

BEST AVAILABLE COPY



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wether  
Secretary

January 27, 1997

Mr. Andy Pozin  
President  
Sun-Glo Plating Company, Inc.  
Post Office Box 155  
Pinellas Park, Florida 34666

Re: Facility I.D. No. 1030365

Dear Mr. Pozin:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on January 9, 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, 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

# Chromium Electroplating and Anodizing Facilities Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  SUN-GLO PLATING COMPANY, INC.
2. Site Name (For example, plant name or number):  SUN-GLO PLATING COMPANY, INC.
3. Hazardous Waste Generator Identification Number:  FLD 982111080
4. Facility Location: Street Address: 11100 60th Street North City: Pinellas Park County: Pinellas Zip Code: 34666
5. Facility Identification Number (DEP Use):

## Responsible Official

6. Name and Title of Responsible Official:  Andy Pozin, President
7. Responsible Official Mailing Address: Organization/Firm: SUN-GLO PLATING COMPANY, INC. Street Address: P.O. Box 155 City: Pinellas Park County: Pinellas Zip Code: 34664
8. Responsible Official Telephone Number: Telephone: (813) 546 - 8974 Fax: (813) 546 - 5842

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  Donald Melton, General Manager
10. Facility Contact Address: SUN-GLO PLATING COMPANY, INC.  Street Address: P.O. Box 155 City: Pinellas Park County: Pinellas Zip Code: 34664
11. Facility Contact Telephone Number: Telephone: (813) 546 - 8974 Fax: (813) 546 - 5842

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JAN 15 1997

Bureau of Air Monitoring  
& Mobile Sources

**Facility Information**

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

HARD		CHROMIUM	PLATING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
001	12-1-96	2-10-97	CMP	0.03 mg/dscm

Key for Control Device Type

Applicable Standard Key

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

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.

N/A

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)

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: **New Facility**

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 checked="" type="checkbox"/> |
| (c) Equipment malfunctions                       | <input checked="" 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 checked="" type="checkbox"/> | (h) Equipment monitoring                 | <input checked="" type="checkbox"/> |
| (i) Excess emissions                             | <input checked="" type="checkbox"/> | (j) Operating periods                    | <input checked="" 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

12/17/96  
\_\_\_\_\_  
Date

#1030365  
Bun-9/10 Plating

page 20:

1a If tanks are new  
as otherwise in-  
dicated, then the  
applicable  
standard should  
be 0.015 mg/l CSN.  
Please verify  
and correct as  
necessary. RD  
to resign and date.



RECEIVED

Chromium Electroplating and Anodizing Facilities Notification

JAN 9 1997

Facility Name and Location

Bureau of Air Monitoring  
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  SUN-GLO PLATING COMPANY, INC.
2. Site Name (For example, plant name or number):  SUN-GLO PLATING COMPANY, INC.
3. Hazardous Waste Generator Identification Number:  FLD 982111080
4. Facility Location: Street Address: 11100 60th Street North City: Pinellas Park County: Pinellas Zip Code: 34666
5. Facility Identification Number (DEP Use):  1030365

Responsible Official

6. Name and Title of Responsible Official:  Andy Pozin, President
7. Responsible Official Mailing Address: Organization/Firm: SUN-GLO PLATING COMPANY, INC. Street Address: P.O. Box 155 City: Pinellas Park County: Pinellas Zip Code: 34664
8. Responsible Official Telephone Number: Telephone: (813) 546 - 8974 Fax: (813) 546 - 5842

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  Donald Melton, General Manager
10. Facility Contact Address: SUN-GLO PLATING COMPANY, INC.  Street Address: P.O. Box 155 City: Pinellas Park County: Pinellas Zip Code: 34664
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### Facility Information

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

HARD		CHROMIUM	PLATING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
001	12-1-96	2-10-97	CMP	0.03 mg/dscm

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 FS = fume suppressant only  
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 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.

N/A

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)

Key for Control Device Type

Applicable Standard Key

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

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: **New Facility**

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
- (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.

