



0330227

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. Ray M. English
Gulf Coast Plating Company, Inc.
3810 Liggett Street
Pensacola, Florida 32505

Dear Mr. English:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 27, 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. Charles Norman, Northwest District

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

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Gulf Coast Plating Company, Inc.
2. Site Name (For example, plant name or number): Gulf Coast Plating Company, Inc., Pensacola
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 3810 Liggett Street City: Pensacola County: Escambia Zip Code: 32505
5. Facility Identification Number (DEP Use): 0330227

Responsible Official

6. Name and Title of Responsible Official: Ray M. English
7. Responsible Official Mailing Address: Organization/Firm: Gulf Coast Plating Company, Inc. Street Address: 3810 Liggett Street City: Pensacola County: Escambia Zip Code: 32505
8. Responsible Official Telephone Number: Telephone: (904) 433- 7771 Fax: () -

Facility Contact (If different from Responsible Official)

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

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AUG 27 1996

Bureau of Air Monitoring
& Mobile Sources

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)
370 g1	16 Dec '93			

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.

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)
1-1000 g1	16 Dec '93			
2- 900 g1	16 Dec '93			

Key for Control Device Type

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 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

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 type="checkbox"/> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input type="checkbox"/> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input type="checkbox"/> | (j) Operating periods | <input type="checkbox"/> |
| (k) Rectifier capacity | <input checked="" type="checkbox"/> | (l) Fume suppressant records | <input type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

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

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

Ray M English
Signature

8-26-96
Date

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Bureau of Air Monitoring
& Mobile Sources

ATT ALAN WILLIAMS

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Gulf Coast Plating Company, Inc.	
2. Site Name (For example, plant name or number):	Gulf Coast Plating Company, Inc., Pensacola	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location:	Street Address: 3810 Liggett Street	
	City: Pensacola	County: Escambia Zip Code: 32505
5. Facility Identification Number (DEP Use)		

Responsible Official

6. Name and Title of Responsible Official:	Ray M. English	
7. Responsible Official Mailing Address:	Organization/Firm: Gulf Coast Plating Company, Inc.	
	Street Address: 3810 Liggett Street	
	City: Pensacola	County: Escambia Zip Code: 32505
8. Responsible Official Telephone Number:	Telephone: (904) 433- 7771 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same	
10. Facility Contact Address:	Street Address:	
	City:	County: Zip Code:

City:

County:

Zip Code:

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11. Facility Contact Telephone Number:
Telephone: ()

Fax: ()

DEP Form No. 62-213.900(5)
Effective: 6-23-96

Page 19 of 22

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 type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
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statements made in this notification are true, accurate, and complete. I will maintain the air pollutant emissions units and air pollution control equipment described above and 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.

Ray M English
Signature

8-26-96
Date

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ATTN ALAN WILLIAMS

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Bureau of Air Monitoring & Mobile Sources

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	CONTROL DEVICE	APPLICABLE STANDARDS
370 g1	16 Dec '93	16 DEC '93	FS/WA	X, 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 X
- 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:

PBS = packed-bed scrubber

CMP = composite mesh pad

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FM = fiber-bed mist eliminator

a = 0.03 mg/dscm

b = 0.015 mg/dscm

c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes

No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes

No

- 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.

DEP Form No. 62-213.900(5)
Effective: 6-25-96

Page 21 of 22

Facility Information

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TANK ID #	HARD CHROMIUM PLATING TANKS	DATE	DATE CNTRL INSTALLED	CONTROL DEVICE	APPLICABLE STANDARD
1-1000 g1		16 Dec '93	16 DEC '93	PBS/CMP	A
2- 900 g1		16 Dec '93	16 DEC '93	PBS/CMP	B

Key for Control Device Type

Applicable Standard Key

a = 0.03 mg/dscm

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Gulf Coast Plating Company, Inc.
2. Site Name (For example, plant name or number): Gulf Coast Plating Company, Inc., Pensacola
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 3810 Liggett Street City: Pensacola County: Escambia Zip Code: 32505
5. Facility Identification Number (DEP Use): <i>0930227</i>

Responsible Official

6. Name and Title of Responsible Official: Ray M. English
7. Responsible Official Mailing Address: Organization/Firm: Gulf Coast Plating Company, Inc. Street Address: 3810 Liggett Street City: Pensacola County: Escambia Zip Code: 32505
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Bureau of Air Monitoring
& Mobile Sources

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

Ray M English
Signature

8-26-96
Date

CORRECTED COPY

NW/ Pen

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Gulf Coast Plating Company, Inc.	RECEIVED FEB 17 1997 Bureau of Air Monitoring & Mobile Sources
2. Site Name (For example, plant name or number): Gulf Coast Plating Company, Inc., Pensacola	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 3810 Liggett Street City: Pensacola County: Escambia Zip Code: 32505	
5. Facility Identification Number (DEP Use): <i>0330227</i>	

Responsible Official

6. Name and Title of Responsible Official: Ray M. English <i>PLANT MANAGER RE</i>
7. Responsible Official Mailing Address: Organization/Firm: Gulf Coast Plating Company, Inc. Street Address: 3810 Liggett Street City: Pensacola County: Escambia Zip Code: 32505
8. Responsible Official Telephone Number: Telephone: (904) 433-7771 Fax: () -

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Bureau of Air Monitoring
& Mobile Sources

Facility Information

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HARD		CHROMIUM	PLATING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
1-1000 g1	16 Dec '93	*16 Dec 93	PBS/FS/WA	A
2- 900 g1	16 Dec '93	*16 Dec 93	PBS/FS/WA	A
		2-11-97		

De [unclear]
 MARKED/INDICATED ON
 REVISION

Key for Control Device Type

- PBS = packed-bed scrubber
- CMP = composite mesh pad
- PBS/CMP = packed-bed scrubber and composite mesh pad
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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				
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370 g1	16 Dec '93		FS/WA/PBS 2-11-97	Y ~ Y

* MARKED ON REVISION

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
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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.

✓ = marked on revision

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 RE ²⁻¹¹⁻⁹⁷ ✓ (b) Equipment inspection and repair RE
- ✓ (c) Equipment malfunctions RE (d) Operation and maintenance checklist RE
- (e) Instrument calibration ✓ (f) Start-up, shutdown, malfunction plan RE
- (g) Performance test results RE ✓ (h) Equipment monitoring RE
- (i) Excess emissions RE (j) Operating periods RE
- ✓ (k) Rectifier capacity X ✓ (l) Fume suppressant records RE
- (m) Purchase records of wetting agent components RE

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

✓ No air permits currently exist for the operation of the facility indicated in this notification form.

