

### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 9, 1997

Mr. Claude H. Gates CHG Engineering 3531 Fourth Avenue Tampa, Florida 33605

Re: Facility I.D. No. 0571134

Dear Mr. Gates:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on March 21, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Thomas Shelton, Hillsborough County

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

MAR 2 1 1997

# Chromium Electroplating and Anodizing Facilities Notification Bureau of Air Monitoring

& Mobile Sources

#### **Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

CLAUDE H. GATES

CHG ENGINEERING

Site Name (For example, plant name or number):

Hazardous Waste Generator Identification Number:

4. Facility Location:

Street Address:

3531 4TH AVE

City: TAMIPA County: HILLSBOROUGH Zip Code: 3360.5

5 Facility Identification Number (DEP Use):

0571134

#### Responsible Official

6. Name and Title of Responsible Official:

CLAUDE H. GATES

7. Responsible Official Mailing Address:

Organization/Firm: CHG ENGINEERING

Street Address: 3531 4TH AVE

City:

TAMPA

County: HILLSBOROUGH

Zip Code: **33605** 

Responsible Official Telephone Number:

Telephone: (813) 248-2938

Fax: (813) 248 - 2938

#### Facility Contact (If different from Responsible Official)

Name and Title of Facility Contact (For example, plant manager):

CHARLES E. HILDRETH , PLANT MANAGER

10. Facility Contact Address: CHG ENGINEERING

Street Address: 3531 4TH AVE

County: HILLSBOROUGH . Zip Code: 33605 City: TAMPA

11. Facility Contact Telephone Number:

Telephone: (813)248 -2938 Fax: (813)248 - 2938

DEP Form No. 62-213.900(5)

Effective: 6-25-96

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#### **Facility Information**

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

	HARD	CHROMIUM	PLATING	TANKS
TANK ID#	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
1	10-1-92	10-1-92 +	PBS	0.03
2	10-1-92	10-1-92 *		0.03
3	10-1-92	10-1-92+	PBS	0.03
.4				
-				

\* CONTROL DEVICES MODIFIED IN OCT/NOV OF 96

Key	for	Cont	<u>rol I</u>	<u>Devi</u>	<u>ce T</u>	'ype

PBS = packed-bed scrubber CMP = composite mesh pad

PBS/CMP = packed-bed scrubber and composite mesh pad

FS = fume suppressant only

FS/WA = fume suppressant with a wetting agent

FM = fiber-bed mist eliminator

#### Applicable Standard Key

a = 0.03 mg/dscm

b = 0.015 mg/dscm c = alternative standard for multiple tanks

under common control

	otential rectifier capacity greater than 60 million ampere-hours	per year?
[] Yes	No	
	•	
	ting tanks at the facility operating before 12/16/93?	
Yes	[ ] No	

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 PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
		·		
	_			
<u></u>				

Key for Control Device Type	Applicable Standard Key					
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	<ul> <li>x = 0.01 mg/dscm</li> <li>y = 45 dynes/cm</li> <li>z = records of bath components         (trivalent Cr tanks only)</li> <li>c = alternative standard for multiple tanks         under common control</li> </ul>					
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.						

DEP Form No. 62-213.900(5)

Effective: 6-25-96

#### **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	<u></u>	(b) Equipment inspection and repair	· [ • ] -			
(c) Equipment malfunctions		(d) Operation and maintenance checklist	<u>.</u>			
(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 wet	ting agent components					
	Surrender of 1	Existing Air Permit(s)				
Please indicate with an "X"	the appropriate selection	n:				
		ermits authorizing operation of the form; specifically, permit number(s)	r			
No air perm	•	e operation of the facility indicated in				
	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.						
18 MAR 97						
Signature		Date				

DEP Form No. 62-213.900(5)

Effective: 6-25-96

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		ATTN:	BRUCE	KING	ack	ノ , / []
ars id#: 0571134					Revis	ed I
	AIR QUALI	TY GENE	RAL PE	RMITUG	1 1 19	97
OMIUM ELECTROPLATING/ ANNUAL ANODIZING	. COMPLIANCE CI	ERTIFICAT	ION FOR	M Bureau c	of Air Mo	nitor
				& Mc	bile Sour	rces
FACILITY NAME: CHG		21-11/9		DA	I.E	del
FACILITY LOCATION: 353						, <u> </u>
TAMPA FL	33605		· · · · ·			
Annual Reporting Period:	1	19 TO				
·	•			j	i	
Based on each term or condition of the Title						
62-213.300, Florida Administrative Code (F	A.C.), during the period	covered by this	statement.	<b>⊔</b> YES	Дν	1O
If NO, complete the following: $N_{s}$ $D_{ls}$	SCHARGE				. !	
#1. Term or condition of the general permit	t that has not been in cont	inuous complia	nce during th	ne reporting	period stat	ted al
	•	-				
		0				
Exact period of non-compliance: from	6-23-	77	_ to	<u> 5-23-</u>	7/	<del></del> -
Action(s) taken to achieve compliance:	RE PLACE	MoTOR	START	ERK	FLA	
Method used to demonstrate compliance:	SCRUBBER FAR					
	REPLACEMENT		_	l l	•	
#2. Term or condition of the general permit	t that has not been in cont	inuous complia	ince during t	re reporting	period star	ted a
	:					
Exact period of non-compliance: from	<u>.</u>		to			
Action(s) taken to achieve compliance:					;	
	, i	,				
Method used to demonstrate compliance:		,	•			
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.		. سعر دی دست	////		1/1	
•			, ,,	11111111	- 115 1	_ /
RESPONSIBLE OFFICIAL: CLA	NOF H. GAT me (Please Print)	TES/	Signatur	He		12

\*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 1.

TYPE OF INSPECTION:	ANNUAL	СОМ	PLAINT/E	DISCOVERY _	RE-INSPECTION 🔀
TIME IN: 1 . CC	TIME OUT:	1:45		AIRS ID#:	571134
TYPE OF FACILITY: C+	tizime PLATE	12			<u> </u>
FACILITY NAME:	HE ENONETER	ince			DATE: 7-/2-0/98
	3531 4TH AV				
	TAMPA FL		603		
DESPONSIBLE OFFICIAL.	CLAUDE GATT			DIIONE NID (I	BER: 813 -249-2938
RESPONSIBLE OFFICIAL:	CLAUSE CITIC	<u> </u>		PHONE NUME	BER: 313 - 247 - 2137
	the compliance requirement Rule 62-213.300, Florida A				ne facility is found to be in
Based on the results of the discrepancies were note	the compliance requirements:	nts evalua	ted during	this inspection, th	ne following compliance
COMPLIANCE REQU	ЛREMENT/PROBL	EM	FO	LLOW-UP A	CTION REQUIRED
	•	,			
					•
-					
	•				
			•		· .
COMMENTS:					•
COMMENTS:					
					. / 4
The Annual Compliance Certific	ation form has been proper	rly certifi	ed and sub	mitted to the insp	ector. YES NO
DATE OF NEXT INSPECTIO	N:	<del>.</del> .	1-4/2		
•		(App	roximate)	iz .	
NSPECTION CONDUCTED I	3Y:	BRU	<u>څې</u>	KING-	
	770	(Ples	se Print)		
NSPECTOR'S SIGNATURE:	- 1 Dui	- for	BMK	PHONE NUME	ER: 813-272-5530
	Pa	age_) o	<u>f</u> .		Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL COMPLAINT/DISCOVERY	
	E-INSPECTION X	
AIRS 10#: 571134 D	ATE: 1/20/94 TIME IN: 1,00 TIME OUT: 14	<u>5</u>
FACILITY NAME:	CHC ENGINEERING	
FACILITY LOCATION: _	3531 4th Ave	
-	TAMPA, Fr. 33603	
PART I: NOTIFICATION		
(check appropriate box)		li I
1. Facility notified DARM by 9	/1/96	
2. New facility notified DARM	30 days prior to startup	1
3. Facility failed to notify DAR	M to use a general permit	
PART II: CLASSIFICATION		
Facility type(s)/applicable stand	ard indicated on notification form:	
Hard Chromium Plating		
a. Existing Large (0.015 mg/d	sem) D Existing Small (0.03 mg/dscm)	0
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/yea	r)
Decorative Chromium Plating	z/Anodizing	
a. Chromic Acid Bath	Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	ت ا
	Surface tension of $\leq$ 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft) May only be selected if a wetting agent is used.	٥
b. Trivalent Chromium Bath	With wetting agent	
	Without wetting agent <0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	<b>a</b> \
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4×10 <sup>-6</sup> gr/dscf)	<u></u>
	Surface tension of 45 dynes/cm $(3.1\times10^{-3} \text{ lb-f/ft})$ May only be selected if a wetting agent is used.	

PART III: CONTROL TECHNOLOGY	
Control device	
selected In use? 1.	
2. Fiber Bed Mist Eliminator DY DN	
3. Packed Bed Scrubber DY DN	
4. Packed Bed Scrubber/Composite Mesh Pad DY DN	
5.	
6.	
Has the facility conducted an initial performance test to establish monitoring parameters?  (Not required for sources using a weiting agent or 1-inch foam blanket thickness)	OY ON ON/A
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 ON/A
	di di diva
2. 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
<ol> <li>Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).</li> </ol>	OY ON
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.</li> </ol>	OY ON
5. Results of all performance tests.	□Y □N □N/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a westing agent)	. QY QN QN/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  Measure the pressure drop across the CMP daily.  And the upstream device daily.	sh Pad
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.	
7. Purchase records of wetting agent components.	DY DN DN/A
8. Records of the date and time that fume suppressants are added to the bath.	A/NO NO YO
9. Records of rectifier capacity, if used to determine facility size.	AME NO YO
10. Records of the total process operating time.	OY ON
11. Records identifying specific periods of excess emissions.	OY ON
12. Startup, Shutdown & Malfunction Plan	OY ON

•						
10		•				
INSP	ECTION RE	EPORT FORM				
ENVIRONMENTAL PROTECTI	ION COMM	IISSION OF HILLS	BOROUGH	COUNTY		
FACILITY: CHG Engineering PAGE 1 OF 1						
FACILITY ADDRESS: 3531 4 <sup>th</sup> Ave.  CITY: Tampa PHONE: (813) 248-2938			<b>A</b>			
MAILING ADDRESS: Same		CITY: Tampa	FLA	FLA ZIP: 33603		
INSPECTION DATE: TIME IN: TIN February 20, 1998 1:00	ME OUT: 1:45			STATUS:		
NEDS NUMBER: 0571134						
SOURCE DESCRIPTION: Chrome Platter			•			
CONTACT(S): Claude Gates	•					
Inspected facility to determine if Mr. Gate had just completed the final test run and The sampling equipment was still in place Mr. Gates expects the results of the samp written report at that time.  No further action necessary at this time.	was prepa	aring to transpo	ort the sa	mples to the laboratory.		

INSPECTED BY: Bruce M. King, Air Toxics Engineer II

DATE: February 20, 1998

TYPE OF INSPECTION: A	NNUAL COM	MPLAINT/DISCOVERY	READSPECTION [
TIME IN: $2.30$		S AIRS ID# J	7834
TYPE OF FACILITY: Chr.	mium Elic		Y K
	Engineering		DATE: 6/47/97
FACILITY LOCATION: 35	31 Jush AVE		36 K
1	ips FL 3		
RESPONSIBLE OFFICIAL:	aude bates	PHONE NUMBER:	B13-248-2938
<del></del>	ompliance requirements evalu 52-213.300, Florida Administ	nated during this inspection, the factorative Code (F.A.C.).	cility is found to be in
Based on the results of the condiscrepancies were noted:	ompliance requirements evalu	nated during this inspection, the fol	llowing compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACTI	
no socumented que	1/ 1/1	Establish a qu	cartely inspection
Bodd-on polletion	control devins	log.	
Perdommence text co	nducted Feb 20 98	. Forward text	results to der
Performance test co has not been forwar	eded to our	office ASAP.	
no Documented dail	y sresure has	Extables a Sa	I measurement
measurements across	the PBS	log go doument	tule prenene
no record available noces sperating to	le por talal time	Estableil opera	ting time
no records of month per	ly Ampae hi	Establesh amper log with ralling	e-lu monthly total.
COMMENTS: Warning, Deve violation	Hatice sent to	Jocelity iden	tifging the
<u> </u>			
The Annual Compliance Certification	form has been properly certi	fied and submitted to the inspector	r. YES NO $N$
DATE OF NEXT INSPECTION:_		30 days	/
	Bruce my	pproximate)	
INSPECTION CONDUCTED BY:		ease Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMBER	(813) 272-5530
	Page	of T	Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INSPECTION CHECKLIST	The state of the s		
	NNUAL COMPLAINT/DISCOVERY	AK WONING		
AIRS ID#: 57//3  D.  FACILITY NAME:  FACILITY LOCATION:	ATE: 6/17/98 TIME IN: 2:30 TIME OUT: 3.1 CHG Engineering 353,4th AVE. Tampa, F1 33 603	95 Mg		
PART I: NOTIFICATION	<u> </u>			
(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 standa	ard indicated on notification form:			
Hard Chromium Plating				
a. Existing Large (0.015 mg/ds	b. Existing Small (0.03 mg/dscm)	4		
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/ye	ar)		
Decorative Chromium Plating	/Anodizing			
a. Chromic Acid Bath	Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	٥		
	Surface tension of $\leq 45$ dynes/cm $(3.1 \times 10^{-3} \text{ lb-f/ft})$ May only be selected if a wetting agent is used.			
b. Trivalent Chromium Bath	With wetting agent			
<i></i>	Without wetting agent <0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)			
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)			

May only be selected if a wetting agent is used.

