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

RECEIVED

MAR 2 1 1997

Bureau of Air Monitoring & Mobile Sources

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   CLAUDE H. GATES CHG ENGINEERING
2. Site Name (For example, plant name or number):
   N/A
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 3531 4TH AVE
   City: TAMPA County: HILLSBOROUGH Zip Code: 33605
5. Facility Identification Number (DEP Use): 0577134

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
8. Responsible Official Telephone Number:
   Telephone: (813) 248-2938 Fax: (813) 248-2938

Facility Contact (If different from Responsible Official)

9. 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
    City: TAMPA County: HILLSBOROUGH Zip Code: 33605
11. Facility Contact Telephone Number:
    Telephone: (813)248-2938 Fax: (813)248-2938

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 c/m
2	10-1-92	10-1-92 *	PBS	0.03
3	10-1-92	10-1-92 *	PBS	0.03
4				

* CONTROL DEVICES MODIFIED IN OCT/NOV OF 96

Key for Control Device Type

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

Applicable Standard Key

a = 0.03 mg/dscm
b = 0.015 mg/dscm
c = alternative standard for multiple tanks under common control

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

[ ] Yes [✓] No

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

[✓] Yes [ ] No

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

	DECORATIVE	AND	ANODIZING	TANKS
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)

Key for Control Device Type

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

Applicable Standard Key

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

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

[ ] January 25, 1996 [✓] January 25, 1997

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

[✓] The facility will conduct an initial performance test

[ ] The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

Equipment Monitoring and Recordkeeping Information

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

(a) Equipment maintenance	[✓]	(b) Equipment inspection and repair	[✓]
(c) Equipment malfunctions	[✓]	(d) Operation and maintenance checklist	[✓]
(e) Instrument calibration	[ ]	(f) Start-up, shutdown, malfunction plan	[✓]
(g) Performance test results	[✓]	(h) Equipment monitoring	[✓]
(i) Excess emissions	[✓]	(j) Operating periods	[✓]
(k) Rectifier capacity	[✓]	(l) Fume suppressant records	[ ]

(m) Purchase records of wetting agent components [ ]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Signature

18 MAR 97
Date

ATTN: BRUCE KING

AIRS ID#: 057134

Revised 10/10/96

AIR QUALITY GENERAL PERMIT

CHROMIUM ELECTROPLATING/ ANODIZING ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: C.H.G. ENGINEERING DATE: 7/22/97

FACILITY LOCATION: 3531 4TH AVE
TAMPA FL 33605

Annual Reporting Period: _____ 19___ TO _____ 19___

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

If NO, complete the following: NO DISCHARGE

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

Exact period of non-compliance: from 6-23-97 to 6-23-97 6HR

Action(s) taken to achieve compliance: REPLACE MOTOR STARTER RELAY ON SCRUBBER FAN; PERFORMED SCHEDULED MOTOR

Method used to demonstrate compliance: REPLACEMENT DURING DOWN TIME DUE TO ELECTRICAL COMPONENT FAILURE

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: CLAUDE H. GATES _____ 7/22/97
Name (Please Print) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 1:00 TIME OUT: 1:45 AIRS ID#: 571134

TYPE OF FACILITY: CHROME PLATER

FACILITY NAME: CHG ENGINEERING DATE: 7/20/98

FACILITY LOCATION: 3531 4TH AVE
TAMPA, FL 33603

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER: 813-248-2935

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

N/A

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

DATE OF NEXT INSPECTION: 1 YR
(Approximate)

INSPECTION CONDUCTED BY: BRUCE KING
(Please Print)

INSPECTOR'S SIGNATURE: RShue for BMK **PHONE NUMBER:** 813-272-5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 571134 **DATE:** 2/20/97 **TIME IN:** 1:00 **TIME OUT:** 1:45

FACILITY NAME: CHC ENGINEERING

FACILITY LOCATION: 3531 4th AVE
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 DARM to use a general permit ☐

