



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 21, 1996

Mr. Robert A. Cogan
Accurate Plating & Weaponry, Inc.
940 Harbor Lake Drive
Safety Harbor, Florida 33695

Re: Facility I.D. No. 1030360

Dear Mr. Cogan:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on October 28, 1996.


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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest District

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

RECEIVED

CHROMIUM ELECTROPLATING/ANODIZING MAY 19 1999

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL [checked] COMPLAINT/DISCOVERY [] RE-INSPECTION []

Form with handwritten entries: AIRS ID#: 1030360, DATE: 4/6/99, TIME IN: 1:15, TIME OUT: 2:30, FACILITY NAME: Accurate Plating, FACILITY LOCATION: 940 Harbor Lake Dr. Safety Harbor 34695, RESPONSIBLE OFFICIAL: Robert Cogan, PHONE: 727-796-5943, CONTACT NAME: [blank], PHONE: [blank]

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 (4.4x10^-6 gr/dscf) [] Surface tension of <= 45 dynes/cm (3.1x10^-3 lb-f/ft) [checked] May only be selected if a wetting agent is used. b. Trivalent Chromium Bath With wetting agent [] Without wetting agent <= 0.01mg/dscm (4.4x10^-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.

PART III: CONTROL TECHNOLOGY

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

- 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. *no excess emissions* Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Margaret V. Hennis
Inspector's Name

Margaret V. Hennis
Inspector's Signature

4/6/99

Date of Inspection

3/2000

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <i>4/6/99 1:15</i>	TIME OUT: <i>2:30</i>	AIRS ID# 1030360
TYPE OF FACILITY:	Chromium Electroplating and Anodizing	
FACILITY NAME:	Accurate Plating and Weaponry	DATE: <i>4/6/99</i>
FACILITY LOCATION :	940 Harbor Lake Drive, Safety Harbor, FL 34695	
RESPONSIBLE OFFICIAL: Robert Cogan	PHONE NUMBER: (727)796-5943	

- 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:

Comments:

(I:\USERS\AIRQUAL\WPDOCS\AQI\03600199.MVH)

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

DATE OF NEXT INSPECTION: *4/2000* (Approximate)

INSPECTION CONDUCTED BY: *Margaret Hennis* (Please Print)

INSPECTOR'S SIGNATURE: *Margaret Hennis* PHONE NUMBER: *727-~~594~~ 464-4422*

ACC

AIRS ID#: 1030360

Revised 10/10/96

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

FACILITY NAME: Accurate Plating & Weaponry DATE: 4/6/99
 FACILITY LOCATION: 940 Harbor Lake Dr.
Safety Harbor, FL 34695

Annual Reporting Period: February 23 1998 TO April 6 1999

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

If NO, complete the following:

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

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

#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: _____

RECEIVED
JUL 12 1999
Bureau of Air Monitoring
& Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: ROBERTA CRAWFORD [Signature] 4/6/99
 Name (Please Print) Signature Date

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

pp 22 of 22:

① Needs to check (C)
equipment or malfunction

② Needs to check (1)
excess emissions

doesn't need to check
(d) ap + maintenance
checklist.

please see if these
logs are present.

October 24, 1996

Sandy Bowman
Bureau of Air Monitoring and Mobile Sources
2600 Blair Stone Rd.
Tallahassee, FL 32399


Re : O & M plan for Decorative Chrome plating facility

Dear Ms. Bowman:

This is a general permit application that we received from Accurate Plating. I am forwarding a copy to BAMM's in the event that we received the only copy. Mr. Cogan also submitted a proposed O&M plan for use at his facility. He would like for someone at FDEP, such as an air toxics engineer, to review what he is proposing to use, and, if possible, receive some kind of written confirmation that the O&M plan meets the requirements of the rule.

If you require any additional assistance, please do not hesitate to contact me.