Surface tension of 45 dynes/cm (3.1x10<sup>-3</sup> lb-f/ft)

PART III: CONTROL TECHNOLOGY	
Control device selected In use?	,
1. Composite Mesh Pad	
2. ☐ Fiber Bed Mist Eliminator ☐Y ☐N	
3. □ Packed Bed Scrubber	
4. ☐ Packed Bed Scrubber/Composite Mesh Pad ☐Y ☐N	
5. ☐ Foam Blanket Fume Suppressant ☐Y ☐N	3 · ·
6. ☐ Fume Suppressant w/ Wetting Agent ☐Y ☐N	
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)	□Y □N □N/A
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)	DV DV DVA
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed	
scrubber, fiber-bed mist eliminator, or composite mesh pad)	DY DN DN/A.
<ol> <li>Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).</li> </ol>	DY ON
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.</li> </ol>	DY ON
5. Results of all performance tests.	DY DAY ON/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	DY DN/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  Packed Bed Scrubber/Composite M  Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily.  and the upstream device daily.	esh Pad
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agen Measure the surface tension at the appropriate interval.	
7. Purchase records of wetting agent components.	DY ON XON/A
8. Records of the date and time that fume suppressants are added to the bath.	AND NO YOU AND
9. Records of rectifier capacity, if used to determine facility size.	DY AN ONIA
10. Records of the total process operating time.	DY N
11. Records identifying specific periods of excess emissions.	DY ON XIN/A
12. Startup, Shutdown & Malfunction Plan	DY ON

PART V: ADDITIONAL SITE INFORMATION	
	·
·	
· ·	
	·
·	
Claude bates	
Name of Responsible Official	
Druce M. Ling	Date of Inspection
Inspector's Name	30 days
Inspector's Signature	Approximate Date of Next Inspection
inspector sorginature	Tipproximate Date of Heat Hispection

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 9.00 TIME OUT: 9.45  TYPE OF FACILITY: Chrome Plater	AIRS ID#:
FACILITY NAME: CHG Engineering	DATE: 7/18/97
FACILITY LOCATION: 35-31 4th AUF	
Tampa, F 1 33605	
RESPONSIBLE OFFICIAL: (lande butes	PHONE NUMBER: 813 - 248 2938
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<del></del>
	•
COMMENTS:	·
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: X / yu (Ann	roximate)
INSPECTION CONDUCTED BY: Bruce M	ase Print)
INSPECTOR'S SIGNATURE: Mule My min	PHONE NUMBER: 813-272-5-30
Page	f Revised 10/96

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL INSPECTION	×	COMPLAINT/DISCOVERY	
	- /	IME IN: <u>9</u>	100 TIME OUT: 9.18	15-
FACILITY NAME: CHG	35 21 15	h mus	<u> </u>	
FACILITY LOCATION:		- HUE	77.	<del></del>
	ampa,	1-1	33605	
			-	
PART I: NOTIFICATION				
(check appropriate box)	. *			
1. Facility notified DARM by 9/1	/96		1-31MA	097
2. New facility notified DARM 30	days prior to startup		Ь	
3. Facility failed to notify DARM	to use a general perm	it		
PART II: CLASSIFICATION				
Facility type(s)/applicable standar	d indicated on notifica	tion form:	·	
Hard Chromium Plating				
a. Existing Large (0.015 mg/dsc	m) 🗆 b.	Existing Sm:	all (0.03 mg/dscm)	
c. New (0.015 mg/dscm)		(0.03 mg/dsc	Standard for existing facilities m) using a rolling average of city (less than 60 million A-hr/ye	ar)
Decorative Chromium Plating/	Anodizing			
a. Chromic Acid Bath	Emissions of $< 0.01/$	mg/dscm (4.4	x10 <sup>-6</sup> gr/dscf)	
	Surface tension of $\leq$ May only be selected if a v			ם
b. Trivalent Chromium Bath	With wetting agent			ם
	Without wetting ager	nt <0.01mg/d	scm (4.4x10 <sup>-6</sup> gr/dscf)	o l
c. Chromium Anodizing	Emissions of <0.01 r	ng/dscm (4.4	x10 <sup>-6</sup> gr/dscf)	
	Surface tension of 45 May only be selected if a v			<u> </u>

PART III: CONTROL TECHNOLOGY	
Control device selected In use?	
1. Composite Mesh Pad	
2.	
3. □ Packed Bed Scrubber □N	
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N	
5.	
6. □ Fume Suppressant w/ Wetting Agent □Y □N	
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)	OY ON ON/A
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)	Xy on on/a
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)	MY ON ON/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	у ом
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	Y ON
5. Results of all performance tests.	Y ON ON/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	Y ON ON/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.	ollinelse parter
Fiber-Bed Mist Eliminator  Packed Bed Scrubber/Composite Mes  Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily.  and the upstream device daily.	h Pad
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.	· /al.
7. Purchase records of wetting agent components.	ANA NO YO
8. Records of the date and time that fume suppressants are added to the bath.	OY ON ANA
9. Records of rectifier capacity, if used to determine facility size.	OY ON DN/A
10. Records of the total process operating time.	MY □N
11. Records identifying specific periods of excess emissions.	N DN
12. Startup, Shutdown & Malfunction Plan	XY □N

PART V: ADDITIONAL SITE INFORMATION
Maint change fan mater for 30hp to 10-20 2speed motor
2 speed milar
One Malfrenetian - electrical short en system
One Malfrenetian - electrical short en system repaired XI haver - Problem occurred when platery small parts
when production
In compliance with all read beefeny
In compliance with all record beepeny requesiements.

Name of Responsible Official

Bruce M. King

Inspector's Name

Approximate Date of Next Inspection

TYPE OF INSPECTION:	ANNUAL	СОМ	PLAINT/DISCOVE	RY 🗌	RE-INSPEC	TION
TIME IN: 3:15	TIME OUT:	4:0	<u>~)                                    </u>	S ID#: //	571134	
TYPE OF FACILITY: Chr	onium Ele	etro	stations		-	
FACILITY NAME: CH	+6 Engine	enn			DATE: 7/22	3/97
FACILITY LOCATION: 33	-31 4th Ru	ue 0			7	
	Tampa F.	Z 3	3603			
RESPONSIBLE OFFICIAL:	lande bat	es es		E NUMBER:	813-248	2938
	ne compliance requiremenule 62-213.300, Florida A			ection, the faci	ility is found to b	e in
Based on the results of the discrepancies were noted	ne compliance requiremen l:	nts evalua	ted during this inspe	ection, the foll	owing compliand	æ
COMPLIANCE REQU	IREMENT/PROBL	EM	FOLLOW	-UP ACTIO	ON REQUIR	ED
Tarluce to oulomit	2 stack test		Wal sul enclude a our seme	aniet w	utten rej	soit te
reports.			evelede a	ill fu	ke noles	90-
			our seve	w		
					·	
					P	
	· · ·			OUT C	TUS 1	<u> </u>
_				* N	big Air 1823	1
					Si Si Signa	
COMMENTS:				•		<u> </u>
					: · · ·	
The Annual Compliance Certifica	tion form has been prope	erly certif	ied and submitted to	the inspector	. YES	ио
DATE OF NEXT INSPECTION	₹:	4	5 day			
	$\mathcal{R}$ .	(Apj	proximate)			
INSPECTION CONDUCTED B	Y: NSUCE	/ / / // Dla	ase Print)	7		
INSPECTOR'S SIGNATURE:_	Jan 100	final -	·	E NUMBER:	612 1.242	7-553 1
INSPECTOR'S SIGNATURE:	I rome with	( )	PHONI	e numberc (	MA CA	
	Pa	age	of .			Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	COMPLAINT/DISCOVERY	<u> </u>
AIRS ID#: <u>057/134</u> D	ATE: 7/28/98 TIM	IE IN: 3:15 TIME OUT: 4:0	20
FACILITY NAME:	CH6 Eng	meering	
FACILITY LOCATION: _	3531 444	Ave .	
	Tumpa, F	7 3360 3	
PART I: NOTIFICATION		7	
(check appropriate box)		, °C	
1. Facility notified DARM by 9	/1/96	A REST	
2. New facility notified DARM	30 days prior to startup		4
3. Facility failed to notify DAR	M to use a general permit	Of the state of	~
		U. Ti	
PART II: CLASSIFICATION		S Ting	
Facility type(s)/applicable stand	ard indicated on notificatio	n form:	
Hard Chromium Plating			
a Friedman V among (O O15 may			
a. Existing Large (0.015 mg/d	scm) 🗆 b. Ex	isting Small (0.03 mg/dscm)	
c. New (0.015 mg/dscm)	d. Alt (0.	isting Small (0.03 mg/dscm) ternative Standard for existing facilities 03 mg/dscm) using a rolling average of tifier capacity (less than 60 million A-hr/year)	o o
	d. Ala (0.0	ternative Standard for existing facilities 03 mg/dscm) using a rolling average of	_
c. New (0.015 mg/dscm)	d. Ala (0.0	ternative Standard for existing facilities 03 mg/dscm) using a rolling average of stiffer capacity (less than 60 million A-hr/year)	_
c. New (0.015 mg/dscm)  Decorative Chromium Plating	d. Alt (0.4 rec  /Anodizing  Emissions of < 0.01/mg.	ternative Standard for existing facilities 03 mg/dscm) using a rolling average of eitifier capacity (less than 60 million A-hr/year)  /dscm (4.4x10 <sup>-6</sup> gr/dscf)  dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)	_
c. New (0.015 mg/dscm)  Decorative Chromium Plating	d. Alt (0.0) rec  Anodizing  Emissions of < 0.01/mg.  Surface tension of < 45	ternative Standard for existing facilities 03 mg/dscm) using a rolling average of eitifier capacity (less than 60 million A-hr/year)  /dscm (4.4x10 <sup>-6</sup> gr/dscf)  dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)	_
c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	d. Alt  (0.4)  rec  Anodizing  Emissions of < 0.01/mg.  Surface tension of < 45  May only be selected if a wetting  With wetting agent	ternative Standard for existing facilities 03 mg/dscm) using a rolling average of eitifier capacity (less than 60 million A-hr/year)  /dscm (4.4x10 <sup>-6</sup> gr/dscf)  dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)	0
c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	d. Alt  (0.4  rec  y/Anodizing  Emissions of < 0.01/mg.  Surface tension of < 45  May only be selected if a wetting  With wetting agent  Without wetting agent <  Emissions of < 0.01 mg/m	ternative Standard for existing facilities 03 mg/dscm) using a rolling average of etifier capacity (less than 60 million A-hr/year)  /dscm (4.4x10 <sup>-6</sup> gr/dscf)  dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  ng agent is used.	