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	❑	Composite Mesh Pad	❑Y	❑N
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? ❑Y ❑N ❑N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ❑Y ❑N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ❑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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ❑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. ❑Y ❑N ❑N/A
10. Records of the total process operating time. ❑Y ❑N
11. Records identifying specific periods of excess emissions. ❑Y ❑N
12. Startup, Shutdown & Malfunction Plan ❑Y ❑N

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: February 20, 1998	TIME IN: 1:00	TIME OUT: 1:45	INSPECTION TYPE: III	STATUS: 3
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	DATE: February 20, 1998

Bruce M King

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

RECEIVED JUL 13 1998 Bureau of Air Monitoring & Mobile Sources

TIME IN: 2:30 TIME OUT: 3:45 AIRS ID#: 57 A 034

TYPE OF FACILITY: Chromium Electroplating

FACILITY NAME: CHG Engineering DATE: 6/17/98

FACILITY LOCATION: 3531 4th AVE
Tampa FL 33603

RESPONSIBLE OFFICIAL: Claude Gates PHONE NUMBER: 813-248-2938

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

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
no documented quarterly inspections of add-on pollution control devices	Establish a quarterly inspection log.
Performance test conducted Feb 20, 98 has not been forwarded to our office	Forward test results to our office ASAP.
no documented daily pressure drop measurements across the PBS	Establish a daily measurement log for documenting pressure drops readings (daily)
no record available for total process operating time	Establish operating time log
no records of monthly Ampere hr usage each 12 month period	Establish ampere-hr monthly log with rolling total.

COMMENTS: Warning Notice sent to facility identifying the above violations.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☐ N/A ☒

DATE OF NEXT INSPECTION: 30 days (Approximate)

INSPECTION CONDUCTED BY: Bruce M Kunz (Please Print)

INSPECTOR'S SIGNATURE: Bruce M Kunz **PHONE NUMBER:** (813) 272-5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
JUL 13 1998
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 571134 **DATE:** 6/17/98 **TIME IN:** 2:30 **TIME OUT:** 3:45

FACILITY NAME: CHG Engineering

FACILITY LOCATION: 3531 4th AVE.
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 DARM to use a general permit ☐

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☒Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☒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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☒N ☐N/A
10. Records of the total process operating time. ☐Y ☒N
11. Records identifying specific periods of excess emissions. ☐Y ☐N ☒N/A
12. Startup, Shutdown & Malfunction Plan ☒Y ☐N

PART V: ADDITIONAL SITE INFORMATION

Claude Gates
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M. King
Inspector's Signature

6/17/98
Date of Inspection

30 days
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 9:00 TIME OUT: 9:45 AIRS ID#: 0571134

TYPE OF FACILITY: Chrome Plater

FACILITY NAME: CHG Engineering DATE: 7/18/97

FACILITY LOCATION: 3531 4th AVE
Tampa, FL 33605

RESPONSIBLE OFFICIAL: Claude Gates PHONE NUMBER: 813-248-2938

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: X / yr
(Approximate)

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

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

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 057/134 **DATE:** 7/18 **TIME IN:** 9:00 **TIME OUT:** 9:45

FACILITY NAME: CHG Engineering

FACILITY LOCATION: 3531 4th AVE
Tampa, FL 33605

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96 ☒ 18MAR97
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use a general permit ☐

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☒Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☒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.

all inches/water

Fiber-Bed Mist Eliminator
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☐N ☐N/A
10. Records of the total process operating time. ☒Y ☐N
11. Records identifying specific periods of excess emissions. ☒Y ☐N
12. Startup, Shutdown & Malfunction Plan ☒Y ☐N

PART V: ADDITIONAL SITE INFORMATION

Maint. - change fan motor for 30hp to 10-20 2speed motor

One Malfunction - electrical short in system repaired X/Shaw - Problem occurred when plating small parts

In compliance with all record keeping requirements.