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

Ray M English

2-11-97

Ray M English
Signature

8-26-96
Date

SANDERS ENGINEERING & ANALYTICAL SERVICES, INC.

CHROMIUM EMISSIONS TEST REPORT

FOR

GULF COAST PLATING COMPANY, INC.

Pensacola, Florida

Project #
S6176
9/2/95

ARMS ID # 0330227

Reviewed 9/2/97
[Signature]



Since this is a general permit facility an EI doesn't exist so you can't enter this test into ARMS. I put the info under inspection.

P.S.
added to
Actualy "STR"
to show
review
was
done

File is a
general permit
file

[Handwritten signature]
Gulf Coast, Inc.

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FEB 10 1998

Bureau of Air Monitoring
& Mobile Sources
August 7, 1997

3. SUMMARY AND DISCUSSION OF RESULTS

There were no unusual problems encountered during the performance of the testing. The chromium emission rate for the chromium plating operation is 0.0117 milligrams per standard dry cubic meter compared to an allowable limit of 0.03 milligrams per standard dry cubic meter. The results of the testing prove the chromium plating operation to be in compliance with the chromium emission limitation of the Florida Department of Environmental Protection.

TABLE I. SUMMARY OF CHROMIUM TESTING
GULF COAST PLATING COMPANY, INC.

Chrome Plating Operations
Pensacola, Florida

Title of Run		<u>RUN 1</u>	<u>RUN 2</u>	<u>RUN 3</u>
Date of Test	Month/Day/Year	8/7/97	8/7/97	8/7/97
Sampling Time -Start	Military	0910	1138	1355
Sampling Time -Stop	Military	1112	1339	1555
Stack Static Pressure	Inches Water	-0.10	-0.10	-0.10
Barometric Pressure	Inches Mercury	29.97	29.97	29.97
Average Orifice Pressure (dH)	Inches Water	1.03	1.01	1.03
Meter Correction Factor		0.972	0.972	0.972
Average Meter Temperature	Degrees F	87.0	96.8	101.3
Oxygen Concentration	Percent O2	20.8	20.8	20.8
Carbon Dioxide Concentration	Percent CO2	0.1	0.1	0.1
Volume of Gas Metered	Cubic Feet	70.700	70.814	72.500
Volume of Water Collected	Milliliters	20.0	35.0	29.0
Sampling Time	Minutes	120	120	120
Nozzle Diameter	Inches	0.187	0.187	0.187
Average Stack Temperature	Deg. F	100.5	106.8	106.0
Area of Stack	Square Feet	0.3601	0.3601	0.3601
Mass of Chromium Collected	Milligrams	0.017	0.023	0.026
Number of Points Sampled		12	12	12
Avg. Sqr. Root Velocity Press.	Inches Water	0.8848	0.8782	0.8839

RESULTS OF COMPUTATIONS

		<u>RUN 1</u>	<u>RUN 2</u>	<u>RUN 3</u>	<u>Average</u>
Volume of Gas Sampled	Standard Dry Cubic Feet	66.590	65.517	66.548	
Molecular Wt. of Stack Gas	LB/LB-MOLE	28.697	28.582	28.630	28.636
Water vapor in Stack Gas	Percent	1.4	2.5	2.0	2.0
Average Stack Gas Velocity	Feet per second	51.3	51.3	51.6	51.4
Stack Gas Flow Rate	Standard Dry Cubic Feet Per Minute	1,031	1,009	1,020	1,020
Stack Gas Flow Rate	Standard Wet Cubic Feet Per Minute	1,046	1,034	1,041	1,040
Stack Gas Flow Rate	Actual Cubic Feet Per Minute	1,108	1,109	1,114	1,110
Chromium Emission Rate	Grains per Standard Dry Cubic Foot	0.39×10^{-5} 0.0000039	0.0000054	0.0000060	0.0000051
Chromium Concentration	Grains per Actual Cubic Foot	0.0000037	0.0000049	0.0000055	0.0000047
Chromium Emission Rate	Pounds per Hour	0.0000347	0.0000467	0.0000526	0.0000447
Isokinetic Rate	Percent	101.7	102.2	102.7	
Allowable Emission Rate	Grains per Standard Dry Cubic Foot	1.3×10^{-5} 0.0000130	0.0000130	0.0000130	0.0000130
Chromium Emission Rate	Milligrams per Standard Dry Cubic Meter	0.0090	0.0124	0.0138	0.0117
Allowable Emission Rate	Milligrams per Standard Dry Cubic Meter	0.0300	0.0300	0.0300	0.0300

$() \text{gr} \times \frac{64.749 \text{ mg}}{\text{grain}} \times \frac{\text{DSCF}}{0.883 \text{ m}^3} = 5.8 \text{ mg/DSCF}$
 $0.39 \times 10^{-5} \text{ grain/DSCF} = 0.02923 \text{ mg/DSCF}$
 Pensacola, FL

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0915 TIME OUT: 1030 AIRS ID#: 0330227
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: Gulf Coast Plating Company, INC, Pensacola DATE: 2.11.97
 FACILITY LOCATION: 3810 Figgis St
 Pensacola, FL 32505
 RESPONSIBLE OFFICIAL: RAY ENGLISH PHONE NUMBER: 433-7771

- 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) FINAL TESTING HAD NOT BEEN DONE.	1) Schedule & do testing of 694 Aug 17 Hard & Decorative tanks according to the instruction I left with you.
2) RECORD KEEPING AND REPORTING REQUIREMENTS HAD NOT BEEN DONE.	2) SET UP & MAINTAIN NECESSARY RECORDS
SEE ATTACHED PAGE FROM THE COMPLIANCE INSPECTION CITECLIST SUMMARIZING THESE REQUIREMENTS AND THE AIR GENERAL PERMIT NOTIFICATION FORM I LEFT WITH YOU.	

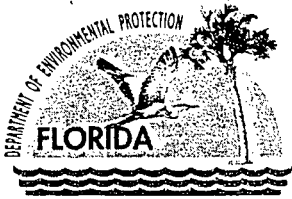
COMMENTS: NOTIFY THE DEPARTMENT 60 days prior to testing so DEPARTMENT PERSONNEL CAN OBSERVE TESTS. I LEFT YOU A COPY OF 40CFR Part 63, Appendix A on test ~~methods~~ ^{methods}

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

DATE OF NEXT INSPECTION: Feb 98 (Approximate)

INSPECTION CONDUCTED BY: CHARLES M NORMAN (Please Print)

INSPECTOR'S SIGNATURE: *[Signature]* PHONE NUMBER: 444-8364



Department of Environmental Protection

FILE COPY

Lawton Chiles
Governor

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794
September 15, 1997

Virginia B. Wetherell
Secretary

Ray English
Plant Manager
Gulf Coast Plating Company, Inc.
3810 Liggett Street
Pensacola, Florida 32505

Dear Mr. English:

We have reviewed the test report for the Gulf Coast Plating Company, Inc., Chromium Electroplating Unit, conducted August 7, 1997. The test report documented reasonable assurance that the source was in compliance with the permit limits when tested. However, the test report did not contain the minimum information specified in Florida Administrative Code Rule 62-297.310(8) Test Reports. Please refer to the enclosed checklist for concerns noted.