PART III: CONTROL TECHNOLOGY			
Control device			
selected In use?  1.			
2.			
3. □ Packed Bed Scrubber □Y □N			
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N			
5.			
6. □ Fume Suppressant w/ Wetting Agent □Y □N			
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)	¬ ОХ ОИ	□N/A	
PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS			
Has the responsible official maintained the following records?			
•			
<ol> <li>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)</li> </ol>	OY ON	□N/A	
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist diminator, or composite mesh pad)	OY ON	□N/A	
<ol> <li>Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).</li> </ol>	OY ON	,	
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.</li> </ol>	OY ON		
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)	OY ON	□N/A	
Composite Mesh Pad  Measure the pressure drop across the Measure the pressure drop across the PBS and the CMP daily.			
Fiber-Bed Mist Eliminator  Measure the pressure drop across the FBME  And the upstream device daily.  Packed Bed Scrubber/Composite Measure the pressure drop across the CMP daily.	sh Pad		
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.			
7. Purchase records of wetting agent components.	OY ON	□N/A	
8. Records of the date and time that fume suppressants are added to the bath.	· OY ON	□N/A	
9. Records of rectifier capacity, if used to determine facility size.	OY ON	□N/A	
10. Records of the total process operating time.	OY ON		
11. Records identifying specific periods of excess emissions.	ДА ОИ		
12. Startup, Shutdown & Malfunction Plan	DY ON		

#### PART V: ADDITIONAL SITE INFORMATION

Conducted a facility visit to review stack test results performed in 1997 and 1998.

Mo bates did not have the rejects during the visit. I informed him to submit a weather report to include field notes, for boatle test, to our office for one review. We also descussed his submettal of the compliance plan. Mr. bates stated he would bring all requested documentation to our office within the next Queeles.

Claude Cates	
Name of Responsible Official	
Bruce M. King	7/28/98
Inspector's Name	Date of Inspection
Bru m Kun	45 dayo
Inspector's Signature	Approximate Date of Next Inspection

TYPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCOVERY	RE-INSPECTION X
TIME IN: 9:45	TIME OUT:\O	、30 AIRS ID#:_	Ø571134
TYPE OF FACILITY: C. H-R	COME PLATER		
FACILITY NAME: CtG	ENGINEGRING		DATE: 9 2 98
1	-31 4th Ave		- V
	TAMPA, Fr.		
RESPONSIBLE OFFICIAL:	<del></del>	PHONE NUMB	ER:
	e compliance requirements ev e 62-213.300, Florida Admin	aluated during this inspection, the	e facility is found to be in
Based on the results of the discrepancies were noted:	e compliance requirements ev	raluated during this inspection, the	e following compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP AC	CTION REQUIRED
PREVIOUS VIOLATI	ons continué	REFERENCE TO E	NFORCEMENT
			PKC C
			& Moolie C
			E 1 6 1 by Cources Monitoring
COMMENTS:			
The Annual Compliance Certification	ion form has been properly o	ertified and submitted to the insp	ector. YES NO
DATE OF NEXT INSPECTION:		17R	
INSPECTION CONDUCTED BY	$\mathcal{D}_{-}$	(Approximate)	300000000 <u></u>
		(Please Print)	
INSPECTOR'S SIGNATURE:	Drue M Jan	PHONE NUME	ER: 813-272-5730
	Pagg	of (	Revised 10/96

PART III:	CONTROL TECHNOLOGY		·
Control dev			
1. Selected		⊒Y	use?
2.	Fiber Bed Mist Eliminator	⊐Y	ΠN
3.	Packed Bed Scrubber	JΥ	N
4. 🗆	Packed Bed Scrubber/Composite Mesh Pad	37	□И .
5. 🗅	Foam Blanket Fume Suppressant	ZY.	□и
6.	Fume Suppressant w/ Wetting Agent	⊐Y	ON
	cility conducted an initial performance test to estal		
PART IV:	RECORDKEEPING AND REPORTING REQ	JUI	REMENTS
Has the res	ponsible official maintained the following recor	rds?	

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)	אם אם עם	/A
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)	אם אם צם	/A
<ol> <li>Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).</li> </ol>	OY ON	
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.</li> </ol>	OY ON	
5. Results of all performance tests.	OY ON ON	/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	OY ON ON	/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  Packed Bed Scrubber/Composite Mo Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily.  and the upstream device daily.	esh Pad	
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w Wetting Agen Measure the surface tension at the appropriate interval.		
7. Purchase records of wetting agent components.	OY ON ON	/A
8. Records of the date and time that fume suppressants are added to the bath.	עם אם אם	/A
9. Records of rectifier capacity, if used to determine facility size.	אם אם אם	/A
10. Records of the total process operating time.	□λ <b>Θ</b> Μ	
11. Records identifying specific periods of excess emissions.	ОУ ОИ	
12. Startup, Shutdown & Malfunction Plan	DY DN	

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
FACILITY NAME: FACILITY LOCATION:	DATE: 9/2/98 TIME IN: 9:45 TIME OUT: 10: C#6 Engineering 353/4th AVE	30
	JAMPA, FL	
PART I: NOTIFICATION		
(check appropriate box)		
1. Facility notified DARM by	9/1/96	
2. New facility notified DARM		.
3. Facility failed to notify DA	RM to use a general permit	
	•	1
PART II: CLASSIFICATION	<u> </u>	
<u> </u>	dard indicated on notification form:	
<u> </u>	<u> </u>	
Facility type(s)/applicable stan	dard indicated on notification form:	
Facility type(s)/applicable stan	dard indicated on notification form:	0
Facility type(s)/applicable stan  Hard Chromium Plating  a. Existing Large (0.015 mg/	dard indicated on notification form:    dscm	0
Facility type(s)/applicable stan  Hard Chromium Plating  a. Existing Large (0.015 mg/c. New (0.015 mg/dscm)	dard indicated on notification form:    dscm	0
Facility type(s)/applicable stand  Hard Chromium Plating  a. Existing Large (0.015 mg/c. New (0.015 mg/dscm)	dard indicated on notification form:    dscm	r)
Facility type(s)/applicable stand  Hard Chromium Plating  a. Existing Large (0.015 mg/c. New (0.015 mg/dscm)	dard indicated on notification form:    dscm	c)
Facility type(s)/applicable standard Chromium Plating  a. Existing Large (0.015 mg/c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	dard indicated on notification form:    dscm	
Facility type(s)/applicable standard Chromium Plating  a. Existing Large (0.015 mg/c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	dard indicated on notification form:    dscm	

Approximate Date of Next Inspection

# ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

#### CONVERSATION RECORD

DATE 9/2/98 TIME 9.45	SUBJECT Stock Test Resulto
MR/NO Claude Getes	_telephone no. 248-2937
REPRESENTING CH & Engine	esing
TELEPHONED [ ] WAS CALLED [ ]	SCHEDULED /UNSCHEDULED MEETING [ ]
OTHER INDIVIDUALS INVOLVED IN CONV	ERSATION/MEETING Ason o
3	
MEETING/CONVERSATION_SUMMARY	
I met with Claude	beter to Siscers the
sulemittal of the t	two stock test results
and the compliance of	lan. Claudo statel
he showed are office	
test beenever Istail	tel that certains a
report are required le	y sule to be submitted
	ence Claudo it the
	7/21/98 where we
who for hem to seebn	
1 1/1-1-2	test exceeded standard
1 1 21 1	o work was needed its
. —	renet. We informed
Them that a complian	u plan needed to be
submitted, Claude &	tated les waiel
Aulomit all plans and	I test results within
Tweek A today's dat	2.
	Rugh
CONTINUE ON BACK	SIGNATURE Diver MIX my
age 122	TITLE Engli
U	

PAGE  $\frac{2}{\sqrt{2}}$  of  $\frac{2}{\sqrt{2}}$ SUBJECT: CHG Eng. Meeting 9/2/98 # 1 Minutes Minutes

TYPE OF INSPECTION: ANNUAL X	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: /3:00 TIME OUT: /4:	10 AIRS ID#: 57//34
TYPE OF FACILITY: CHROME PLATER	
FACILITY NAME: CHG ENGINEER IN	DATE: 9/23/99
FACILITY LOCATION: 3531 4 HA AVE	7=-
Thmph, FL 336	707
RESPONSIBLE OFFICIAL: CLAUDE GATES	PHONE NUMBER: (8/3) 248-2938
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
THE MANOMETER NOEDS BE CLEWED TO BE READABLE AND RECORD	SUBMIT THE LOPY OF THE LAST STACK TEST
ON A DAILY BASIS	RE-INSPECT IN 90 DAYS
	·
	· · · · · · · · · · · · · · · · · · ·
	•
·.	
COMMENTS:	
	•
	775 VOV
The Annual Compliance Certification form has been properly certif	
DATE OF NEXT INSPECTION: 7 <sup>c</sup>	proximate)
. · · · · · · · · · · · · · · · · · · ·	LTON / ROBER ZHU
(Ple	ease Print)
INSPECTOR'S SIGNATURE: Sw Hoge	Bhone number: (813) 272-5530
P 1	Period 10/96

AIRS ID#: 571134

CHROME PLATING



Revised 10/10/96

#### KRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CHG ENGINEERING	DATE: 10/7/79
FACILITY NAME: CHG ENGINEERING  FACILITY LOCATION: 3531 4 th AVE  TAMPA, FL 33605	
TAMPA, FL 33605	
	· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: Sep 2 19 98 TO	Oct 7 1999
Based on each term or condition of the Title V general air permit, my facility has 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by t	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous comp	e e e
Exact period of non-compliance: from	to Die A
Action(s) taken to achieve compliance:	2 ≥
Method used to demonstrate compliance:	es toring
#2. Term or condition of the general permit that has not been in continuous comp	pliance 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 form made in this notification are true, accurate and complete. Further, my annual coupon rolling averages of purchase receipts, does not exceed 2,100 gallons per ye year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	onsumption of perchloroethylene solvent, based
Name (Please Print)	Signature Date

<sup>\*</sup>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 GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL COMPLAINT/DISCOVERY	
	RE-INSPECTION	
AIRS ID#: 57//34		1210
FACILITY NAME:	CHG ENGINEERING	
FACILITY LOCATION:	3531 4 th AVE TAMPA, FL 33605	
	TAMPA, FL 33605	
D. D. V. NOWARK C. MYON	<u> </u>	
PART I: NOTIFICATION		
(check appropriate box)		
Facility notified DARM b	y 9/1/96 💆	
2. New facility notified DAF	RM 30 days prior to startup	
3. Facility failed to notify D.	ARM to use a general permit	
PART II: CLASSIFICATIO	)N	4
	andard indicated on notification form:	(
		•
Facility type(s)/applicable sta	andard indicated on notification form:	, ,
Facility type(s)/applicable sta	andard indicated on notification form:	, <u> </u>
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m	andard indicated on notification form:  g/dscm)	, <u> </u>
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m  c. New (0.015 mg/dscm)	andard indicated on notification form:  g/dscm)	, <u> </u>
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m c. New (0.015 mg/dscm)  Decorative Chromium Plat	g/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/ting/Anodizing	year)
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m c. New (0.015 mg/dscm)  Decorative Chromium Plat	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/ting/Anodizing  Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)  Surface tension of < 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  May only be selected if a wetting agent is used.	year)
Facility type(s)/applicable statement of the statement of	andard indicated on notification form:  g/dscm)	year)
Facility type(s)/applicable statement of the statement of	andard indicated on notification form:    g/dscm	year)

PART III: CONTROL TECHNOLOGY		
Control device selected In use?		
1. Composite Mesh Pad		
2. ☐ Fiber Bed Mist Eliminator ☐Y ☐N		
3. □ Packed Bed Scrubber   AY □N		
4. ☐ Packed Bed Scrubber/Composite Mesh Pad ☐Y ☐N		
5. □ Foam Blanket Fume Suppressant □Y □N		
6. □ Fume Suppressant w/ Wetting Agent □Y □N		
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)	ØYY □N	□N/A
PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS		
Has the responsible official maintained the following records?		
<ol> <li>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)</li> </ol>	□Y <b>¾</b> N	□N/A
<ol> <li>Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</li> </ol>	Х □и	□N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	OY ON	× N/A
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.</li> </ol>	OY ON	× N/A
5. Results of all performance tests.	teoy <b>M</b> n	□N/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	□Y XX	□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 Packed Bed Scrubber/Composite M Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily.  and the upstream device daily.	Iesh Pad	
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agen  Measure the surface tension at the appropriate in		
7. Purchase records of wetting agent components.	OY ON	XIN/A
8. Records of the date and time that fume suppressants are added to the bath.	OY ON	XN/A
9. Records of rectifier capacity, if used to determine facility size.	MY ON	□N/A
10. Records of the total process operating time.	May □n	
11. Records identifying specific periods of excess emissions.	OY ON	M N/A
12 Startun Shutdown & Malfunction Plan	MY DN	

PART V: ADDITIONAL SITE INFORMATION	
	· · · · · · · · · · · · · · · · · · ·
	•
·	
CLAUPE GATES	
Name of Responsible Official	
LEROY SHITON/ROGER ZHU	9/23/99
Inspector's Name	Date of Inspection
Roserbh	90 DAYS
Inspector's Signature	Approximate Date of Next Inspection

ENVIRO	i NMENTAL PROT	INSPECTION RE ECTION COMM		SBORO	UGH C	COUNTY
FACILITY: CHG Engin				PA	AGE	1 OF 1
FACILITY ADDRESS:	3531 4 <sup>th</sup> Ave E			CITY PHO		AMPA 48-2938
MAILING ADDRESS:	3531 4 <sup>th</sup> Ave E		CITY: TAMPA	A	FLA	ZIP: 33605
INSPECTION DATE:	TIME IN:	TIME OUT:			PE:	STATUS:
23 September 1999	1300	1410	NON-C	CDS		MOC
NEDS NUMBER: 571134						
SOURCE DESCRIPTION: Hard Chrome Plating						
CONTACTS: Claude G	ates					-

Today's inspection was the annual inspection to determine compliance with the terms of their permit. Roger Zhu and I met with Mr. Gates. I discussed with Mr. Gates his previous testing problems. Mr. Gates indicated that he had tested again (third time). He showed us the results of Thornton Laboratories analysis of the chrome collected during the most recent stack test, which showed very low levels of chrome. Mr. Gates did not have the complete stack test report available to show us. I told him that he needed to give us a copy of the stack test. I asked him what he had done to lower his test results. Mr. Gates said he had emptied the chrome bath and replaced it with a new solution with a lower percentage of chrome (about 28% as opposed the previous 32%). He also said that he had mad a number of adjustments to the packed bed scrubber, including adjusting the spray pattern of the spray heads to get better coverage.

