



0 2 5 0 7 1 7

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 12, 1996

Mr. David F. London
President
London Platers, Inc.
1080 East 24th Street
Hialeah, Florida 33013

Dear Mr. London:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 26, 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: Mr. Ewart Anderson, Dade County

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

LONDON PLATERS INC.

Tried to contact twice.

In "Equipment Monitoring &
Recordkeeping" (last page) →
need to add (a), (c), (f), (g), (h),
(i), and (j).

Everything else OK.

Erin Richard

DISTRICT ROUTING SLIP

TO: _____

DATE: _____

C.C.
TO:

	PENSACOLA	Northwest District	
	PANAMA CITY	Northwest District Branch Office	
	TALLAHASSEE	Northwest District Branch Office	
	TAMPA	Southwest District	
	ORLANDO	Central Florida District	
	MELBOURNE	Central Florida District Branch Office	
	JACKSONVILLE	Northeast District	
	GAINESVILLE	Northeast District Branch Office	
	FORT MYERS	South Florida District	
	PUNTA GORDA	South Florida District Branch Office	
	MARATHON	South Florida District Branch Office	
	WEST PALM BEACH	Southeast Florida District	
	PORT ST. LUCIE	Southeast Florida District Branch Office	
Reply Optional <input type="checkbox"/> Reply Required <input type="checkbox"/> Info Only <input type="checkbox"/>			
Date Due: _____ Date Due: _____			

COMMENTS:

FROM:

TEL:

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): LONDON PLATERS, INC.
2. Site Name (For example, plant name or number): SAME AS ABOVE
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 1080 EAST 24TH STREET Street Address: City: HIALEAH County: DADE Zip Code: 33013
5. Facility Identification Number (DEP Use): 0250717

Responsible Official

6. Name and Title of Responsible Official: DAVID F. LONDON, PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME AS ABOVE City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 691-3472 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE
10. Facility Contact Address: Street Address: SAME AS ABOVE City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () - SAME AS ABOVE

RECEIVED

AUG 26 1996

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.

TANK ID #	HARD DATE PURCHASED	CHROMIUM DATE CNTRL DEVICE INSTALLED	PLATING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)

NONE

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

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 DEC. CHROME	16 DEC 93	16 DEC 93	FS	x = 0.01 mg/dscm

Key for Control Device Type

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

Applicable Standard Key

- x = 0.01 mg/dscm
- y = 45 dynes/cm
- z = records of bath components (trivalent Cr tanks only)
- c = alternative standard for multiple tanks under common control

2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form:

- January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

- The facility will conduct an initial performance test
- The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| (a) Equipment maintenance | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input 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 checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input type="checkbox"/> | | |

p. 4

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.

David F. Gardley, President
Signature

August 23rd, 1996
Date

STATE
RECEIVED

AUG 25 1997

Air Quality
Management Division

London



Waters, Inc.

0250717

DEAR MS.RIVERA,

ENCLOSED PLEASE FIND OUR "MALFUNCTION PLAN NOTICE".AS PER CONVERSATION WITH YOU ON AUG.7th,1997 ALSO,PLEASE NOTE WE ARE NOW RECORDING THE DATE,AMOUNT OF FUME SUPPRESSANT USED AND TOTAL OPERATING TIME ON A DAILY BASIS.

THANKS FOR YOUR HELP AND WE'LL SEE YOU NEXT YEAR.

A handwritten signature in cursive script that reads "David F. London, Pres.".

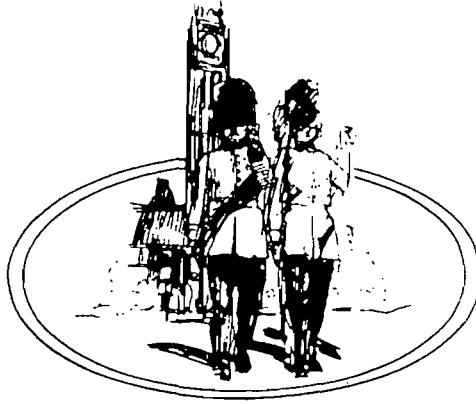
DAVID F.LONDON,PRESIDENT

RECEIVED

SEP 25 1997

Bureau of Air Monitoring
& Mobile Sources

London



Platers, Inc.