Please submit the above requested information to this office by 30 September, 1997. If you have any questions or comments, please contact Charles Norman, Compliance Assurance Inspector, at (850) 444-8364.

Sincerely,

Ed K. Middleswart, P.E.
Air Program Administrator

EKM:cnc

Enclosure

cc: Sanders Engineering & Analytical Services, Inc.

MR: Certification page received
by fax on 9/17/97

CP Norman

Facility Name: Gulf Coast Plating Company, Inc. **I.D. Number:** 0330227

Emission Unit Description: Chromium Electroplating

Consultant: Sanders Engineering & Analytical Services, Inc.

Test Date: August 7, 1997 **Test Type:** EPA Method 306

Reviewer's Name: Charles M. Norman **Date Reviewed:** September 5, 1997

[62-297.310 (8) Test Reports.]

✓(a) The owner or operator of an air pollution source, for which a compliance test is required, shall file a report with the Department on the results of each such test.

✓(b) The required test report shall be filed with the Department as soon as practical but no later than 45 days after the last sampling run of each test is completed. *Received Aug. 27, 1997*

✓(c) The test report shall provide sufficient detail on the source tested and the test procedures used to allow the Department to determine if the test was properly conducted and the test results properly computed. As a minimum, the test report shall provide information on:

✓1. The type, location and designation of the source tested. *P 1.*

✓2. The facility at which the source is located. *P 1.*

✓3. The owner or operator of the source. *P 1.*

✓4. The normal type and amount of fuels used and materials processed and the types and amounts of fuels used and material processed during each test run. *Appendix D.*

✓5. The means, raw data and computations used to determine the amount of fuels used and materials processed, if necessary to determine compliance with an applicable emission limiting standard. *Appendix D.*

✓6. The type of air pollution control devices installed on the source, their general condition, their normal operating parameters (pressure drops, total operating current and GPM scrubber water) and their operating parameters during each test run. *P 6 and Appendix D.*

✓7. A sketch of the duct within 8 stack diameters upstream and 2 stack diameters downstream of the sampling ports, including the distance to any upstream and downstream bends or other flow disturbances. *P 7.*

✓8. The date, starting time and duration of each sampling run. *P 4.*

✓9. The test procedures used including any alternative procedures authorized pursuant to Rule 17-297.620, F.A.C. Where optional procedures are authorized in this chapter, indicate which option was used. *P 8.*

✓10. The number of points sampled and configuration and location of the sampling run. *P 7.*

✓11. For each sampling point for each run, the dry gas meter reading, velocity head, pressure drop across the stack, temperatures, average meter temperatures and sample time per point. *P 4 and Appendix B.*

✓12. The type, manufacturer and configuration of the sampling equipment used. *P2 and Appendix A.*

✓13. Data related to the required calibration of the test equipment. *Appendix A.*

✓14. Data on the identification, processing and weights of all filters used. *Appendix B.*

✓15. Data on the types and amounts of any chemical solutions used. *NA*

✓16. Data on the amount of pollutant collected from each; the sampling probe, the filters, and the impingers, are reported separately for the compliance test. *Appendix B.*

✓17. The names of individuals who furnished the process variable data, conducted the test, analyzed the samples and prepared the report. *P 1.*

✓18. All measured and calculated data required to be determined by each applicable test procedure for each run. *P 4.*

✓19. The detailed calculations for one run that relate the collected data to the calculated emission rate. *Appendix C.*

✓20. The applicable emission standard, and the resulting maximum allowable emission rate for the source, plus the test result in the same form and unit of measure. *PP 3 & 4.*

✓21. A certification that to the knowledge of the owner or his authorized agent, all data submitted are true and correct. *Not in the report.*

When a compliance test is conducted for the Department or its agent, the person who conducts the test shall provide the certification with respect to the test procedures used. The owner or his authorized agent shall certify that all data required and provided to the person conducting the test are true and correct to his knowledge.

Specific Authority: 403.061, F.S.

Permit limit: 0.03 mg/sdcm

Test result: 0.0117 mg/sdcm

Note: The report does not contain a statement by the owner or authorized agent that all data submitted are true and correct. Please submit this statement to the Department by 30 September.

CWS
9/15/97

AREA AIRS ID 0330227 OFFICE NWD NW: PENSACOLA
NAME GULF COAST PLATING COMPANY IN COUNTY ESCAMBIA
OWNER GULF COAST PLATING COMPANY INC

PROJECT 94195 STATUS OPEN OPEN DATE 29-AUG-96
NAME COMPLIANCE PROJECT FOR GULF COAST PLATING COMPANY INC
REASON COMPLIANCE PRIORITY OFFICE NWD COUNTY 17 ESCAMBIA

-----Detailed Activity-----

Program Area:AP Activity:STO STACK TEST OBSERVED BY THE DEP Office:NWD

Date Done: 07-AUG-1997 Date Due: Date Complete: 07-AUG-1997

Inspection Level:3 Witnessing stack test Insp Results: IN-COMPLIANCE

Prep Notes:

Completion Notes:Test report received Aug 27. Passed: Allowed 0.03 mg/dscm

OGC #: and Condition #: - or - Permit #:

The Database has been successfully Updated
Count: *1

<Insert>

AREA AIRS ID 0330227 OFFICE NWD NW: PENSACOLA
NAME GULF COAST PLATING COMPANY IN COUNTY ESCAMBIA
OWNE+

PROJEC Test report received Aug 27. Passed: Allowed 0.03 mg/dscm
NAM Test: 0.0117 mg/dscm. Need to obtain equip measure
REASO surface tension for controlling decorative chromium
electroplating emissions.

Program

:NWD

Date Do+

1997

Inspection Level:3 Witnessing stack test Insp Results: IN-COMPLIANCE

Prep Notes:

Completion Notes:Test report received Aug 27. Passed: Allowed 0.03 mg/dscm

OGC #: and Condition #: - or - Permit #:

Press Do to accept changes, PF4 to cancel.