Sincerely,



Margaret Hennis
Environmental Specialist II

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ACCURATE PLATING & WEAPONRY INC., ROBERT A. COGAN PRES

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

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
 Street Address: *940 HARBOR LAKE DR.*
 City: *SAFETY HARBOR* County: *PINELLAS* Zip Code: *34695*

5. Facility Identification Number (DEP Use):
1030360

Responsible Official

6. Name and Title of Responsible Official:
ROBERT A. COGAN PRES.

7. Responsible Official Mailing Address:
 Organization/Firm: *ACCURATE PLATING & WEAPONRY INC.*
 Street Address: *940 HARBOR LAKE DR.*
 City: *SAFETY HARBOR.* County: *PINELLAS* Zip Code: *34695*

8. Responsible Official Telephone Number:
 Telephone: () - Fax: () -

Facility Contact (If different from Responsible Official)

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

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

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

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

TANK ID #	DECORATIVE DATE PURCHASED	AND DATE CNTRL DEVICE INSTALLED	ANODIZING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)
TANK A.	10-92	10-92	FS/WA.	Y
CURRENT LOC.	5-94			
TANK B.	10-92	10-92	FS/WA	Y
CURRENT LOC.	5-94			
TANK C.	10-92	10-92	FS/WA	Y
CURRENT LOC.	5-94			
TANK D.	10-92	10-92	FS/WA.	Y
CURRENT LOC.	5-94			

* MOVED TO CURRENT LOCATION 5-94

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 checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input type="checkbox"/> | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" 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 checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Robert H. Coyne
Signature

10-15-96
Date

Accurate Plating & Weaponry, Inc.
940 Harbor Lake Dr.
Safety Harbor, FL

October 7, 1996

Tank ID #	Type of tank	Startup date ¹	Total installed rectifier capacity (amperes)	Description of parts plated	FUME SUPPRESSANT WITH WETTING AGENT.
A	DEC. CHROME	10-92	1500 AMPS	FIREARMS +	LO-MIST
B	DEC. CHROME	10-92	1000 AMPS	SPORTING GOODS	MADE BY RIN, INC.
C	DEC. CHROME	10-92	500 AMPS		CHICAGO ILL.
	BLACK CHROME	10-92	750 AMPS		
ALL TANKS ARE LOCATED IN THE S.E. SECTION OF BUILDING					

The surface tension measuring device is a Stalagmometer.
 The specific gravity measuring device is a hygrometer.
 Both measuring devices are calibrated monthly with deionized water to ensure accuracy.

Work practice standards are followed as recommended by manufacturer: *Kocour Co., Chicago, IL*

Average plating current is 100amps/sq. ft. Due to varying sizes of parts in plating run, current and plating times are adjusted to accommodate this condition.

Average tank analysis is done every 6 weeks on Hex Chrome and Sulfate content in tanks. Additional analysis is done on proprietary chemical used in the bathe by McGean Rohco at their laboratory facility in Cleveland, Ohio every 3 months, or sooner if indicated by plating difficiencies.

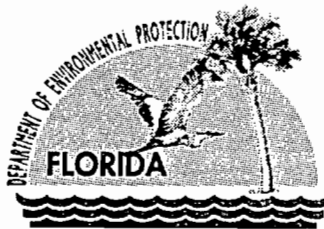
At the start of each plating cycle, all rectifiers are checked for their level of AC leakage prior to usage so correct plating occurs and unnecessary rework is eliminated.

Current procedure for surface tension testing is set at 8 hr. operating intervals as required by 40 CFR part 63.342. During prior testing at 4 hr. operating intervals, average fume suppressant, wetting agent additions to meet compliance were 12 hr. intervals of operating time. Our minimum operating time after finishing our compliance standards will be 12 hr. operating time between surface tension tests.

As yet, we have not had a surface tension test exceed the allowable 45 Dyne limit nor have we noticed any discernible odors in our plating area from the chrome plating tanks. However, if any odor was noticed or a surface tension test exceeded 45 Dynes, we would immediately add at least 8 oz. of fume suppressant in the offending bathe.

We are currently keeping a detailed log for all chrome plating tanks on surface tension tests and fume suppressant, wetting agent additions.

