



Department of Environmental Protection

Lavton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 24, 1996

Mr. Ronald Centers
President
Electro Lab II, Inc.
4502 West South Avenue
Tampa, Florida 33614

Dear Mr. Centers:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 6, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

September 25, 1996

Liz Deken
Hillsborough County
813/272-5530

Dear Mrs. Deken:

After further review of the Title V General Permit Notification Form [DEP Form No. 62-213.900(4)], submitted by Electro Lab II, Inc.. It has been decided that the item listed below should also be checked under the Equipment Monitoring and Recordkeeping Information section on page 22. The responsible official (Mr. Ronald Centers) was contacted and informed that during an initial inspection of his facility he would be required to make the change in the present of an inspector. Your help is greatly appreciated in handling this matter.

ITEM: (m); Purchase records of wetting agent components

Should you have any question please contact me at SC 278-6140 or 904/488-6140

Sincerely,



Alvin C. Williams, Eng I
Bureau of Air Monitoring
and Mobile Sources

/ACW

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Electro Lab II, Inc.		
2. Site Name (For example, plant name or number):	Electro Lab II, Inc.		
3. Hazardous Waste Generator Identification Number:	FLD 004101986		
4. Facility Location:	Street Address: 4502 W. South Ave City: Tampa County: Hillsborough Zip Code: 33614		
5. Facility Identification Number (DEP Use):	0571072		

Responsible Official

6. Name and Title of Responsible Official:	Ronald Centers, President		
7. Responsible Official Mailing Address:	PO Box 151466, Tampa, FL 33684 Organization/Firm: Electro Lab II, Inc. Street Address: 4502 W. South Ave. City: Tampa County: Hillsborough Zip Code: 33614		
8. Responsible Official Telephone Number:	Telephone: (813) 872-0918 Fax: (813) 876-6387		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Raymond Diaz, Environmental Control		
10. Facility Contact Address:	PO Box 151466 Tampa, FL 33684 Street Address: 4502 W. South Ave City: Tampa County: HILLSBOROUGH Zip Code: 33614		
11. Facility Contact Telephone Number:	Telephone: (813) 872-0918 Fax: (813) 876-6387		

RECEIVED

SEP 6 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

HARD		CHROMIUM	PLATING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
#2	16 Dec 63	16 Dec 93	MPS (See Below)	a

Key for Control Device Type

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

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks under common control

MPS = Mesh Pad ~~preceded~~
 Preceded by Sprayer

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.

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
#1	16 Dec 63	16 Dec 93	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 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 type="checkbox"/> | (j) Operating periods | <input 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 type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

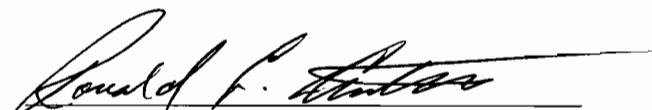
Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

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

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


Signature


Date

RECEIVED

JAN 9 1997

Bureau of Air Monitoring
& Mobile Sources

Please correct ~~the~~
the items identified
and mail to:

Return completed form to:

Florida Department of Environmental Protection
Bureau of Air Monitoring and Mobile Sources
Mail Station 5510
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

For assistance, call Small Business Assistance Program
(800) 722-7457

You must re-sign the form
on page ~~1~~^{22 of 22} and date
it the day corrections
were made. If you
have any question contact:



Environmental Protection Commission
of Hillsborough County

Bruce M. King, QEP
Engineer
Air Management Division

1410 N. 21st Street
Tampa, Florida 33605

Telephone:
(813) 272-5530
Fax: (813) 272-5605

September 25, 1996

RECEIVED

OCT 24 1996

EPC of HC
AIR MANAGEMENT

Liz Deken
Hillsborough County
813/272-5530

Dear Mrs. Deken:

After further review of the Title V General Permit Notification Form [DEP Form No. 62-213.900(4)], submitted by Electro Lab II, Inc.. It has been decided that the item listed below should also be checked under the Equipment Monitoring and Recordkeeping Information section on page 22. The responsible official (Mr. Ronald Centers) was contacted and informed that during an initial inspection of his facility he would be required to make the change in the present of an inspector. Your help is greatly appreciated in handling this matter.