Mr. Gates showed us his record keeping, which is incomplete. He has been tracking the electrical usage as he plates, but that is all. He has not been recording the pressure drop across the scrubber. He showed us his version of a manometer, but it was filthy and unreadable. He told us that the pressure drop had been very constant in the past, but again, he did not have it written down.

Mr. Gates then showed us his chrome plating baths. His operation is the same as it has been in the past, with one square 5' x 5' x 3' high tank, one circular tank about 18 inches in diameter and 15' tall, and one circular tank about 2.5' in diameter and 15' tall. All three tanks have ducts to suck the fumes off the top of the tanks and vent them to the scrubber. The square tank also has covers, which are pulled down over the top of the tank to enhance the suction of the pickup duct. The ducts are all pulled through a large fan and then blown into the first stage of the scrubber. The airflow then goes up through the first stage of the scrubber and then down through a pipe to the bottom of the second stage of the scrubber. After the air passes through the second stage, it is vented through the 48" roof stack. Mr. Gates said that each scrubber stage has two packed beds, one about ten feet thick and the other about two feet thick. He said that fresh water is introduced above the top bed of the second stage. That water is collected at the bottom of the second stage and then sprayed down from the top of the first scrubber stage. The water in the bottom of the first stage is recycled back into the chrome tanks.

CHG was not plating while we were inspecting today.

I told Mr. Gates that we needed a copy of his last stack test, that he needed to clean his manometer so it is usable again, and that we would get back in touch with him to verify correct record keeping.

INSPECTOR: Leroy Shelton & Roger Zhu	DATE:	Sept 23, 1999
		*

TYPE OF INSPECTION: ANNUAL $\square$ COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10=00 TIME OUT: 11=0  TYPE OF FACILITY: HARD CHROME P	00 AIRS ID#: 57//34 CATING
FACILITY NAME: CHG ENGINEERIN FACILITY LOCATION: 3531 E. 4th AVE	
TAMPA, FL 33	605
RESPONSIBLE OFFICIAL: CLAUDE GATES	PHONE NUMBER: (8/3) 248-2938
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NEED COPY OF NEW STACK TEST	BY END OF THIS MONTH
NGED TO INSTALL PRESSURE GAUGES, AND START TO RECORD ON A DAILY BASIS	REINSPECT IN 90 PAYS
-	REC
	EIV & Mobile
	ED Monitoring Sources
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	nied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: LEADY SHE	proximate)  LTON ROGER ZHU  ease Print)
INSPECTOR'S SIGNATURE: Roger	PHONE NUMBER: (8/3) 272-55 32

Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	- - <b>&gt;</b>	COMPLAINT/DISCOVERY	1 2 1999 obile Source
AIRS ID#: 571/34  FACILITY NAME:  FACILITY LOCATION:	DATE: 10/7/99 CHG EN 3531 E. TAMPA	4 H	AVE	ing and
PART I: NOTIFICATION				
(check appropriate box)				
Facility notified DARM b     New facility notified DAR     Facility failed to notify Dark	UM 30 days prior to star	_	<b>X</b> (	
DART II. CLASSIEICATIO	NT ·			7/
PART II: CLASSIFICATIO		ification form:		K
Facility type(s)/applicable sta		ification form:		<i>K</i>
Facility type(s)/applicable sta	indard indicated on noti		mall (0.03 mg/dscm)	
Facility type(s)/applicable sta	indard indicated on noti	b. Existing S d. Alternativ (0.03 mg/s	mall (0.03 mg/dscm)  The Standard for existing facilities alsom) using a rolling average of pacity (less than 60 million A-hr/y	٥
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m	ndard indicated on noting	b. Existing S d. Alternativ (0.03 mg/s	re Standard for existing facilities (sem) using a rolling average of	٥
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m  c. New (0.015 mg/dscm)	ndard indicated on noting	b. Existing S d. Alternativ (0.03 mg/c) rectifier ca	re Standard for existing facilities (Isem) using a rolling average of pacity (less than 60 million A-hr/y	٥
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m c. New (0.015 mg/dscm)  Decorative Chromium Plating	g/dscm)   ting/Anodizing  Emissions of < 0	b. Existing S d. Alternativ (0.03 mg/c) rectifier ca .01/mg/dscm (of < 45 dynes/c)	re Standard for existing facilities learn) using a rolling average of pacity (less than 60 million A-hr/y 4.4x10 <sup>-6</sup> gr/dscf) cm (3.1x10 <sup>-3</sup> lb-f/ft)	vear)
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m c. New (0.015 mg/dscm)  Decorative Chromium Plating	g/dscm)  ting/Anodizing  Emissions of < 0.  Surface tension of May only be selected	b. Existing S d. Alternativ (0.03 mg/c rectifier ca  .01/mg/dscm (of < 45 dynes/c if a wetting agent	re Standard for existing facilities learn) using a rolling average of pacity (less than 60 million A-hr/y 4.4x10 <sup>-6</sup> gr/dscf) cm (3.1x10 <sup>-3</sup> lb-f/ft)	vear)
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	g/dscm)  ting/Anodizing  Emissions of < 0  Surface tension of  May only be selected  th With wetting age	b. Existing S d. Alternativ (0.03 mg/c rectifier ca  .01/mg/dscm ( of < 45 dynes/c if a wetting agent ent	re Standard for existing facilities learn) using a rolling average of pacity (less than 60 million A-hr/y 4.4x10 <sup>-6</sup> gr/dscf) cm (3.1x10 <sup>-3</sup> lb-f/ft)	rear)
Facility type(s)/applicable sta  Hard Chromium Plating  a. Existing Large (0.015 m c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	g/dscm)  ting/Anodizing  Emissions of < 0  Surface tension of  May only be selected  th With wetting age	b. Existing S d. Alternative (0.03 mg/d) rectifier ca  .01/mg/dscm (configure 45 dynes/d) if a wetting agent continuation agent < 0.01 mg/dscm (configure 45 dynes/d)	re Standard for existing facilities less) using a rolling average of pacity (less than 60 million A-hr/y 4.4x10 <sup>-6</sup> gr/dscf) cm (3.1x10 <sup>-3</sup> lb-f/ft) is used.	rear)

PART III: CONTROL TECHNOLOGY	
Control device selected In use?	
1. Composite Mesh Pad	/-
2. ☐ Fiber Bed Mist Eliminator ☐Y ☐N	
3. □ Packed Bed Scrubber □Y □N	
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N	
5. □ Foam Blanket Fume Suppressant □Y □N	
6. ☐ Fume Suppressant w/ Wetting Agent ☐Y ☐N	
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)	□Y □N □N/A
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)	□Y □N □N/A
2. 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).	OY ON
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
5. Results of all performance tests.	□Y □N □N/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	□Y □N □N/A
Composite Mesh Pad  Packed Bed Scrubber  Measure the pressure drop across the Measure the pressure drop across the PBS and the composition of the	
Fiber-Bed Mist Eliminator Packed Bed Scrubber/Composite Me Measure the pressure grop across the FBME Measure the pressure drop across the CMP daily.  and the upstream device daily.	sh Pad
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agent  Measure the surface tension at the appropriate interval.	
7. Purchase records of wetting agent components.	□Y □N □N/A
8. Records of the date and time that fume suppressants are added to the bath.	OY ON ON/A
9. Records of rectifier capacity, if used to determine facility size.	□Y □N □N/A
10. Records of the total process operating time.	OY ON
11. Records identifying specific periods of excess emissions.	□Y □N
12. Startup, Shutdown & Malfunction Plan	OY ON

PART V: ADDITIONAL SITE INFORMATION	
PART V: ADDITIONAL SITE INFORMATION	
	· · · · · · · · · · · · · · · · · · ·
CLAUDE GATES	· .
Name of Responsible Official	
LEROY SHELTON / ROGER ZHU	10/7/99
Inspector's Name	Date of Inspection
hen She Roger Bh	90 DAYS
Inspector's Signature	Approximate Date of Next Inspection

•								
		INSPECTION RE	PORT FORM					
ENVIRO	NMENTAL PROT			SBOROUG	H CO	UNTY		
FACILITY: CHG Engi	neering		-	PAG	E	1	OF	1
FACILITY ADDRESS:	3531 E. 4 <sup>th</sup> A	venue		CITY: PHONE	Tam : (81		8-2938	
MAILING ADDRESS:	Same		CITY: Tampa	FL	A Z	ZIP: 3	33605	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	T.	5	STATUS	S:
Oct 7, 1999	10:00	11:00	non- CDS			Minor		
						Out	Compli	ance
NEDS NUMBER: 571	134							
SOURCE DESCRIPTION: Hard Chrome Plating								
CONTACT(S): Claude Gates								
Today, Leroy Sheltor which needed to be clearly first, we showed Mr previous tests by hims Otherwise, what he restack test report before required.  Secondly, we pointed location of the manor	eared up.  The Gates the regiself). We also exports might note the end of this end out to Mr. Gameter for mon	gular test report explained to be what we as month. Mr. ates, after revitoring pressu	ort from a typic him what kind the need by the Gates said he iewing our laster drop is income.	ical stack ad of test requirent a'll summ t inspect	t tes t dat nents nit th	t (Mr a we s. We ae cop	Gates re look reque roy of the	did the king for. ested the e test as
manometer can only m	leasure the pres	ssure drop acr	oss the tan.					

The correct location of the manometer pickups should be at both of the inlet and outlet of the scrubber system in order to measure the pressure drop across the system, and by the rule, the pressure drop should be recorded on a daily basis and compared to the initial stack test.

Mr. Gates said he'll install new gauges to meet the requirement.

We'll re-inspect this facility in 90 days.

