

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 3, 1996

Mr. Jerald Vann Vice President Tampa Electro Plating, Inc. 3005 East 10 Avenue Tampa, Florida 33605

Dear Mr. Vann:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

"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 Olema of comparation, against or individual owner)
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Jampa Electro Plating Inc. (Phyllis Hyden) Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	FLD 98211 7871
4.	Facility Location:
	Street Address:
	City: 3005 E, 10th Owe. County: Janpa Ha. Zip Code: 33605 Facility Identification Number (DEP Use):
*******	J005 L, 10 - We. Janpa, 7/4.
2.	Facility Identification Number (IDEP 1.86).
	0571074

_	Responsible Official
	1701 CD 211 OCC 11
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address:
7.	
	Organization/Firm: Street Address:
	City: , County: Zip Code:
	Gaore as above
8.	Responsible Official Telephone Number:
	Telephone: (813) 241 - 3411 Fax: (813) 241-3669
	Encility Contact (If different from Domercials Official)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	γ - , , , , , , , , , , , , , , , , , ,
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11	Facility Contact Telephone Number:
- • •	Telephone: () - Fax: () -

RECEIVED

DEP Form No. 62-213.900(5) Effective: 6-25-96 Page 19 of 22

SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

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	[K]	(b) Equipment inspection and repair			
(c) Equipment malfunctions	[X _]	(d) Operation and maintenance checklist			
(e) Instrument calibration	<u> </u>	(f) Start-up, shutdown, malfunction plan	[X .]		
(g) Performance test results		(h) Equipment monitoring			
(i) Excess emissions	X	(j) Operating periods	ΙΧ̈́		
(k) Rectifier capacity		(I) Fume suppressant records	[X]		
(m) Purchase records of wetting	g agent components	[X]			
	Surrender of E	Existing Air Permit(s)			
Please indicate with an "X" the	appropriate selection	:			
		mits authorizing operation of the 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.					
Fighature 8-22-96 Date					

DEP Form No. 62-213.900(5) Effective: 6-25-96 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	DATE CNTRL	CONTROL	APPLICABLE
	PURCHASED	DEVICE INSTALLED	DEVICE (see key)	STANDARD (see key)
# 1	1967	1967	FSIWA	Y
•			F	
•				
				_

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/dscmy = 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	y must meet the requirements of section (5) of Part II of this form:
	[X] January 25, 1996	[3 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.

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

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	INUAL COMPLAINT/DISCOVERY -INSPECTION			
	TE: 7/18 TIME IN: 10:00 TIME OUT: 10:5 Tampa Glectio plating, Ane. 3005 E. 10th Ave Tampa FL 33605	·		
PART I: NOTIFICATION				
(check appropriate box)				
1. Facility notified DARM by 9/1	1/96			
2. New facility notified DARM 3	0 days prior to startup			
3. Facility failed to notify DARM	f to use a general permit			
· · · · · · · · · · · · · · · · · · ·				
PART II: CLASSIFICATION				
Facility type(s)/applicable standar	rd indicated on notification form:			
Hard Chromium Plating				
a. Existing Large (0.015 mg/ds	cm) 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	r)		
Decorative Chromium Plating/Anodizing				
a. Chromic Acid Bath	Emissions of $< 0.01/\text{mg/dscm} (4.4 \times 10^{-6} \text{ gr/dscf})$			
	Surface tension of ≤ 45 dynes/cm $(3.1 \times 10^{-3} \text{ lb-f/ft})$ May only be selected if a wetting agent is used.	T		
b. Trivalent Chromium Bath	With wetting agent			
	Without wetting agent <0.01mg/dscm (4.4x10 ⁻⁶ gr/dscf)	a		
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. Composite Mesh Pad	□Y □N ·			
2.	OY ON			
3.	OY ON			
4. D Packed Bed Scrubber/Composite Mesh Pad	OY ON			
5.	OY ON			
6.	X(Y DN			
Has the facility conducted an initial performance test to Not required for sources using a wetting agent or 1-inch foam blanked				
PART IV: RECORDKEEPING AND REPORTING	DECHIDEMENTS			
Has the responsible official maintained the following r	recorus:			
 Quarterly inspection records for add-on air pollution equipment. (applicable only to a facility using a packed bed so 	and the section of the test and the section of			
composite mesh pad)	DY DN ANA			
2. Operations and Maintenance Plan (OMP). (applicable scrubber, fiber-bed mist eliminator, or composite mesh pad)	only to a facility using a packed bed			
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).				
	 4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. 5. Results of all performance tests. 			
5. Results of all performance tests.	DY DN JONIA			
6. Records of monitoring data. (not applicable to trivalent chr	romium baths using a wetting agent) TY ON ON/A			
Measure the pressure drop across the Measure the pre-	cked Bed Scrubber ssure drop across the PBS and the velocity daily.			
Fiber-Bed Mist Eliminator Pac Measure the pressure drop across the FBME Measure the pre and the upstream device daily.	cked Bed Scrubber/Composite Mesh Pad essure drop across the CMP daily.			
	me Suppressant w/ Wetting Agent sure the surface tension at the appropriate interval.			
7. Purchase records of wetting agent components.	AY ON ON/A			
8. Records of the date and time that fume suppressants are added to the bath.				
9. Records of rectifier capacity, if used to determine facility size.				
10. Records of the total process operating time.				
11. Records identifying specific periods of excess emiss	sions.			
12. Startup, Shutdown & Malfunction Plan	ATY CIN			

PART V: ADDITIONAL SITE INFORMATION

Facility was encompliance with all record beepend requirements. However, records were unorganized and written on level paper without appropriate headings. I imported Jerald of will send them copies of learning germs to use that will better organize the data they are callecting.

