

0571074



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 (Name of corporation, agency, or individual owner):	<i>Tampa Electro Plating, Inc. (Phyllis Hyden)</i>		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	<i>FLD 98211 7871</i>		
4. Facility Location:			
Street Address:			
City:	County:	Zip Code:	
<i>3005 E. 10th Ave.</i>	<i>Tampa, Fla.</i>	<i>33605</i>	
5. Facility Identification Number (DEP Use):	<i>0571074</i>		

Responsible Official

6. Name and Title of Responsible Official:	<i>Jerald Vann (Manager V.P.)</i>		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
<i>Same as above</i>			
8. Responsible Official Telephone Number:			
Telephone: <i>(813) 247-3471</i>	Fax: <i>(813) 247-3669</i>		

Facility Contact (If different from Responsible Official)

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

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SEP 5 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
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan
- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions
- (j) Operating periods
- (k) Rectifier capacity
- (l) Fume suppressant records
- (m) Purchase records of wetting agent components

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

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

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


Signature

8-22-96
Date

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

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
# 1	1967	1967	FS/WA	Y

Key for Control Device Type

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

Applicable Standard Key

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

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

January 25, 1996 January 25, 1997

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

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

CHROMIUM ELECTROPLATING/ANODIZING ✓

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0571074 DATE: 7/18 TIME IN: 10:00 TIME OUT: 10:50
FACILITY NAME: Tampa Electroplating, Inc.
FACILITY LOCATION: 3005 E. 10th Ave
Tampa FL 33605

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

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

PART V: ADDITIONAL SITE INFORMATION

Facility was in compliance with all record keeping requirements. However, records were unorganized and written on lined paper without appropriate headings. I informed Gerald I will send them copies of example forms to use that will better organize the data they are collecting.

Gerald Vann
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M King
Inspector's Signature

July 18, 1997
Date of Inspection

x 1 yr
Approximate Date of Next Inspection

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



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:00 TIME OUT: 10:50 AIRS ID#: 05 71074
 TYPE OF FACILITY: Chrome Plater
 FACILITY NAME: Tampa Electric Plating, Inc DATE: 7/18/97
 FACILITY LOCATION: 3005 E. 10th AVE
 RESPONSIBLE OFFICIAL: Gerald Vann PHONE NUMBER: 813-247-3471

- 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
<i>Records were not very organized or clear, yet, they were available</i>	<i>Example copies of forms being provided.</i>

COMMENTS:

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

DATE OF NEXT INSPECTION: X 1 yr
(Approximate)

INSPECTION CONDUCTED BY: Bruce M. King
(Please Print)

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

RECEIVE

AIRS ID#: 0571074

Acc AUG 14 1999

CHROMIUM ELECTROPLATING/ ANODIZING
AIR QUALITY GENERAL PERMIT & Mobile Sources
ANODIZING

Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: Tampa Electro Plate DATE: 7/22/99
FACILITY LOCATION: _____

Annual Reporting Period: 1 Sept 1996 TO 22 July 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. 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 *Jerald Vann* 7-22-99
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 discretion of the responsible official to use this form.

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Bureau of Air Monitoring
& Mobile Sources

CHROMIUM ELECTROPLATING/ANODIZING

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571074
PHYLLIS HYDEN
JERALD VANN
3005 E 10TH AVE
TAMPA FL 33605

Annual Reporting Period: July 22, 1997 ~~_____~~ ~~_____~~ ~~_____~~ 19 _____ ~~_____~~ ~~_____~~ ~~_____~~ TO JAN. 13, 1998 ~~_____~~ ~~_____~~ ~~_____~~ 19 _____

Do NOT Remove Label

MARCH 30, 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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& Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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
Name (Please Print)

Jerald Vann 1-13-98
Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:30 TIME OUT: 11:00 AIRS ID#: 05 71074
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: Tampa Electro Plating DATE: 5/1/98
 FACILITY LOCATION: 3005 E 10th Ave
Tampa FL 33605
 RESPONSIBLE OFFICIAL: J. David Wann PHONE NUMBER: 813-247-3471

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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 Bureau of Air Monitoring
 & Mobile Surces

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 year
 (Approximate)

INSPECTION CONDUCTED BY: Bruce M. King
 (Please Print)

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

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

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& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0571074 DATE: 5/6/98 TIME IN: 9:30 TIME OUT: 11:00
 FACILITY NAME: Tampa Electro Plating, Inc.
 FACILITY LOCATION: 3005 E. 10th Ave
Tampa, FL 33605

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input 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 N/A
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

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

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

PART V: ADDITIONAL SITE INFORMATION

Waiting to do 40 hour test. Has accumulated approximately 1800 minutes as of 5/6/98
Last 8 hour test was performed on 12/22/97
results were 32.04 d-gms.

Every morning Mr. Vann adds 1 pint of wetting agent to bath. Mr. Vann was informed to start keeping records of amount/date of when he adds chemicals.

Has approximately 50 1 gallon containers of wetting agent on hand.