Claude H. Gates
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M King
Inspector's Signature

7/18/97
Date of Inspection

X/yr
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 3:15 TIME OUT: 4:00 AIRS ID#: 0571134

TYPE OF FACILITY: Chromium Electroplating

FACILITY NAME: CHG Engineering DATE: 7/28/98

FACILITY LOCATION: 3531 4th Ave
Tampa, FL 33603

RESPONSIBLE OFFICIAL: Claude Bates PHONE NUMBER: 813-248-2938

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

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Failure to submit stack test reports.	Will submit written report to include all field notes for our review

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COMMENTS:

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

DATE OF NEXT INSPECTION: 45 day (Approximate)

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

INSPECTOR'S SIGNATURE: Bruce M King **PHONE NUMBER:** (813) 242-5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 057 1134 **DATE:** 7/28/98 **TIME IN:** 3:15 **TIME OUT:** 4:00

FACILITY NAME: CH6 Engineering

FACILITY LOCATION: 3531 4th Ave
Tampa, FL 33603

RECEIVED
AUG 18 1998
Bureau of Air Monitoring & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☐N ☐N/A
10. Records of the total process operating time. ☐Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N
12. Startup, Shutdown & Malfunction Plan ☐Y ☐N

PART V: ADDITIONAL SITE INFORMATION

Conducted a facility visit to review stack test results performed in 1997 and 1998. Mr. Bates did not have the reports during the visit. I informed him to submit a written report to include field notes, for both test, to our Office for our review. We also discussed his submittal of the compliance plan. Mr. Bates stated he would bring all requested documentation to our Office within the next 2 weeks.

Claude Bates
Name of Responsible Official

Bruce M. King
Inspector's Name

7/28/98
Date of Inspection

Bruce M King
Inspector's Signature

45 days
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 9:45 TIME OUT: 10:30 AIRS ID#: 0571134

TYPE OF FACILITY: CHROME PLATER

FACILITY NAME: CMG ENGINEERING DATE: 9/2/98

FACILITY LOCATION: 3531 4th AVE TAMPA, FL.

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER:

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

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
PREVIOUS VIOLATIONS CONTINUE	REFERRED TO ENFORCEMENT

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COMMENTS:

N/A

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

DATE OF NEXT INSPECTION: 1 YR
(Approximate)

INSPECTION CONDUCTED BY: BRUCE KING
(Please Print)

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

PART III: CONTROL TECHNOLOGY

	Control device selected	In use?
1.	☐ Composite Mesh Pad	☐Y ☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☐N ☐N/A
10. Records of the total process operating time. ☐Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N
12. Startup, Shutdown & Malfunction Plan ☐Y ☐N

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 0571134 **DATE:** 9/2/98 **TIME IN:** 9:45 **TIME OUT:** 10:30

FACILITY NAME: C#G Engineering

FACILITY LOCATION: 3531 4th AVE
TAMPA, FL

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART V: ADDITIONAL SITE INFORMATION

See attached Sheets (Conversation record dated 9/2/98)

Claude Gates
Name of Responsible Official

Bruce M. King
Inspector's Name

9/2/98
Date of Inspection

Bruce M King
Inspector's Signature

1 yr
Approximate Date of Next Inspection

ENVIRONMENTAL PROTECTION COMMISSION
OF
HILLSBOROUGH COUNTY

CONVERSATION RECORD

DATE 9/2/98 TIME 9:45 SUBJECT Stack Test Results

MR/~~MS~~ Claude Gates TELEPHONE NO. 248-2937

REPRESENTING C H & Engineering

TELEPHONED [ ] WAS CALLED [ ] ~~SCHEDULED~~/UNSCHEDULED MEETING [ ]

OTHER INDIVIDUALS INVOLVED IN CONVERSATION/MEETING none

MEETING/CONVERSATION SUMMARY

I met with Claude Gates to discuss the submittal of the two stack test results and the compliance plan. Claude stated he showed over 90% on the reading of the test, however, I stated that copies of a report are required by rule to be submitted to our agency. I referred Claude to the meeting we had on 7/21/98 where we ask for them to submit the test results. Additionally, the test exceeded standards and Claude stated more work was needed to determine the control unit. We informed them that a compliance plan needed to be submitted. Claude stated he would submit all plans and test results within 2 week of today's date.