Resald Vann	
/ Name of Responsible Official	
Bruce M. King	July 18, 1997
Inspector's Name	Date of Inspection
Brue M Kins	x/ge
Inspector's Signature	Approximate Date of Next Inspection
()	

TITLE V AIR QUALITY GENERAL PERMIT

\checkmark
RE-INSPECTION
71074
DATE: 7/18/97
813 - 247-3471
ility is found to be in
owing compliance

	INSPECTION SUN	IMAKI KEPUKI	•
TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10.00	TIME OUT: 10:5	AIRS ID#: 05	71074
TYPE OF FACILITY: CM	nome Plater	·	·
FACILITY NAME: Tam	CO A O	ting Ana	DATE: 7/18/97
FACILITY LOCATION: 30	4/-	The state of the s	_BAIL//
FACILITY LOCATION: 500	13 2. 10 1/08	<u> </u>	<u> </u>
RESPONSIBLE OFFICIAL:	Jerald Vann	PHONE NUMBER:	813 - 247-3471
	f the compliance requirements evalu Rule 62-213.300, Florida Administ		cility is found to be in
Based on the results of discrepancies were not	f the compliance requirements evaluted:	nated during this inspection, the fo	llowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
Pecords were nut	very arganized or	Example Capies	of goins
lear, yet, the	y were ovailable	Example Copies being pravides	Ø . ⁰
	·		
			_ _
COMMENTS:			
		,	
			•
The Annual Compliance Certif	fication form has been properly cert	ified and submitted to the inspector	r. YES NO
DATE OF NEXT INSPECTI	ON:X	13u	·
	/A	pproximate)	
INSPECTION CONDUCTED	DBY: Bruce	M. KING	
		lease Print)	
INSPECTOR'S SIGNATURI	e: Buch Main	PHONE NUMBER	1: 813-272-5530
			mudul tala
•	Page	_of	Revised 10/90

AIRS ID#: 057/074

RECEIVE ACC AUG HEASON, 19710.

AIR QUALITY GENERAL PERMIT& Mobile Sources

ANODIZING ANNUAL	COMPLIANC	E CERTIFICA	TION FORM	
FACILITY NAME: Tampa	Electr	Plate		DATE: <u>2/22/9</u>
FACILITY LOCATION:		·	·	
Annual Reporting Period: (Sept		19 <i>26</i> то	22 Ju	192
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	•	· · · · · · · · · · · · · · · · · · ·		4
If NO, complete the following:	•			
#1. Term or condition of the general permit	that has not been in	a continuous compl	iance during the re	porting 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	t that has not been in	n continuous compl	iance during the re	porting period stated above
<u> </u>				
Exact period of non-compliance: from			_ to	
Action(s) taken to achieve compliance:				·
Method used to demonstrate compliance:	·		·	
	h d i for	and ballat forms	d að abla	in a single that the statement
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Furt	her, my annual con	isumption of perchi	loroethylene solvent, based
RESPONSIBLE OFFICIAL: JERA	LD VANA	J Due	Il che	7-22-9
Νīα	(Dianca Drime)	(7/	C:	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.

Page ____ of ____

	ECELVED CHROMIL DRY CLI	IM ELECTROPLATING/ANDDIZING/LOO
	DRY CL	EANER AIR QUALITY GENERAL PERMIT
Q	ECE 6 1998 ANN	UAL COMPLIANCE CERTIFICATION FORM
1-	APR 6 17 Monitoring of Air Monitoring Sources	
	Air Monices	AIRS ID#0571074
	onesn Wopile 201	PHYLLIS HYDEN IERALD VANN IERALD VANN
	8	3005 E 10TH AVE TAMPA FL 33605
	Annual Reporting Period:	2, 1997 Do NOT Remove Label 19 TO 1998 19 TO 1998
		V general air permit, my facility has remained in compliance with DEP Rule F.A.C.), during the period covered by this statement. YES
	If NO, complete the following:	
	#1. Term or condition of the general permit	that has not been in continuous compliance during the reporting period stated above:
	Exact period of non-compliance: from	to
	Action(s) taken to achieve compliance:	
	Method used to demonstrate compliance:	RECEIVED
•	#2. Term or condition of the general permit	that has not been in continuous compliance during the reporting period stated above: Bureau of Air Monitoring & Mobile Sources
	Exact period of non-compliance: from	to
	Action(s) taken to achieve compliance:	
	Method used to demonstrate compliance:	
	notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-to RESPONSIBLE OFFICIAL:	ed on information and belief formed after reasonable inquiry, that the statements made in this further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, o dry facilities or 1,800 gallons per year for transfer or combination facilities. D
		·