Count: *1

<Insert>



CF

Department of Environmental Protection

Lawton Chiles
Governor

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794
August 18, 1997

Virginia B. Wetherell
Secretary

Ray English
Plant Manager
Gulf Coast Plating Company, Incorporated
3810 Liggett Street
Pensacola, Florida 32505

Dear Mr. English:

A Department representative recently audited a test of your chromium electroplating operation. A copy of the audit report is enclosed.

Please ensure the Department receives a copy of the test report. Also, notify us when you have obtained the necessary equipment for testing the surface tension of the decorative chromium electroplating tank.

If you have any questions or comments, please contact Charles Norman of this office at (850) 444-8364.

Sincerely,

A handwritten signature in cursive script that reads "Ed K. Middleswart".

Ed K. Middleswart, P.E.
Air Program Administrator

EKM:cnc

Enclosure

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
INSPECTION REPORT FORM
AIR POLLUTANT EMISSION SOURCES

FACILITY: Gulf Coast Plating Company, Inc.	DISTRICT: Northwest	COUNTY: Escambia
ADDRESS: 3810 Liggett Street, Pensacola, FL 32505	PHONE: 850-433-7771	CONTACT: Ray English, Plant Manager
ARMS #: 0330227	PERMIT #: General Permit	EXPIRES: 26 Sep 01
SOURCE DESCRIPTION: Plating facility		
INSPECTION DATE: August 6, 1997	AUDIT TYPE: 3 - Stack Test	COMPLIANCE STATUS: Awaiting test results

Test Comments:

I audited a test of the chrome plating facility. Personnel involved were Ray English, Plant Manager, and Ed Harris and Jim Reisch, Sanders Engineering & Analytical Services, Inc.

Testing was done on the packed-bed scrubber servicing the chromium electroplating process. The purpose of the test was an initial compliance demonstration test required by Chapter 62-213.900(5) Part II, (9) F.A.C. The method used was EPA Method 306.

I observed calibration and setup of equipment for run 1. Upon completion of run 1, I observed sample collection and purging of the equipment in preparation for run 2. Actions taken were consistent with CFR procedures for EPA Method 306.

This facility is classified as an existing small source. It has two hard chromium electroplating tanks and one decorative chromium electroplating tank. These three tanks are connected to a common scrubber. The emissions from the hard chromium electroplating tanks are limited to 0.03 mg/dscf, and the decorative chromium electroplating emissions are limited to 0.01 mg/dscf. Alternatively, the decorative chromium electroplating emissions may be controlled by reducing the surface tension of the electroplating bath by use of a chemical fume suppressant containing a wetting agent. Even though the decorative chromium electroplating tank has a hood which draws any emissions from the tank into the scrubber, Mr. English uses a wetting agent in the decorative chromium tank as the primary control of emissions. To simplify testing and assure only emissions from the hard chromium electroplating tanks were tested, the flow from the decorative chromium electroplating tank was blocked and the unit was not operated. Since the scrubber was tested in this manner, this is the configuration in which the system should be operated when doing hard chromium electroplating. Mr. English said he'd install a damper in the ductwork to control the flow. Since the decorative chromium electroplating emissions are being controlled by the use of a chemical fume suppressant, the facility must obtain a tensiometer or stalagmometer for measuring the surface tension. In lieu of establishing the maximum surface tension by performance testing, Mr. English said he will use the EPA accepted value of 45 dynes per centimeter. He has the instructions and record keeping requirements for monitoring of the surface tension.

INSPECTED BY: Charles M. Norman	SIGNATURE <i>Charles M. Norman</i> DATE: 15 Aug 97
---------------------------------	--

CMN



CWS -
I ~~am~~ this copy of them. I'm planning on doing some
the plant is a "mess".

Compliance

CNO

SANDERS ENGINEERING & ANALYTICAL SERVICES, INC.

1568 LEROY STEVENS ROAD MOBILE, ALABAMA 36695 • OFFICE 334 / 633-4120
FAX 334 / 633-2285

ENVIRONMENTAL ENGINEERING
AIR & WATER QUALITY MODELING
ENVIRONMENTAL ASSESSMENTS
PSD ANALYSIS
EMERGENCY RESPONSE MONITORING

AMBIENT AIR MONITORING
CONTINUOUS IN-STACK MONITORING
SOURCE TESTING
VISIBLE EMISSIONS TESTING
CONSULTING SERVICES

July 22, 1997

Entered STD 8/11/97

CWS 7/28

Mr. Charles Norman
Florida Department of Environmental Protection
160 Governmental Center
Pensacola, FL 32501-5794

Dear Mr. Norman:

Sanders Engineering and Analytical Services, Inc. (SEAS) will conduct chromium emissions testing utilizing Method 306 on the hard chrome plating operation at Gulf Coast Plating Company, Incorporated located in Pensacola, Florida. The testing will be performed August 4, 1997.

If you have any questions, or if we may be of any further assistance please do not hesitate to contact us.

Sincerely,

Johnny W. Sanders P.E. M.P.H.

Delivered to [unclear]

cc: Ray English
Gulf Coast Plating Company, Inc.

RECEIVED

JUL 23 1997

Northwest Florida
DEP

6/22

Ricki

- ① This permit application is for R.O. change - owner + everything else is same.
- ② ALSO updates some errors from previous permit.
- ③ Left statement about term in of prior permits blank per Sandy's direction.

Ⓞ

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources
JUN 24 1999
RECEIVED

Part III. Notification of Intent to Use General permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	GULF COAST PLATING COMPANY, INC.		
2. Site Name (For example, plant name or number):	GULF COAST PLATING COMPANY, INC., PENSACOLA		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	3810 LIGGETT STREET		
City:	PENSACOLA	County:	ESCAMBIA
		Zip Code:	32505
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0330227		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JAMES L. GLASS	Title:	PLANT MANAGER
7. Responsible Official Mailing Address:			
Organization/Firm:	GULF COAST PLATING COMPANY, INC.		
Street Address:	3810 LIGGETT STREET		
City:	PENSACOLA	County:	ESCAMBIA
		Zip Code:	32505
8. Responsible Official Telephone Number:			
Telephone:	(850) 433-7771	Fax:	(850) 433-4026

Facility Contact (If different from Responsible Official)

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

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

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
16 DEC 93	New/Existing	16 DEC 93	PBS FS/WA	A
16 DEC 93	New/Existing	16 DEC 93	PBS FS/WA	A
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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
 WA = wetting agent

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

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

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
16 DEC 93	New/Existing	3-22-99	FS/WA	Y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

NOTE: Decorative tank was previously vented to above mentioned scrubber system with an unknown amount of FS/WA.

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
WA = wetting agent

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 paragraph (5) of Part II:

(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

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. 1 above.

