1010359 g Sustant



# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 27, 1997

Ms. Rhonda Walker International Chrome 36851 Blanton Road Dade City, Florida 33523

Re: Facility No. 1010359

Dear Ms. Walker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 28, 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/iw

cc: Mr. Louis Fernandez, Southwest District

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

# Chromium Electroplating and Anodizing Facilities Notification RECEIVED

## Facility Name and Location

JUL 28 1997

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  TNTERNATIONAL CHROME  & Mobile So	lonitoring urces
2.	Site Name (For example, plant name or number):	
	SAME	
3.	Hazardous Waste Generator Identification Number:	
	· ·	
4.	Facility Location: 36851 BLANTON RD  Street Address:	
	City: DASE CITY County: PASCO Zip Code: 33523	
5.	Facility Identification Number (DEP Use): 1010357	
	· · · · · · · · · · · · · · · · · · ·	

## Responsible Official

6.	Name and Title of Responsible Official:  RHONDA WALKER  OWNER	·
7.	Responsible Official Mailing Address: Organization/Firm: INTERNATIONAL CHROME	
	Street Address: 31851 BLANTON RD.	
	Street Address: 36851 BLANTON RD.  City: DADE CITY  County: PASCO	Zip Code: 33523
8.	Responsible Official Telephone Number:	
	Telephone: (352)567-9241 Fax: (352)523	0409

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, p	olant manager):	
10. Facility Contact Address:		<del></del>
Street Address: 36851 BLANTON City: DAGE CITY County:	RD PASCO	Zip Code: 33523
11. Facility Contact Telephone Number: Telephone: (352)567 - 9241	Fax: (	) -

DEP Form No. 62-213.900(5)

### **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)

NO HARD
PLATING

FM = fiber-bed mist eliminator

Applicable Standard Key

a = 0.03 mg/dscmb = 0.015 mg/dscm

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

c = alternative standard for multiple tanks under common control

s the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?
[
Vere any hard chromium plating tanks at the facility operating before 12/16/93?
[ ] Yes . [ <b>X</b> ] No

DEP Form No. 62-213.900(5)

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	10/96		FS/WA	У
<del>.</del>				
				·

## 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. 1 above.

DEP Form No. 62-213.900(5)

## **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	$\left[ \times \right]$	(b) Equipment inspection and repair		
(c) Equipment malfunctions	$[\mathbf{X}]$	(d) Operation and maintenance checklist	<u> </u>	
(e) Instrument calibration		(f) Start-up, shutdown, malfunction plan	[ <del>×</del> ]	
(g) Performance test results		(h) Equipment monitoring	$[\times]$	
(i) Excess emissions	X	(j) Operating periods	$[\mathbf{X}]$	
(k) Rectifier capacity		(I) Fume suppressant records	$[\mathbf{X}]$	
(m) Purchase records of wetting	g agent components			
			·	
	Surrender of F	Existing Air Permit(s)		
Please indicate with an "X" the	appropriate selection	ı:		
		mits authorizing operation of the form; specifically, permit number(s)		
No air permits of this notification		operation of the facility indicated in		
	Responsible (	Official Certification		
•	·			
this notification. I hereby to statements made in this not maintain the air pollutant of comply with all terms and	certify, based on infor tification are true, acc emissions units and ai conditions of this gen	ns defined in Part II of this form, of the facility rmation and belief formed after reasonable incurate and complete. Further, I agree to oper ir pollution control equipment described aboveral permit as set forth in Part II of this notification.	quiry, that the rate and ve so as to cation form.	
I will promptly notify the Department of any changes to the information contained in this notification.				
Monda B. Walker 7-25-97 Date				

DEP Form No. 62-213.900(5)

## CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	À	COMPLAINT/DISCOVERY	
	RE-INSPECTION		•	
AIRS ID#:/010359	· ·		7:50 time out: <u>/</u>	0:45 p
FACILITY NAME:	INTERNATION A		_	
FACILITY LOCATION:	36851 BL	ANTON	Ro, «	real I
·	DADE CITY,	, FL	33523	Of D
		<del></del> -		<u> </u>
PART I: NOTIFICATION				- 1
(check appropriate box)				
1. Facility notified DARM by	9/1/96	•	e	
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)				
c. <b>New</b> (0.015 mg/dscm)	□ d.	(0.03 mg/dsc	Standard for existing facilitie m) using a rolling average of city (less than 60 million A-hr	
Decorative Chromium Plating/Anodizing				
a. Chromic Acid Bath	Emissions of < 0.01/	/mg/dscm (4.4	x10 <sup>-6</sup> gr/dscf)	
	Surface tension of $\leq$ May only be selected if a			<b>≥</b>
b. Trivalent Chromium Batl	With wetting agent			
	Without wetting age	nt <0.01mg/d	scm (4.4x10 <sup>-6</sup> gr/dscf)	
c. Chromium Anodizing	Emissions of <0.01	mg/dscm (4.4	x10 <sup>-6</sup> gr/dscf)	
	Surface tension of 45 May only be selected if a			

PART III: CONTROL TECHNOLOGY		
Control device		==
selected In use?  1.		
2.		
3. Packed Bed Scrubber Py ON		
4.  Packed Bed Scrubber/Composite Mesh Pad  Y  N		
5.		
6. Suppressant w/ Wetting Agent Suppressant Suppressan		
	· · _/_	
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)	DY M	□N/A
THE WAR PRODUCTION OF THE PROD	· · · · · · · · · · · · · · · · · · ·	
PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS		
Has the responsible official maintained the following records?	<b>.</b>	•
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)	OY ON	<b>₽</b> Ń/A
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed	<b>41</b>	
scrubber, fiber-bed mist eliminator, or composite mesh pad)	OY ON	<b>⊠</b> N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring	<u> </u>	
equipment (equipment identified, date performed, description).	DY DAY	
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.</li> </ol>	Y ON	
5. Results of all performance tests.	□Y □N	₾N/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	OY ON	EN/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  Packed Bed Scrubber/Composite Mes  Measure the pressure drop across the CMP daily.  and the upstream device daily.	h Pad	
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.	⁄al.	
7. Purchase records of wetting agent components.	ØY □N	□N/A
8. Records of the date and time that fume suppressants are added to the bath.	oy <b>e</b> ń	□N/A
9. Records of rectifier capacity, if used to determine facility size.	OY ON	<b>œ</b> ∕N/A
10. Records of the total process operating time.	DY <b>Y</b> N	
11. Records identifying specific periods of excess emissions.	OY ON	N/A
12 Startup Shutdown & Malfunction Plan	GEY □N	

PART V: ADDITIONAL SITE INFORMATION	
	,
Rhonda Walker  Name of Responsible Official  Margaret Cangro  Inspector's Name  Margaret Cangro  Inspector's Signature	Date of Inspection  Since 997 Annual  Approximate Date of Next Inspection
	Will inspect during initial testing:

## CHROMIUM ELECTROPLATING/ANODIZING

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL COMPLAINT/DISCOVERY  RE-INSPECTION			
AIRS ID#: 1010359  FACILITY NAME:	DATE: 3-2-99 TIME IN: 1:45 TIME OUT: 2: International Chrome	05_		
FACILITY LOCATION:	36851 Blanton Rd	· ·		
	Dade City to	<u> </u>		
D. Dark Monthson Michigan	<u> </u>	<u>(,                                    </u>		
PART I: NOTIFICATION	Bu and the second secon			
(check appropriate box)				
1. Facility notified DARM by	9/1/96			
2. New facility notified DAR	M 30 days prior to startup			
3. Facility failed to notify DA	RM to use a general permit			
PART II: CLASSIFICATION	4			
Facility type(s)/applicable star	ndard indicated on notification form:			
Hard Chromium Plating				
a. Existing Large (0.015 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/yea	r)		
Decorative Chromium Plating/Anodizing				
a. Chromic Acid Bath	Emissions of $< 0.01/mg/dscm (4.4x10^{-6} gr/dscf)$	0		
	Surface tension of $\leq 45$ dynes/cm $(3.1 \times 10^{-3} \text{ lb-f/ft})$ May only be selected if a wetting agent is used.	$\times$		
	, , , , ,			
b. Trivalent Chromium Bath		٥		
b. Trivalent Chromium Bath		o o		
b. Trivalent Chromium Bath c. Chromium Anodizing	With wetting agent	_		

