminator	□Y	□и		
3. 🗆 Pack	ked Bed Scrubber	ΠY	□и		
4. 🗆 Pack	ked Bed Scrubber/Composite Mesh I	Pad 🗆 Y	□N		
5. 🗆 Foar	m Blanket Fume Suppressant	ΠY	□N		
6. 🗹 Fum	ne Suppressant w/ Wetting Agent	©r Y	□и		
	conducted an initial performance tes urces using a wetting agent or 1-inch foam blo		0 1	OY ON	ĊN/A
PART IV: REC	ORDKEEPING AND REPORTIN	IC REQUIE	PEMENTS		
· · · · · · · · · · · · · · · · · · ·	ible official maintained the following		William Co.		
•	·	Ü			
	spection records for add-on air pollu (applicable only to a facility using a packed b pad)		_	OY ON	tan/a
-	nd Maintenance Plan (OMP). (applicated mist eliminator, or composite mesh pad)	able only to a fa	cility using a packed bed	מע מט	DN/A
	e records for the source, add-on pollucquipment identified, date performed			DY DN	
4. Records of da malfunction	ate of occurrence, duration, cause, a of process, add-on pollution control	nd corrective device, and	action of each monitoring equipment.	MA ON	,
5. Results of all	l performance tests.			DY DN	
6. Records of m	nonitoring data. (not applicable to trivaler	nt chromium bai	hs using a wetting agent)	MA ON	DAVA JO
	he pressure drop across the	Packed Bed Measure the pre- inlet velocity da	ssure drop across the PBS and the		
Measure th	sed Mist Eliminator the pressure drop across the FBME stream device daily.		Scrubber/Composite Messure drop across the CMP daily.	h Pad	
			ressant w/ Wetting Agent face tension at the appropriate interv	val.	
7. Purchase rec	cords of wetting agent components.			MO AE	□N/A
H	he date and time that fume suppress	ants are adde	ed to the bath.	DY ON	□N/A
	ectifier capacity, if used to determine			DAY ON	□N/A
L	the total process operating time.			DY ON	
ı	entifying specific periods of excess en	missions.		OY ON	
12. Startup, Shi	utdown & Malfunction Plan			DY ON	

DUITIONAL SITE INFORMATION:	
DITIONAL SITE INFORMATION:	
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PART V: ADDITIONAL SITE INFORMATION

Chronium Electroplating does not perform decorative chromium plating. Arthur Martineau will send a letter to DEP stating this fact. After speaking with Rick Butler in Tallahasser on the partial process that Electro Chromium Company performs, it will remain as both hard chronium & decorative chromium plating. No letter will be sent to Tallahassee. JB 3-15-99

Ilka	Bundy		
Inchector's Name			

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL O	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0845 TIME OUT: 09 TYPE OF FACILITY: Chromium Electro FACILITY NAME: Electro Chromium Co FACILITY LOCATION: 549 North Orang Orlando, FL 32 RESPONSIBLE OFFICIAL: Arthur G. Martine	e Blossom Trail 805
· · · · · · · · · · · · · · · · · · ·	aluated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Admin	istrative Code (F.A.C.).
Based on the results of the compliance requirements ev discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	
Records of total pricess operating time needed	Make up sheet with start date & time / end date & time for each tank
Needs Startup, Shutdown	Write simple 2017 explaining
& Malfunction Plan	how to stoat t, shut down, and
	clean a tank.
	Will reinspect with 3 months
· ·	
COMMENTS:	
The Annual Compliance Certification form has been properly co	ertified and submitted to the inspector. VALYES NO
DATE OF NEXT INSPECTION: 5	124 /99
INSPECTION CONDUCTED BY:	(Approximate) Ka Bundy
INSPECTOR'S SIGNATURE: Ma Bu	(Please Print) May PHONE NUMBER: 836-9524
Pag	eof Revised 10/96