Bureau of Air Monitoring & Mobile Sources

INSPECTED BY:

Leroy Shelton / Roger Zhu

DATE:

10/7/99

#### BEST AVAILABLE COPY

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

BEST AVAIL	ABLE COPY
TITLE V AIR QUALITY INSPECTION SUM	
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY (REINSPECTION X
TIME IN: 15:00 TIME OUT: 16:6	AIRS ID#: 57/13/30/02
TYPE OF FACILITY: HARD CHROME	PLATING TOPING
FACILITY NAME: CHG ENGINEER	DATE: 10/28/99
FACILITY LOCATION: 353/ E. 444 AVE	
TAMPA, FL 336	505
RESPONSIBLE OFFICIAL: CLAUDG GATES	PHONE NUMBER: (8/3) 248 - 2938
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
THE STACK TEST NEEDS TO BE	
DONE BY END OF THIS WEEK	NEXT WEEK
•	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION:	
· ·	proximate) LTON   ROGER ZHJ
MSFECTION CONDUCTED D1:	ease Print)
INSPECTOR'S SIGNATURE:   Roger	Bh_ PHONE NUMBER: (8/3) 272-553-0
Page	of Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL COMPLAINT/DISCOVERY  RE-INSPECTION				
AIRS ID#: 57 // 34  FACILITY NAME:	DATE: 10/28/99 TIME IN: 15:00 TIME OUT: 16:00  CHG ENGINEERING	<u>-0</u>			
FACILITY LOCATION:	CHG ENGINGERING  3531 E. 4 th ANE  TAMPA, I-L 33605	<u> </u>			
PART I: NOTIFICATION					
(check appropriate box)					
Facility notified DARM by	9/1/96				
2. New facility notified DARI	ility notified DARM 30 days prior to startup				
3. Facility failed to notify DA	Facility failed to notify DARM to use a general permit				
PART II: CLASSIFICATIO					
Facility type(s)/applicable star	dard indicated on notification form:				
Hard Chromium Plating					
Hard Chromium Plating  a. Existing Large (0.015 mg	/dscm)	· .			
	/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				
a. Existing Large (0.015 mg	d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year				
a. Existing Large (0.015 mg 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				
a. Existing Large (0.015 mg c. New (0.015 mg/dscm)  Decorative Chromium Plati	d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year	)			
a. Existing Large (0.015 mg c. New (0.015 mg/dscm)  Decorative Chromium Plati	d. Alternative Standard for existing facilities  (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year  mg/Amodizing  Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)  Surface tension of < 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  May only be selected if a wetting agent is used.	)			
a. Existing Large (0.015 mg c. New (0.015 mg/dscm)  Decorative Chromium Plati  a. Chromic Acid Bath	d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year  mg/Ambdizing  Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)  Surface tension of ≤ 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  May only be selected if a wetting agent is used.				
a. Existing Large (0.015 mg c. New (0.015 mg/dscm)  Decorative Chromium Plati  a. Chromic Acid Bath	d. Alternative Standard for existing facilities  (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year  mg/Anodizing  Emissions of < 0.01/mg/dscm (4.4×10 <sup>-6</sup> gr/dscf)  Surface tension of ≤ 45 dynes/cm (3.1×10 <sup>-3</sup> lb-f/ft)  May only be selected if a wenting agent is used.  With wetting agent				

PART III: CONTROL TECHNOLOGY	· .		
Control device selected In use?			
1. Composite Mesh Pad	,		
2. □ Fiber Bed Mist Eliminator □Y □N			
3. □ Packed Bed Scrubber □Y □N			
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N			
5. □ Foam Blanket Fume Suppressant □Y □N			
6. □ Fume Suppressant w/ Wetting Agent □Y □N	/		
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)	OY ON ON/A		
PART WAR DECORDERED AND DEPORTING DECUMENTS			
PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS			
Has the responsible official maintained the following records?			
<ol> <li>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)</li> </ol>	□Y □N □N/A		
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)	OY ON ON/A		
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).			
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.</li> </ol>	OY ON		
5. Results of all performance tests.	OY ON ON/A		
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	OY ON ON/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  Packed Bed Scrubber/Composite Me Measure the pressure drop across the CMP daily.  and the upstream device daily.	esh Pad		
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.			
7. Purchase records of wetting agent components.	□Y □N □N/A		
8. Records of the date and time that fume suppressants are added to the bath.	□Y □N □N/A		
9. Records of rectifier capacity, if used to determine facility size.	DY DN DN/A		
10. Records of the total process operating time.	□Y □N		
11. Records identifying specific periods of excess emissions.	□Y □N		
12. Staphip, Shutdown & Malfunction Plan	□Y □N		

PART V: ADDITIONAL SITE INFORMATION	
	₽ •
CLAUDE GATES	
Name of Responsible Official  SLOY SHELTON ROCER ZHO	10/28/99
Inspector's Name  Len Rose By  Inspector's Signature	Date of Inspection  Dee 1999  Approximate Date of Next Inspection

ENLADO		INSPECTION RE		CDOD				
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: CHG Engineering PAGE 1 OF 1			1					
FACILITY ADDRESS:	3531 E. 4 <sup>th</sup> A	venue		CIT	Y: Ta	ampa		
				PHC	NE: (	813) 24	8-2938	
MAILING ADDRESS:	IAILING ADDRESS: Same			CITY: Tampa FLA ZIP: 33605				
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION TYPE: STATUS			S:		
Oct 7, 1999	10:00	11:00	non- CDS Minor			Minor		
			Out Compliance			ance		
NEDS NUMBER: 571	134						٠	
SOURCE DESCRIPTION	N: Hard Ch	rome Plating						
CONTACT(S): Cla	ude Gates							
TD 1 T C1 1	17 . 1	1 1 1 1 1 1 1 1	1 11 1	1.1 1		, 1		•

Today, Leroy Shelton and I stopped by this facility and talked with Mr. Gates about a few issues which needed to be cleared up.

First, we showed Mr. Gates the regular test report from a typical stack test (Mr. Gates did the previous tests by himself). We also explained to him what kind of test data we're looking for. Otherwise, what he reports might not be what we need by the requirements. We requested the stack test report before the end of this month. Mr. Gates said he'll summit the copy of the test as required.

Secondly, we pointed out to Mr. Gates, after reviewing our last inspection and the rule, that the location of the manometer for monitoring pressure drop is incorrect. As current located, the manometer can only measure the pressure drop across the fan.

The correct location of the manometer pickups should be at both of the inlet and outlet of the scrubber system in order to measure the pressure drop across the system, and by the rule, the pressure drop should be recorded on a daily basis and compared to the initial stack test.

Mr. Gates said he'll install new gauges to meet the requirement.

We'll re-inspect this facility in 90 days.

Follow-up on 10/28/99: Leroy and I stopped by this facility today to check the status of the stack test we've been waiting on. Mr. Gates said he's working on it and the stack test will be done by end of this week. Also, he said he'll call our office at the beginning of the next week for us to pick up the test report.

RECEIVED

RECEIV

INSPECTED BY: Leroy Shelton / Roger Zhu DATE: 10/7/99

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT: 11:6- TYPE OF FACILITY: HARD CHROME PO	AINS 1D#
FACILITY NAME: CHG ENGINEERIA	
FACILITY LOCATION: 3531 E. 4th AVE	
TAMPA, FL 336	PHONE NUMBER: (813) 248-2938
RESPONSIBLE OFFICIAL: CLAUDE GATES	PHONE NUMBER: Corry 240-2798
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
MANOMETER LOCATION IS INCORRECT	
NO RECORDKEEPING	KEEP A DAILY RECORD
	G SE CO
	30 K 3 48 K
	Ources Strains
<del>-</del>	
COMMENTS:	
<u> </u>	<u> </u>
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
	·, 1999
· -	proximate)
INSPECTION CONDUCTED BY: CPI	esse Print)
INSPECTOR'S SIGNATURE: Moser Bl	PHONE NUMBER: (8/3) 272-55-30
Page	of Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY □		
	RE-INSPECTION	×			
AIRS ID#: 57//34  FACILITY NAME:	DATE: 11/2/99 1 CHG ENG 3531 E. TAMPA,	TIME IN:	9-30 TIME OUT: 1/-00	0	
FACILITY LOCATION:	3531 E.	4 44 1	IVE		
	TAMPA,	FL 3	3605		
			:		
PART I: NOTIFICATION					
(check appropriate box)					
Facility notified DARM b	y 9/1/96				
2. New facility notified DAR					
3. Facility failed to notify D.	ty failed to notify DARM to use a general permit				
				-	
PART II: CLASSIFICATIO	N			4	
Facility type(s)/applicable sta	undard indicated on notific	ation form:	/-		
Hard Chromium Plating					
a. Existing Large (0.015 m	g/dscm) $\Box$ b.	Existing Sm	all (0.03 mg/dscm)	1	
c. New (0.015 mg/dscm)	a ex	(0.03 mg/ds	Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year)	1	
Decorative Chromium Pla	ting/Anodizing				
a. Chromic Acid Bath	Emissions of < 0.01	Emissions of $< 0.01/\text{mg/dscm} (4.4x10^{-6} \text{ gr/dscf})$			
	Surface tension of $\leq 45$ dynes/cm $(3.1 \times 10^{-3} \text{ lb-f/ft})$ May only be selected if a wetting agent is used.			ם .	
b. Trivalent Chromium Ba	With wetting agent			ם .	
	Without wetting age	Without wetting agent $<0.01$ mg/dscm $(4.4x10^{-6} \text{ gr/dscf})$			
c. Chromium Anodizing	Emissions of <0.01 mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)			ב	
	Surface tension of 4 May only be selected if a	Surface tension of 45 dynes/cm (3.1x10 <sup>-3</sup> 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		
2. ☐ Fiber Bed Mist Eliminator ☐Y ☐N		
3. □ Packed Bed Scrubber □Y □N		/
4.  Packed Bed Scrubber/Composite Mesh Pad  Y  N		
5.		
6. □ Fume Suppressant w/ Wetting Agent □Y □N		
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)	מם עם	□N/A
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)	NO YO	□N/A
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)	OY ON	□N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	□У □Й	
Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	OY ON	1
5. Results of all performance tests.	□У □И	□N/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	OY ON	□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.		
Fiber-Bed Mist Eliminator  Packed Bed Scrubber/Composite Me  Measure the pressure drop across the CMP daily.  and the upstream device daily.	sh Pad	
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.		
7. Purchase records of westing agent components.	OY ON	□N/A
8. Records of the date and time that fume suppressants are added to the bath.	OY ON	□N/A
9. Records of rectifier capacity, if used to determine facility size.	OY ON	□N/A
10. Records of the total process operating time.	OY ON	
11. Records identifying specific periods of excess emissions.	OY ON	
12 Startun Shutdown & Malfunction Plan		

PART V: ADDITIONAL SITE INFORMATION
PART V: ADDITIONAL SITE INFORMATION

CLANDE GATES

Name of Responsible Official

ROGER ZHU

Inspector's Name

İnspector's Signature

11/2/99

Date of Inspection

Dec, 1999

Approximate Date of Next Inspection

INSPECTION REPORT FORM								
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: CHG Engineering PAGE 1 OF 1					1			
FACILITY ADDRESS:	FACILITY ADDRESS: 3531 E. 4 <sup>th</sup> Avenue CITY: Tampa							
			•	PHC	NE: (	813) 2	48-2938	
MAILING ADDRESS:	MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33605							
INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS:					S:			
Oct 7, 1999	10:00	11:00	non- C	non- CDS			Minor	
						Οι	it Compli	iance
NEDS NUMBER: 57	NEDS NUMBER: 571134							
SOURCE DESCRIPTION: Hard Chrome Plating								
CONTACT(S): Claude Gates								
T 1 T 01 L 1T 1 11 11 C 11 1 1 1 1 1 1 1 1 1 1 1 1								

Today, Leroy Shelton and I stopped by this facility and talked with Mr. Gates about a few issues which needed to be cleared up.

First, we showed Mr. Gates the regular test report from a typical stack test (Mr. Gates did the previous tests by himself). We also explained to him what kind of test data we're looking for. Otherwise, what he reports might not be what we need by the requirements. We requested the stack test report before the end of this month. Mr. Gates said he'll summit the copy of the test as required.

Secondly, we pointed out to Mr. Gates, after reviewing our last inspection and the rule, that the location of the manometer for monitoring pressure drop is incorrect. As current located, the manometer can only measure the pressure drop across the fan.

The correct location of the manometer pickups should be at both of the inlet and outlet of the scrubber system in order to measure the pressure drop across the system, and by the rule, the pressure drop should be recorded on a daily basis and compared to the initial stack test.

Mr. Gates said he'll install new gauges to meet the requirement.

We'll re-inspect this facility in 90 days.

Follow-up on 10/28/99: Leroy and I stopped by this facility today to check the status of the stack test we've been waiting on. Mr. Gates said he's working on it and the stack test will be done by end of this week. Also, he said he'll call our office at the beginning of the next week for us to pick up the test report.

Follow-up on 11/2/99: Mr. Claude Gates called our office today, he said that the stack test was done. I went there this morning to pick up the test report. The analysis for each impinger content (a total of 3 impingers) was done by the Thornton Laboratories, Inc., and the analysis indicated that the 3 runs test results are  $0.0012x10^{-3}$ ,  $0.0021x10^{-3}$  and  $0.0015x10^{-3}$  mg/dscm respectively. The standard for max. concentration of chromium emissions is 0.03 mg/dscm.

Also, Mr. Gates told me that the installations of the new gauges should be done soon. I told him that he needs to record the readings on a daily basis, and we will come back in December of this year to check his compliance status.

INSPECTED BY:	Leroy Shelton / Roger Zhu	DATE:	10/7/99	
INSPECTED D1.	Lerby Shellon / Roger Zhu	DAIL.	10/1/99	]
				1
<u>II</u>				ļ.

