



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

March 7, 1997

Mr. Edward Sharp  
President  
U.S. Plating/Alert Bumper Corp.  
6617 Ulmerton Road  
Largo, Florida 33771

Re: Facility I.D. No. 1030369

Dear Mr. Sharp:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on February 17, 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. Gary Robbins, Pinellas County

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

3755

260464

228 RECEIVED

Chromium Electroplating and Anodizing Facilities Notification

FEB 17 1997

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): EDWARD SHARP U.S. PLATING CORP.	
2. Site Name (For example, plant name or number): U.S. PLATING / ALERT BUMPER CORP.	
3. Hazardous Waste Generator Identification Number: FL D053501193	
4. Facility Location: 6617 UL MERTON RD. Street Address: City: LARGO FL County: PINELLAS Zip Code: 33771	
5. Facility Identification Number (DEP Use): 1030369	

Responsible Official

6. Name and Title of Responsible Official: EDWARD SHARP PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: U.S. PLATING / ALERT BUMPER Street Address: 6617 UL MERTON RD. City: LARGO FL County: PINELLAS Zip Code: 33771	
8. Responsible Official Telephone Number: Telephone: (813) 531-3577 Fax: (813) 538-8782	

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: ( ) -	

RECEIVED MAIL ROOM

FEB 13 97

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 <del>AND</del> ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
CHROME	1970	1970	FS/WA	y

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 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 checked="" 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.*

Edward S. Long  
Signature

2-6-97  
Date

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

**\*No longer in operation**

AIRS ID#: 1030369 TIME IN: 10:37am TIME OUT: 11:25am  
 FACILITY NAME: U.S. Plating (Alert Bumper)  
 FACILITY LOCATION: 6617 Ulmerton Rd.  
Largo, FL 33771

**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?

- 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.
<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.

- 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

Facility is no longer involved with chromium electroplating  
Jim Strickland - warehouse manager  
escorted the inspector to verify  
that the facility no longer is  
involved in chromium electroplating.

Talked to Ed Sharp former president of  
U.S. Plating / Alert Bumper. Several tanks  
were hauled and destroyed as scrap. Only  
one tank was retained and sold to  
Classic Chrome. (Facility was sold to Keystone Automotive  
on 5/1/97.)  
The facility plans to write formally to the  
state to request a recinding of its permit.

Ed Sharp

Name of Responsible Official

Jeff Morris

Inspector's Name

Inspector's Signature

12/5/97

Date of Inspection

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: 10:37 a.m.	TIME OUT: 11:05 a.m.	AIRS ID# 1030369 001
TYPE OF FACILITY:	Chromium Electroplating and Anodizing	
FACILITY NAME:	U.S. Plating/Alert Bumper	DATE: December 5, 1997
FACILITY LOCATION :	6617 Ulmerton Rd., Largo, FL 33771	
RESPONSIBLE OFFICIAL:	Ed Sharp	PHONE NUMBER: (813) 531-3577

- 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.). *(By shutdown)*
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

**Comments:**

Facility has suspended its chromium electroplating operation and plans to recind its permit.

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

DATE OF NEXT INSPECTION: \_\_\_\_\_ December 5, 1998 \_\_\_\_\_  
(Approximate)

INSPECTION CONDUCTED BY: \_\_\_\_\_ Jeff Morris \_\_\_\_\_  
(Please Print)

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



2-12-98

To Whom it may CONCERN,

-AIRS ID# 1030369

AS OF MAY 30<sup>TH</sup> 1997 U.S. PLATING ALERT Bumper  
6617 ULMERTON RD, LARGO, FL. 33771 HAS  
SUSPENDED ITS CHROMIUM ELECTROPLATING  
OPERATION, AND NO LONGER REQUIRES A AIR  
QUALITY GENERAL PERMIT.

AIR'S ID# 1030369

SINCERELY EDWARD SHARP PRESIDENT  
Edward Sharp 813-584-0522

COPIES SENT TO ...