This record system has been checked by Margaret Hennis who has not advised us to make any changes.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 7, 2001

Mr. Robert A. Cogan
Accurate Plating & Weaponry, Inc.
940 Harbor Lake Drive
Safety Harbor, Florida 34695

Dear Mr. Cogan:

Thank you for your submittal of the Chromium Electroplating and Anodizing Air General Permit Notification Form. The Department received your submittal on August 29.

In reviewing your submittal, it was noted that Accurate Plating and Weaponry, Inc., elected to surrender its existing Title V air general permit (AIRS ID 1030360). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

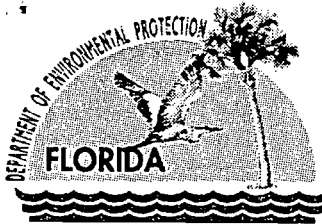
Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/jw

Enclosure

cc: Mr. Gary Robbins, Pinellas County "More Protection, Less Process"



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 26, 2001

Mr. Robert A. Cogan
Accurate Plating & Weaponry, Inc.
940 Harbor Lake Drive
Safety Harbor, Florida 34695

Dear Mr. Cogan:

Thank you for your submittal of the Chromium Electroplating and Anodizing Air General Permit Notification Form. The Department received your submittal on August 29.

In reviewing your submittal, it was noted that Accurate Plating & Weaponry, Inc., elected to surrender its existing Title V air general permit (AIRS ID 1030360). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a chromium electroplating and anodizing facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

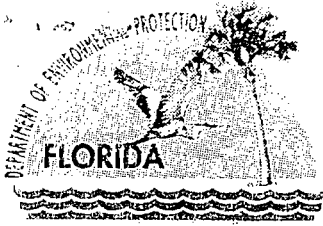
Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/jw

Enclosure

cc: Mr. Gary Robbins, Pinellas County "More Protection, Less Process"



Department of Environmental Protection

Jeb Bush
Governor

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

August 30, 2001

RECEIVED
SEP 25 2001
Bureau of Air Monitoring and Mobile Sources
David B. Struhs
Secretary

Mr. Robert A. Cogan
Accurate Plating & Weaponry, Inc.
940 Harbor Lake Drive
Safety Harbor, Florida 34695

*Present
9/20/01
MC*

Dear Mr. Cogan:

Thank you for your submittal of the Chromium Electroplating and Anodizing Air General Permit Notification Form. The Department received your submittal on August 29.

In reviewing your submittal, it was noted that M & P Plating, Inc., elected to surrender its existing Title V air general permit (AIRS ID 13003B3). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

*We are
not M & P
Plating*

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

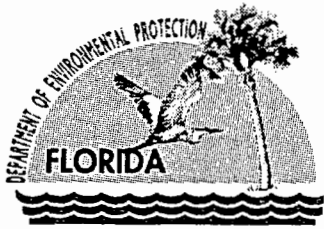
If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/jw
Enclosure

cc: Mr. Gary Robbins, Pinellas County "More Protection, Less Process"



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 8, 2001

Mr. Robert A. Cogan
Accurate Plating & Weaponry, Inc.
940 Harbor Lake Drive
Safety Harbor, Florida 34695

Dear Mr. Cogan:

Thank you for your submittal of the Chromium Electroplating and Anodizing Air General Permit Notification Form. The Department received your submittal on August 29.

In reviewing your submittal, it was noted that Accurate Plating & Weaponry, Inc., elected to surrender its existing Title V air general permit (AIRS ID 1030360). If your intention is to continue your chromium electroplating and anodizing operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a chromium electroplating and anodizing facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/jw
Enclosure
cc: Mr. Gary Robbins, Pinellas County *"More Protection, Less Process"*

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030360 DATE: 2/23/98 TIME IN: 10:00 TIME OUT: 10:45
 FACILITY NAME: Accurate Plating
 FACILITY LOCATION: 940 Harbor Lake Dr.
Safety Harbor FL 34695
 RESPONSIBLE OFFICIAL: Robert Cogan PHONE: 813-796-5943
 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)
(Conducted method 306B in 1996)