# 1 LE V AIR QUALITY GENERAL P. MIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 1 100 TIME OUT:	1:45 AIRS ID#: 571134			
TYPE OF FACILITY: CHROME PLATEN	R			
FACILITY NAME: CHG ENGINEGE	ING DATE: 2/20/98			
FACILITY LOCATION: 3531 4TH AV				
TAMPA FL	33603			
RESPONSIBLE OFFICIAL: CLAUDE GATE				
Based on the results of the compliance requiremen compliance with DEP Rule 62-213.300, Florida Ad	nts evaluated during this inspection, the facility is found to be in dministrative Code (F.A.C.).			
Based on the results of the compliance requirement discrepancies were noted:	nts evaluated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED			
	P. C.			
	Bureau of Rolling			
	le Source le Source			
COMMENTS:				
·	$\omega/4$			
The Annual Compliance Certification form has been properly certified and submitted to the inspector.				
DATE OF NEXT INSPECTION:	(Approximate)			
INSPECTION CONDUCTED BY:	Rever Kirc- (Please Print)			
INSPECTOR'S SIGNATURE:	- for BMK_PHONE NUMBER: 813-272-5530			
Pa	rage of Revised 10/96			

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	□ > <b>≭</b> (	COMPLAINT/DISCOVERY		
	: /				
AIRS ID#: 571134 D	1			<del></del>	-
FACILITY NAME:	CHG ENGI				-
FACILITY LOCATION:	3531 47				.
-	TAMPA, F	<del>1</del> 33	603		-
					<b>!</b>
PART I: NOTIFICATION					
(check appropriate box)					
1. Facility notified DARM by	9/1/96				
2. New facility notified DARM	I 30 days prior to startu	p	<u> </u>		
3. Facility failed to notify DAF	M to use a general per	mit	-		
PART II: CLASSIFICATION		<u> </u>			
Facility type(s)/applicable stand	dard indicated on notific	cation form:			
Hard Chromium Plating		,			
a. Existing Large (0.015 mg/c	dscm) 🗆 b.	Existing S	mall (0.03 mg/dscm)		
c. New (0.015 mg/dscm)	□ d.	(0.03 mg/d	e Standard for existing facilities scm) using a rolling average of pacity (less than 60 million A-hr/year	<b>-</b>	
Decorative Chromium Platin	g/Anodizing				
a. Chromic Acid Bath	Emissions of < 0.01	l/mg/dscm (4	.4x10 <sup>-6</sup> gr/dscf)		
·	Surface tension of May only be selected if a				
b. Trivalent Chromium Bath	With wetting agent				*****
	Without wetting ag	ent <0.01mg	/dscm (4.4x10 <sup>-6</sup> gr/dscf)		
c. Chromium Anodizing	Emissions of <0.01	mg/dscm (4	.4x10 <sup>-6</sup> gr/dscf)	<u>_</u>	
	Surface tension of 4 May only be selected if a			<u>_</u>	

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

#### INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: CHG Engineering PAGE 1 OF 1 FACILITY ADDRESS: 3531 4th Ave. CITY: Tampa PHONE: (813) 248-2938 MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33603 **INSPECTION DATE: INSPECTION TYPE:** TIME IN: TIME OUT: STATUS: February 20, 1998 1:00 1:45 Ш **NEDS NUMBER:** 0571134 SOURCE DESCRIPTION: Chrome Platter CONTACT(S): Claude Gates

Inspected facility to determine if Mr. Gates performed the required follow-up stack test. Mr. Gates had just completed the final test run and was preparing to transport the samples to the laboratory. The sampling equipment was still in place.

Mr. Gates expects the results of the samples in two or three weeks and will forward our office a written report at that time.

No further action necessary at this time.

INSPECTED BY: Bruce M. King, Air Toxics Engineer II

Mue Vi

DATE: February 20, 1998

# TI E V AIR QUALITY GENERAL PF 1IT INSPECTION SUMMARY REPORT

MSPECTION SUR	MIARI REPURI
TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:15 TIME OUT: 4:0	O AIRS ID#: 057/134
TYPE OF FACILITY: Chromium Electro	stating
FACILITY NAME: CHG Engineen	DATE: 7/28/97
FACILITY LOCATION: 3531 4th Rue	
Tampo FL 3	33603
RESPONSIBLE OFFICIAL: Clavele bates	PHONE NUMBER: <u>2/3</u> -243 - 2938
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluated as the compliance requirements evaluated as the compliance requirements are the compliance requirements.	rative Code (F.A.C.).
Based on the results of the compliance requirements evaludiscrepancies were noted:	lated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Failure to submit starle test	Will sulonet weitten report to enclude all fuld notes go
reports.	der severe and
Talese to submit compliance	compliance plan 141
flon	ang 15, 98
	RE TO THE
	No Property
	<del>- 0</del> 6 6 7 7
	Jurces (
	-
	·
	TIME EXPENDED
COMMENTS:	Minutes
	Minutes
	Minutes
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5	5 day
	pproximate
INSPECTION CONDUCTED BY: Druce	11 - X 14 G
100	lease Print)
INSPECTOR'S SIGNATURE: J VILLE WY J MIL	PHONE NUMBER: (2/3) 272-5530
Page	_of Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL COMPLAINT/DISCO	VERY 🗆
R	E-INSPECTION	
AIRS ID#: <u>057 //34</u> D  FACILITY NAME:  FACILITY LOCATION:	ATE: 7/28/98 TIME IN: 3:15 TIME OU CH6 lengmeering 35-31 444 Rue	T: 4:00
_	Tampa, FL 33603	
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 DAR	M to use a general permit	-
PART II: CLASSIFICATION		
Facility type(s)/applicable stand	ard indicated on notification form:	
a como, s, po(s)pp	are melected on notification form.	
Hard Chromium Plating	art maratet on notateadon form.	
Hard Chromium Plating		facilities   age of
Hard Chromium Plating  a. Existing Large (0.015 mg/s)	b. Existing Small (0.03 mg/dscm)  d. Alternative Standard for existing to (0.03 mg/dscm) using a rolling average rectifier capacity (less than 60 millions)	facilities   age of
Hard Chromium Plating  a. Existing Large (0.015 mg/s)  c. New (0.015 mg/dscm)	b. Existing Small (0.03 mg/dscm)  d. Alternative Standard for existing to (0.03 mg/dscm) using a rolling average rectifier capacity (less than 60 millions)	facilities   age of
Hard Chromium Plating  a. Existing Large (0.015 mg/sto)  c. New (0.015 mg/dscm)  Decorative Chromium Plating	b. Existing Small (0.03 mg/dscm)  d. Alternative Standard for existing to (0.03 mg/dscm) using a rolling average rectifier capacity (less than 60 millions)	facilities   age of on A-hr/year)
Hard Chromium Plating  a. Existing Large (0.015 mg/sto)  c. New (0.015 mg/dscm)  Decorative Chromium Plating	b. Existing Small (0.03 mg/dscm)  d. Alternative Standard for existing to (0.03 mg/dscm) using a rolling average rectifier capacity (less than 60 million performance)  Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)  Surface tension of < 45 dynas/cm (3.1x10 <sup>-3</sup> lb-f/ft)	facilities  age of  on A-hr/year)
Hard Chromium Plating  a. Existing Large (0.015 mg/sto)  c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	b. Existing Small (0.03 mg/dscm)  d. Alternative Standard for existing to (0.03 mg/dscm) using a rolling average rectifier capacity (less than 60 millions)  Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)  Surface tension of < 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  May only be selected if a wetting agent it used.	facilities  age of  on A-hr/year)
Hard Chromium Plating  a. Existing Large (0.015 mg/sto)  c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	b. Existing Small (0.03 mg/dscm)  d. Alternative Standard for existing a (0.03 mg/dscm) using a rolling average rectifier capacity (less than 60 millions)  g/Anodizing  Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)  Surface tension of < 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  May only be selected if a wetting agent is used.  With wetting agent	facilities  age of on A-hr/year)

PART III: CONTROL TECHNOLOGY		
Control device		
selected In use?  1.		
2.		
3.  Packed Bed Scrubber		
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N		
5. □ Foam Blanket Fume Suppressant □Y □N		,
6. ☐ Fume Suppressant w/ Wetting Agent ☐Y ☐N		
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)	OY ON	□N/A
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	□N/A
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)	ОУ ОМ	□N/A
<ol> <li>Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).</li> </ol>	□У □М	
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	
5. Results of all performance tests.	QY QN	□N/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	OY ON	□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  Packed Bed Scrubber/Composite M  Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily.  and the upstream device daily.	esh Pad	
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agen Measure the surface tension at the appropriate interval.		
7. Purchase records of wetting agent components.	OY ON	□N/A
8. Records of the date and time that fume suppressants are added to the bath.	□Y □N	□N/A
9. Records of rectifier capacity, if used to determine facility size.	OY ON	□N/A
10. Records of the total process operating time.	OY ON	
11. Records identifying specific periods of excess emissions.	QY ON	
12. Startup, Shutdown & Malfunction Plan	DY ON	

#### PART V: ADDITIONAL SITE INFORMATION

Condented a facility visit to review stacke test results performed in 1997 and 1998.

Me bates did not have the reports during the visit. I dengamed him to submit a western report to include field notes, for both test, to our office for one review. We also descussed his submettal of the compleane plan. Mr. bates stacted he would bring all requested documentation to our office within the next Queeles.

Name of Responsible Official

Bruce M. King

Inspector's Name

Inspector's Signature

Date of Inspection

45 Acro

Approximate Date of Next Inspection

# TLE V AIR QUALITY GENERAL RMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10:3	30 AIRS ID#: \$\phi 571134
TYPE OF FACILITY: CHROME PLATER	
FACILITY NAME: CHG ENGINEGRING	DATE: 9 2 98
FACILITY LOCATION: 3531 4th Ave	
TAMPA, Fr.	
RESPONSIBLE OFFICIAL: CLAVOR GATES	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
PREVIOUS VIOLATIONS CONTINUE	REFERED TO ENFORCEMENT
	<b>4</b> 0
·.	The state of the s
	DE CK
	300
	Mooile Sources
	Mobile Sources
COLO COLO COLO COLO COLO COLO COLO COLO	
COMMENTS:	
	v (/A:^
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	- TR
· D - 3	proximate)
	ease Print)
INSPECTOR'S SIGNATURE: THE METERS OF THE PROPERTY OF THE PROPE	PHONE NUMBER: 813 - 272-5330
	of . Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	a 
AIRS 10#: <u>057//34</u> D	DATE: $\frac{9/2/98}{2}$ TIME IN: $\frac{9.45}{3}$ TIME OUT: $\frac{10.13}{3}$	20
FACILITY NAME:	CHG Engineering	
FACILITY LOCATION:	3531 4th AUE	
	TAMPA, FL	
PART I: NOTIFICATION		
(check appropriate box)		
1. Facility notified DARM by 9	9/1/96	1
2. New facility notified DARM	1 30 days prior to startup	
3. Facility failed to notify DAR	M to use a general permit	
PART II: CLASSIFICATION	·	
FART II. CLASSIFICATION		
	dard indicated on notification form:	
Facility type(s)/applicable stand	dard indicated on notification form:	<u> </u>
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/c)	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)	_
Facility type(s)/applicable stand  Hard Chromium Plating  a. Existing Large (0.015 mg/d  c. New (0.015 mg/dscm)	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)	_
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 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 Platin	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)  by/Anodizing  Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)  Surface tension of < 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)	
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	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)  ag/Anodizing  Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)  Surface tension of < 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  May only be selected if a wetting agent is used.	
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	discm) 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)  ag/Anodizing  Emissions of < 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)  Surface tension of < 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  May only be selected if a wetting agent is used.  With wetting agent	

PAF	PART III: CONTROL TECHNOLOGY				
	ontrol dev	ice	•	3	
1.	Selected	Composite Mesh Pad	ΩY ,	ise?	
2.		Fiber Bed Mist Eliminator	ПY	ON	
3.		Packed Bed Scrubber	ПY		
4.		Packed Bed Scrubber/Composite Mesh Pad	PY	□N	
5.		Foam Blanket Fume Suppressant	ZZ	ПИ	
6.	. 🗖	Fume Suppressant w/ Wetting Agent	ΠY	ON	
		ility conducted an initial performance test to for sources using a wetting agent or 1-inch foam blanket			