PART III: CONTROL TECHNOLOGY			
Control device selected In use?			
1. Composite Mesh Pad			
2. ☐ Fiber Bed Mist Eliminator ☐Y ☐N			
3. ☐ Packed Bed Scrubber ☐Y ☐N			
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N	•		
5. ☐ Foam Blanket Fume Suppressant ☐Y ☐N			
6. Fume Suppressant w/ Wetting Agent   ✓ □N			
Has the facility conducted an initial performance test to establish monitoring (Not required for sources using a wetting agent or 1-inch foam blanket thickness)			
PART WAS DECORPORABLE AND DEPONITIVE DECLINEMENTS			
PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS			
Has the responsible official maintained the following records?			
<ol> <li>Quarterly inspection records for add-on air pollution control devices and r equipment. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eli composite mesh pad)</li> </ol>			
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a postcrubber, fiber-bed mist eliminator, or composite mesh pad)	acked bed		
<ol> <li>Maintenance records for the source, add-on pollution control devices, and equipment (equipment identified, date performed, description).</li> </ol>	monitoring		
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of eac malfunction of process, add-on pollution control device, and monitoring e</li> </ol>	` ^		
5. Results of all performance tests.	A/N - N - DN/A		
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting	ng agent) DY DN XN/A		
Composite Mesh Pad  Measure the pressure drop across the CMP daily  Packed Bed Scrubber  Measure the pressure drop across the PBS ar  inlet velocity daily.	nd the		
Fiber-Bed Mist Eliminator Packed Bed Scrubber/C Measure the pressure drop across the FBME Measure the pressure drop across the CMP d and the upstream device daily.			
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ W  Measure the surface tension at the			
7. Purchase records of wetting agent components.	AVO NO YX		
8. Records of the date and time that fume suppressants are added to the bath.	. XY ON ON/A		
9. Records of rectifier capacity, if used to determine facility size.	אַעם מם צאַ		
10. Records of the total process operating time.	XY □N		
<ol> <li>Records identifying specific periods of excess emissions.</li> </ol>			
12. Startup, Shutdown & Malfunction Plan	Dyd. Yo		

# Sample 04 M plan light. Annual Compl. Cert light

Rhonda Walter	
Name of Responsible Official	
MARGARET CANGRO	3-2-99
Inspector's Name	Date of Inspection
Mingaret Cangry	June 1999
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 1010359

CHROMIUM ELECTROPLATING/ANODIZING
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORMS 12 MILES

D.E.P. Revised 10/10/96 MAR 1 2 1999

Southwest District Tampa

ing the second s
FACILITY NAME: International Chrome DATE: 3/2/99
FACILITY LOCATION: 36851 Blanton Rd
Dade City, FL
Annual Reporting Period: 3-1- 1998 TO 3-2- 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
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:
Initial performance test
Exact period of non-compliance: from $3-1-98$ to $7-20-98$
Action(s) taken to achieve compliance: Test use Started.
Method used to demonstrate compliance: Why of test reports
#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
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: Rhonda Walker Signature Date

<sup>\*</sup>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.