4. 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
(used during initial performance test) | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input checked="" type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> | | |

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:

No DEP 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.

JAMES L. GLASS

Print name of responsible official

James L. Glass
Signature

6-22-99
Date



Department of Environmental Protection

FILE COPY

Jeb Bush
Governor

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794

David B. Struhs
Secretary

February 3, 2000

CERTIFIED MAIL; Receipt # Z 106 533 572

Charles Craft
Craft Plating and Finishing
100 Utility Ave
Atalla AL 35954

SUBJECT: Proposed Settlement of Gulf Coast Plating Company, Incorporated
OGC File No.: 00-0392-17-AC

RECEIVED
MAR 30 2000
Bureau of Air Monitoring
& Mobile Sources

Dear Mr. Craft:

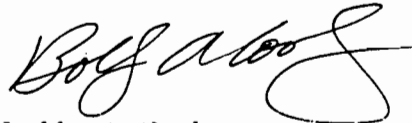
The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Warning Letter NWAP 033-1390 dated January 28, 1999 and NWAP 033-1390 Followup dated October 26, 1999, copies of which are enclosed. The corrective actions required to bring your facility into compliance have been performed. In order to resolve the matters identified in the enclosed Warning Letter, you are assessed civil penalties in the amount of \$11,100, along with \$300 to reimburse the Department costs, for a total of \$11,400. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystem Management Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, 160 Governmental Center, Pensacola, Florida 32501-5794. The payment shall be made in 24 equal monthly installment payments of \$475, commencing within 15 days of your signing this letter. Final payment is due no later than March 10, 2002. Failure to timely make any installment payment will allow the Department, at its discretion, to accelerate the balance which will become immediately due.

Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department which shall be enforceable pursuant to Section 120.69 and 403.121, Florida Statutes.

If you do not sign and return this letter to the Department at the District address by February 23, 2000, the Department will assume that you are not interested in settling this

matter on the above described terms, and will proceed accordingly. None of your rights or substantial interests are determined by this letter unless you sign it and it is filed with the Department Clerk.

Sincerely,

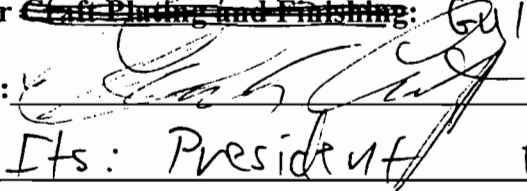


Bobby A. Cooley
Director of District Management

Enclosures

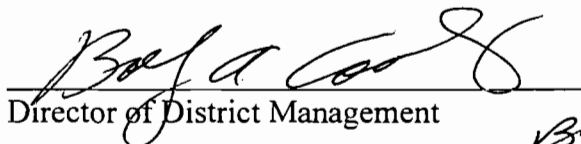
I, Charles Craft, Pres. ON BEHALF OF Gulf Coast Plating, Inc
HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.
Acceptance per terms and conditions of our attorney's letter.
For ~~Craft Plating and Finishing~~: Gulf Coast Plating, Inc.

By:



Its: President DATED EFFECTIVE (BY THB) 2/23/00

For the Department:



Director of District Management

Entered into this 8th day of Feb ¹³⁰⁰ March 2000, in Pensacola, Florida.

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this CONSENT ORDER and all copies were mailed before the close of business on March 9, 2000 to the listed persons.

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(10), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk  Date 3/9/00

Copies furnished to:
DEP Office of General Counsel
DEP Northwest District Receptor of Fees

NOTICE OF RIGHTS

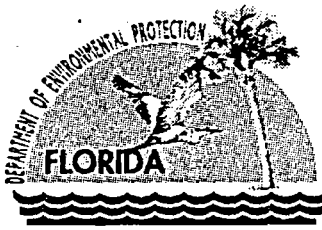
Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Consent Order; (c) A statement of how each petitioner's substantial interests are affected by the Consent Order; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.



Jeb Bush
Governor

Department of Environmental Protection

FILE COPY

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794

David B. Struhs
Secretary

October 26, 1999

Charles Craft
Craft Plating and Finishing
100 Utility Ave
Attalla AL 35954

SUBJECT: Warning Letter NWAP 033-1390 Follow-up

Dear Mr. Craft:

This letter is a follow-up to the Department's Warning Letter NWAP 033-1390, dated January 28, 1999 and your meeting with Charles Norman on March 10, 1999. Since then, there have been additional violations. Based on these violations, we have revised our proposed penalty settlement to \$24,890.

You are requested to contact Charles Norman at (850) 595-8364, extension 1222, within 15 days of receipt of this letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in reaching final resolution. You may bring anyone with you to the meeting that you feel could help resolve this matter.

We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Ed K. Middleswart, P.E.
Air Program Administrator

EKM:cnc

cc: James Glass, Plant Manager, Gulf Coast Plating Company, Inc.



Department of Environmental Protection

FILE COPY

Jeb Bush
Governor

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794
January 28, 1999

David B. Struhs
Secretary

CERTIFIED MAIL
RETURN RECEIPT Z 425 173 372

Charles Craft
Craft Plating and Finishing
100 Utility Avenue
Attalla, Alabama 35954

SUBJECT: Warning Letter NWAP 033-1390

Dear Mr. Craft:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A field inspection conducted on December 31, 1998, of Gulf Coast Plating Company, Incorporated, indicates that a violation of Florida Statutes and Rules may exist at the facility. Department of Environmental Protection personnel observed the following at the above described facility:

- **Responsible Official.** The responsible official for the facility has changed. The Department was not notified. Such a change requires the Department be notified within 30 days of the change. [Rule 62-213.300(2)(c), Florida Administrative Code (F.A.C.)]
- **Testing and Daily Operation - Hard Chromium Electroplating.** [Rule 62-213.300(1)(d) and (3), F.A.C. and 40 CFR Part 63, Subpart N, National emission Standards for Chromium emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks]

The pressure drop across the packed bed scrubber and the velocity pressure at the inlet to the packed bed scrubber are not being measured, and the surface tension of chromium bath in the tanks is not being measured. The necessary equipment for measuring the pressures has not been installed, nor does the facility have the necessary equipment for measuring the surface tension. Since the initial compliance testing of the hard chromium electroplating operation was conducted using a packed bed scrubber and a chemical suppressant for control of emissions, both methods of emissions control must be monitored on a regular basis to ensure continued compliance.
[40 CFR 63.343(c)(7)(i)]

The facility has the decorative chromium tank hooded vent connected to the ducting from the hard chromium tanks to the scrubber. During testing the decorative chromium duct was disconnected so that it would not interfere with the hard chromium testing. The plant manager stated he would have a damper installed in the junction of the two ducts so that the decorative chromium tank duct could be closed to prevent its exhaust from interfering with the exhaust from the hard chromium tanks. This would simulate the same conditions that existed during the testing. This damper has not been installed.

