

0990434



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. K. J. Hendrickson
President
Mark Plating
441 25th Street
West Palm, Florida 33407

Dear Mr. Hendrickson:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 5, 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. Al Grasso, Palm Beach County

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

Best Available Copy

Raised 9/25/96

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.

CHROME

DECORATIVE		AND		ANODIZING TANKS	
TANK ID #	DATE PURCHASED	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE	APPLICABLE STANDARD (SEE KEY)	
#1	16-DEC-93	1994	ESTWR	Z	

Key for Control Device Type

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

Applicable Standard Key

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

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

- January 25, 1996
- January 25, 1997

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

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

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Equipment Monitoring and Recordkeeping Information

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

- (a) Equipment maintenance
- (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

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]
Signature

8/22/96
Date

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AUG 30 1996

Bureau of Air Monitoring
& Mobile Sources

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>Mark Plating</i>		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	_____		
4. Facility Location:			
Street Address:	<i>441 25th St.</i>		
City:	County:	Zip Code:	
<i>West Palm</i>	<i>Palm Beach County</i>	<i>33407</i>	
5. Facility Identification Number (DEP Use):	<i>0990434</i>		

Responsible Official

6. Name and Title of Responsible Official:	<i>K J Hendrickson, President</i>		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	<i>(561) 655-4370</i>	Fax:	<i>(561) 655-5531</i>

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:	() -

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SEP 5 1996

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)			
		02/20/90	02/20/90	02/20/90			

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.

CHROME

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
		1999	FS/WA	Z

Key for Control Device Type

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

Applicable Standard Key

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

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

- January 25, 1996 January 25, 1997

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

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

Equipment Monitoring and Recordkeeping Information

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

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

Surrender of Existing Air Permit(s)

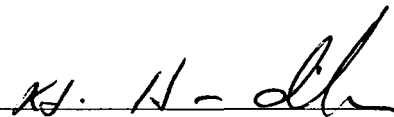
Please indicate with an "X" the appropriate selection:

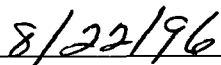
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

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


Date

FAX

Date 08/31/1998

Number of pages including cover sheet 5

TO: Rasik Chokshi
Palm Beach County
Health Department
West Palm Beach

Phone 561-355-3070

Fax Phone 561-355-2442

FROM: Rick Butler
Florida Department of
Environmental Protection
2600 Blair Stone Rd.
MS 5510
Tallahassee, FL 32399

Phone (850) 921-9586

Fax Phone (850) 922-1362

CC:

REMARKS: Urgent For your review Reply ASAP Please Comment

Call if you have any other questions.

Rick

AIRS ID#: _____

cel
Revised 01/13/98 ✓

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

MARK PLATING K J HENDRICKSON 441 25TH STREET WEST PALM FL 33407	AIRS ID#0990434
--	-----------------

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JAN 23 1998

Do NOT Remove Label

Bureau of Air Monitoring
& Mobile Sources

Annual Reporting Period: 1/16/1 19 97 TO 1/16 19 98

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: Foam blanket, polypro float balls

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: KJ. HENDRICKSON KJ. H - cel 1/16/98
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.

Best Available Copy

all

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990434
MARK PLATING K J HENDRICKSON 441 25TH STREET WEST PALM FL 33407

Bureau of Air Monitoring
& Mobile Sources

JAN 27 1998

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Annual Reporting Period: 11/16 19 97 TO 11/16 19 98

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62B-0500, 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: Foam foam suppressants, polypro float balls

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

RESPONSIBLE OFFICIAL: KJ. HENDRICKSON KJ. 11/16/98
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:10 TIME OUT: 10:55 AIRS ID#: 0990434
 TYPE OF FACILITY: Decorative Chromium Plating
 FACILITY NAME: Mask Plating DATE: 10-28-98
 FACILITY LOCATION: 441 25th street
West Palm Beach, FL 33407
 RESPONSIBLE OFFICIAL: Kevin Hendrickson PHONE NUMBER: 655-4370

- 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

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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

DATE OF NEXT INSPECTION: Oct 1999
(Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi
(Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	0990434	DATE:	10-28-98	TIME IN:	10:10	TIME OUT:	10:55
FACILITY NAME:	Mark Plating						
FACILITY LOCATION:	441 25th St. WPB FL 33407						
RESPONSIBLE OFFICIAL:	Kevin Hendrickson	PHONE:	655-4370				
CONTACT NAME:				PHONE:			

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

- | | | | |
|-----------------------------------|--------------------------|---|-------------------------------------|
| a. Existing Large (0.015 mg/dscm) | <input type="checkbox"/> | b. Existing Small (0.03 mg/dscm) | <input checked="" type="checkbox"/> |
| c. New (0.015 mg/dscm) | <input type="checkbox"/> | d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year) | <input type="checkbox"/> |

Decorative Chromium Plating/Anodizing

- | | | |
|----------------------------|--|--------------------------|
| a. Chromic Acid Bath | Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
<i>May only be selected if a wetting agent is used.</i> | <input type="checkbox"/> |
| b. Trivalent Chromium Bath | With wetting agent
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)
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"/> |

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- 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.

Use Beads Also

- 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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354747

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

DEC 23 1998

TOTAL AMOUNT DUE: \$50.00 ✓

Bureau of Air Monitoring
& Mobile Sources

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MARK PLATING K J HENDRICKSON 441 25TH STREET WEST PALM FL 33407	AIRS ID # 0990434
--	-------------------

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

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MAIL ROOM
DEC 18 88

PART V: ADDITIONAL SITE INFORMATION

This site has following baths in addition to Chromic Acid Bath
There are two Nickel plating Baths.