Revised 10/10/96

AIRS ID#: 10/0359

# CHROMIUM ELECTROPLATING/ANODIZING AIR QUALITY GENERAL PERMIT

P. ANNUAL COMPLIANCE CERTIFICATION FORM

1sucesion C	sistem_				
FACILITY NAME: (Internation	ional) Chi	rome	DATE	:: <u>3/7/0</u>	0.
FACILITY LOCATION: 36851	Blanton	Rd.			
Dade Cit	ty, FL 3	3523			
Annual Reporting Period:	3-3-1	999 то	3	7- 20	000
Based on each term or condition of the Title 162-213.300, Florida Administrative Code (F.	<del>-</del>		7	DEP Rule	
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in conti	inuous compliance duri	ng the reporting per	iod stated abor	ve:
Exact period of non-compliance: from		to	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Bu	 
Action(s) taken to achieve compliance:				reau o	
Method used to demonstrate compliance:				of Air	
#2. Term or condition of the general permit	that has not been in conti	inuous compliance duri	ng the reporting per	Source space and	
Exact period of non-compliance: from	,	to			
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:				<del>_</del>	
		belief formed after rea Thorda B Sign	1 . 4	of the statemen	1ts

<sup>\*</sup>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			
FACILITY LOCATION:  PART I: NOTIFICATION  (check appropriate box)  1. Facility notified DARM by 2. New facility notified DAR  3. Facility failed to notify DAR  3. Facility failed to notify DAR	Dade City 9/1/96 M 30 days prior to startup		SS	
3. Facility failed to notify DA	ARM to use a general perr	nut Li		
PART II: CLASSIFICATIO	N .			
	Facility type(s)/applicable standard indicated on notification form:			
Hard Chromium Plating		-	·	
a. Existing Large (0.015 mg	g/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/yea	ur)	
Decorative Chromium Plating/Anodizing				
a. Chromic Acid Bath	Emissions of < 0.01	/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)		
	Surface tension of salected if a	$\leq$ 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft) wetting agent is used.	×	
b. Trivalent Chromium Bat	h With wetting agent			
	Without wetting age	ent <0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)		
c. Chromium Anodizing	Emissions of <0.01	mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)		
	Surface tension of 4 May only be selected if a	5 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)		

PART III: CONTROL TECHNOLOGY				
Control device selected In use?				
1. Composite Mesh Pad				
2. ☐ Fiber Bed Mist Eliminator ☐Y ☐N				
3. □ Packed Bed Scrubber □Y □N				
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N				
5. □ Foam Blanket Fume Suppressant □Y □N				
6. Fume Suppressant w/ Wetting Agent XY ON Mr. Otab 100	0			
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)	XY ON ON/A			
THE WAY PROOP PARTIES AND PROOPERING PROVIDENCES				
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 composite mesh pad)	DY DN ØN/A			
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed				
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 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.	ØY □N			
5. Results of all performance tests.	DY ON ON/A			
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	AIN DIN TO			
Composite Mesh Pad Packed Bed Scrubber  Measure the pressure drop across the CMP daily.  Measure the pressure drop across the PBS and the inlet velocity daily.				
Fiber-Bed Mist Eliminator  Measure the pressure drop across the FBME  Measure the pressure drop across the CMP daily.  and the upstream device daily.	sh Pad			
Foam Blanket Funie Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.	val			
7. Purchase records of wetting agent components.	Y ON ON/A			
8. Records of the date and time that fume suppressants are added to the bath.	DY ON ON/A			
9. Records of rectifier capacity, if used to determine facility size.	oy on Zn/a			
10. Records of the total process operating time.	-BY ON			
11. Records identifying specific periods of excess emissions.	DY DN NA			
12. Startup, Shutdown & Malfunction Plan	DY ON			

PART V: ADDITIONAL SITE INFORMATION	
	·
	•
Rhonda Worker  Name of Responsible Official	
Margaret Cangro Inspector's Name	3/7/00
Inspector's Name Nargares Canono	Date of Inspection  March 2001
Inspector's Signature	Approximate Date of Next Inspection