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

- **Testing and Daily Operation - Decorative Chromium Electroplating.** During the initial compliance testing the decorative chromium electroplating system was not tested. In lieu of testing, the plant manager stated he would use a wetting agent to control the emissions and that he would use the EPA accepted value of 45 dynes per centimeter as the control value. As of this inspection, the facility had not purchased the necessary equipment to measure surface tension.
[40 CFR 63.343(b)(2)]
- **Recordkeeping Requirements:** The facility has not maintained the following required documentation: [Rule 62-213.300(3)(k) and (l), F.A.C., and 40 CFR 63.346]

Quarterly inspection records for the control device (packed bed scrubber).

An operations and maintenance plan.

Maintenance records for the source, control device, and monitoring equipment.

Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, control device, and monitoring equipment.

Records of monitoring data.

Purchase records of wetting agent components. (The plant manager was not sure if the chemical being added to the tanks was a fume suppressant, a wetting agent, or a combination thereof.)

Records of the date and time that fume suppressants are added to the bath.

Records identifying specific periods of excess emissions.

The activities observed during the Department's field inspection and any other activities at your facility that may be contributing to violations of the above described statutes or rules should be ceased.

You are requested to contact Carolyn Salmon at (850) 595-8364 within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,



Bobby A. Cooley
Director of District Management

BAC:cnc

cc: Ulrich Michel, Plant Manager, Gulf Coast Plating Company, Inc.

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0330227 TIME IN: DATE 2-11-97 TIME OUT: 0945 to 1030
FACILITY NAME: Gulf Coast Plating Company, Inc., Pensacola
FACILITY LOCATION: 3810 Liggett St.
Pensacola, FL 32505

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

- | | | |
|----------------------------|--|-------------------------------------|
| 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 checked="" 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 checked="" 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 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. *but not on site* 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

- Homade PBS is used to control emissions from both hand & decorative tanks. Also wetting agent/fume suppressant is added to these tanks.
- Maximum AMP/hrs possible using EPA method is 38,000,000 (Hand tank max AMPs is $\frac{3000}{\text{AMPs}} \times 2 \text{ tanks}$); Decorative max is 500 AMPs
- No testing has been done. Mr English has looked into buying a surface tension test equip. Since my initial visit in early Jan 97.
- I explained in general record keeping, testing requirements, and provided him with a copy of CFR 63 Appendix A - on testing methods. He said he'd get with the company engineer on testing.
- I had him up late the period.

Ray English

Name of Responsible Official

Charles M Norman

Inspector's Name

2.11.97

Date of Inspection

Charles M Norman

Inspector's Signature

Feb 98

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0915 TIME OUT: 1030 AIRS ID#: 0330227
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: Gulf Coast Plating Company, Inc, Panama DATE: 2.11.97
 FACILITY LOCATION: 3810 Frazier St
Panama, FL 32505
 RESPONSIBLE OFFICIAL: RAY ENGLISH PHONE NUMBER: 433-7771

- 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 INITIAL TESTING HAD NOT BEEN DONE.	① Schedule & do testing of Hard & Doornite tanks according to the instruction I left with you.
② RECORD KEEPING AND REPORTING REQUIREMENTS HAD NOT BEEN DONE. SEE ATTACHED PAGE FROM THE COMPLIANCE INSPECTION CHECKLIST SUMMARIZING THESE REQUIREMENTS AND THE AIR GENERAL PERMIT NOTIFICATION FORM I LEFT WITH YOU.	② SET UP & MAINTAIN NECESSARY RECORDS

COMMENTS: NOTIFY THE DEPARTMENT 60 days prior to testing so DEPARTMENT PERSONNEL CAN OBSERVE TESTS.
 I LEFT YOU A COPY OF 40CFR Part 163, Appendix A on test ~~methods~~ ^{methods}

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

DATE OF NEXT INSPECTION: Feb 98 (Approximate)

INSPECTION CONDUCTED BY: CHARLES M NORMAN (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 444-8364

~~9.15~~ 1030

File

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

Reinspection: 2.11.97

TYPE OF INSPECTION: ANNUAL

RE-INSPECTION

INITIAL

COMPLAINT/DISCOVERY

~~RE-INSPECTION~~ Date: early Jan 97

AIRS ID#: 0330627	TIME IN: 1100	TIME OUT: 1300
FACILITY NAME: Gulf Coast Plating Company, Inc., Pensacola		
FACILITY LOCATION: 3810 Logg # 57. Pensacola FL 32505		

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96 (9/27/96)
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: Decorative tanks may 1000 Amps
Hard Chrome may 3000 AMPs X 2

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 checked="" type="checkbox"/> |

Decorative Chromium Plating/Anodizing

- using CFR definition*
- This facility may be checked hard & decorative in only 58,800,000 ^{USING} actual hrs open waste very small volume of work*
- | | |
|----------------------------|--|
| a. Chromic Acid Bath | Emissions of < 0.01/mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/> |
| | Surface tension of ≤ 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <input checked="" type="checkbox"/>
<i>May only be selected if a wetting agent is used.</i> |
| b. Trivalent Chromium Bath | With wetting agent <input type="checkbox"/> |
| | Without wetting agent < 0.01mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/> |
| c. Chromium Anodizing | Emissions of < 0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/> |
| | (Surface tension of 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <input checked="" type="checkbox"/>
<i>May only be selected if a wetting agent is used.</i> |

be even less.

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 <i>HEAD COMPACT 1/2 IN. MADE</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. <input checked="" type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input checked="" 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 <i>Decorative</i>	<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)
uses a wetting agent in orich tank

(Some then is a packed bed scrubber)
doesn't have a Composite Mesh Pad.

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) only have 4 belts - not beds etc.*
weekly checks: bearings, motor, belts, drain system scrubber. 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
Recent replacement of scrubber - new container/
- 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. *NONE DONE* Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* *NONE DONE* 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. *Not on site*. 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 N/A

PART V: ADDITIONAL SITE INFORMATION

- Scrubber is evidently a packed bed & doesn't have a composite mat Pad. Mr. English agrees.
- Uses a wetting agent on hand & decorative plating tanks
- does not have equipment to measure surface tension.
- No way to measure pressure drop across scrubber.
- rectifier is < 60 million A-hr/yr. capacity is about 5×10^6 A-hr/yr based on 40 hr/wk & 50 wks/yr and max rectifier capacity of 2500 Amps-hrs.