•			✓	PEO	H14.99 Resv
CHRO		NERAL PERM	G/ANODIZING IIT ECKLIST	Surcay of Air Monito, ERY	Poo
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOV	ERY OF COS	ting.
AIRS ID#: 0950329	DATE: 3/25/99	TIME IN: _ /	/ OO TIME OUT	r: <u>1115</u>	
FACILITY NAME:	Electro Ch	romium	Co. Inc		
FACILITY LOCATION:	549 North	Orange	Blossom Tr	ail	
		_ 3280			
RESPONSIBLE OFFICIAL	,	ntineau	PHONE: 407-42"	<u> </u>	
CONTACT NAME: _ G \8					,
CONTACT NAME	1111 1 1001 1 1 1 2 3 2		MONE. 19: 19		
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM	A 30 days prior to startu	p			
2. Facility failed to notify DA	RM to use a general per	mit			
					-
PART II: CLASSIFICATION					
Facility type(s)/applicable star	idard indicated on nour	сапон юти.			
Hard Chromium Plating	<u>_</u>			-/	
a. Existing Large (0.015 mg	•	_	<pre>II (0.03 mg/dscm) tandard for existing fac</pre>	UAI ilities □	
c. New (0.015 mg/dscm)		(0.03 mg/dscn	n) using a rolling average ity (less than 60 million	of of	
Decorative Chromium Plati	ng/Anodizing				
a. Chromic Acid Bath	Emissions of ≤ 0.0	l/mg/dscm (4.4)	x10 ⁻⁶ gr/dscf)	a	1
	Surface tension of May only be selected if a	45 dynes/cm ((3.1×10 ⁻³ lb-f/ft)	a	
b. Trivalent Chromium Batl			;u.	٥	
	0 0		scm (4.4x10 ⁻⁶ gr/dscf)	a	
c. Chromium Anodizing	Emissions of ≤ 0.0	1 mg/dscm (4.4)	c10 ⁻⁶ gr/dscf)	٥	
	Surface tension of May only be selected if			W	

PART III: CONTROL TECHNOLOGY					
Control device selected					
1. Composite Mesh Pad	In use?				
2.	DY DN				
3. Dacked Bed Scrubber	DY DN				
4. D Packed Bed Scrubber/Composite Me	sh Pad 🗆 Y 🗅 N				
5.	DY DN				
6.	t Øy on				
Has the facility conducted an initial performance test to establish monitoring parameters? Which is a source of the source of					
PART IV: RECORDKEEPING AND REPOR	TING REQUIREMENTS				
Has the responsible official maintained the foll					
Quarterly inspection records for add-on air page	ollution control devices and mo	onitoring			
equipment. (applicable only to a facility using a pactoring composite mesh pad)		•	ØN/A		
 Operations and Maintenance Plan (OMP). (apstrubber, fiber-bed mist eliminator, or composite mesh potential) 	ked bed	ØN/A			
 Maintenance records for the source, add-on pequipment (equipment identified, date perfor 		nonitoring			
Records of date of occurrence, duration, caus malfunction of process, add-on pollution con					
5. Results of all performance tests.		□Y □N	□N/A		
6. Records of monitoring data. (not applicable to tri	valent 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 tinlet velocity daily.	he PBS and the			
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily. Packed Bed Scrubber/Composite 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.			□N/A		
• • • • • • • • • • • • • • • • • • • •	8. Records of the date and time that fume suppressants are added to the bath.				
9. Records of rectifier capacity, if used to determ	9. Records of rectifier capacity, if used to determine facility size.				
10. Records of the total process operating time.					
11. Records identifying specific periods of excess emissions.					
12. Startup, Shutdown & Malfunction Plan					

PART V: ADDITIONAL SITE INFORMATION	
. •	·
•	
	. •
•	
·	
	·
	<u> </u>
Tika Rundy	3/25/99
Ilka Bundy Inspector's Name	3/25/99 Date of Inspection
Alka Bundy	3/25/2000
Inspector's Signature	Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU	JAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
	гіме оит: <u>1115</u>		950329
TYPE OF FACILITY: Chromiu			
FACILITY NAME: Electro Ch		Inc.	DATE: 3/25/99
FACILITY LOCATION: 549 No.	rth Orange Blo	ossom Trail	
Orlando			100-100-0017
RESPONSIBLE OFFICIAL: Arthur	G. Martineau	PHONE NUMBER	407-425-2217
Based on the results of the complete compliance with DEP Rule 62-21	•	nated during this inspection, the factority code (F.A.C.).	cility is found to be in
Based on the results of the complete discrepancies were noted:	iance requirements evalu	nated during this inspection, the fo	llowing compliance
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
•			
			·
•			
·			
COMMENTS:			
Facility in (iompliance.	•	
The Annual Compliance Certification for	m has been properly cert		r. YES NOU
DATE OF NEXT INSPECTION:	3/23/	2000 / · · ·	
INSPECTION CONDUCTED BY:	Ilka Bur		1)
	(1	Please Print)	921-9574
INSPECTOR'S SIGNATURE:	Illes Bung	h phone number	1: 836-9524
	Paga	// of /	Revised 10/96