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)	אם עם	□N/A
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed nist eliminator, or composite mesh pad)	OY ON	□N/A
<ol> <li>Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).</li> </ol>	OY ON	
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.</li> </ol>	OY ON	
5. Results of all performance tests.	OY ON	□N/A
6. Records of monitoring data. (not applicable to trivelent chromium baths using a wetting agent)	OY ON	□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  Packed Bed Scrubber/Composite Me Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily.	esh Pad	
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	t rval.	
7. Purchase records of wetting agent components.	OY ON	□N/A
8. Records of the date and time that fume suppressants are added to the bath.	ND YD	□N/A
9. Records of rectifier capacity, if used to determine facility size.	DY ON	-
	DY ZW	
10. Records of the total process operating time.	\	_
11. Records identifying specific periods of excess emissions.	OY ON	
12. Startup, Shutdown & Malfunction Plan	OY ON	· 

PART V: ADDITIONAL SITE INFORMATION
See attached Sheets (conversation record dated 9/2/98)

Approximate Date of Next Inspection

# ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

#### CONVERSATION RECORD

DATE 1/2/98 TIME 7.45 SUBJECT Stock Test Resulto
MR/ME Claude Gates TELEPHONE NO. 248-293>
REPRESENTING CH & Engineering
TELEPHONED [ ] WAS CALLED [ ] SCHEDULED MEETING [ ]
OTHER INDIVIDUALS INVOLVED IN CONVERSATION/MEETING Man o
MEETING/CONVERSATION SUMMARY
I met with Claude bates to Siseurs the
submittal of the two stock test results
and the compliance plan. Claudo stated
he showed are Africe the result of the
test become Istated that corping a
report are required by sule to be submitted
to over agency of wherea Claudo to the
meeting we had on 7/21/98 where we
ash for hem to second the test results.
Additionally the test exceeded standard
my Claude Stated more work was needed to
Sine tiene the Control went. We informed
Olum that a compliance plan needed to be
submitted. Clarice stated he would
Sulmit all plans and test results within
Zweek A lodoy's date.
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CONTINUE ON BACK SIGNATURE Diver III
age 122

PAGE 2 OF 2 SUBJECT: CHG Eng. Meeting 9/2/98

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to retest	the control (	love by the end of	,
System	her I the ho	s added two addition	and
Dunss	and water sul	system.	
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION	
TIME IN: 0900 TIME OUT: 0930	AIRS ID#: 57(134	
TYPE OF FACILITY: CHROME PLATER		
FACILITY NAME: CHG ENGINEGRING	DATE: 6 DEC 99	
FACILITY LOCATION: 3531 E. 474 AVE		
[AMPA, Fr 336		
RESPONSIBLE OFFICIAL: CLAVOL CATES	PHONE NUMBER: \$73 - 248 2938	
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra		
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
	CORL TO THE PROPERTY OF THE PR	
	Sources Sources	
·		
COMMENTS:	•	
·		
The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO	
DATE OF NEXT INSPECTION: (Approximate)		
INSPECTION CONDUCTED BY:		
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 813-272-5536	

Page of.

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### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY	
	RE-INSPECTION	<u> </u>		
AIRS 10#: 571134			0900 тіме оит: <u>9</u> 30	
FACILITY NAME:	CHG ENGINE	-cra. L	·	
FACILITY LOCATION:	3531 E.4	_	·	
	TAMPA, FO	<u>L</u> .		
PART I: NOTIFICATION				
(check appropriate box)				
Facility notified DARM by	9/1/96			·
2. New facility notified DAR	M 30 days prior to startur	p ·		
3. Facility failed to notify DA	RM to use a general perr	nit		
PART II: CLASSIFICATIO	N		\	
PART II: CLASSIFICATIO		ation form:	1	
		cation form:	,	
Facility type(s)/applicable star	ndard indicated on notific		nall (0.03 mg/dscm)	
Facility type(s)/applicable star	ndard indicated on notific	Existing Sn Alternative (0.03 mg/ds	nall (0.03 mg/dscm)  Standard for existing facilities scm) using a rolling average of pacity (less than 60 million A-hr/yea	
Facility type(s)/applicable star  Hard Chromium Plating  a. Existing Large (0.015 mg	ndard indicated on notificated on no	Existing Sn Alternative (0.03 mg/ds	Standard for existing facilities scm) using a rolling average of	
Facility type(s)/applicable star  Hard Chromium Plating  a. Existing Large (0.015 mg  c. New (0.015 mg/dscm)	ndard indicated on notificated on no	Existing Sn Alternative (0.03 mg/ds rectifier cap	Standard for existing facilities (scm) using a rolling average of pacity (less than 60 million A-hr/yea	
Facility type(s)/applicable star  Hard Chromium Plating  a. Existing Large (0.015 mg  c. New (0.015 mg/dscm)  Decorative Chromium Plating	ndard indicated on notificated on no	Existing Sn Alternative (0.03 mg/ds rectifier cap  1/mg/dscm (4	Standard for existing facilities facm) using a rolling average of pacity (less than 60 million A-hr/yea .4x10 <sup>-6</sup> gr/dscf)  m (3.1x10 <sup>-3</sup> lb-f/ft)	ц) П
Facility type(s)/applicable star  Hard Chromium Plating  a. Existing Large (0.015 mg  c. New (0.015 mg/dscm)  Decorative Chromium Plating	ing/Anodizing  Emissions of < 0.01  Surface tension of  May only be selected if a	Existing Sn Alternative (0.03 mg/ds rectifier car  1/mg/dscm (4  45 dynes/cn wetting agent is	Standard for existing facilities facm) using a rolling average of pacity (less than 60 million A-hr/yea .4x10 <sup>-6</sup> gr/dscf)  m (3.1x10 <sup>-3</sup> lb-f/ft)	ur)
Facility type(s)/applicable star  Hard Chromium Plating  a. Existing Large (0.015 mg c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	ing/Anodizing  Emissions of < 0.01  Surface tension of only be selected if a with wetting agent	Existing Sn Alternative (0.03 mg/ds rectifier cap  //mg/dscm (4  45 dynes/cn wetting agent is	Standard for existing facilities facm) using a rolling average of pacity (less than 60 million A-hr/yea .4x10 <sup>-6</sup> gr/dscf)  m (3.1x10 <sup>-3</sup> lb-f/ft)	E)
Facility type(s)/applicable star  Hard Chromium Plating  a. Existing Large (0.015 mg c. New (0.015 mg/dscm)  Decorative Chromium Plating  a. Chromic Acid Bath	ing/Anodizing  Emissions of < 0.01  Surface tension of only be selected if a with wetting agent	Existing Sn Alternative (0.03 mg/ds rectifier cap  A/mg/dscm (4  45 dynes/cn a westing agent is	Standard for existing facilities	H)

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

INSPECTION REPORT FORM						
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: CHG Engineering PAGE 1 OF 1				1 OF 1		
FACILITY ADDRESS:	FACILITY ADDRESS: 3531 4 <sup>th</sup> Ave E CITY: TAMPA					AMPA
PHONE: 248-2938					48-2938	
MAILING ADDRESS: 3531 4 <sup>th</sup> Ave E CITY: TAMPA FLA ZIP: 33605						
INSPECTION DATE:	INSPECTION DATE:   TIME IN:   TIME OUT:   INSPECTION TYPE:   STATUS:			STATUS:		
16 December 1999	0900	0930	NON-C	CDS		Incompliance
NEDS NUMBER: 571134						
SOURCE DESCRIPTION: Hard Chrome Plating						
CONTACTS: Claude Gates						

Today's inspection was a follow-up to our Sept 23, 99 inspection.

Mr. Gates was sick, so his assistant helped us. He showed us the manometer that Mr. Gates had installed on the scrubber with pickup points on the inlet and outlet side of the scrubber. The systems fan was on and the manometer indicated a pressure differential of .06 today.

We asked to see the record keeping associated with this manometer. Mr. Gates assistant did not know where Mr. Gates kept the records. Since Mr. Gates was sick, we said we would come back next week to review the record keeping.

INSPECTOR: Leroy Shelton & Roger Zhu

DATE: Dec 16, 1999

### TITLE V AIR QUALITY GENERAL DEFMIN E D INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	APLAINT/DISCOVERY 1997	RE-INSPECTION
TIME IN: 2:00	TIME OUT: 4:(5	Bureau of Air Monitori	ABCM 0571134
TYPE OF FACILITY:	nome Plater (	Hard)	
FACILITY NAME: CHG	17		DATE: 1-9-97
FACILITY LOCATION: 35	31 4th AUE, Tomp	12 FL 33 605	
RESPONSIBLE OFFICIAL:	Norles Hildreth	PHONE NUMBER:	813-247-2933
<del>-</del> /	the compliance requirements evaluate the compliance requirements evaluate Rule 62-213.300, Florida Administ	nated during this inspection, the facil rative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were not		nated during this inspection, the follo	wing compliance
<b>COMPLIANCE REQ</b>	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
Ill nut submit à to aprielle with a		All goven copy of and informed to m by Febraury 1,199:	all tt FDEP
tille was no reconcilered	eordlieren ed in the	Roginer capies of ered to downers	logs the
1/	6 compared 00 306A STACK	REVIEW,	ORT FOR
comments: annual Compl lil market to FD	ianslestifuation Et along with	down gruen te s The Of apple	la and is the
The Annual Compliance Certif	ication form has been properly cert	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION		pproximate)	
INSPECTION CONDUCTED		hh. 2 <del></del>	
HISTECTION CONDUCTER	1 P	lease Print)	
INSPECTOR'S SIGNATURE	c: Kruce mkens	PHONE NUMBER:	272-55-3
	Page	_of	Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL COMPLAINT/DISCOVERY			
0571134 R	E-INSPECTION D			
AIRS ID#: D	ATE: 1/9/97 TIME IN: 2:07) TIME OUT: 4:15			
FACILITY NAME:	CHG Engineering 3531 4th AUE			
FACILITY LOCATION:				
	TAMPA FL 33605	<del></del>		
PART I: NOTIFICATION				
(check appropriate box)				
1. Facility notified DARM by 9	0/1/96			
2. New facility notified DARM	30 days prior to startup			
3. Facility failed to notify DAR	M to use a general permit			
PART II: CLASSIFICATION				
Facility type(s)/applicable stand	ard indicated on notification form:			
Hard Chromium Plating		,		
a. Existing Large (0.015 mg/d	lscm)	X		
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 $< 0.01/\text{mg/dscm}$ (4.4x10 <sup>-6</sup> gr/dscf)			
	Surface tension of $\leq 45$ dynes/cm (3.1x10 <sup>-3</sup> 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 <sup>-6</sup> gr/dscf)			
c. Chromium Anodizing	- · · · · · · · · · · · · · · · · · · ·	$\Box$		
	Emissions of <0.01 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)			

PART III: CONTROL TECHNOLOGY	
Control device selected In use?	
1. ☐ Composite Mesh Pad ☐Y ☐N	
2.	
3. Packed Bed Scrubber □Y □N	
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N	
5. □ Foam Blanket Fume Suppressant □Y □N	
6. □ Fume Suppressant w/ Wetting Agent □Y □N	
Has the facility conducted an initial performance test to establish monitoring parameter (Not required for sources using a wetting agent or 1-inch foam blanket thickness)	s? OY ON ON/A
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)	Y N ON/A
<ol> <li>Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</li> </ol>	OY ZIN ON/A
<ol> <li>Maintenance records for the source, add-on pollution control devices, and monitorin equipment (equipment identified, date performed, description).</li> </ol>	g DY DY
4. 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
5. Results of all performance tests.	□Y □N □N/A
6. 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  Packed Bed Scrubber/Composite  Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily.  and the upstream device daily.	Mesh Pad
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Ag Measure the surface tension at the appropriate	
7. Purchase records of wetting agent components.	AWA NO YO
8. Records of the date and time that fume suppressants are added to the bath.	DY DN XN/A
9. Records of rectifier capacity, if used to determine facility size.	A/NO' WX YO
10. Records of the total process operating time.	DY XV
11. Records identifying specific periods of excess emissions.	OY TO
12 Startup Shutdown & Malfunction Plan	DY WN

PART V: ADDITIONAL SITE INFORMATION	
	•
· .	
	and the second
	•
Charles E. H. Idreth.  Name of Responsible Official	
Name of Responsible Official	1/2/2-
Brixe MK 1115 Inspector's Name  Brixe MKing	Date of Inspection
Mar a Mark	
Inspector's Signature	Approximate Date of Next Inspection