^{*}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 CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9/30	TIME OUT://	AIRS ID#: OS	571074
TYPE OF FACILITY:	bromum Gt	extrapition	
FACILITY NAME: 17/6	man Electio	Plating 7	DATE: 5/1/9 R
FACILITY LOCATION: 3	005 E 10th	ane 0	7 /
7	anific FL 3:	3605	
RESPONSIBLE OFFICIAL:	Torald Can	PHONE NUMBER:	813-247-3471
	the compliance requirements evalule 62-213,300, Florida Admini	luated during this inspection, the fac strative Code (F.A.C.).	ility is found to be in
Based on the results of t discrepancies were note	-	luated during this inspection, the follower	lowing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		,	P
			T.
		Ø.	C
		60	Ch. C.
		No.	3 S
		D _k	1 3 S
			Lice ding
COMMENTS:	•		
The Annual Compliance Certifica	ation form has been properly cer	tified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	V: Lyca		
	(A	pproximate)	
INSPECTION CONDUCTED I		n. King	
INSPECTOR'S SIGNATURE:	Bour MK To	Please Print) PHONE NUMBER:	813-272-5530
moi ector 3 signature:	()	I HONE NUMBER	4.5
	Dom	of	Deviced 10/96

TITLE V GENERAL PERMIT

	COMPLIANC	E INSPE	CCTION CHECK	LIST	SUR ON P	1/2	.
	ANNUAL E-INSPECTION	Į	COM	IPLAINT/I	Now S	`19 ₉₃	ر ک
AIRS 10#: <u>05 7/0 74</u> D	ATE: 5/6/	98 ti	ME IN: 9130 Lie Place	2 TIN	E OUT: <u>//</u>	300	-
FACILITY NAME:	Tampa	Ele	ctio Place	trej,	Ino.		
FACILITY LOCATION:	3005	<u> = . /</u>	10th and	.,,			
_	Tamja	- F	1 33605				
PART I: NOTIFICATION							
(check appropriate box)							
1. Facility notified DARM by 9	/1/96				-\$1		
2. New facility notified DARM	30 days prior to	startup					
3. Facility failed to notify DAR	M to use a gener	al permit	:				
PART II: CLASSIFICATION							==
Facility type(s)/applicable stand	ard indicated on	notificat	ion form:				
Hard Chromium Plating							
a. Existing Large (0.015 mg/d	scm)	b. E	Existing Small (0	0.03 mg/dsc	m)		
c. New (0.015 mg/dscm)		((Uternative Stand: 0.03 mg/dscm) usi ectifier capacity (le	ng a rolling	g average of	vear)	
Decorative Chromium Plating	z/Anodizing						
a. Chromic Acid Bath	Emissions of	< 0.01/m	g/dscm (4.4x10 ⁻⁶	gr/dscf)			
			5 dynes/cm (3.1x)	10 ⁻³ lb-f/ft)		4	-
h Trivalent Chromium Rath	With wetting	•				П	

c. Chromium Anodizing

Without wetting agent <0.01mg/dscm (4.4x10⁻⁶ gr/dscf)

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.

PA	RT III:	CONTROL TECHNOLOGY				
	Control dev			ise?		
1.		Composite Mesh Pad	ΠΫ́	□N ·		
2.		Fiber Bed Mist Eliminator	\Box Y	ПN		
3.	Q	Packed Bed Scrubber	ΠY	□N		
4.	Q	Packed Bed Scrubber/Composite Mesh Pa	d □Y	□N		
5.		Foam Blanket Fume Suppressant	ПХ	ПN		
6.		Fume Suppressant w/ Wetting Agent	XΥ	□и		
		cility conducted an initial performance test of for sources using a wetting agent or 1-inch foam bland			AVA NO YO	
DAI	DT IV.	RECORDKEEPING AND REPORTING	PEOIM	DEMENTS		
_				CENTENTS		
Has	the res	ponsible official maintained the following	g records?			
	-	ly inspection records for add-on air pollution CNL. (applicable only to a facility using a packed bea mesh pad)		•	OY ON XN/A	
	-	ons and Maintenance Plan (OMP). (applicable blar-bed mist eliminator, or composite mesh pad)	le only to a fa	cility using a packed bed	DY ON DYNA	
3.	3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).					
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.					איים איים איים איים איים איים איים איים	
5.	5. Results of all performance tests.					
6.	6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)					
	Meas	sure the pressure drop across the Measure the pr		Scrubber cross the PBS and the ly.	`	
	Meas	er-Bed Mist Eliminator Pa ure the pressure drop across the FBME Measure the pr the upstream device daily.		Scrubber/Composite M cross the CMP daily.	esh Pad	
	Meas			ressant w/ Wetting Agen face tension at the appropriate into		
7.	Purchase	records of wetting agent components.			AND NO YE	
(8)	Records	of the date and time that fume suppressant	s are adde	i to the bath.	DY AN DN/A	
		of rectifier capacity, if used to determine fa			DY ON TONIA	
10.	Records	of the total process operating time.			AY ON	
11.	Records	identifying specific periods of excess emis	sions.	·	DY DN X N/A	
12.	2. Startup, Shutdown & Malfunction Plan					