PINELLAS COUNTY DEPT of ENV. MANAGEMENT  
AIR QUALITY DIV.  
300 S. GARDEN AV.  
CLW FL 33758 - JEFF MORRIS

BUR of Air monitoring + mobile SOURCES  
DEPT of ENV. PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

TITLE V - GENERAL PERMIT  
RECEIPTS  
POST OFFICE Box 3070  
TALLAHASSEE, FL. 32315-3070

RECEIVED

FEB 19 1998

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED

FEB 18 1998

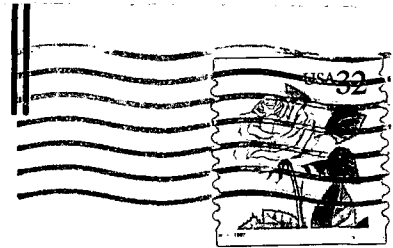
Bureau of Finance  
and Accounting  
REVENUE

RECEIVED

FEB 17 1998

Bureau of Finance  
and Accounting  
REVENUE

U.S. PLATING  
204 HARBORVIEW LANE  
LARGO, FL 33770

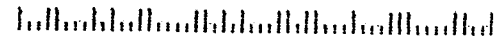


MS 5505

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

NO check  
Inside  
\*

32315-3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

304129 ✓

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**

RECEIVED  
MAIL ROOM  
MAR - 2 98

check no 1901

Do NOT Remove Label

AIRS ID 1030369  
EDWARD SHARP  
EDWARD SHARP  
6617 ULMERTON ROAD  
LARGO FL 33771

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414262 FEB18 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 # 1030471 NORRIS PRECISION MFG INC JOE NORRIS JR 4680 110TH AVENUE NORTH CLEARWATER FL 33762
---

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

**NORRIS PRECISION MFG., INC.**

VENDOR NO.

VENDOR NAME

**53789**

Department of Environmental Protection

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
02/14/02	Title V Air General Permit AIRS ID # 1030471			**\$50.00

CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
02/14/02	53789			**\$50.00

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

7000 0520 0020 9372 8883

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

Postmark  
Here

**Rec7** AIRS ID # 1030369001AG  
 EDWARD SHARP  
**Stre** U S PLATING CORP/ALERT BUMPER  
 6617 ULMERTON ROAD  
**City** LARGO FL 33771

Postmark  
Here

PS Form

Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.  
 FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION** **RECEIVER: COMPLETE THIS SECTION ON DELIVERY**

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

1. Article Addressed to:

7 AIRS ID # 1030369001AG  
 EDWARD SHARP  
 U S PLATING CORP/ALERT BUMPER  
 6617 ULMERTON ROAD  
 LARGO FL 33771

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **OCT 24 2001**

C. Signature **X S. Watson**  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 8883**

Z 333 613 222

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

AIRS ID 1030369

EDWARD SHARP  
EDWARD SHARP  
6617 ULMERTON ROAD  
LARGO FL 33771

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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:**

EDWARD SHARP  
EDWARD SHARP  
6617 ULMERTON ROAD  
LARGO FL 33771

AIRS ID 1030369

**4a. Article Number**

Z 333613 222

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

**7. Date of Delivery**

2-17

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

*[Handwritten Signature]*

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

Thank you for using Return Receipt Service.

acc

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

Revised 01/13/98

Bureau of Air Monitoring  
& Mobile Sources

MAR 04 1998

RECEIVED

AIRS ID 1030369
EDWARD SHARP EDWARD SHARP 6617 ULMERTON ROAD LARGO FL 33771

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO December 31 1997

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: THIS FACILITY IS NO LONGER IN OPERATION

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 AS OF MAY 30th 1997

Method used to demonstrate compliance: ATT RICK BUTLER

*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: Edward Sharp Edward Sharp 2-26-98  
 Name (Please Print) Signature Date

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