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 6945 TIME OUT: 1015	AIRS ID#: 571134	
TYPE OF FACILITY: CHROME PLANER		
FACILITY NAME: CHG FNGNETRING	DATE: 23 OCC 99	
FACILITY LOCATION: 3531 E. 4TH AVE	,	
TAMPA, FL 33605		
RESPONSIBLE OFFICIAL: CLAVOC GATES	PHONE NUMBER: 813-248-2938	
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra		
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
	P	
	To the Sources of the	
	Julices (	
COMMENTS:	,	
·	· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO  DATE OF NEXT INSPECTION:		
DATE OF NEXT INSPECTION: (Approximate)		
Historian constant	teron	
INSPECTOR'S SIGNATURE:	ease Print) PHONE NUMBER: 813 272 5130	

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## CHROMIUM ELECTROPLATING/ANODIZING

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	COMPLAINT/DISCO	VERY O
AIRS ID#: 57134  FACILITY NAME:	CHG ENGINEER		JT: <u>1015</u>
FACILITY LOCATION:	3531 E. 4TH		
PART I: NOTIFICATION			
(check appropriate box)	<u> </u>		-7
Facility notified DARM by     New facility notified DAR			:
3. Facility failed to notify DA			
PART II: CLASSIFICATIO	N .	44 5 111 114 114 114 114 114 114 114 114	
Facility type(s)/applicable sta	ndard indicated on notificatio	n form:	,
<u> </u>			
Hard Chromium Plating			·
Hard Chromium Plating  a. Existing Large (0.015 mg	r/dscm) □ b. Ex	isting Small (0.03 mg/dscm)	
	□ d. <b>Al</b> : (0.	isting Small (0.03 mg/dscm) ternative Standard for existing 03 mg/dscm) using a rolling ave tifier capacity (less than 60 milli	facilities   rage of
a. Existing Large (0.015 mg	□ d. Al (0. rec	ternative Standard for existing 03 mg/dscm) using a rolling ave	facilities   rage of
a. Existing Large (0.015 mg c. New (0.015 mg/dscm)	d. Alt (0. rec	ternative Standard for existing 03 mg/dscm) using a rolling ave	facilities   rage of
a. Existing Large (0.015 mg c. New (0.015 mg/dscm)  Decorative Chromium Plat	d. All (0. rec ing/Anodizing Emissions of < 0.01/mg	ternative Standard for existing 03 mg/dscm) using a rolling ave tiffier capacity (less than 60 million of the following of the following description (4.4x10 <sup>-6</sup> gr/dscf) dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)	facilities   rage of  on A-hr/year)
a. Existing Large (0.015 mg c. New (0.015 mg/dscm)  Decorative Chromium Plat	d. Alt  (0. rec  ing/Anodizing  Emissions of < 0.01/mg  Surface tension of < 45  May only be selected if a wern  h With wetting agent	ternative Standard for existing 03 mg/dscm) using a rolling ave tifier capacity (less than 60 million of the	facilities  rage of  on A-hr/year)
a. Existing Large (0.015 mg/c. New (0.015 mg/dscm)  Decorative Chromium Plat  a. Chromic Acid Bath	d. Alt  (0. rec  ing/Anodizing  Emissions of < 0.01/mg  Surface tension of < 45  May only be selected if a wern  h With wetting agent	ternative Standard for existing 03 mg/dscm) using a rolling ave tifier capacity (less than 60 million of the following of the following agent is used.  4.4x10 <sup>-6</sup> gr/dscf)  4.4x10 <sup>-3</sup> lb-f/ft)  6.0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	facilities  rage of  on A-hr/year)

PART III: CONTROL TECHNOLOGY							
Control device							
selected In use?  1.							
2.							
3. ☐ Packed Bed Scrubber ☐Y ☐N							
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N							
5. □ Foam Blanket Fume Suppressant □Y □N	. *						
6. ☐ Fume Suppressant wt Wetting Agent ☐Y ☐N							
Has the facility conducted an initial performance test to establish monitoring parameters (Not required for sources using a westing agent or 1-inch foam blanket thickness)	? OY ON ON/A						
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 ON ON/A						
2. 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						
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).							
<ol> <li>Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.</li> </ol>	OY ON						
5. Results of all performance tests.	□Y □N □N/A						
6. Records of monitoring data. (not applicable to trivalent chromium baths using a westing 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 Packed Bed Scrubber/Composite Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily.  and the upstream device daily.	Mesh Pad						
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Ag Measure the surface tension at the appropriate							
7. Purchase records of wetting agent components.	DY DN DN/A						
8. Records of the date and time that fume suppressants are added to the bath.  □Y □N □N/A							
9. Records of rectifier capacity, if used to determine facility size.	□Y □N □N/A						
10. Records of the total process operating time.	OY ON						
11. Records identifying specific periods of excess emissions.	□Y □N						
12. Startup, Shutdown & Malfunction Plan							

INSPECTION REPORT FORM							
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: CHG Engin				P	AGE	1 OF 1	
FACILITY ADDRESS:	3531 4 <sup>th</sup> Ave E			CIT	Y: T	AMPA	
				PHC	)NE: 2	48-2938	
MAILING ADDRESS: 3531 4 <sup>th</sup> Ave E CITY: TAMPA FLA ZIP: 33605					ZIP: 33605		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE: STATUS:			
16 December 1999						Incompliance	
NEDS NUMBER: 571134							
SOURCE DESCRIPTION: Hard Chrome Plating							
CONTACTS: Claude G	ates					<u></u>	

Today's inspection was a follow-up to our Sept 23, 99 inspection.

Mr. Gates was sick, so his assistant helped us. He showed us the manometer that Mr. Gates had installed on the scrubber with pickup points on the inlet and outlet side of the scrubber. The systems fan was on and the manometer indicated a pressure differential of .06 today.

We asked to see the record keeping associated with this manometer. Mr. Gates assistant did not know where Mr. Gates kept the records. Since Mr. Gates was sick, we said we would come back next week to review the record keeping.

12/23/99 – Today, Leroy Shelton returned to review the records. Mr. Gates was still sick, but his assistant did have the records available. The records indicated that the pressure differential was being recorded on a daily basis since the beginning of November 1999. The pressure differential recorded indicated a steady reading of .065 pressure differential.

INSPECTOR: Leroy Shelton & Roger Zhu

DATE: Dec 16, 1999

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

JOCK	B	
MIT	S	

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT: 10:	
TYPE OF FACILITY: CHROME PLATER FACILITY NAME: CHG ENGINEERING	DATE: 12/29/00
I ACIDIT I TURID.	DAIL. / /
FACILITY LOCATION: 3531 E. 4th AVE TAMPA, FL 33	3605
RESPONSIBLE OFFICIAL: CLAUDE GATES	PHONE NUMBER (813) 248-2938
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	F)
	Bureau of Marie Ma
	The Sources
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
•	
COMMENTS:	
·	<u> </u>
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	pproximate)
INSPECTION CONDUCTED BY:	GER ZHU
INSPECTOR'S SIGNATURE: Posce Blue	lease Print) —PHONE NUMBER: (8/3) 272-5530

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· AIRS ID#:	57113 <del>4</del>
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Revised 10/10/96

# CHROMIUM PLATING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CHG EN	IGINEERING	DATE: 12/29/00
FACILITY LOCATION: 353   E	4th AVE	
TAM DA	, FL 33605	
Annual Reporting Period: Dee 2	24 19 99 TO Dec 29	
	V general air permit, my facility has remained in compliance	· <u> </u>
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance during the report	ing 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 repor	ting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		<del></del>
	·	
As the responsible official, I hereby certify, made in this notification are true, accurate to	based on information and belief formed after reasonable inquind complete.	nuiry, that the statements
		11/10-12
RESPONSIBLE OFFICIAL: Name of the Name of	ne (Please Print)  Signature	Date

<sup>\*</sup>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

<del>-</del> - <del>-</del>	NNUAL E-INSPECTION	•	COMPLAINT/DISCOVERY	<u> </u>		
AIRS ID#: 57//34 D	ATE: 12/29/c	01	TIME IN: 9:30 TIME OUT: 10:3	30		
FACILITY NAME:	3531 E					
FACILITY LOCATION:						
	TAMPA	,	FL 33605			
PART I: NOTIFICATION						
(check appropriate box)						
1. Facility notified DARM by 9	/1/96		<b>×</b>			
2. New facility notified DARM	30 days prior to st	artup				
3. Facility failed to notify DAR	M to use a general	perm	nit 🗆	·		
PART II: CLASSIFICATION						
Facility type(s)/applicable stand	lard indicated on n	otific	ation form:			
Hard Chromium Plating			•			
a. Existing Large (0.015 mg/c	iscm)	b.	Existing Small (0.03 mg/dscm)	×		
c. <b>New</b> (0.015 mg/dscm)	<u>.</u>	đ.	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 Platin	g/Anodizing					
a. Chromic Acid Bath	Emissions of <	0.01	/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)			
	Surface tension May only be select	of <	$\leq$ 45 dynes/cm (3.1 $\times$ 10 <sup>-3</sup> lb-f/ft) werting agent is used.			
b. Trivalent Chromium Bath	With wetting a	gent				
	Without wettin	g age	ent <0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)			
c. Chromium Anodizing	Emissions of <	0.01	mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)			
	Surface tension of 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  May only be selected if a wetting agent is used.					

## PART III: CONTROL TECHNOLOGY Control device selected In use? $\Box$ Y $\square N$ 1. Composite Mesh Pad 2. ☐ Fiber Bed Mist Eliminator $\Box$ Y $\square N$ Packed Bed Scrubber **X**Υ $\square N$ 3. Packed Bed Scrubber/Composite Mesh Pad 4 $\square N$ 5. ☐ Foam Blanket Fume Suppressant $\Box$ Y DY DN ☐ Fume Suppressant w/ Wetting Agent 6. 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 □Y XIN □N/A composite mesh pad) 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed □N/A scrubber, fiber-bed mist eliminator, or composite mesh pad) 3. Maintenance records for the source, add-on pollution control devices, and monitoring X N/A equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each DY DN Ø WA malfunction of process, add-on pollution control device, and monitoring equipment. 5. Results of all performance tests. $\mathbf{X}$ Y $\square$ N $\square N/A$ MY ON ON/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 PBS and the Measure the pressure drop across 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. DY DN XXN/A 7. Purchase records of wetting agent components. XXIN/A NO YO 8. Records of the date and time that fume suppressants are added to the bath. XY ON ON/A 9. Records of rectifier capacity, if used to determine facility size. oy **X**N 10. Records of the total process operating time. DY ZV 11. Records identifying specific periods of excess emissions.

XY UN

12. Startup, Shutdown & Malfunction Plan

# PART V: ADDITIONAL SITE INFORMATION Let attached insp. report

Name of Responsible Official

ROGER ZHU

12/29/00

Inspector's Name
Date of Inspection

1 YEAR

Inspector's Signature Approximate Date of Next Inspection

### INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: CHG Engineering **PAGE** 1 OF FACILITY ADDRESS: 3531 E. 4th Avenue CITY: Tampa PHONE: (813) 248-2938 MAILING ADDRESS: Same CITY: Tampa ZIP: 33605 FLA **INSPECTION DATE:** TIME IN: TIME OUT: INSPECTION TYPE: STATUS: Dec 29, 2000 9:30 10:30 non-CDS In Compliance NEDS NUMBER: 571134 SOURCE DESCRIPTION: Hard Chrome Plating CONTACT(S): Claude Gates

Today's visit was to conduct the annual inspection. I met with the RO, Mr. Claude Gates.

The recordkeeping is in good shape now. The pressure drop across the packed bed scrubber has been recorded on a daily basis. The pressure differential recorded indicates the readings between 0.065 (min) and 0.068 (max). I checked the pressure gauge, which indicated around 0.07, when the scrubber was on-line.

Three in-use rectifier's capacities are 2000, 4000 and 5000 amps respectively. The 12-month amps usage was 1,776,990. According to the records, the last year usage was about 1,800,000 amps.

Mr. Gates didn't have records shown the total plating time. He said that the average plating time was about 3~5 hours/day.

In the past 12 months, there were 5 drums of chrome (looks like flakes) purchased. Each drum weights 110 lbs. Mr. Gates said he does not have any drum left in stack. Therefore, the annual chrome usage was 550 lbs.

INSPECTED BY: Roger Zhu

DATE: Dec 29, 2000

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Bureau of Air Monitoring & Mobile Sources Z Z

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Fund: 20-2-035001 Obj.: 002273

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Obj.: 002273

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5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  N  PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only paid)  Domestic Ret	if requested

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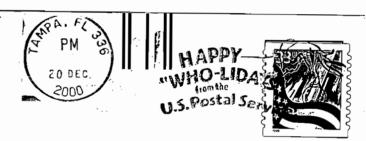
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TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070