ITEM: (m); Purchase records of wetting agent components

Should you have any question please contact me at SC 278-6140 or 904/488-6140

Sincerely,



Alvin C. Williams, Eng I
Bureau of Air Monitoring
and Mobile Sources

/ACW



RECEIVED

OCT 24 1996

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

EPC of HC
AIR MANAGEMENT

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Electro Lab II, Inc.</i>
2. Site Name (For example, plant name or number): <i>Electro Lab II, Inc.</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 004101986</i>
4. Facility Location: Street Address: <i>4502 W. South Ave</i> City: <i>Tampa</i> County: <i>Hillsborough</i> Zip Code: <i>33614</i>
5. Facility Identification Number (DEP Use): <i>0571072</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Ronald Centers, President</i>
7. Responsible Official Mailing Address: <i>PO Box 151466, Tampa, FL 33684</i> Organization/Firm: <i>Electro Lab II, Inc.</i> Street Address: <i>4502 W. South Ave.</i> City: <i>Tampa</i> County: <i>Hillsborough</i> Zip Code: <i>33614</i>
8. Responsible Official Telephone Number: Telephone: <i>(813) 872-0918</i> Fax: <i>(813) 876-6387</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Raymond Diaz, Environmental Control</i>
10. Facility Contact Address: <i>PO Box 151466 Tampa, FL 33684</i> Street Address: <i>4502 W. South Ave</i> City: <i>Tampa</i> County: <i>HILLSBOROUGH</i> Zip Code: <i>33614</i>
11. Facility Contact Telephone Number: Telephone: <i>(813) 872-0918</i> Fax: <i>(813) 876-6387</i>

RECEIVED

SEP 6 1996

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)
#2	16 Dec 63	16 Dec 83	MPS (see Below)	a

Key for Control Device Type

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

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks under common control

MPS = Mesh Pad ~~preceded~~
 Preceded by Sprayer

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.

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
#1	16 Dec 63	16 Dec 93	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 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 type="checkbox"/> | (j) Operating periods | <input 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.

Ronald F. Carter
Ronald F. Carter

Signature

1/7/97
9/3/96

Date

✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0571072 DATE: July 1, 97 TIME IN: 8:30 TIME OUT: 10:30
 FACILITY NAME: Electro Lab II, Inc.
 FACILITY LOCATION: 4502 W. South Ave
Tampa, FL 33614

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 *Emission controlled by scrubber

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.

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 checked="" 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

Facility has both hard chrome and decorative chrome tanks. The new scrubber is used to handle emissions from both operations. Performance test was being performed during this inspection using EPA method 306A.

Ronald Centers

Name of Responsible Official

Bruce M. King

Inspector's Name

Bruce M. King

Inspector's Signature

7/1/97

Date of Inspection

1 year

Approximate Date of Next Inspection

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

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 8:30 TIME OUT: 10:30 AIRS ID#: 0571072
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: Electro Lab II, Inc. DATE: 7/1/97
 FACILITY LOCATION: 4502 W. South ave
Tampa, FL 33614
 RESPONSIBLE OFFICIAL: Ronald Carter PHONE NUMBER: 872-0918

- 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: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1 year
(Approximate)

INSPECTION CONDUCTED BY: Bruce M King
(Please Print)

INSPECTOR'S SIGNATURE: Bruce M King PHONE NUMBER: (813) 272-5530

AIRS ID#: 0571072

RECEIVED
Revised 10/10/96

Chromium Plating AIR QUALITY GENERAL PERMIT AUG 11 1997
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: <u>Electro Lab II, Inc</u>	DATE: _____
FACILITY LOCATION: <u>4502 W. Smith Ave Tampa, FL 33614</u>	

Annual Reporting Period: 7/3 19 96 TO 7/22 19 97

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.500, 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: RONALD L. CENTERS Ronald L. Centers 7/27/97
 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.