500 A-hrs on down line = 1×10^6 A-hr/yr.

$$2 \times 5 \times 10^6 + 1 \times 10^6 = 11 \times 10^6 \text{ Amp-hrs/yr max.}$$

hr/yr Kesi

Name of Responsible Official

Inspector's Name

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

1. Needs to test scriber to see if it meets proper parameters, 0.03 mg/dscm .
2. Needs to test with proper equip^{surface}, tension of Deratoin tank, must be $< 45 \text{ dynes/cm}$.

AIRS ID#: _____

Revised 01/13/98

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

AIRS ID#0330227
GULF COAST PLATING COMPANY INC
RAY M ENGLISH
3810 LIGGETT STREET
PENSACOLA FL 32505

RECEIVED

JAN 23 1998

Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

Annual Reporting Period: January 1, 19 97 TO December 31, 19 97

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, 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: Charles Craft
Name (Please Print)

Signature

1/20/98
Date

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

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1000 TIME OUT: 1330 AIRS ID#: 0330227
 TYPE OF FACILITY: Chrom. Plating
 FACILITY NAME: Gulf Coast Plating Company INC. DATE: 31 Dec 98
 FACILITY LOCATION: Kennelwood Fl. 32505
 RESPONSIBLE OFFICIAL: Ulric Michel PHONE NUMBER: 433-7771

- 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
<ul style="list-style-type: none"> No INSTRUMENT TO MEASURE surface tension. No scrubber operating parameters established during testing. No written maintenance plan for scrubber. No records of malfunction/repairs etc. No records of monitoring data. No records of date/time/fume suppressant are add to the bath. 	<ul style="list-style-type: none"> Determine method you will use scrubber or Spc tone May need to do pre test to determine operating parameters during test.
} Set up & record.	
ENTERED JAN 06 1999	
<u>Company</u>	

COMMENTS: HAVE ENV. ENGINEER CALL ME.
New manager/R.O. - left no tipication form for new R.O. to complete.

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

DATE OF NEXT INSPECTION: early 99 (Approximate) left w/ R.O.

INSPECTION CONDUCTED BY: CHARLES NORMAN (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 595-8364

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0380227 TIME IN: 1000 TIME OUT: 1330
 FACILITY NAME: Gulf Coast Plating, Inc
 FACILITY LOCATION: 3810 Luggett ST
Rensselaer FL 32508

PART I: NOTIFICATION

(check appropriate box)

ENTERED

JAN 06 1999

- 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.* > TRD
- 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 checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

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

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)* **HAS A ROUTINE LOG WEEKLY - NOT WRITTEN** 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.	H.C. Packed Bed Scrubber <i>Does not have pressure gauge.</i> 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 <i>No instrument</i> Measure the surface tension at the appropriate interval. <i>Documentation</i>

- 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

- ① Pressure gauges to determine scrubber operating parameters not installed. Can't find this data in test report either. Used to determine compliance.
- ② No instruments to measure surface tension.
- ③ Need to determine if decorative tanks ^{em.} will be controlled by scrubber or FS/WA.
- ④ Test may need to be redone to determine scrubber operating parameters.

Facility is noncompliance with record keeping + operations. Need to determine operating parameters for scrubber of hand chrome + tension of decorative chrome operations. May have to re-test - will recommend using scrubber to control both decorative + hand chrome.

Ulric Michel

Name of Responsible Official

Charles Norman

Inspector's Name

Charles Norman

Inspector's Signature

31 Dec 98

Date of Inspection

early 99

Approximate Date of Next Inspection

✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
 SEP 10 1998
 Bureau of Air Monitoring
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0330227 TIME IN: 1210 L TIME OUT: 1440 L
 FACILITY NAME: Gulf Coast Plating Company, Inc.
 FACILITY LOCATION: 3810 Liggett Street
Pensacola FL 32505

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 <0.01mg/dscm (4.4x10⁻⁶ gr/dscf)

c. Chromium Anodizing Emissions of <0.01 mg/dscm (4.4x10⁻⁶ gr/dscf)
 Surface tension of 45 dynes/cm (3.1x10⁻³ lb-f/ft)
 May only be selected if a wetting agent is used.

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input checked="" 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 checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent <i>45 DYNES/CM</i>	<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)

In addition to 45 dynes/cm the facility has a home-made scrubber.

June 22, 1999

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)* *Keeps records on inspection & maintenance weekly & during up sets.* 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)* *Scrubber maint. logs has list of items for inspection.* 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.

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.

Wash bath

- 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. *NONE since 22 June 1999* Y N N/A
- Startup, Shutdown & Malfunction Plan Y N

Has checklists for malfunctions, press. ranges etc. operating times etc tension measurements. Recommended on page of instruction on use of checklists & what to check.

2 of 3

Revised 10/9/96

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

JAMES L. GLASS
Name of Responsible Official

CHARLOS NORMAN
Inspector's Name

Charles M. Norman
Inspector's Signature

9.8-99
Date of Inspection

8-12 mos
Approximate Date of Next Inspection

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1210 TIME OUT: 1440 AIRS ID#: 0330227
 TYPE OF FACILITY: CHROMIUM ELECTRO PLATING
 FACILITY NAME: Gulf Coast Plating Company DATE: 9/8/99
 FACILITY LOCATION: 3810 LIGGETT ST
Pensacola FL 32505 433-7771 PH
 RESPONSIBLE OFFICIAL: JAMES GLISS PHONE NUMBER: 433-4026 FAX

- 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: Record keeping and maint. checklists cover required items
~~the~~ Suggestion for improvement of Operation and Maintenance Plan and
STARTUP / SHUTDOWN / MAINTENANCE Plan made.
Facility is much improved - better records, cleaner and orderly, more
ATTENTION PAID TO ENVIRONMENTAL ISSUES.
 The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO N/A

DATE OF NEXT INSPECTION: 8 to 12 mos.
 (Approximate)
 INSPECTION CONDUCTED BY: CHARLES NORMAN
 (Please Print)
 INSPECTOR'S SIGNATURE: Charles Norman PHONE NUMBER: 850-595-8364

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1310 TIME OUT: 1430 AIRS ID#: 033227
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: Gulf Coast Plating Co. DATE: 2 MAY 00
 FACILITY LOCATION: 3810 Liggett St.
PENSACOLA FL 32505
 RESPONSIBLE OFFICIAL: JAMES L. GLASS PHONE NUMBER: 433-4026

- 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

RECEIVED
MAY - 5 2000
Bureau of Air Monitoring
& Mobile Sources

COMMENTS: Good records - Significant improvement in the facility.