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Bureau of Air Monitoring
& Mobile Sources

Ronald Vann

Name of Responsible Official

Bruce M. King

Inspector's Name

Bruce M. King

Inspector's Signature

5/6/98

Date of Inspection

1 year

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:00 TIME OUT: 10:45 AIRS ID#: 571074
 TYPE OF FACILITY: CHROMIUM ELECTROPLATING
 FACILITY NAME: TAMPA ELECTRO PLATING DATE: 9/14/99
 FACILITY LOCATION: 3005 E. 10th AVE
TAMPA, FL 33605
 RESPONSIBLE OFFICIAL: SERALD VANN PHONE NUMBER: (813) 247-3471

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: LEROY SHELTON / ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (813) 272-5530

ACE ✓

AIRS ID#: 571073

Revised 10/10/96

~~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

Annual Reporting Period: MAY 12 1998 TO 9/14/99 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

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& Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JERALD VANN Jerald Vann 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 discretion of the responsible official to use this form.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	571074	DATE:	9/14/99	TIME IN:	9:00	TIME OUT:	10:45
FACILITY NAME:	TAMPA ELECTRO PLATING, INC						
FACILITY LOCATION:	3005 E. 10 th AVE TAMPA, FL 33605						

PART I: NOTIFICATION

(check appropriate box)

- | | |
|---|-------------------------------------|
| 1. Facility notified DARM by 9/1/96 | <input checked="" type="checkbox"/> |
| 2. New facility notified DARM 30 days prior to startup | <input type="checkbox"/> |
| 3. Facility failed to notify DARM to use a general permit | <input type="checkbox"/> |

PART II: CLASSIFICATION

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

Hard Chromium Plating

- | | | | |
|-----------------------------------|--------------------------|---|--------------------------|
| a. Existing Large (0.015 mg/dscm) | <input type="checkbox"/> | b. Existing Small (0.03 mg/dscm) | <input 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 (4.4x10 ⁻⁶ gr/dscf) | <input type="checkbox"/> |
| | Surface tension of ≤ 45 dynes/cm (3.1x10 ⁻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 <0.01mg/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)
<i>May only be selected if a wetting agent is used.</i> | <input type="checkbox"/> |

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input 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 N/A
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

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

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

PART V: ADDITIONAL SITE INFORMATION

SEE ATTACHED INSP. REPORT

JEROLD VANN

Name of Responsible Official

LEROY SHELTON / ROGER ZHU

Inspector's Name

Leroy Shelton / Roger Zhu

Inspector's Signature

9/14/99

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Tampa Electro Plating, Inc.			PAGE 1 OF 1	
FACILITY ADDRESS: 3005 E. 10 th Avenue			CITY: Tampa PHONE: 813-247-3471	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33605
INSPECTION DATE: Sept 14, 1999	TIME IN: 9:00	TIME OUT: 10:45	INSPECTION TYPE: non- CDS	STATUS: 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.

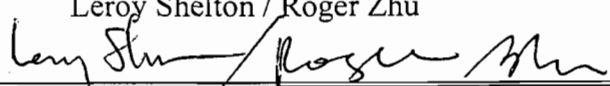
The records showed that the last 40-hour test was performed on 7/7/98, and the surface tension was 33.23 (<45 dynes/cm). The total operating time from 7/7/98 to 8/27/99 was 1329 min. (22.15 hrs.) according to the records. By the rule, the surface tension measurement can be conducted once every 40-hour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

INSPECTED BY: Leroy Shelton / Roger Zhu	DATE: 9/14/99
	

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 571074 DATE: 9/14/99 TIME IN: 9:00 TIME OUT: 10:45
 FACILITY NAME: TAMPA ELECTRO PLATING INC
 FACILITY LOCATION: 3005 E. 10th AVE
TAMPA, FL 3360

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 & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath Emissions of < 0.01/mg/dscm (4.4x10⁻⁶ 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 type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input 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 N/A
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

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

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

PART V: ADDITIONAL SITE INFORMATION

SEE ATTACHED INSP. REPORT

JEROLD VANN

Name of Responsible Official

LEROY SHELTON / ROGER ZHU

Inspector's Name

Roger Zhu

Inspector's Signature

9/14/99

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Tampa Electro Plating, Inc.				PAGE 1 OF 1	
FACILITY ADDRESS: 3005 E. 10 th Avenue			CITY: Tampa PHONE: 813-247-3471		
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33605	
INSPECTION DATE: Sept 14, 1999	TIME IN: 9:00	TIME OUT: 10:45	INSPECTION TYPE: non- CDS	STATUS: 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.

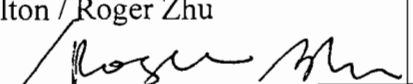
A wetting agent (DIS MIST NP) has been used. Mr. Vann told us that the wetting agent is added into the tank twice a day, a quart each time in the morning and afternoon. During our walk-through, we did notice that there are about 10 of those wetting agent containers (5-gallon of each container) on site.

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.