ARMS U18-00 Hb

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	a	COMPLAINT/DISCOVERY			
	RE-INSPECTION		9)		
airs id#: 0950329			- U. V.	8		
FACILITY NAME:	Electro Cl	ncomium	Co., Inc.	<u>(4)</u>		
FACILITY LOCATION:	549 North	Orange	Blossom & Bait			
	Orlando, F	L 328	305			
RESPONSIBLE OFFICIAL	: Arthur G. N	Nartineau	PHONE: 407-425-221	7		
			PHONE: 407-425-22			
PART I: NOTIFICATION	1-18-00 @ 0930 cr 100	D		1		
(check appropriate box)						
New facility notified DAR	M 30 days prior to startup)				
2. Facility failed to notify DA	RM to use a general pern	nit				
PART II: CLASSIFICATION						
Facility type(s)/applicable star	idard indicated on notification	ation form:		÷		
Hard Chromium Plating			•			
a. Existing Large (0.015 mg.	/dscm) 🗖 b.	Existing Sm	all (0.03 mg/dscm)	ra		
c. New (0.015 mg/dscm)	□ d.	(0.03 mg/dsc	Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year)	۵		
Decorative Chromium Plating/Anodizing						
a. Chromic Acid Bath	Emissions of ≤ 0.01	/mg/dscm (4.4	x10 ⁻⁶ gr/dscf)			
		Surface tension of \leq 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) May only be selected if a wetting agent is used.				
b. Trivalent Chromium Bath	With wetting agent					
	Without wetting age	Without wetting agent ≤ 0.01mg/dscm (4.4x10 ⁻⁶ gr/dscf)				
c. Chromium Anodizing	Emissions of ≤ 0.01	mg/dscm (4.4	lx10 ⁻⁶ gr/dscf)			
	Surface tension of 4 May only be selected if a	• `	•	र्ख		

PART III: CONTROL TECHNOLOGY	<u> </u>		
Control device selected	In usc?		
1.	□Y □N		
2.	□Y □N		
3.	□Y □N		
4. Packed Bed Scrubber/Composite Me	esh Pad □Y □N		
5. G Foam Blanket Fume Suppressant	□Y □N		
6.	t DAY DIN		
Has the facility conducted an initial performance (Not required for sources using a wetting agent or 1-inch fo			
PART IV: RECORDKEEPING AND REPOR	TING REQUIREMENTS		
Has the responsible official maintained the follo	owing records?		
1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)			
2. Operations and Maintenance Plan (OMP). (ap, scrubber, fiber-bed mist eliminator, or composite mesh p			
Maintenance records for the source, add-on p equipment (equipment identified, date performance)	/		
 Records of date of occurrence, duration, cause malfunction of process, add-on pollution cont 			
5. Results of all performance tests.	OY ON MINIA		
6. Records of monitoring data. (not applicable to tri	valent chromium baths using a wetting agent) UY UN UN/A		
Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.		
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.		
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.		
7. Purchase records of wetting agent component	s. Dry On On/A		
8. Records of the date and time that fume suppre	essants are added to the bath.		
9. Records of rectifier capacity, if used to determ	nine facility size.		
10. Records of the total process operating time.	by □n		
11. Records identifying specific periods of excess	ss emissions.		
12. Startup, Shutdown & Malfunction Plan	DY ON		

PART V: ADDITIONAL SITE INFORMATION	
	*
	4
Inspector's Name	4-18-2000.
Inspector's Name Ma Bundy	Date of Inspection 3-18-2001
Inspector's Signature	Approximate Date of Next Inspection