AIRS ID#:

1-20-98

all

300783

Revised 01/13/98

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

AIRS ID#0571072

ELECTRO LAB II INC
RONALD CENTERS
4502 W SOUTH AVENUE
TAMPA FL 33614

Bureau of Air Monitoring
& Mobile Sources

JAN 27 1998

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Do NOT Remove Label

Annual Reporting Period: 7-23 1997 TO 7-23 1998

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: _____

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JAN 23 98

#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: RAYMOND DIAZ [Signature] 1-20-98
~~Ronald Centers~~
 Name (Please Print) Signature Date

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

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



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:00 TIME OUT: 1:45 AIRS ID#: 0571072
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: Electro Lab II, Inc. DATE: 7/30/98
 FACILITY LOCATION: 4502 W. South Ave.
Tampa, F 33614
 RESPONSIBLE OFFICIAL: Ronald L. Centers PHONE NUMBER: 872-0918

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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 AUG 18 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: Record keeping is very good.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1 year
 (Approximate)
 INSPECTION CONDUCTED BY: Bruce M. King
 (Please Print)
 INSPECTOR'S SIGNATURE: Bruce M King PHONE NUMBER: (813) 272-5540

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

RECEIVED
AUG 18 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERED
RE-INSPECTION

AIRS ID#: 0571072 DATE: 7/30/98 TIME IN: 12:00 TIME OUT: 1:45
 FACILITY NAME: Electro Lab II, Inc.
 FACILITY LOCATION: 4502 W. South Ave
Tampa, FL 33614
Phone (813) 872-0918

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 * Emissions Controlled by Scrubber

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)
 May only be selected if a wetting agent is used.

b. Trivalent Chromium Bath With wetting agent
 Without wetting agent < 0.01 mg/dscm (4.4x10⁻⁶ 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 checked="" 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 N/A
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

Maint. 4-6-98 Change gasket set on
recir. motor - 2 days

Stage 3 - 0.05 pressure drop

June 98 - packing material removed
and cleaned with acid. Waste
recycled back through process.

Record keeping was very good.

Ronald Centers
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M. King
Inspector's Signature

7/30/98
Date of Inspection

1 year
Approximate Date of Next Inspection

ACC

AIRS ID#: 0571072

Revised 10/10/96

**AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME:	<u>Electra Lab II, Inc.</u>	DATE:	<u>7/31/98</u>
FACILITY LOCATION:	<u>4502 W. Smith Ave Tampa, FL 33614</u>		

Annual Reporting Period: July 1 1997 TO July 29 1998

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: _____

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AUG 18 1998
Bureau of Air Monitoring
& Mobile Sources

#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 _____

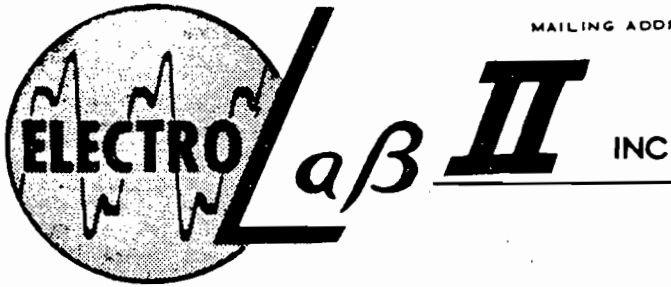
Action(s) taken to achieve compliance: _____

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: Ronald Canters Ronald Canters 7/30/98
 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.



MAILING ADDRESS: 4802 WEST SOUTH AVENUE, TAMPA, FLORIDA 33614

PHONE 872-0818

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APR 10 1998
Bureau of Air Monitoring
& Mobile Sources

April 6, 1998

State of Florida
Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400
Attn: Rick Butler

RE: Corrected Annual Compliance Certification Form

Dear Mr. Butler:

Thank you for your time and help in correcting the enclosed form.

If anything else is required please call me.

Yours truly,

Raymond Diaz
Quality Control Manager

CC:
Hillsborough County
Environmental Protection Commission
1900 - 9th Ave.
Tampa, FL 33605
Attn: Roger Zhu:

AIRS ID#:

1-20-98
ACC

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

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JAN 27 1998
Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0571072

ELECTRO LAB II INC
RONALD CENTERS
4502 W SOUTH AVENUE
TAMPA FL 33614

RECEIVED
APR 10 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: 7-22⁹⁰ 1997 TO Jan 20⁹⁰ 1998

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: _____

RECEIVED
MAIL ROOM
JAN 23 98

#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: RAYMOND DIAZ Ronald L. Centers Raymond Diaz 1-20-98