Two Copper Baths

One Silver Bath

One Gold Bath

One Borax Bath

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Bureau of Air Monitoring
& Mobile Sources

R. V. Chotshi

Inspector's Name

R. V. Chotshi

Inspector's Signature

R. V. Chotshi

10-27-98

Date of Inspection

Oct 1999

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0990434
 TYPE OF FACILITY: Decorative chrome Plating
 FACILITY NAME: Mark Plating DATE: 10/20/00
 FACILITY LOCATION: 441 25 St West Palm Beach 33407
 RESPONSIBLE OFFICIAL: Kevin Henderson PHONE NUMBER: 655 4370

- 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

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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

DATE OF NEXT INSPECTION: 10/01
 (Approximate)

INSPECTION CONDUCTED BY: M Liebler
 (Please Print)

INSPECTOR'S SIGNATURE: M Liebler PHONE NUMBER: 355 30 70

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0990434 DATE: 10/10/00 TIME IN: _____ TIME OUT: _____
FACILITY NAME: MARK Plating
FACILITY LOCATION: 441 25th Street
West Palm Beach, FL 33407
RESPONSIBLE OFFICIAL: Kevin Hendrickson PHONE: 655 - 4370
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

- a. Existing Large (0.015 mg/dscm) b. Existing Small (0.03 mg/dscm)
c. New (0.015 mg/dscm) d. Alternative Standard for existing facilities
(0.03 mg/dscm) using a rolling average of
rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

Control device selected

In use?

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- | | | | |
|---|---------------------------------------|----------------------------|---|
| 1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 5. Results of all performance tests. | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |

Composite Mesh Pad

Measure the pressure drop across the CMP daily.

Fiber-Bed Mist Eliminator

Measure the pressure drop across the FBME and the upstream device daily.

Foam Blanket Fume Suppressant

Measure the foam blanket thickness at the appropriate interval.

Packed Bed Scrubber

Measure the pressure drop across the PBS and the inlet velocity daily.

Packed Bed Scrubber/Composite Mesh Pad

Measure the pressure drop across the CMP daily.

Fume Suppressant w/ Wetting Agent

Measure the surface tension at the appropriate interval.

- | | | | |
|---|---------------------------------------|----------------------------|------------------------------|
| 7. Purchase records of wetting agent components. | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 8. Records of the date and time that fume suppressants are added to the bath. | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 9. Records of rectifier capacity, if used to determine facility size. | <input 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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 12. Startup, Shutdown & Malfunction Plan | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |

PART V: ADDITIONAL SITE INFORMATION

[Empty rectangular box for additional site information]

m Liebler

~~*Jerry Ditz*~~

Inspector's Name

m Liebler

~~*Jerry Ditz*~~

Inspector's Signature

10/0/00

Date of Inspection

10/01

Approximate Date of Next Inspection

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300790

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 23 98

Do NOT Remove Label

MARK PLATING
K J HENDRICKSON
441 25TH STREET
WEST PALM FL 33407

AIRS ID#0990434

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258946 ✓

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

RECEIVED
MAIL ROOM

JAN 24 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

MARK PLATING
K J HENDRICKSON
441 25TH STREET
WEST PALM FL 33407

AIRS ID# 0990434

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389584

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 # 0990434

MARK PLATING
K J HENDRICKSON
441 25TH STREET
WEST PALM FL 33407

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

RECEIVED
MAIL ROOM
DEC 16 2001

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

7000 0520 0020 9372 6452

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		AIRS ID # 0990434
Recipient	MARK PLATING K J HENDRICKSON	
Street, A	441 25TH STREET WEST PALM FL	
City, State	33407	

PS Form 3811, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0990434
MARK PLATING
K J HENDRICKSON
441 25TH STREET
WEST PALM FL
33407

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
KJ HENDRICKSON *2/11/04*

C. Signature Agent Addressee
X KJ. Hendrickson

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

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 0520 0020 9372 6452



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414116 FEB14 2002 X

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 # 0990434

MARK PLATING
K J HENDRICKSON
441 25TH STREET
WEST PALM FL
33407

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

Z 210 662 505

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

7 AIRS ID # 0990434001AG
 K J HENDRICKSON
 MARK PLATING
 441 25TH STREET
 WEST PALM FL 33407

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

PS Form 3800 April 1995

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

7 AIRS ID # 0990434001AG
 K J HENDRICKSON
 MARK PLATING
 441 25TH STREET
 WEST PALM FL 33407

2. Article Number (Copy from service label)

Z 210 662 505

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
 K J HENDRICKSON 6/8/00
- C. Signature Agent
 Addressee
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Registered Insured Mail
 Registered Mail Return Receipt for Merchandise C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
 JUN 12 2000
 Bureau of Air & Mail
 & Mobile Sources



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406812 MAR 5 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

refund #6919

Do **NOT** Remove Label

AIRS ID # 0990434
MARK PLATING K J HENDRICKSON 441 25TH STREET WEST PALM FL 33407

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

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

7000 0600 0026 4127 3709

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

AIRS ID # 0990434

Recipient MARK PLATING
 K J HENDRICKSON
 Street, Apt. 441 25TH STREET
 WEST PALM FL 33407
 City, State

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0990434

MARK PLATING
 K J HENDRICKSON
 441 25TH STREET
 WEST PALM FL 33407

COMPLETE THIS SECTION ON DELIVERY

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

K.J. HENDRICKSON 2/19

C. Signature

X/K.J. Hendrickson Agent Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4127 3709

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405094 FEB122001

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

Do NOT Remove Label

AIRS ID # 0990434

MARK PLATING
K J HENDRICKSON
441 25TH STREET
WEST PALM FL 33407

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