ALE

AIRS ID#: 0950329

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

Revised 01/18/00 ARMS 4-18-00

^{*}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 V	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 0948	TIME OUT:	1015	AIRS ID#:	0950329
TYPE OF FACILITY: Chro	mium Electro	oplati	na / Anodizina	
FACILITY NAME: Electt	_	,	1	DATE: 4-18-2000
FACILITY LOCATION: 549		• —	lossom Trail	
		2805		
RESPONSIBLE OFFICIAL: Ar	thur G. Ma	rtine	PHONE NUMBE	R: 407-425-2217
Based on the results of the compliance with DEP Rul	•		during this inspection, the face Code (F.A.C.).	acility is found to be in
Based on the results of the discrepancies were noted:	compliance requirement	s evaluated	during this inspection, the fo	ollowing compliance
COMPLIANCE REQUI	REMENT/PROBLI	EM	FOLLOW-UP ACT	TION REQUIRED
			-	
				.′
	-			
••	-			
COMMENTS:				
	in complia	nce,		1
TD 4 10 11 0 17				- V
The Annual Compliance Certificat	, .	•	and submitted to the inspect $8-2000$	or. YES V NO
DATE OF NEXT INSPECTION	<i>Y</i>			427
INSDECTION COMPLICATED BY	· · · · · · · · · · · · · · · · · · ·		Bundy	
INSPECTION CONDUCTED BY	XIIIL R		se Print)	ml/
INSPECTOR'S SIGNATURE:_	Alka Bi	ind	PHONE NUMBE	R: 407-836-1400
	~	Page	of	Revised 10/96

	•			4	P		
GO CHRO	OMIUM ELECTR TITLE V GE COMPLIANCE INS	NERAL PEI	RMIT	CONT.	200	21-01 H	5
TYPE OF INSPECTION:	ANNUAL	\square	COMPLAI	NT/DISCOVER	A COL		
	RE-INSPECTION			· ·	6	•	
AIRS 1D#: 0950329	DATE: 3-21-01	TIME IN: _	085/	TIME OUT:	0915		

Electro Chromium Co., Inc. FACILITY NAME: 549 North Orange Blossom Trail FACILITY LOCATION: Orlando FL 32805 RESPONSIBLE OFFICIAL: Arthur G. Martineau PHONE: 407-425-2217 CONTACT NAME: Glenn Martineau PHONE: 407-425-2217

PART I: NOTIFICATION	,	
(check appropriate box) 1. New facility notified DARM 30 days prior to startup	. 🗅	_
2. Facility failed to notify DARM to use a general permit	0	.·

PART II: CLASSIFICATION					
Facility type(s)/applicable standar	d indica	ited on 1	notifica	ation form:	
Hard Chromium Plating				•	
a. Existing Large (0.015 mg/dsc	m)		b.	Existing Small (0.03 mg/dscm)	a
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/a	Anodizi	ing			
a. Chromic Acid Bath	Emissions of $\leq 0.01/\text{mg/dscm}$ (4.4x10 ⁻⁶ gr/dscf)				
	Surface tension of \leq 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) May only be selected if a wetting agent is used.				
b. Trivalent Chromium Bath	With wetting agent				
	Without wetting agent ≤ 0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf)				
c. Chromium Anodizing	Emissions of ≤ 0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf)				
	Surface tension of 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) May only be selected if a wetting agent is used.			1	

PART III: CONTROL TECHNOLOGY Control device selected In use? $\square N$ 1. Composite Mesh Pad IJΥ 2. Fiber Bed Mist Eliminator $\square N$ 3. Packed Bed Scrubber $\square N$ $\Box Y$ Packed Bed Scrubber/Composite Mesh Pad 4. $\square N$ $\square N$ 5. Foam Blanket Fume Suppressant Fume Suppressant w/ Wetting Agent $\square N$ DY DN MN/A Has the facility conducted an initial performance test to establish monitoring parameters? (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. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or DY DN composite mesh pad) 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad) 3. Maintenance records for the source, add-on pollution control devices, and monitoring MY DN equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. DY DN 5. Results of all performance tests. DY DN 6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent) Composite Mesh Pad Packed Bed Scrubber Measure the pressure drop across the Measure the pressure drop across the PBS and the CMP daily. inlet velocity daily. Fiber-Bed Mist Eliminator Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily. and the upstream device daily. Fume Suppressant w/ Wetting Agent Foam Blanket Fume Suppressant Measure the surface tension at the appropriate interval. Measure the foam blanket thickness at the appropriate interval. □N □N/A 7. Purchase records of wetting agent components. □N/A 8. Records of the date and time that fume suppressants are added to the bath. MY DN 9. Records of rectifier capacity, if used to determine facility size. □N/A 10. Records of the total process operating time. $\square N$ 11. Records identifying specific periods of excess emissions. 12. Startup, Shutdown & Malfunction Plan