Name (Please Print) Signature Date

Ronald L. Centers Ronald L. Centers 3/30/98

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:30 AM TIME OUT: 10:45 AM AIRS ID#: 0571072
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: ELECTRO Lab II, INC DATE: _____
 FACILITY LOCATION: 4802 W. South Ave, Tampa, FL 33614
 RESPONSIBLE OFFICIAL: Ronald Centers PHONE NUMBER: (813) 872-0918

- 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: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1 year
(Approximate)

INSPECTION CONDUCTED BY: Mohammed Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari/shellan PHONE NUMBER: (813) 272-5530

AIRS ID#: 0571072

Revised 10/10/96

CHROMIUM PLATING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Acc ✓

FACILITY NAME: ELECTRO Lab II, INC. DATE: 9-23-99
 FACILITY LOCATION: 4502 W. South Ave
Tampa, FL 33614

Annual Reporting Period: July 29 1998 TO 9-23-99 19

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: _____

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 OCT 11 1999
 Bureau of Air Monitoring
 & Mobile Sources

#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. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Ronald L. Centers *Ronald L. Centers* 9/23/99
174000 (FACASG 5/11/94) 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.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: <u>0571072</u>	DATE: <u>9-22-99</u>	TIME IN: <u>9:30 AM</u>	TIME OUT: <u>10:45 AM</u>
FACILITY NAME: <u>Electro Lab II, Inc.</u>			
FACILITY LOCATION: <u>4502 West South Ave</u> <u>Tampa, FL 33614</u>			

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

Decorative Chromium Plating/Anodizing *EMISSION CONTROL by Scrubber*

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

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 checked="" 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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5. Results of all performance tests.	<input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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.

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

[Empty box for additional site information]

Ronald Conyers

Name of Responsible Official

M. Nozani / L. Shelton

Inspector's Name

M. Nozani

Inspector's Signature

9-22-99

Date of Inspection

1 year

Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Electro Lab II, inc. PAGE 1 OF 1

FACILITY ADDRESS: 4502 West South avenue CITY: Tampa
PHONE: (813)872-0918

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33614

INSPECTION DATE: September 22, 1999	TIME IN: 9:30AM	TIME OUT: 10:45AM	INSPECTION TYPE: CDS	STATUS: In Compliance
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NEDS NUMBER: 0571072

SOURCE DESCRIPTION: Chromium Electroplating

CONTACT(S): Mr. Ronald L. Centers, President

Leroy Shelton and I visited Electro Lab II, Inc. for the annual inspection. We met with the responsible official, and he introduced Mr. Raymond Diaz as an Environmental Manager. The facility is classified as an existing small decorative and hard chromium-plating source. Each electroplating operation took approximately six (6) minutes for decorative plating and minimum of six (6) hours for hard electroplating. In addition to operating time records the facility is required to have as operation and maintenance plan for startup, shutdown, and malfunction procedure. No malfunction in equipment has occurred, however, the facility has created a procedures that will be used in the event that a malfunction should occur.

The hard and decorative chromium tanks were inspected and tanks are located in an enclosed room inside the building. The smaller of the two chrome plating tanks which is located at the east corner of the enclosed room; is used for decorative plating, and the long tank, located on the north wall of the enclosed room is used for hard chrome plating. Both tanks contain emission collection system and each tank is vented to a wet scrubber. The scrubber is fitted with three (3) separate synthetic fiber filters each filter individually cleaned with recycled water. Due to negative static pressure the fumes from the Electro plating tanks will be sucked into the scrubber system. There is a return air pipe above the fan connected to a splitter box that due to turbulent air flow, some of the air would enter into the return pipe and ultimately into the operating room. The rectifier for the decorative plating tank is a rapid Electric and has a capacity of 3000 amp. The rectifier for the hard plating tank has a capacity 2000 amp.

Due to high wind velocity or workmanship the upper portion of the stack's scrubber is broken. Mr. Diaz said the stack will be fixed very soon. The record keeping was excellent. The initial stack test was performed on July 1, 1997 by Eltek of Rochester, Inc. located in state of New York, and a copy of the test result is in the file.