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. *(306B)* Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

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

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

PART V: ADDITIONAL SITE INFORMATION

Accurate Plating uses LO-Mist by RIN (312-384-4522) as a fume suppressant w/ wetting agent.
Although facility has recorded when ~ 40 hours of operating time has occurred, Mr. Cozart has opted to log hours each day of operation - at each tank. The log will also indicate maintenance done. Facility keeps records of lab analysis as an indication of ^{process} maintenance activities. Mr. Cozart stated that surface tension is measured more frequently than every 40 hours as required by EPA Method 306B.
Facility is currently not using tank "C". No odor or fume was observed in plating process area.

Margaret J. Hennis
Inspector's Name

Margaret J. Hennis
Inspector's Signature

2/23/98

Date of Inspection

2/99

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:00	TIME OUT: 10:45	AIRS ID# 1030360
TYPE OF FACILITY:	Chromium Electroplating and Anodizing	
FACILITY NAME: Accurate Plating	DATE: February 23, 1998	
FACILITY LOCATION :	940 Harbor Lake Drive	
RESPONSIBLE OFFICIAL: Robert Cogan	PHONE NUMBER: 813-796-5943	

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED

Comments: Facility denotes when ~40 hours (operating time) have passed, on the log containing surface tension measurements. Records of analysis of the tank solution are being maintained. Facility has developed a log for daily process operating time and maintenance activities related to the process, for each tank.

(I:\USERS\AIRQUAL\WPDOCS\AQTOX\CAA\CHROME\03600198.MVH)

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

DATE OF NEXT INSPECTION: February 1999 (Approximate)

INSPECTION CONDUCTED BY: Margaret J. Hennis (Please Print)

INSPECTOR'S SIGNATURE: Margaret J. Hennis PHONE NUMBER: 813-464-4422

AIRS ID#: 1030360

Revised 10/10/96

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

RECEIVED
JUN 10 1999
Bureau of Air Monitoring
& Mobile Sources
DATE: 4/6/99

FACILITY NAME: Accurate Plating & Weaponry
FACILITY LOCATION: 940 Harbor Lake Dr.
Safety Harbor, FL 34695

Annual Reporting Period: February 23 1998 TO April 6 1999

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: ROBERTA CABANA Roberta Cabana 4/6/99
Name (Please Print) Signature Date

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

Acc

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

FACILITY NAME: Accurate Plating & Weaponery DATE: 5/2/00

FACILITY LOCATION: 940 Harbor Lake Dr
Safety Harbor FL 34695

Bureau of Air Monitoring
& Mobile Sources

CE 11

Annual Reporting Period: April 6 1999 TO April 1900

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL

ROBERT A COGAN
Name (Please Print)

[Signature]
Signature

5/2/00
Date

Bureau of Air Monitoring
& Mobile Sources

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

✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030360 TIME IN: 3:00 TIME OUT: 4:00
 FACILITY NAME: Accurate Plating & Weaponery
 FACILITY LOCATION: 940 Harbor Lake Dr,
Safety Harbor, FL 34695

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath Emissions of < 0.01/mg/dscm (4.4×10^{-6} gr/dscf)
 Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
 May only be selected if a wetting agent is used.

b. Trivalent Chromium Bath With wetting agent
 Without wetting agent < 0.01mg/dscm (4.4×10^{-6} gr/dscf)

c. Chromium Anodizing Emissions of < 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
 May only be selected if a wetting agent is used.