1

Inspector's Name

Inspector's Signature

3-21-0|
Date of Inspection

Approximate Date of Next Inspection

3 of 3

Revised 08/11/97

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	COMPLAI	NT/DISCOVERY 🗖	RE-INSPECTION □
TIME IN: 085/	TIME OUT:	0915	AIRS ID#:	950329
TYPE OF FACILITY: Ch	comium Electr	oplatine	Anodizing	
FACILITYNAME: Elec	tro Chromiu,	m Co.,	Inc. DA	ATE: 3-21-01
FACILITY LOCATION: 5	49 North Ord	ange Blo.		<u></u>
l 🔉		32805		
RESPONSIBLE OFFICIAL:			PHONE NUMBER	k: <u>407-425-2217</u>
Based on the results of the compliance with DEP Rule			g this inspection, the facility (F.A.C.).	is found to be in
Based on the results of the discrepancies were noted:	compliance requirements	evaluated during	g this inspection, the follow	ing compliance
COMPLIANCE REQUI	REMENT/PROBL	EM F	OLLOW-UPACTION OF THE PROPERTY	ON REQUIRED
	•			·
	i			·
			***	÷
COMMENTS:		d.		
1.	, no. 10	Lance		<i>*</i>
+ acilit	y in comp	1,0000	(.•
				<u></u>
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO NO O				
DATE OF NEXT INSPECTION: 3-21-02				
NSPECTION CONDUCTED BY: (Approximate)				
inspector's signature: (Please print) PHONE NUMBER: 407-836-1400				
-	•	1001		

45-19 (6/00)

AIRS ID#: 0950329

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

Revised 01/18/00

	- · · · · · · · · · · · · · · · · · · ·				
FACILITY NAME: Electro Ch	romium Co.	Inc.		_DATE: _ 3	121/01
FACILITY LOCATION: 549 Nor	th Orange	Blosson	Trail		·
Orlando	FL 3280.	5			
	· · · · · · · · · · · · · · · · · · ·			P	
Annual Reporting Period: Marcl		_20 <u>00</u> TO	March	- M	2001
Based on each term or condition of the Title	V general air permit, r	ny facility has re	ල් දී mained in compliance	with DEP Rule	1
62-213.300, Florida Administrative Code (F.		•	s statement 🛛 🕏	X PDN	6
If NO, complete the following:				2001 Monitorit	C)
#1. Term or condition of the general permit	that has not been in co	ntinuous complia	unce during the report	ing period stated	l above:
		· · · · · · · · · · · · · · · · · · ·			<u> </u>
Exact period of non-compliance: from			to	· .	: :
Action(s) taken to achieve compliance:	•			MAR 2 3 20	01
			L		
Method used to demonstrate compliance:					The second secon
#2. Term or condition of the general permit	that has not been in co	ntinuous complia	ance during the report	ing period stated	l above:
			·		
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:				<u>.</u>	
Method used to demonstrate compliance:	,				
As the responsible official, I hereby certify, b in this notification are true, accurate and con		nd belief formed	after reasonable inqu	iry, that the stat	ements made
RESPONSIBLE OFFICIAL: Arthur Nan	G.Martineau ne (Please Print)	i' II	Martinea Signature	$\frac{3}{2}$	1/01
	·				

^{*}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.

Z 210 662 503

US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See Sec.)