PART V: ADDITIONAL SITE INFORMATION
Waiting to do 40 hair text. Has accumulated apprehimately 800 minutes as 3 5/4/98 hast 8 here text was sufarmed on 12/22/97 results were 32.04 dignes. Every morning Me-Vann adds 1 part 7 watering agout to buth Mr. Vann was informed to start keeping reads 2 answert date of when he adds chimicals. Has appropriately 50 /gallon contained to I withing agent or brand.
SQL MATTER STATE OF THE PARTY O
Name of Responsible Official Bruce M. Kang Inspector's Name Inspector's Signature Approximate Date of Next Inspection
Inspector's Signature Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀	COMPLAINT/DISCOVERY RE-INSPECTION
	0:45 _AIRS ID#: 571074
TYPE OF FACILITY: CHROMIUM ELE	CTROPLATING
FACILITY NAME: TAMPA ELECTR	O PLATING DATE: 9/14/99
FACILITY LOCATION: 3005 E. 10 t	4 AVE
	33605
RESPONSIBLE OFFICIAL: SERALO VANA	PHONE NUMBER: (8/3) 247-347/
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida Ad	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	s evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	FOLLOW-UP ACTION REQUIRED
•	
COMMENTS:	
The Annual Compliance Certification form has been proper	· · · · · · · · · · · · · · · · · · ·
DATE OF NEXT INSPECTION:	1 YEAR
	(Approximate)
INSPECTION CONDUCTED BY:	SHELTON / ROGER ZHU.
INSPECTOR'S SIGNATURE: Lung Share	SHELTON / ROGER ZHU (Please Print) Pow Brune Number: (813) 272-5530
Pa	age of . Revised 10/96

discretion of the responsible official to use this form.

·Revised 10/10/96

AIRS ID#: 5710 73 CHROMIUM PLATING -DRY-CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TAMPA ELECTRO PLATING DATE: 9/14/99. FACILITY LOCATION: 8109 N. NEBRASKA AVE TAMPA, FL 33605
TAMPA, FL 33605
Annual Reporting Period: MAY 12 1998 TO 9/14/99 19
Passed on each term or condition of the Title V general air normit, my facility has remained in compliance with DED Bull.
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
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
Action(s) taken to actieve combinance:
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
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the many angiles official. Themselve courties have done information and halise formed office accounts in quies, that the statements
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based
upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per
year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: JERALD VANN Herald Character 9-14-99
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

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL LE-INSPECTION	×	COMPLAINT/DISCOVERY	
AIRS ID#: 57/074 IF FACILITY NAME: FACILITY LOCATION:	TAMPA,	TIME IN: _ ECTRO 10 +4 FL 3	9:00 TIME OUT: 10: PLATING, INC AVE 33605	45
PART I: NOTIFICATION				
(check appropriate box)		-	-	
Facility notified DARM by	9/1/96		. ×	
2. New facility notified DARM	I 30 days prior to startu	p	ū	
3. Facility failed to notify DAF	M to use a general per	mit		
PART II: CLASSIFICATION				
PART II: CLASSIFICATION Facility type(s)/applicable stand		cation form:		
		cation form:		
Facility type(s)/applicable stand	lard indicated on notific		nall (0.03 mg/dscm)	
Facility type(s)/applicable stand Hard Chromium Plating	lard indicated on notificated on b.	Existing Si Alternative (0.03 mg/d	nall (0.03 mg/dscm) e Standard for existing facilities scm) using a rolling average of pacity (less than 60 million A-hr/ye	<u> </u>
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/s	dard indicated on notificated on determined by the description of the description of the determined by the description of the d	Existing Si Alternative (0.03 mg/d	e Standard for existing facilities scm) using a rolling average of	<u> </u>
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm)	dard indicated on notificated on determined by the description of the description of the determined by the description of the d	Existing Si Alternative (0.03 mg/d rectifier cap	e Standard for existing facilities scm) using a rolling average of pacity (less than 60 million A-hr/yer	<u> </u>
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Platin	dard indicated on notificated indicated on notificated on notifica	Existing Si Alternative (0.03 mg/d) rectifier cap 1/mg/dscm (4) 45 dynes/c	e Standard for existing facilities scm) using a rolling average of pacity (less than 60 million A-hr/yes .4x10 ⁻⁶ gr/dscf) m (3.1x10 ⁻³ lb-f/ft)	ar)
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Platin	dard indicated on notificated indicated on notificated on notificated on notificated indicated on notificated indicated on notificated indicated on notificated indicated indicated indicated on notificated indicated indicated indicated indicated indicated on notificated indicated indicated on notificated indicated i	Existing Solution Alternative (0.03 mg/directifier cap 1/mg/dscm (4) 45 dynes/cap wetting agent is	e Standard for existing facilities scm) using a rolling average of pacity (less than 60 million A-hr/yes .4x10 ⁻⁶ gr/dscf) m (3.1x10 ⁻³ lb-f/ft)	ar)
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Platin a. Chromic Acid Bath	dard indicated on notificated indicated on notificated indicated on notificated in the dark of the selected of the day only be selected if the day of	Existing Since Alternative (0.03 mg/d) rectifier cape 1/mg/dscm (4) 45 dynes/cape wetting agent is	e Standard for existing facilities scm) using a rolling average of pacity (less than 60 million A-hr/yes .4x10 ⁻⁶ gr/dscf) m (3.1x10 ⁻³ lb-f/ft)	ar)
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Platin a. Chromic Acid Bath	dard indicated on notificated indicated on notificated indicated on notificated in the dark of the selected of the day only be selected if the day of	Existing Since Alternative (0.03 mg/d) rectifier cape of the cape	e Standard for existing facilities scm) using a rolling average of pacity (less than 60 million A-hr/yes 4x10 ⁻⁶ gr/dscf) m (3.1x10 ⁻³ lb-f/ft) struster (4.4x10 ⁻⁶ gr/dscf)	ar)