1440 x Spec Gravity
4 of drops

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Robert Cogan
Name of Responsible Official

Margaret J. Hennis
Inspector's Name

Margaret J. Hennis
Inspector's Signature

4/1/00
Date of Inspection

4/01
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>3:00</u>	TIME OUT: <u>4:00</u>	AIRS ID# 1030360
TYPE OF FACILITY: Chromium Electroplating and Anodizing		
FACILITY NAME: Accurate Plating and Weaponery	DATE: <u>4/11/00</u>	
FACILITY LOCATION: 940 Harbor Lake Drive		
RESPONSIBLE OFFICIAL: Safety Harbor	PHONE NUMBER: 727-796-5943	

- 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
Initial performance test has not been performed and monitoring parameters have not been established.	Conduct an initial performance test. Monitor operating conditions during test. The operating conditions will establish parameters that will be used to demonstrate continuing compliance with the emissions limit.
Did not maintain purchase records of wetting agent components.	Maintain records of purchases so that they can be made available during an inspection.
Did not have an O&M plan, or a start-up, shutdown, malfunction (SSM) plan, in place.	If no specific procedures are available from the manufacturer, develop an O&M plan, for normal operations, and a SSM plan describing procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction.
Did not have start-up, shutdown, malfunction plan associated with their O&M plan.	Develop and implement a start-up, shutdown, malfunction plan to accompany the O&M plan.
Did not maintain records of the dates and times that fume suppressants are added to the bath.	Develop and maintain a log that records the date and time that fume suppressants are added to the bath.
Did not maintain records of actual cumulative rectifier capacity (small hard chrome), which is being used to determine facility size.	Develop and maintain a log that records actual cumulative rectifier capacity.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

DATE OF NEXT INSPECTION: 4/01/00 (Approximate)

INSPECTION CONDUCTED BY: Margaret Hennis (Please Print)

INSPECTOR'S SIGNATURE: Margaret O. Hennis PHONE NUMBER: 404-4422

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 3:00	TIME OUT: 4:00	AIRS ID# 1030360
TYPE OF FACILITY: Chromium Electroplating and Anodizing		
FACILITY NAME: Accurate Plating and Weaponery	DATE: 4/11/00	
FACILITY LOCATION: 940 Harbor Lake Drive		
RESPONSIBLE OFFICIAL: Safety Harbor	PHONE NUMBER: 727-796-5943	

- 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:

Did not maintain records of the total process operating time.	Develop and maintain a log that records the total process operating time (actual tank operation).
Did not maintain records identifying specific periods of excess emissions.	Develop and maintain a log that records the date and time of commencement and completion of each period of excess emissions (as determined from monitoring data) that occurs during malfunction of the process, add-on air pollution control equipment, or monitoring equipment.
Quarterly inspection records for add-on air pollution control devices and monitoring equipment were not maintained.	Develop and maintain a log that records quarterly inspections of the add-on pollution control devices and monitoring equipment as defined by the O&M plan and the work practice procedures.
Did not maintain records of maintenance performed, add-on pollution control devices, and monitoring equipment.	Develop and maintain a log that records all maintenance performed on the affected source, the add-on air pollution control device, and monitoring equipment (equipment identified, date performed, and description of maintenance performed) as established in the O&M plan.
Did not record the date of occurrence, duration and cause (if known) of each malfunction of process, add-on air pollution control, and monitoring equipment.	Develop and maintain a log that records the date of occurrences, durations and causes (if known) of each malfunction of process, add-on air pollution control, and monitoring equipment.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

DATE OF NEXT INSPECTION: _____
(Approximate)

INSPECTION CONDUCTED BY: _____
(Please Print)

INSPECTOR'S SIGNATURE: _____ PHONE NUMBER: _____

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>3:00</u>	TIME OUT: <u>4:00</u>	AIRS ID# 1030360
TYPE OF FACILITY: Chromium Electroplating and Anodizing		
FACILITY NAME: Accurate Plating and Weaponery	DATE: <u>4/14/00</u>	
FACILITY LOCATION : 940 Harbor Lake Drive		
RESPONSIBLE OFFICIAL: Safety Harbor	PHONE NUMBER: 727-796-5943	

- 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:

Did not record actions taken during periods of malfunction when such action is inconsistent with the O&M plan.	Develop and maintain a log that records the action taken during periods of malfunction when such action is inconsistent with the O&M plan.
--	--

Comments:

(F:\USERS\AIRQUAL\WPDOCS\AQTOX\CAA\CHROME\SUMMARY2.FRM)

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

DATE OF NEXT INSPECTION: _____
(Approximate)