MALFUNCTION PLAN NOTICE

IF AT ANYTIME THE FUME SUPPRESSANT DOES NOT ADEQUATELY PROVIDE ATLEAST 1" OF FOAM BLANKET, WE WILL IMMEDIATELY CEASE OPERATIONS. WE WILL THEN CONTACT OUR SUPPLIER AND ORDER IN FRESH PRODUCT. WE WOULD ALSO REQUEST A WRITTEN STATEMENT FROM THEM TO EXPLAIN WHAT CAUSED THE PROBLEM TO BEGIN WITH.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT



TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 11:00 am TIME OUT: 11:50 am AIRS ID#: 0250717
 TYPE OF FACILITY: LONDON PLATERS / CHROMIUM ELECTROPLATES
 FACILITY NAME: LONDON PLATERS DATE: 8-7-97
 FACILITY LOCATION: 1080 EAST 24 STREET, MIAMI
 RESPONSIBLE OFFICIAL: DAVID F. LONDON PHONE NUMBER: 691-3472

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
1. No record of fume suppressant additions.	1. MUST RECORD DATE & AMOUNT of fume suppressant additions.
2. No record of total operating time.	2. MUST RECORD OPERATING TIME.
3. No startup, shutdown & malfunction plan.	3. MUST HAVE AIR RECORD.

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES NO

DATE OF NEXT INSPECTION: 8-98

(Approximate)

INSPECTION CONDUCTED BY: ROSEAN PIVERA

(Please Print)

INSPECTOR'S SIGNATURE: [Signature]

PHONE NUMBER: 372-6942

AIRS ID#: 0250717

all

Revised 10/10/96

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

FACILITY NAME: LONDON Platers DATE: 8-7-97
 FACILITY LOCATION: 1080 EAST 24 Street, Hialeah, FL

Annual Reporting Period: January 19 96 TO December 19 96

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:

No RECORDS OF Fume Su pPRESENT Additions, OPERATING TIME, NO MALFUNCTION PLAN

Exact period of non-compliance: from JANUARY, 1996 to DECEMBER, 1996

Action(s) taken to achieve compliance: AS OF TODAY WE WILL START KEEPING REF. RECORDS

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 RECEIVED

Action(s) taken to achieve compliance: _____

AUG 22 1997

Method used to demonstrate compliance: _____

Bureau of Air Monitoring & Mobile Sources

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

RESPONSIBLE OFFICIAL: DAVID F. LONCLOW, PRES. Daniel F. Farley, Pres. Aug. 7, 1997
 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 COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250717 DATE: 8-7-97 TIME IN: 11:00 am TIME OUT: 12:15 noon
 FACILITY NAME: London Plating **RECEIVED**
 FACILITY LOCATION: 1080 E. 24 Street AUG 22 1997
Hiialeah, FL Bureau of Air Monitoring
 & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

MS
8/15/97

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 checked="" type="checkbox"/> Foam Blanket Fume Suppressant	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input 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 checked="" 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 checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> N/A						
<table border="0"> <tr> <td>Composite Mesh Pad Measure the pressure drop across the CMP daily.</td> <td>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</td> </tr> <tr> <td>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</td> <td>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</td> </tr> <tr> <td>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</td> <td>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</td> </tr> </table>	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.	
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 checked="" type="checkbox"/> N/A						
8. Records of the date and time that fume suppressants are added to the bath.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
9. Records of rectifier capacity, if used to determine facility size.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
10. Records of the total process operating time.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
12. Startup, Shutdown & Malfunction Plan	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						

PART V: ADDITIONAL SITE INFORMATION

- Operating Records - date recorded but not the duration (hence incomplete).
- Fume suppressant additions not recorded.
- Need startup, shutdown & malfunction plan.

David F. London

Name of Responsible Official

Rosana Rivera

Inspector's Name

8-7-97

Date of Inspection

Rosana Rivera

Inspector's Signature

8-98

Approximate Date of Next Inspection

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

RECEIVED

JAN 15 1999

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 250717 **TIME IN:** 2:40 pm **TIME OUT:** 3:10 pm
FACILITY NAME: London Platers, Inc.
FACILITY LOCATION: 1080 E 24 St
Hialeah, FL 33013

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 (4.4x10⁻⁶ 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.

12/22/98
ARMS
JG

MB
12/28/98

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 checked="" type="checkbox"/> Foam Blanket Fume Suppressant | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. | <input type="checkbox"/> Fume Suppressant w/ Wetting Agent | <input 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 checked="" 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 checked="" 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 type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 5. Results of all performance tests. | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" 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.