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

  
\_\_\_\_\_  
Signature

12/17/96  
\_\_\_\_\_  
Date

✓

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

TYPE OF INSPECTION:      ANNUAL       COMPLAINT/DISCOVERY       RE-INSPECTION

TIME IN: 9:50 a.m.	TIME OUT: 10:25 a.m.	AIRS ID# 1030365 001
TYPE OF FACILITY: <b>Chromium Electroplating and Anodizing</b>		
FACILITY NAME: <b>Sun-Glo Plating Co.</b>	DATE: December 8, 1997	
FACILITY LOCATION: <b>11100 60th St. North, Pinellas Park, FL 34666</b>		
RESPONSIBLE OFFICIAL: <b>Don Melton</b>	PHONE NUMBER: (813) 546-5842	

- 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:**

A follow-up inspection was performed to verify that the facility was shutdown. The chromium tanks have been removed and are off the premises. The facility sent a request for rescinding its permit on July 29, 1997.

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

DATE OF NEXT INSPECTION: December 12, 1998  
(Approximate)

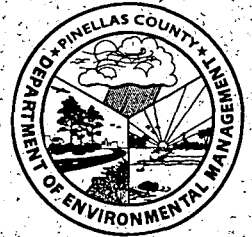
INSPECTION CONDUCTED BY: Jeff Morris  
(Please Print)

INSPECTOR'S SIGNATURE: *Jeff Morris*      PHONE NUMBER: 464-4422



**PINELLAS COUNTY  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**AIR QUALITY DIVISION  
300 SOUTH GARDEN AVENUE  
CLEARWATER, FLORIDA 33756**



COMMISSIONERS  
ROBERT B. STEWART - CHAIRMAN  
BARBARA SHEEN TODD - VICE CHAIRMAN  
CALVIN D. HARRIS  
SALLIE PARKS  
STEVE SEIBERT

PHONE: (813) 464-4422  
FAX: (813) 464-4420  
SUNCOM: 570-4422  
SUNCOMFAX: 570-4420

August 1, 1997

Ms: Dotty Diltz, Chief  
Bureau of Air Monitoring and Mobile Sources  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Re: Sun-Glo Plating Company, Title V General Permit Notification Withdrawal.**

Ms. Diltz:

Enclosed is a copy of a letter sent to our office from Sun-Glo Plating Company. Sun-Glo is requesting that their Title V General Permit Notification (#1030365) be withdrawn.

If you have any questions, please contact Matt McCann at Suncom 570-4422.

Sincerely,

Gary Robbins, Environmental Program Manager  
Air Quality Division  
cc: RF, PF

AQTOX\CAA\chrome\sunglo

**RECEIVED**

**AUG 4 1997**  
Bureau of Air Monitoring  
& Mobile Sources



PLATING CO.

YOU START IT - WE FINISH IT

RECEIVED  
JUL 29 1997  
AIR QUALITY

Dept. of Environmental Mgmt.  
Air Quality Division  
300 S. Garden Ave.  
Clearwater, FL 34616  
Peter A. Hessling

Re: Air Discharge Permit request - Facility I.D. No. 1030365

Dear Sir,

Sun Glo Plating Company respectfully request that the Title V General Permit Notification be withdrawn.

Due to the loss of the work contract for the hard chrome work, we will not be using this process and would like to save the option of having the Title V General Permit issued for a future need.

We wish to thank you for all the help. If you need any additional information, please call Donald Melton at 546-8974.

A handwritten signature in cursive script that reads "Donald E. Melton".

Donald E. Melton  
Environmental / Safety Manager

cc K2 Engineering  
ap  
db

PINELLAS COUNTY  
BOARD OF  
COUNTY  
COMMISSIONERS

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR QUALITY DIVISION  
300 SO. GARDEN AVE.  
CLEARWATER, FL 34616



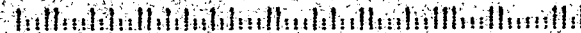
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H METER 511412

Ms. Dotty Diltz, Chief  
Bureau of Air Monitoring and Mobile Sources  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

32399-2400 51



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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1030365 TIME IN: 9:50 a.m. TIME OUT: 10:25 a.m.  
 FACILITY NAME: Sun-Glo Plating Co.  
 FACILITY LOCATION: 11100 60th St N  
Pinellas Park, FL 33782