INSPECTED BY: Mohammad Nozari /Leroy Shelton	DATE: September 22, 1999
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**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 13:40 TIME OUT: 16:10 AIRS ID#: 571072
 TYPE OF FACILITY: CHROME PLATING
 FACILITY NAME: ELECTRO LAB II, INC DATE: 9/13/00
 FACILITY LOCATION: 4502 W. SOUTH AVE
TAMPA, FL 33614
 RESPONSIBLE OFFICIAL: RONALD CENTER PHONE NUMBER: (813) 872-0918

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1 YEAR
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
 (Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

AIRS ID#: 571072

Revised 10/10/96

Acc

CHROMIUM PLATING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ELECTRO LAB II, INC DATE: 9/13/00
 FACILITY LOCATION: 4502 W. SOUTH AVE
TAMPA, FL 33614

Annual Reporting Period: Sep 24 1999 TO Sep 13 2000

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: RONALD L. CENTERS Ronald L. Centers 9/13/00
 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.

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2, INS3) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)

AIRS ID#:	0571072	DATE:	9/13/00	TIME IN:	13:40	TIME OUT:	16:10
FACILITY NAME:	ELECTRO LAB II, INC						
FACILITY LOCATION:	4502 W. SOUTH AVE TAMPA, FL 33614						
RESPONSIBLE OFFICIAL:	RONALD CENTER	PHONE:	(813) 872-0918				
CONTACT NAME:	SAME	PHONE:	SAME				

PART I: NOTIFICATION

(check appropriate box)

Facility Compliance Status: IN

- | | | | | |
|---|-------------------------------------|-------------|-----|--------------------------|
| 1. New facility notified DARM 30 days prior to startup | <input checked="" type="checkbox"/> | (ARMS Data) | MNC | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use a general permit | <input type="checkbox"/> | | SNC | <input type="checkbox"/> |

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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 checked="" 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 N/A
- Records identifying specific periods of excess emissions. Y N N/A
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

See attached insp. report

ROGER ZHU

Inspector's Name

Roger Zhu

Inspector's Signature

9/13/00

Date of Inspection

1 Year

Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Electro Lab II, Inc. PAGE 1 OF 1

FACILITY ADDRESS: 4502 W. South Avenue CITY: Tampa
PHONE: 813-872-0918

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33614

INSPECTION DATE: Sept 13, 2000	TIME IN: 13:40	TIME OUT: 16:10	INSPECTION TYPE: Non- CDS	STATUS: In Compliance
-----------------------------------	-------------------	--------------------	------------------------------	--------------------------

NEDS NUMBER: 571072

SOURCE DESCRIPTION: Chromium Electroplating

CONTACT(S): Ronald Center

Today's visit was to conduct the annual inspection. I met with the R.O., Mr. Ronald Center. The facility is an existing small source of hard chrome application. There are (2) chrome tanks, (1) nickel tank and (1) copper tank. Both the chrome tanks (one for hard plating, the other for decorative) were in operation, the odors were very faint.

The control device is called ELTck CHROMEPLUS Evaporative Chrome Scrubbing System. The system contains (2) evaporative stages and (3) composite mesh pad stages. The evaporative stages are flooded with high volume spray nozzles for chrome impingement and rinse water evaporation. The composite mesh pad stages remove contaminants and come complete with wash-down chambers, which offer chromic acid mist elimination. The system can evaporate most of the excess rinse water being used, approximate 97% told by Mr. Center, mean while return a high concentrate back into the plating bath.

The recordkeeping is good. The pressure drops across each mesh pad have been recorded on a daily basis. I checked the pressure gauges that indicated 4, 4, and 0.5 in W.C. for the Stage I, II and III across each of the mesh pad stage respectively.

Mr. Center told me he purchased 4 drums of chrome (solid state, looked like crystal or sand) last year, each drum weights about 100 pounds. He said the 12-month chrome usage is about 200 pounds.

INSPECTED BY: Roger Zhu DATE: 9/13/00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300783

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

ELECTRO LAB II INC
RONALD CENTERS
4502 W SOUTH AVENUE
TAMPA FL 33614

AIRS ID#0571072

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

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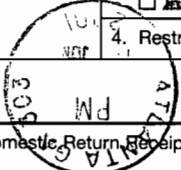
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1. Article Addressed to: 7 AIRS ID # 0571072001AG RONALD CENTERS ELECTRO LAB II INC 4502 W SOUTH AVENUE TAMPA FL 33614	C. Signature X <i>Ronald L. Centers</i>	
2. Article Number (Copy from service label) 7 210 662 499	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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