Fiber-Bed Mist Eliminator

Measure the pressure drop across the FBME and the upstream device daily.

Foam Blanket Fume Suppressant

Measure the foam blanket thickness at the appropriate interval.

Packed Bed Scrubber

Measure the pressure drop across the PBS and the inlet velocity daily.

Packed Bed Scrubber/Composite Mesh Pad

Measure the pressure drop across the CMP daily.

Fume Suppressant w/ Wetting Agent

Measure the surface tension at the appropriate interval.

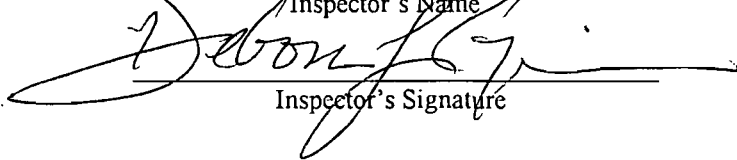
- | | | | |
|---|---------------------------------------|----------------------------|---|
| 7. Purchase records of wetting agent components. | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 8. Records of the date and time that fume suppressants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

PART V: ADDITIONAL SITE INFORMATION

Please note that the 1997 inspection identifies this facility as using a "Trivalent Chromium Bath" (page 1 of 3 of inspection form). When questioned again during this inspection, Mr. King informed me that this was indeed an incorrect classification because he uses a "chromic acid bath" - hexavalent.

David F. London
Name of Responsible Official

Debora Griner
Inspector's Name


Inspector's Signature

12/10/98
Date of Inspection

12/99
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:40 pm TIME OUT: 3:10 pm AIRS ID#: 250717
 TYPE OF FACILITY: Decorative Chromium Electroplating
 FACILITY NAME: London Platers DATE: 12/10/98
 FACILITY LOCATION: 1080 E 24 St
Hialeah, FL 33013
 RESPONSIBLE OFFICIAL: David London PHONE NUMBER: (305) 1091-3472

- 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: 12/99
(Approximate)

INSPECTION CONDUCTED BY: Deborah Griner
(Please Print)

INSPECTOR'S SIGNATURE: Deborah Griner PHONE NUMBER: (305) 372-10925

AIRS ID#: 250717

Acc

Revised 10/10/96

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

RECEIVED

JAN 15 1999

FACILITY NAME: London Platers

FACILITY LOCATION: 1080 E 24 St
Hialeah, FL 33013

Bureau of Air Monitoring
DATE: 12/10/98
& Mobile Sources

Annual Reporting Period: 9 1997 TO 9 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: _____

#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: David London Diane London 12/10/98
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.

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

RECEIVED
 Bureau of Air Monitoring
 Mobile Sources
 OCT 10 2000

AIRS ID#: 0250717 DATE: 9/18/00 TIME IN: 2:15 pm TIME OUT: 5:30 pm
 FACILITY NAME: London Platers, Inc.
 FACILITY LOCATION: 1080 E 24 St.
Hialeah, FL 33013
 RESPONSIBLE OFFICIAL: Augusto Casamayer PHONE: (305) 991-3472
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN
 1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC
 2. Facility failed to notify DARM to use a general permit SNC

PART II: CLASSIFICATION

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

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

Decorative Chromium Plating/Anodizing

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

9/22/00
DFG

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

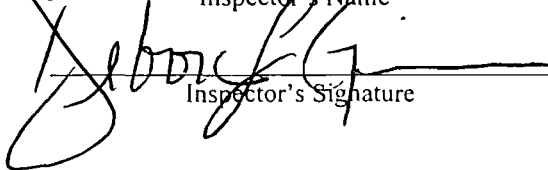
PART V: ADDITIONAL SITE INFORMATION

Will fax first reading in Dec.

New Owner = Augusto Casamayer,
changed IN form.

Deborah Griner

Inspector's Name



Inspector's Signature

9/18/00

Date of Inspection

9/01

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:15 pm TIME OUT: 2:50 pm AIRS ID#: 0250717
 TYPE OF FACILITY: Chromium Electroplater
 FACILITY NAME: London Platers DATE: 9/18/00
 FACILITY LOCATION: 1080 E 24 St.
 RESPONSIBLE OFFICIAL: Augusto Casamayer PHONE NUMBER: (305) 691-3472

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
Begin monitoring surface tension not to exceed 45 dynes/cm in accordance with the Title V General Permit.	Fax to DERM a copy of the first reading.