PART III: CONTROL TECHNOLOGY				
Control device selected		In use?		
1. Composite Mesh Pad	ים			
2.	ים	Y □N		
3. Packed Bed Scrubber	ים	Y □N		
4. Packed Bed Scrubber/Compo	site Mesh Pad 🔲	Y □N ·		
5.	sant 🗅	Y □N		
6.	g Agent 💆	Y DN		
Has the facility conducted an initial perfo (Not required for sources using a wetting agent or I			s? OY ON XN/A	
PART IV: RECORDKEEPING AND R	EPORTING REO	TREMENTS		
Has the responsible official maintained				
•	J			
1. Quarterly inspection records for add-c equipment. (applicable only to a facility using	_	_	,	
composite mesh pad)	•	•	DY DN MANA	
Operations and Maintenance Plan (Ol scrubber, fiber-bed mist eliminator, or composite	ava k			
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).				
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.				
5. Results of all performance tests.			XOY ON ON/A	
6. Records of monitoring data. (not applied	ble to trivalent chromiun	baths using a wetting agent)	OY ON X N/A	
Composite Mesh Pad Measure the pressure drop across the CMP daily.		Bed Scrubber rop across the PBS and the y daily.		
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBMI and the upstream device daily.		Bed Scrubber/Composite rop across the CMP daily.	: Mesh Pad	
Foam Blanket Fume Suppressa. Measure the foam blanket thickness at the appropriate interval.		ppressant w/ Wetting Age surface tension at the appropriate		
7. Purchase records of wetting agent cor	nponents.		ØY □N □N/A	
8. Records of the date and time that fume suppressants are added to the bath.				
9. Records of rectifier capacity, if used to	determine facility	size.	DY DN ANA	
10. Records of the total process operating	time.		Ø Y □N	
11. Records identifying specific periods of			AN DE NO YO	
12. Startup, Shutdown & Malfunction Pl			MAY ON	

PART V: ADDITIONAL SITE INFORMATION SEE ATTACHED INSP. REPORT

Name of Responsible Official

LEROY SHELTON / ROGER ZHU

Inspector's Name

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

		INSPECTION REI	PORT FORM			1
ENVIRO	NMENTAL PROT	ECTION COMMI	SSION OF HILLS	BOROUGH	COUNTY	
FACILITY: Tampa Ele	FACILITY: Tampa Electro Plating, Inc. PAGE 1 OF 1					1
FACILITY ADDRESS:	3005 E. 10 st A	Avenue		CITY: 7 PHONE:	Tampa 813-247-3471	
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33605	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION	N TYPE:	STATU	JS:
Sept 14, 1999	9:00	10:45	non- C	DS	In Compl	iance
NEDS NUMBER: 5710	74				• •	
SOURCE DESCRIPTION	N: Chromiu	m Electroplatin	ıg			
CONTACT(S): Jero	old Vann					
Leroy Shelton and I visited Tampa Electro Plating, Inc. today to conduct the annual inspection.						
We met with the respo	nsible official,	Mr. Jerold Va	nn.			
The facility is classified as a decorative chromium plating source. Each plating operation takes						
about 2 minutes, and there are approximately 4 operations per day (8 min/day) according to Mr.						
Vann.		_	_			
The records showed that the last 40-hour test was performed on 7/7/98, and the surface tension						
was 33.23 (<45 dynes/	cm). The total	l operating tim	e from 7/7/98	to 8/27/9	9 was 1329 m	in. (22.15
hrs) according to the records. By the rule, the surface tension measurement can be conducted once						

every 40-hour of tank operation until an exceedance occurs.

A wetting agent (DIS MIST NP) has been used. Mr. Vann told us that the wetting agent is added into the tank twice a day, a quart each time in the morning and afternoon. During our walkthrough, we did notice that there are about 10 of those wetting agent containers (5-gallon of each container) on site.