INSPECTION CONDUCTED BY: _____
(Please Print)

INSPECTOR'S SIGNATURE: _____ PHONE NUMBER: _____

Tank A 9/10/99 = 40 dyne/cm
Reached 40 hrs on 12/1/99
did not read surf tension until 4/3/00
4 hrs before next reading on 4/3/00
42.5

TANK B 7/11/99 40 dyne
9/10/99 42 dyne

measured again on 4/3/00 = 4/3/00
106 hrs

Tank C Not in use

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

7000 0520 0020 9372 9958

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

Postmark
Here

Rt 7 AIRS ID # 1030360001AG
St ROBERT A COGAN
 ACCURATE PLATING & WEAPONRY INC
 940 HARBOR LAKE DR
Ch SAFETY HARBOR FL 34695

(maller)

PS

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:

7 AIRS ID # 1030360001AG
 ROBERT A COGAN
 ACCURATE PLATING & WEAPONRY INC
 940 HARBOR LAKE DR
 SAFETY HARBOR FL 34695

2. Article Number (Copy from service label)

7000 0520 0020 9372 9958

COMPLETE THIS SECTION ON DELIVERY

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

8-17-01

C. Signature

X *J. Privet*

- Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

J. Privet

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2,333 613 225

US Postal Service
Receipt for Certified Mail

AIRS ID 1030360

ACCURATE PLATING & WEAPONRY INC
ROBERT A COGAN
940 HARBOR LAKE DR
SAFETY HARBOR FL 34695

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1030360
ACCURATE PLATING & WEAPONRY INC
ROBERT A COGAN
940 HARBOR LAKE DR
SAFETY HARBOR FL 34695

4a. Article Number

2333613225

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

2/17

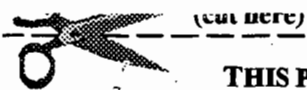
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.



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

303447

Do NOT Remove Label

AIRS ID#1030360
 ACCURATE PLATING & WEAPONRY INC
 ROBERT A COGAN
 940 HARBOR LAKE DR
 SAFETY HARBOR FL 34695

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

RECEIVED
MAIL ROOM
FEB 26 98

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

0390357

Do NOT Remove Label

AIRS ID # 1030360
 ROBERT A COGAN
 ROBERT A COGAN
 940 HARBOR LAKE DR
 SAFETY HARBOR FL 34695

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

RECEIVED
MAIL ROOM
JAN -4 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0359151 ✓

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
FEB -2 99

Do **NOT** Remove Label

AIRS ID # 1030360

ROBERT A COGAN
ROBERT A COGAN
940 HARBOR LAKE DR
SAFETY HARBOR FL 34695

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258935 ✓

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

AIRS ID# 1030360

ACCURATE PLATING & WEAPONRY INC
ROBERT A COGAN
940 HARBOR LAKE DR
SAFETY HARBOR FL 34695

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420499 DEC 11 2002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1030360
 ACCURATE PLATING & WEAPONRY INC
 ROBERT A COGAN
 940 HARBOR LAKE DR
 SAFETY HARBOR FL
 34695

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

Bureau of Air Monitoring & Mobile Sources

DEC 13 2002

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401035

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 # 1030360
 ACCURATE PLATING & WEAPONRY INC
 ROBERT A COGAN
 940 HARBOR LAKE DR
 SAFETY HARBOR FL 34695

Bureau of Air Monitoring & Mobile Sources

DEC 29 2002

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

RECEIVED

DEC 27 2002

RECEIVED MAIL ROOM

20-27-0000

AIRS ID#: 1030360

Revised 01/13/98

acc ✓

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

AIRS ID#1030360
ACCURATE PLATING & WEAPONRY INC
ROBERT A COGAN
940 HARBOR LAKE DR
SAFETY HARBOR FL 34695

RECEIVED

FEB 10 1998

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: 1-1-97 19 97 TO 1-1- 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: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL:

ROBERT A. COGAN
Name (Please Print)

Robert A. Cogan
Signature

2-3-98
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.