INSPECTED BY: Leroy Shelton / Roger Zhu	DATE: 9/14/99
	

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

file

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:00 AM TIME OUT: 11:15 AM AIRS ID#: 0571074
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: Tampa Electro Plating DATE: _____
 FACILITY LOCATION: 3005 E. 10th Ave
Tampa, FL 33605
 RESPONSIBLE OFFICIAL: Jerald van PHONE NUMBER: (813) 247-3471

- 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
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 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 Year
 (Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
 (Please Print)

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

ACC

CHROMIUM PLATING AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tampa Electro Plating DATE: 9-20-00
 FACILITY LOCATION: 8109 N. Nebraska Ave
Tampa, FL 33605

Annual Reporting Period: 9-14- 1999 TO 9 - 20 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: JERALD VANN Jerald Vann 9-20-00
 Name (Please Print) Signature Date

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

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#:	<u>571074</u>	DATE:	<u>9/20/00</u>	TIME IN:	<u>1000</u>	TIME OUT:	<u>1115</u>
FACILITY NAME:	<u>Tampa Electro Plating, INC.</u>						
FACILITY LOCATION:	<u>3005 E. 10th Ave</u> <u>Tampa, FL 33605</u>						
RESPONSIBLE OFFICIAL:	<u>Jeffrey Vann</u>	PHONE:	<u>813 247 3471</u>				
CONTACT NAME:			PHONE:				

PART I: NOTIFICATION

(check appropriate box)

Facility Compliance Status: IN

- | | | | | |
|---|--------------------------|-------------|-----|--------------------------|
| 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:

Hard Chromium Plating

- | | | | |
|-----------------------------------|--------------------------|---|--------------------------|
| a. Existing Large (0.015 mg/dscm) | <input type="checkbox"/> | b. Existing Small (0.03 mg/dscm) | <input 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- 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.
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- 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

[Empty box for additional site information]

Mohammad NOZari
Inspector's Name

September 20, 2000
Date of Inspection

M. NOZari
Inspector's Signature

1 year
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Tampa Electro Plating		PAGE 1 OF 1	
FACILITY ADDRESS: 3005 e. 10 TH Avenue		CITY: Tampa PHONE: (813)247-3471	
MAILING ADDRESS: Same		CITY: Tampa	FLA ZIP: 33605
INSPECTION DATE: September 20, 2000	TIME IN: 10:00AM	TIME OUT: 11:15AM	INSPECTION TYPE: CDS STATUS: In Compliance
NEDS NUMBER: 0571073			
SOURCE DESCRIPTION: Chromium Electroplating			
CONTACT(S): Jerald Vann			

Roger Zhu and I visited Tampa Electro Plating, Inc., to conduct an annual inspection. Th facility is classified as a decorative chromium-plating source. Each plating operation Takes about 2 minutes, and there are approximately 3 to 4 operations per day (6 to 8 min/day) said Mr. Vann.

The record keeping showed that the last 40- hour test was performed on July 20, 2000 and the surface tension was recorded 33.25 dynes/cm.

The emission from chromic tank is control by wetting agent and ¼ lb. added twice a day. There were 25 gallons of wetting agent at the site. Mr. Vann said that on February 2000 they bought 100 lb. of chromic power for Electro plating that would last almost 2 years.

This facility is also operating a nickel plating operation (Ni is a HAP, but there is no MACT standard to date.), the majority of their nickel operation is for one uniform account.

The facility chromium and nickel plating operation was going on at the time of inspection, No odor was noticed.

INSPECTED BY: Mohammad Nozari	DATE: September 20, 2000
----------------------------------	-----------------------------

Z 210 662 501

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

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

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Witch Hyde* B. Date of Delivery *6/2/01*

C. Signature *[Signature]* Agent
 Addressee

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

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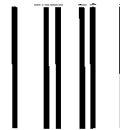
3. Service Type *JUN 12 2001*
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
Bureau of Air Monitoring & Mobile Sources

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

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DEPT. OF ENVIRONMENTAL PROTECTION
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TALLAHASSEE, FLORIDA 32399-2400





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

AIRS ID#0571074

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



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JAN 15 97

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AIRS ID# 0571074
TAMPA ELECTRO PLATING INC
JERALD VANN
3005 E 10TH AVE
TAMPA FL 33605

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 389300 ✓

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 # 0571074
TAMPA ELECTRO PLATING INC
JERALD VANN
3005 E 10TH AVE
TAMPA FL 33605

Bureau of Air Mail
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Org.: 550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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0353861 ✓

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TOTAL AMOUNT DUE: \$50.00

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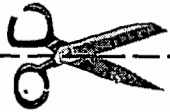
AIRS ID # 0571074
 TAMPA ELECTRO PLATING INC
 JERALD VANN
 3005 E 10TH AVE
 TAMPA FL 33605

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

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& Mobile Sources

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400064

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 # 0571074
TAMPA ELECTRO PLATING INC
JERALD VANN
3005 E 10TH AVE
TAMPA FL 33605

Bureau of Air Monitoring
& Mobile Sources

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