AIRS ID # 0950329001AG 7 ARTHUR G MARTINEAU ELECTRO CHROMIUM CO INC 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805

		l *
	Certified Fee	
	Special Delivery Fee	
2	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
200	TOTAL Postage & Fees	\$
13 Form 3800	Postmark or Date	

SENDER: COMPLETE THIS SECTION	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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
1 Article Addressed to: 7 AIRS ID # 0950329001AG	If YER enter derivery address below.
ARTHUR G MARTINEAU ELECTRO CHROMIUM CO INC	JUN 1 3 2001
549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805	3. Service Type Air phonitoring Registered Mobile Southers tor Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)

#210 662 503 PS Form 3811, July 1999

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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

SENDER: COMPLETE THIS SECTION	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. AIRS ID # 0950329 ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address add			
549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805	3. Service Type G G Fabrus Mail Certified Mail G Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes			
2. Article Number (Copy from service label) 1/20 OGO (OOG) 4/27 40/0				
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789			

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
4010		4			
72	Postage	\$			
4127	Certified Fee		Postmark		
급	Return Receipt Fee (Endorsement Required)		Here		
9200	Restricted Delivery Fee (Endorsement Required)				
0600	Total '	AIRS	ID# 0950329		
吕	Recipie ELECTRO CHROMIUM CO INC				
_	ARTHUR G MARTINEAU Street, , 549 N ORANGE BLOSSOM TRAIL				
7000	City, Sta	L 32805			
	PS Form	OOD WALL	See Reverse for Instructions		

DER: COMPLETE THIS SECTION	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. AIRS ID # 0950329 ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805	3. Service Type Certified Mail
2. Article Number (Copy from service label) 2335 667 275	er de la companya de
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	US Postal Service Receipt for Ce No Insurance Coverage Do not use for Internation	e Provided. onal Mail <i>(See reverse)</i>
EI.	ECTRO CHROMIUM	AIRS ID # 0950329
AR	THUR G MARTINE	COINC
549	N ORANGE BLOSS	OM TD AII
OR	LANDO FL 32805	OMTRAIL
		-
	Certified Fee	
	Special Delivery Fee	
ζ.	Restricted Delivery Fee	
il 199	Return Receipt Showing to Whom & Date Delivered	
Apr	Return Receipt Showing to Whorn, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

	DEFINERA To prince over top To prince over top To prince of the region of the regio
 ■ Complete items 1,2, and 3. Also complete item 4 if Restricted:Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0950329 ELECTRO CHROMIUM CO INC	A. Received by (Please Print Clearly) IC. Signature X
ARTHUR G MARTINEAU 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805	3. Service Type Certified Mail Registered Insured Mail C.O.D.
2094 212 756	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

	7 000 7						
	Z 094 23 US Postal Service	PG 12P					
	Receipt for Certified Mail						
	No Insurance Coverage	Provided.					
Б	L COTRO CUROMUN	AIRS ID # 0950329					
ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU							
	9 N ORANGE BLOS						
O	RLANDO FL 32805						
	rusiage)					
	Certified Fee						
	Special Delivery Fee						
	Restricted Delivery Fee						
1999	Return Receipt Showing to Whom & Date Delivered						
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address						
PS Form 3800 , April 1995	TOTAL Postage & Fees	\$					
3	Postmark or Date						
ᅙ							
ည							

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 card to you. Attach this form to the front of the mailpiece, or on the back if spa permit. Write "Return Receipt Requested" on the mailpiece below the article was delivered and delivered.	ce does not le number.	I also wish to recommend following service extra fee): 1.	es (for an see's Address ed Delivery	eipt Service.
AIRS ID#: 0950329 ELECTRO CHROMIUM CO INC ARTHUR'G MARTINEAU 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805 5Received By: (Print Name)	4a. Article N 4b. Service Registere Express Return Re 7. Date of D	5 302 Type ed Mail ceipt for Merchandis	225 Certified Insured COD	you for using Return Rec
5Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only paid) Domestic Ref		Thank

", "P 265 302 225	
US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.	
AIRS ID#: 0950329 ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805	
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	
SG S	

1							
SENDER: COMPLETE THIS SECTION	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. Article Addressed to: AIRS ID # 0950329 ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU	A. Received by Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:						
549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes						
2. Article Number (Copy from service label) 7000 0600 0026 4/26 1058							
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789							

1058	U:S. Postal CERTIFIE (DomesticiMail (D MAIL REC	CEIPT Coverage Provided)			
41.26	Postage Certified Fee	\$				
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