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

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: CHARLES NOEMAN (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 595-8364

AIRS ID#: 330227

ACC

Revised 01/18/00

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

FACILITY NAME: <u>Gulf Coast Plating Company</u>	DATE: <u>MAY 2, 2000</u>
FACILITY LOCATION: <u>3810 Liggel St. PENSACOLA FL 32505</u>	

Annual Reporting Period: 9/9/99 20 TO 5/2/00 20

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: JAMES L. GLASS *James L. Glass* 5-2-00
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 COMPLAINT/DISCOVERY
 RE-INSPECTION 2 MAY 2000

AIRS ID#: 0330227 TIME IN: 1310 TIME OUT: 1430
 FACILITY NAME: Gulf Coast Plating Company
 FACILITY LOCATION: 3810 Higley St.
Pensacola FL 32505

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

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 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 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)* **Combined with SSMA.** 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. ONLY
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. ONLY

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

PART V: ADDITIONAL SITE INFORMATION

Good records - great improvement in this facility.

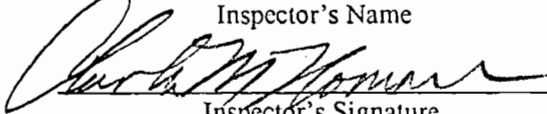
Rectifier Capacity = 29,400,000 per C.F.R Formula.

JAMES L. GLASS

Name of Responsible Official

Charles Newman

Inspector's Name



Inspector's Signature

May 1, 2000

Date of Inspection

Approximate Date of Next Inspection

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

AB99P

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 845; 1400 TIME OUT: 900; 1515 AIRS ID#: 0330227
 TYPE OF FACILITY: CHROMIUM ELECTROPLATING
 FACILITY NAME: GULF COAST PLATING CO. DATE: _____
 FACILITY LOCATION: 3810 LIGGET ST.
PENSACOLA, FL. 32505
 RESPONSIBLE OFFICIAL: JAMES L. GLASS PHONE NUMBER: 433-4026 7771

- 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
<u>NONE</u>	

RECEIVED
 JAN 20 2001
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:
EXCELLENT RECORD KEEPING

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

DATE OF NEXT INSPECTION: January 23, 2001
(Approximate)

INSPECTION CONDUCTED BY: MARY GUTIERREZ
(Please Print)

INSPECTOR'S SIGNATURE: Mary Gutierrez PHONE NUMBER: 850 595 8364
X 1227

ASGP

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#:	0330227	DATE:	1/23/01	TIME IN:	1400	TIME OUT:	1515
FACILITY NAME:	GULF COAST PLATING CO.						
FACILITY LOCATION:	3810 LIGGET ST.						
	PENSACOLA, FL. 32505						
RESPONSIBLE OFFICIAL:	JAMES L. GLASS		PHONE:	433-7771			
CONTACT NAME:	SAME		PHONE:	SAME			

PART I: NOTIFICATION			
(check appropriate box)		Facility Compliance Status:	IN <input type="checkbox"/>
1. New facility notified DARM 30 days prior to startup	<input 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:			
<u>Hard Chromium Plating</u> X			
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"/>
<u>Decorative Chromium Plating/Anodizing</u> X			
a. Chromic Acid Bath	Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)		<input type="checkbox"/>
	X 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 checked="" 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 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 checked="" 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.	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.
7. Purchase records of wetting agent components.	<input checked="" 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N
12. Startup, Shutdown & Malfunction Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

1. Excellent record keeping.
2. Great concern for environmental issues.

MARY GUTIERREZ

Inspector's Name

Mary Gutierrez

Inspector's Signature

January 23, 2001

Date of Inspection

January 23, 2002

Approximate Date of Next Inspection

Z 210 662 497

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

7 AIRS ID # 0330227001AG
RAY M ENGLISH
GULF COAST PLATING COMPANY INC
3810 LIGGETT STREET
PENSACOLA FL 32505

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

1 Article Addressed to:

7 AIRS ID # 0330227001AG
RAY M ENGLISH
GULF COAST PLATING COMPANY INC
3810 LIGGETT STREET
PENSACOLA FL 32505

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *James L. Glass* D. Agent Addressee

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

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JUN 13 2000

3. Service Type
 Bureau of Air Monitoring & Mobile Sources Express Mail
 Registered Mail Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 210 662 497

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

32399+2400



THIS LABEL 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.

035 622
Bureau of Air Monitoring
of Mobile Sources
DEC 22 1998

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MAIL ROOM
DEC 17 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0330227
GULF COAST PLATING COMPANY INC
RAY M ENGLISH
3810 LIGGETT STREET
PENSACOLA FL 32505

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



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300 885 ✓

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AIRS ID#0330227
GULF COAST PLATING COMPANY INC
RAY M ENGLISH
3810 LIGGETT STREET
PENSACOLA FL 32505

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

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JAN 21 97

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0330227
GULF COAST PLATING COMPANY INC
RAY M ENGLISH
3810 LIGGETT STREET
PENSACOLA FL 32505

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

421714 JAN13 2003

Do **NOT** Remove Label

AIRS ID#0330227
GULF COAST PLATING COMPANY INC
RAY M ENGLISH
3810 LIGGETT STREET
PENSACOLA FL
32505

Bureau of Air Monitoring
& Mobile Sources

JAN 17 2003

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

GULF COAST PLATING, INC.

1261

DEPARTMENT OF ENVIRONMENTAL

Check Date: Jan 10, 2003

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken Amount Paid

TITLE V AIR GENERAL PERMIT

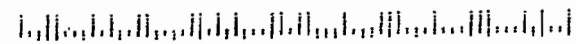
50.00

100 UTILITY AVENUE
ATTALLA, AL 35954



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

32315X3070



GULF COAST PLATING, INC.

003006

Check Date: Jan 10, 2001

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken Amount Paid

TITLE V AIR GENERAL PERMIT

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402777

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

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AIRS ID # 0330227
GULF COAST PLATING COMPANY INC
RAY M ENGLISH
3810 LIGGETT STREET
PENSACOLA FL 32505

1-16-01Pd

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Fund: 20-2-035001
Obj.: 002273

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413014 JAN14 2002 ✓

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0330227
GULF COAST PLATING COMPANY INC
RAY M ENGLISH
3810 LIGGETT STREET
PENSACOLA FL
32505

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

GULFCOAST PLATING, INC.

003304

Check Date: Jan 11, 2002

Check Amount: \$50.00

Item to be Paid - Description	Discount Taken	Amount Paid
AIRS ID 0330227		50.00

100 UTILITY AVENUE
ATTALLA, AL 35954



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

32315X3070



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389597

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

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AIRS ID # 0330227
GULF COAST PLATING COMPANY INC
RAY M ENGLISH
3810 LIGGETT STREET
PENSACOLA FL 32505

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