The purchase records indicated that a recent purchase was made on 5/4/99 for 25 of the 5 containers of wetting agent.

Mr. Vann said that the normal rectifier amperage is about 1500 amps for each operation.

This facility is also operating a nickel-plating operation (Ni is a HAP, but there is no MACT standard yet).

No odors were noticed around the chrome tank. The chrome tank was not in operating today.

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	•			
DICDECTED DV	I area Chalter / Danie Zha	DATE:	9/14/99	
INSPECTED BY:	Leroy Shelton / Roger Zhu	DATE:	9/14/99	
	leng Stu- Rose Mu			

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	ZA COMPL	AINT/DISCOVERY	
AIRS ID#: 57/074 FACILITY NAME: FACILITY LOCATION:	DATE: 9/14/99 TAMPA EC	TIME IN: 9:00 ECTRO PLA	TIME OUT: 10:	45
FACILITY LOCATION:	3005 E.	10 th AVE	M	·
·	TAMPA,	FL 3360	SE SE CE	
PART I: NOTIFICATION			V 3 1 1	
(check appropriate box)			arce O	
1. Facility notified DARM by	9/1/96		*	
2. New facility notified DAR	M 30 days prior to start	p		
3. Facility failed to notify DA	RM to use a general pe	mit		
PART II: CLASSIFICATION	N			. ,
Facility type(s)/applicable star	dard indicated on noti	cation form:		
Hard Chromium Plating				
a. Existing Large (0.015 mg	/dscm)	Existing Small (0.03	mg/dscm)	
c. New (0.015 mg/dscm)		Alternative Standard (0.03 mg/dscm) using rectifier capacity (less		ar)
Decorative Chromium Plati	ng/Anodizing		•	
a. Chromic Acid Bath	Emissions of < 0 .	l/mg/dscm (4.4x10 ⁻⁶ gr/	dscf)	
		\leq 45 dynes/cm (3.1×10^{-2}) wetting agent is used.	³ lb-f/ft)	×
b. Trivalent Chromium Bath	With wetting age	•		
	Without wetting	ent <0.01mg/dscm (4.4)	x10 ⁻⁶ gr/dscf)	
c. Chromium Anodizing	Emissions of <0.0	mg/dscm (4.4x10 ⁻⁶ gr/c	iscf)	
		45 dynes/cm (3.1x10 ⁻³ lb a wetting agent is used.	o-f/ft)	

PART III: CONTROL TECHNOLOGY Control device selected In use? UY UN Composite Mesh Pad 1. ☐ Fiber Bed Mist Eliminator UY UN 2. ☐ Packed Bed Scrubber DY DN 3. ☐ Packed Bed Scrubber/Composite Mesh Pad DY DN 4. UY UN ☐ Foam Blanket Fume Suppressant 5. ΧΊΥ ☐ Fume Suppressant w/ Wetting Agent Has the facility conducted an initial performance test to establish monitoring parameters? (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. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad) \square Y \square N M/A 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed DY DN XIN/A scrubber, fiber-bed mist eliminator, or composite mesh pad) 3. Maintenance records for the source, add-on pollution control devices, and monitoring MY □N equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each OY ON MY NA malfunction of process, add-on pollution control device, and monitoring equipment. XOY ON ON/A 5. Results of all performance tests. OY ON N/A 6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent) Composite Mesh Pad Packed Bed Scrubber Measure the pressure drop across the Measure the pressure drop across the PBS and the CMP daily. inlet velocity daily. Packed Bed Scrubber/Composite Mesh Pad Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily. and the upstream device daily. Fume Suppressant w/ Wetting Agent Foam Blanket Fume Suppressant Measure the foam blanket thickness at the Measure the surface tension at the appropriate interval. appropriate interval. MAY ON ON/A 7. Purchase records of wetting agent components. □Y XIN □N/A... 8. Records of the date and time that fume suppressants are added to the bath. □Y □N ØN/A 9. Records of rectifier capacity, if used to determine facility size. MD YM 10. Records of the total process operating time. DY DN 11. Records identifying specific periods of excess emissions. DA DN 12. Startup, Shutdown & Malfunction Plan

PART V: ADDITIONAL SITE INFORMATION SEE ATTACHED INSP. REPORT

JEROLD VANN	
Name of Responsible Official	
LERDY SHELTON / ROGER ZHU	9/14/99
Inspector's Name	Date of Inspection
/ Roger Blu	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Tampa Ele	FACILITY: Tampa Electro Plating, Inc. PAGE 1 OF 1					
FACILITY ADDRESS: 3005 E. 10st Avenue CITY: Tampa PHONE: 813-247-3471						
MAILING ADDRESS:	MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33605					
INSPECTION DATE:	INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS:					
Sept 14, 1999 9:00 10:45 non- CDS In Compliance					In Compliance	
NEDS NUMBER: 571074						
SOURCE DESCRIPTION: Chromium Electroplating						
CONTACT(S): Jerold Vann						

Leroy Shelton and I visited Tampa Electro Plating, Inc. today to conduct the annual inspection. We met with the responsible official, Mr. Jerold Vann.