# $\checkmark$

## CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCOVERY	·
AIRS ID#: <u>/0/0359</u> I	DATE: 6/18/97	_ TIME IN:	9:20A TIME OUT: 11	:154
FACILITY NAME:	TNIERNATI	ONAL (	HEDME	
	36851 BL			
_	DADE City	1 FL	39523	
PART I: NOTIFICATION		<u>.</u>	-	
(check appropriate box)				
1. Facility notified DARM by	9/1/96			
2. New facility notified DARM	I 30 days prior to star	tup		
3. Facility failed to notify DAF	M to use a general p	ermit	<del>X</del>	
PART II: CLASSIFICATION				
Facility type(s)/applicable stand	iard indicated on nou	ncation form:		
Hard Chromium Plating				
a. Existing Large (0.015 mg/c	iscm)	b. Existing S	mall (0.03 mg/dscm)	
c. New (0.015 mg/dscm)		(0.03 mg/d	e Standard for existing facilities (scm) using a rolling average of pacity (less than 60 million A-hr/ye	car)
Decorative Chromium Plating/Anodizing				
a. Chromic Acid Bath	Emissions of < 0.	01/mg/dscm (4	4.4x10 <sup>-6</sup> gr/dscf)	
	Surface tension of May only be selected in			X
b. Trivalent Chromium Bath	With wetting ager	nt		
	J	•	/dscm (4.4x10 <sup>-6</sup> gr/dscf)	
c. Chromium Anodizing	Emissions of <0.0	•	5 ,	
	Surface tension of May only be selected if			

PA	RT III:	CONTROL TECHNOLOGY				
(	Control dev selected	rice	[	use?		
1.	Selected	Composite Mesh Pad	ĽΩΫ́	□N ·		
2.		Fiber Bed Mist Eliminator	ΩY	□N		
3.		Packed Bed Scrubber	ΠY	□и		
4.		Packed Bed Scrubber/Composite Mesh Pa	ad □Y	□N ,		
5.	۵	Foam Blanket Fume Suppressant	ΠY	<b>M</b>		
6.	10	Fume Suppressant w/ Wetting Agent	Έχι	<b>₩</b>		
		cility conducted an initial performance test for sources using a wetting agent or 1-inch foam blai			Fr MM	- ENVA
PA	RT IV:	RECORDKEEPING AND REPORTING	G REQUII	REMENTS		
Has	the res	ponsible official maintained the followin	g records?			
	equipme	ly inspection records for add-on air pollutient. (applicable only to a facility using a packed be mesh pad)		_	OY ON	<b>Æ</b> √N/A
	2. Operations and Maintenance Plan (OMP). (applicable only to a facility using o packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)				-DY7/A	
3.	3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).					·
4.		of date of occurrence, duration, cause, and tion of process, add-on pollution control d			□Y <b>X</b> (h	
5.	Results	of all performance tests.			OY ON	N/A
6.	Records	of monitoring data. (not applicable to trivalent	chromium bat	hs using a wetting agent)	OY XV	□N/A
	Meas	sure the pressure drop across the Measure the p	acked Bed pressure drop a let velocity dai	cross the PBS and the		
	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.					
	Meas			ressant w/ Wetting Agent face tension at the appropriate inte		
7.	Purchase	e records of wetting agent components.			□Y <b>∕</b> γ⁄ν	□N/A
8.				OY XX(N	□N/A	
9.	Records of rectifier capacity, if used to determine facility size.				<b>À</b> √√/A	
10.	Records of the total process operating time.				ME YO	

11. Records identifying specific periods of excess emissions.

12. Startup, Shutdown & Malfunction Plan

□Y **X**N

□Y **⊠**N

## PART V: ADDITIONAL SITE INFORMATION

Rectifier: Aldonex Ultimatic Model B-212-50C Serial # 2023791 5000 amp

2 x 5 m2

Name of Responsible Official

Margaret Cangro

Inspector's Name

Marguet Cangro

July 197

Approximate Date of Next Inspection

No 7880 Meter Spray Stop HF

MacDermid Inc Waterbury Conn

Allied Plating Lennie or John 800/432-8692



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363866

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 MAIL ROOM

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RECEIVED

Do NOT Remove Label

AIRS ID # 1010359

INTERNATIONAL CHROME RHONDA WALKER 36851 BLANTON ROAD DADE CITY FL 33523 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392844