**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 ( $4.4 \times 10^{-6}$  gr/dscf)   
    Surface tension of  $\leq 45$  dynes/cm ( $3.1 \times 10^{-3}$  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 ( $4.4 \times 10^{-6}$  gr/dscf)

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



**PART III: CONTROL TECHNOLOGY**

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

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

**PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Has the responsible official maintained the following records?

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

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

7. Purchase records of wetting agent components.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8. Records of the date and time that fume suppressants are added to the bath.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
9. Records of rectifier capacity, if used to determine facility size.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10. Records of the total process operating time.	<input type="checkbox"/> Y <input type="checkbox"/> N
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input type="checkbox"/> N
12. Startup, Shutdown & Malfunction Plan	<input type="checkbox"/> Y <input type="checkbox"/> N

**PART V: ADDITIONAL SITE INFORMATION**

Don Melton Environmental Health + Safety Mgr.

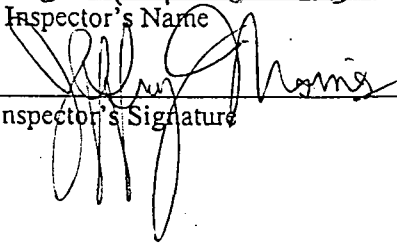
- Facility operates a hard chromium electroplating tank

Responsibilities: malfunctions record, instrument calibration, performance test results, excess emiss records, inspection & repair, O/M checklist, SS M plan, operating periods

Mr. Melton stated that the facility suspended chromium electroplating in July, letter requesting withdrawal postmarked 7/29/97.

Don Melton  
Name of Responsible Official

Jeff Morris  
Inspector's Name

  
Inspector's Signature

12/8/97  
Date of Inspection

\_\_\_\_\_  
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
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RECEIVED  
 DEC - 11 1996  
 Bureau of Air Monitoring  
 & Mobile Sources

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(check appropriate box)

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  - Surface tension of  $\leq 45$  dynes/cm ( $3.1 \times 10^{-3}$  lb-f/ft)
  - May only be selected if a wetting agent is used.*
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  - With wetting agent
  - Without wetting agent  $<0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)
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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 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

<b>Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.	<b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.
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- Purchase records of wetting agent components.  Y  N  N/A
- Records of the date and time that fume suppressants are added to the bath.  Y  N  N/A
- Records of rectifier capacity, if used to determine facility size.  Y  N  N/A
- Records of the total process operating time.  Y  N
- Records identifying specific periods of excess emissions.  Y  N
- Startup, Shutdown & Malfunction Plan  Y  N

PART V: ADDITIONAL SITE INFORMATION

Don Melton Environmental Health +  
Safety Mgr.

- Facility operates a hard chromium electroplating tank

Responsibilities: malfunctions record, instrument calibration, performance test results, excess emiss records, inspection & repair, O/M checklist, SSM plan, operating periods

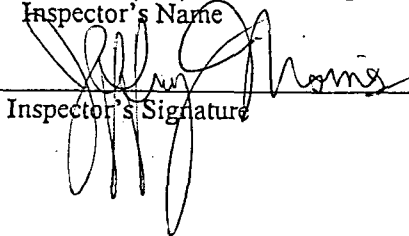
Mr. Melton stated that the facility suspended chromium electroplating in July, letter requesting withdrawal postmarked 7/29/97.

Don Melton

Name of Responsible Official

Jeff Morris

Inspector's Name



Inspector's Signature

12/8/97

Date of Inspection

Approximate Date of Next Inspection

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

7000 0520 0020 9372 8876

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

**Recipient** AIRS ID # 1030365001AG

ANDY POZIN  
 Street, Apt. SUN-GLO PLATING COMPANY INC  
 City, State PO BOX 155  
 PINELLAS PARK FL 34664

PS Form 3811, July 1999 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 # 1030365001AG  
 ANDY POZIN  
 SUN-GLO PLATING COMPANY INC  
 PO BOX 155  
 PINELLAS PARK FL 34664

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *Mary Myre*  Agent  Addressee

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 8876