The facility is classified as a decorative chromium plating source. Each plating operation takes about 2 minutes, and there are approximately 4 operations per day (8 min/day) according to Mr. Vann.

The records showed that the last 40-hour test was performed on 7/7/98, and the surface tension was 33.23 (<45 dynes/cm). The total operating time from 7/7/98 to 8/27/99 was 1329 min. (22.15 hrs.) according to the records. By the rule, the surface tension measurement can be conducted once every 40-hour of tank operation until an exceedance occurs.

A wetting agent (DIS MIST NP) has been used. Mr. Vann told us that the wetting agent is added into the tank twice a day, a quart each time in the morning and afternoon. During our walk-through, we did notice that there are about 10 of those wetting agent containers (5-gallon of each container) on site.

The purchase records indicated that a recent purchase was made on 5/4/99 for 25 of the 5 containers of wetting agent.

Mr. Vann said that the normal rectifier amperage is about 1500 amps for each operation.

This facility is also operating a nickel-plating operation (Ni is a HAP, but there is no MACT standard yet).

No odors were noticed around the chrome tank. The chrome tank was not in operating today.

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		7 4 7 7 7	0/1.4/00	
INSPECTED BY:	Leroy Shelton / Roger Zhu	DATE:	9/14/99	
•	/10			~ _
	/ log 1/91	\sim		
	•			

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \square COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10: 00 AM TIME OUT: 11:15	
TYPE OF FACILITY: Chromium Electrop	141,29
FACILITY NAME: Tampa Electro Plating	DATE:
FACILITY LOCATION: 3005 E. 10 Th And	
responsible official: Jerald Valu	PHONE NUMBER: (813) 247 - 347)
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	Burg Oct
	Modelle Str. Mod. Com. Com. Com. Com. Com. Com. Com. Com
	Co. Torring
COMMENTS:	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	w
	pproximate) '
INSPECTION CONDUCTED BY: Mohammad	NOzar /
INSPECTOR'S SIGNATURE: M.NO SCA.	PHONE NUMBER: (813) 272 - 5530
Page	of \(\frac{10}{2}\). Revised 10/9

And

CHROMIUM PLATING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<u> </u>		
FACILITY NAME: Tampa Ele	ectro Platin	<u> </u>	DA	TE: <u>9-20-00</u>
FACILITY LOCATION: 8109 N.	Nebraska	And		
Tampa,	FI 33605		_	
·				
Annual Reporting Period: 9-14-	1	19 <u>49</u> то _	9 -2	20 <u>0</u> 0
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•		th DEP Rule
62-213.300, Florida Administrative Code (F.	.A.C.), during the period	covered by this st	atement 123	<u>u</u> no
If NO, complete the following:			•	
#1. Term or condition of the general permit	that has not been in cont	tinuous complianc	æ during the reporting	; period stated above:
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·	t	ο	<u> </u>
Action(s) taken to achieve compliance:				·
Method used to demonstrate compliance:			•	
#2. Term or condition of the general permit	that has not been in con	tinuous compliand	ce during the reporting	g period stated above:
Exact period of non-compliance: from		tc)	i i
Action(s) taken to achieve compliance:		·		
Method used to demonstrate compliance:		<u> </u>	: 	
As the responsible official, I hereby certify, made in this notification are true, accurate		nd belief formed a	fter reasonable inquir	y, that the statements
		· /	00 1	
RESPONSIBLE OFFICIAL: JERA	LD VANN me (Please Print)	_ Jew	Signature	9-20-00 Date
	<u> </u>	•		•

^{*}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

/	ANNUAL (INS1, INS2, INS3) (COMPLAINT/DISCOVERY (CI) RE-INSPECTION (FUI)	
AIRS ID#: 571074	DATE: 9/20/00 TIME IN: LOOO TIME OUT: 11	15
FACILITY NAME:	Tampa electro Platins, INC.	
FACILITY LOCATION:	3005 E. 1014 AND	
	Tampa, Fl 33605	
RESPONSIBLE OFFICIAL :	JERAN VANN PHONE: 873 247 34	7(
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)	Facility Compliance Status: IN	0
New facility notified DARM	1 30 days prior to startup	
2. Facility failed to notify DAF	RM to use a general permit SNC	
	·	
PART II: CLASSIFICATION		
[dard indicated on notification form:	
Facility type(s)/applicable stand	dard indicated on notification form:	
Facility type(s)/applicable stand Hard Chromium Plating	dard indicated on notification form:	
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d)	dard indicated on notification form: b. Existing Small (0.03 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	
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm)	dard indicated on notification form: b. Existing Small (0.03 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	
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Plating	dard indicated on notification form: dscm))
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Plating	dard indicated on notification form: dscm))
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Plating a. Chromic Acid Bath	dard indicated on notification form: dscm) b. Existing Small (0.03 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 t/Anodizing Emissions of $\leq 0.01/\text{mg/dscm}$ (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.) Ø
Facility type(s)/applicable stand Hard Chromium Plating a. Existing Large (0.015 mg/d c. New (0.015 mg/dscm) Decorative Chromium Plating a. Chromic Acid Bath	dard indicated on notification form: dscm) b. Existing Small (0.03 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 t/Anodizing Emissions of $\leq 0.01/\text{mg/dscm}$ (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. With wetting agent) Ø