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 E

Do NOT Remove Label

AIRS ID # 1010359

INTERNATIONAL CHROME RHONDA WALKER 36851 BLANTON ROAD DADE CITY FL 33523 Sureau of Air DE STORY OF AIR OF AIR

Revised 01/13/98

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

AIRS ID 1010359
INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

Do NOT Remove Label

Annual Reporting Period:	January 1	<b>1997</b> то	December 31	1997
Based on each term or condition 62-213.300, Florida Administration			_/	DEP Rule
If NO, complete the following	;:			
#1. Term or condition of the g	general permit that has not b	peen in continuous com	pliance during the reporting p	period stated above:
Exact period of non-complian	ce: from		to	
Action(s) taken to achieve con	mpliance:			
Method used to demonstrate c	ompliance:			
#2. Term or condition of the g				period stated above:
Exact period of non-complian	_			
Action(s) taken to achieve cor	npliance:			
Method used to demonstrate c	ompliance:			
As the responsible official, I h in this notification are true, at RESPONSIBLE OFFICIAL	ccurate and complete.		Londa B. Walke	that the statements made
	Name (Please Pr	rint) /	Signature	Date

<sup>\*</sup>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.

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

## **TOTAL AMOUNT DUE: \$50.00**

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Do NOT Remove Label

AIRS ID 1010359

INTERNATIONAL CHROME RHONDA WALKER 36851 BLANTON ROAD DADE CITY FL 33523

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B100 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 1010359

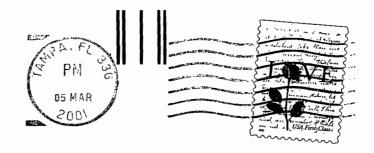
INTERNATIONAL CHROME PRECISION RHONDA WALKER JAMES R. BOOTH

36851 BLANTON ROAD DADE CITY FL 33523

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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

32315X3070

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Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

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	3 Service Type Certified Mail
2. Article Number (Copy from service label) 26 168	3
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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

AIRS ID 1010359
INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

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

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on the reverse side?				
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ls your <u>RETUR</u>	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	8. Addresses and fee is		Thank

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400









Notified
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completed on the reverse side?	■Complete items 3, 4a, and ■Print your name and addreard to you. ■Attach this form to the fro- permit. ■Write*Return Receipt Rec	d/or 2 for additional services.  I, and 4b.  I, and 4b.  I, and 4b.  I address on the reverse of this form so that we can return this a front of the mailpiece, or on the back if space does not   Requested* on the mailpiece below the article number.  Will show to whom the article was delivered and the date			I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Jumber Type ed Certified Mail Insured eccipt for Merchandise COD relivery  ee's Address (Only if requested is paid)	
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

AC5521

JOEY ROBERTS 5510 X 570 PPS 343

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THE REPORT OF THE PROPERTY OF

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

AC5521

BAMMS/BCO JOEY ROBERTS 5510

## CERTIFIED

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1st Notice 2-12-EA

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RHONDA WALKER

26851 BLANTON ROAD
DADE CITY FL 33525

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400



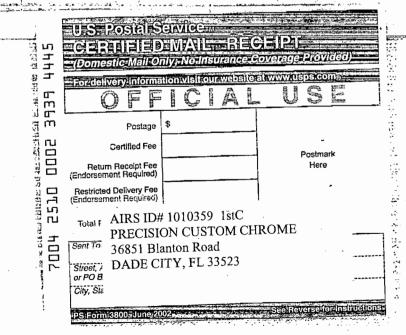
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DADE CITY, FL 33523

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Bureau of Air Monitoring & Mobile Sources

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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400