COMMENTS:

Provided manager with a copy of 306B (EPA Method) and a General Permit Packet.

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

DATE OF NEXT INSPECTION: 9/01 (Approximate)

INSPECTION CONDUCTED BY: Delora Griner (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6936

AIRS ID#: 0250917

Revised 10/10/96

MC

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

FACILITY NAME: London Platers, Inc. DATE: 9/18/00
 FACILITY LOCATION: 1080 E 24 St
Hialeah, FL 33013

Annual Reporting Period: 9 1999 TO 9 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:

No records of surface tension monitoring

Exact period of non-compliance: from 9/99 to 9/2000

Action(s) taken to achieve compliance: Begin monitoring

Method used to demonstrate compliance: Log book and fax first reading to DEP

#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: Augusta Casamayer *[Signature]* 9/18/00
 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.

Z 333 667 093

US Postal Service
Receipt for Certified Mail

Maximum Coverage Provided

AIRS ID # 0250717

LONDON PLATERS INC
DAVID F LONDON
1080 EAST 24TH STREET
HIALEAH FL 33013

PS Form 3800, April 1995

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

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 # 0250717

LONDON PLATERS INC
DAVID F LONDON
1080 EAST 24TH STREET
HIALEAH FL 33013

Z 333 667 093

2. Article Number (Copy from service label)

DELIVERY

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

C. Signature

X *David London*

- Agent
- Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357522

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
JAN 19 99

Do **NOT** Remove Label

AIRS ID # 0250717

LONDON PLATERS INC
DAVID F LONDON
1080 EAST 24TH STREET
HIALEAH FL 33013

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 0392276

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 # 0250717

LONDON PLATERS INC
DAVID F LONDON
1080 EAST 24TH STREET
HIALEAH FL 33013

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

RECEIVED
MAIL ROOM
FEB 17 2000

Z 210 662 492

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

7 AIRS ID # 0250717001AG
DAVID F LONDON
LONDON PLATERS INC
1080 EAST 24TH STREET
HIALEAH FL 33013

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	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to:</p> <p>7 AIRS ID # 0250717001AG DAVID F LONDON LONDON PLATERS INC 1080 EAST 24TH STREET HIALEAH FL 33013</p>	<p>C. Signature</p> <p>x RECEIVED <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>JUN 11 2001 Bureau of Air Monitoring & Mobile Sources</p>	
<p>2. Article Number (Copy from service label)</p> <p>Z 210 662 492</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>		

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258786

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

RECEIVED
MAIL ROOM
JAN 23 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

LONDON PLATERS INC
DAVID F LONDON
1080 EAST 24TH STREET
HIALEAH FL 33013

AIRS ID# 0250717

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

Z 333 613 142

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID 0250717

DAVID F LONDON
DAVID F LONDON
1080 EAST 24TH STREET
HIALEAH FL 33013

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	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DAVID F LONDON
DAVID F LONDON
1080 EAST 24TH STREET
HIALEAH FL 33013

AIRS ID 0250717

4a. Article Number

Z 333 613 142

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

2/14

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *David London*

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

Thank you for using Return Receipt Service



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED
MAIL ROOM

FEB 17 98

TOTAL AMOUNT DUE: \$50.00

302797

Do **NOT** Remove Label

London Plates, Inc. AIRS ID#0250717
DAVID F LONDON
DAVID F LONDON
1080 EAST 24TH STREET
HIALEAH FL 33013

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

DO NOT
REMOVE THIS LABEL
FROM TOP OF ENVELOPE
FOR RETURN ADDRESS

SE

- 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 # 0250717
 LONDON PLATERS INC
 AUGUSTO G CASAMAYOR
 1080 EAST 24TH STREET
 HIALEAH FL
 33013

2. Article Number (Copy from service label)

700005200020 9373 0138

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 [Signature] 7/26

C. Signature
 X [Signature] 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

AIRS ID#: 0250717

✓ Revised 01/13/98

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

①

London Plates Inc. AIRS ID#0250717
DAVID F LONDON
DAVID F LONDON
1080 EAST 24TH STREET
HIALEAH FL 33013

RECEIVED
FEB 19 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: JAN. 1st 1997 TO DEC. 31st 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: _____

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: DAVID F. LONDON, PRES. David F. London, Pres. 2/10/98
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.