PART III: CONTROL TECHNOLOGY Control device In use? selected ☐ Composite Mesh Pad DY DN 1. 2. ☐ Fiber Bed Mist Eliminator QY QN 3. Packed Bed Scrubber $\square N$ \Box Y ☐ Packed Bed Scrubber/Composite Mesh Pad $\square N$ 5. ☐ Foam Blanket Fume Suppressant ☐ Fume Suppressant w/ Wetting Agent Has the facility conducted an initial performance test to establish monitoring parameters? (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. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad) OY ON MON/A 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed ZOY DN $\square N/A$ scrubber, fiber-bed mist eliminator, or composite mesh pad) 3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). MO YOM 4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ØDY □N □N/A 5. Results of all performance tests. DY DN 6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent) AZDY □N □N/A Composite Mesh Pad Packed Bed Scrubber Measure the pressure drop across the Measure the pressure drop across the PBS and the CMP daily. inlet velocity daily. Fiber-Bed Mist Eliminator Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily. and the upstream device daily. Foam Blanket Fume Suppressant Fume Suppressant w/ Wetting Agent Measure the foam blanket thickness at the Measure the surface tension at the appropriate interval appropriate interval. DN DN/A 7. Purchase records of wetting agent components. ON ON/A 8. Records of the date and time that fume suppressants are added to the bath. **©**N/A ØY □N 9. Records of rectifier capacity, if used to determine facility size. 10. Records of the total process operating time. 11. Records identifying specific periods of excess emissions. 12. Startup, Shutdown & Malfunction Plan

PART V: ADDITIONAL SITE INFORMATION	
	,
<i>r</i>	
	,

3 of 3

Inspector's Name

M.No.3 aux Inspector's Signature

Revised 07/28/00

Approximate Date of Next Inspection

September 20, 2000
Date of Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					
FACILITY: Tampa Electro Plating PAGE 1					
FACILITY ADDRESS:	venue		CITY: Tar	npa	
		PHONE: (813)247-3471			
MAILING ADDRESS: Same			CITY: Tampa	FLA	ZIP: 33605
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO		STATUS:
September 20, 2000	10:00AM	11:15AM	CDS		In Compliance
NEDS NUMBER: 0571	073				
SOURCE DESCRIPTIO	N: Chromium F	Electroplating			
CONTACT(S): Jerald V	ann				
Roger Zhu and I visited Th facility is classified about 2 minutes, and the Vann. The record keeping shows surface tension was record. There were 25 gallons bought 100 lb. of chrone This facility is also operated at the facility chromium odor was noticed.	as a decorative here are approximately as a decoration of the latest omic tank is comic tank is comic tank is comic power for latest erating a nickel majority of their	e chromium-paimately 3 to 4 ast 40- hour to ynes/cm. ontrol by wetting at the site. It is at the site. It is plating operations of the site of the sit	est was performing agent and by Mr. Vann said g that would lation (Ni is a Hation is for one	Each plating day (6 to ned on July 4 lb. added that on Febst almost 2 AP, but the uniform as	g operation Takes 8 min/day) said Mr. 20, 2000 and the twice a day. bruary 2000 they years. ere is no MACT ecount.
INSPECTED BY:					DATE:
Mohammad Nozari				Se	eptember 20, 2000

Z 570 PP5 207

US Postal Service

Receipt for Certified Mail No Insurance Coverage Provided.

AIRS ID # 0571074001AG JERALD VANN TAMPA ELECTRO PLATING INC 3005 E 10TH AVE **TAMPA FL 33605**

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	
_		

	Fr. or respective
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 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. 	Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
1 Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
7 AIRS ID # 0571074001AG JERALD VANN TAMPA ELECTRO PLATING INC	RECEIVED
3005 E 10TH AVE TAMPA FL 33605	3. Servid Noe 2 2001 Certified Mail
•	Burgal of Air Mentioning Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2 Article Number (Copy from service label) 2 2 10 62 50	

UNITED STATES POSTAL SERVICE



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4300011

TOTAL AMOUNT DUE: \$50.00

JAN 15 98 -

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AIRS ID#0571074

PHYLLIS HYDEN JERALD VANN 3005 E 10TH AVE **TAMPA FL 33605**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Fund: 20-2-035001

Оыј.: 002273

A your check or money order. This number. TOTAL AMOUNT DUE: \$50.00 FORGOVERNMENAUSE ONLY Org.: \$550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273 This portion must be attached to remittance for proper handling 389300

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TAMPA ELECTRO PLATING INC JERALD VANN

3005 E 10TH AVE

TAMPA FL 33605

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JERALD VANN 3005 E 10TH AVE **TAMPA FL 33605**

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