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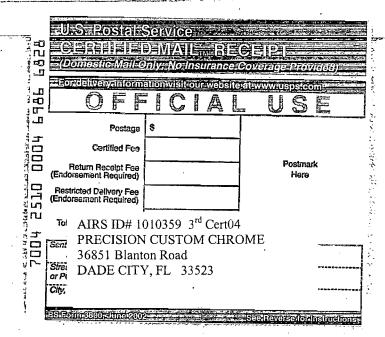
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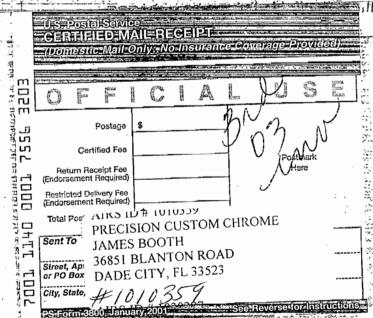
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Department of Environmental Protectio 2600 Blair Stone Rd Tallahassee FL 32399-2400





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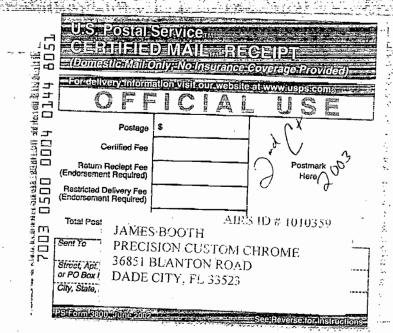
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PS Form 3811, August 2001 Do	omestic Return Receipt 102595-02-M-1540



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400





Do NOT Remove Label	L. T. Market . Market
AIRS ID#1010359	
PRECISION CUSTOM CHROME	Living
JAMES RAY BOOTH	
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1st Notice 3/13

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Certified Fee (Endorsement Required)
Restricted Delivery Fee (

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400



BAMMS/BCO JOEY ROBERTS

AIRS ID#1010359

SENDER: COI	N-ON-DELIVERY
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
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DADE CITY FL 33523	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
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PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

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	U.S. Postal Service GERRIFIED MAIL RECEIPT (Domestic:Mail Only; No Insurance Coverage Provided)
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	Return Receipt Fee indursement Required) Restricted Delivery Fee indursement Required)
36 D	AIRS ID#1010359 RECISION CUSTOM CHROME AMES RAY BOOTH 1851 BLANTON ROAD ADE CITY FL 1523 SECURIO SECURITY SECUR

MS#\_\_\_\_\_5510 MC Acct #\_\_\_\_5521

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400 RECET VED



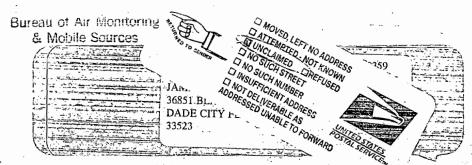
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7000 2870	FRECISION CUSTOM CHROME  JAMES RAY BOOTH  36851 BLANTON ROAD  Street, Apt. No. DADE CITY FL  33523  City, State, ZIP.  SECTION SECTION CUSTOM CHROME  PRECISION CUSTOM CHROME  SECTION SECTION CUSTOM CHROME  PRECISION CUSTOM CHROME  PRECISION CUSTOM CHROME  SECTION CUSTOM CHROME  PRECISION CUSTOM CHROME  PRECISION CUSTOM CHROME  SECTION CUSTOM CHROME  PRECISION CUSTOM

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



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RHONDA WALKER 36851 BLANTON ROAD DADE CITY FL 33523



ট্র Nat Deliverable As Addressed Unable To Forward

insufficient Address

ि Moved, Left No Address चित्रपादां चित्रपा

Wittempted - Not Known

D No Such Street D Number

□ Vacant □ Illegible

D No Mail Receptacle

D Box Closed - No Order

D Returned For Beller-Address

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<ul> <li>■ Complete items item 4 if Restrict</li> <li>■ Print your name so that we can</li> <li>■ Attach this card or on the front</li> </ul>	cted Delivery e and addres return the ca d to the back	is desired. is on the reverse ard to you. of the mailpiece,	A. Received by (Please Print Clearly)  C. Signature	B. Date of Deliver
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			4. Restricted Delivery? (Extra Fee)	☐ Yes
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PS,Form 38.11, J	uly 1999	Domestic I	Return Receipt	102595-99-M-1789
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