CONTINUE ON BACK

SIGNATURE Bruce M Kenny

TITLE Eng II

Page 1 of 2

SUBJECT: CHG Eng. Meeting 9/2/98

Claude also informed me that he expects to retest the control device by the end of September. He has added two additional pumps and water fuel system.

TIME EXPENDED
60 Minutes
Minutes
Minutes

TIME SPENT (MIN) _____

SIGNATURE Bruce M. King

TITLE Eng II

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 13:00 TIME OUT: 14:10 AIRS ID#: 571134

TYPE OF FACILITY: CHROME PLATER

FACILITY NAME: CHG ENGINEERING DATE: 9/23/99

FACILITY LOCATION: 3531 4TH AVE
TAMPA, FL 33605

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER: (813) 248-2938

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

[X] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
THE MANOMETER NEEDS BE CLEANED TO BE READABLE AND RECORD ON A DAILY BASIS	SUBMIT THE COPY OF THE LAST STACK TEST RE-INSPECT IN 90 DAYS

COMMENTS:

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

DATE OF NEXT INSPECTION: 90 DAYS
(Approximate)

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

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

AIRS ID#: 571134

Revised 10/10/96

CHROME PLATING

~~DRY CLEANER~~ AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CHG ENGINEERING DATE: 10/7/99

FACILITY LOCATION: 3531 4th AVE

TAMPA, FL 33605

Annual Reporting Period: Sep 2 19 98 TO Oct 7 19 99

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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Bureau of Air Monitoring & Mobile Sources

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: CLAUDE A. GATES _____ 10-7-99

Name (Please Print) Signature Date

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

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 571134 **DATE:** 9/23/99 **TIME IN:** 13:00 **TIME OUT:** 14:10

FACILITY NAME: CHG ENGINEERING

FACILITY LOCATION: 3531 4th AVE
TAMPA, FL 33605

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☒Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N ☒ N/A
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 ☒ N/A
5. Results of all performance tests. INCOMPLETE ☐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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☒Y ☐N ☐N/A
10. Records of the total process operating time. ☒Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N ☒ N/A
12. Startup, Shutdown & Malfunction Plan ☒Y ☐N

PART V: ADDITIONAL SITE INFORMATION

CLAUDE GATES

Name of Responsible Official

LEROY SHLTON / ROGER ZHU

Inspector's Name

/ Roger Zhu

Inspector's Signature

9/23/99

Date of Inspection

90 DAYS

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: CHG Engineering				PAGE 1 OF 1
FACILITY ADDRESS: 3531 4th Ave E				CITY: TAMPA PHONE: 248-2938
MAILING ADDRESS: 3531 4th Ave E			CITY: TAMPA	FLA ZIP: 33605
INSPECTION DATE: 23 September 1999	TIME IN: 1300	TIME OUT: 1410	INSPECTION TYPE: NON-CDS	STATUS: MOC
NEDS NUMBER: 571134				
SOURCE DESCRIPTION: Hard Chrome Plating				
CONTACTS: Claude Gates				

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 10:00 TIME OUT: 11:00 AIRS ID#: 571134

TYPE OF FACILITY: HARD CHROME PLATING

FACILITY NAME: CHG ENGINEERING DATE: 10/7/99

FACILITY LOCATION: 3531 E. 4th AVE
TAMPA, FL 33605

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER: (813) 248-2938

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

[X] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NEED COPY OF NEW STACK TEST REPORT.	BY END OF THIS MONTH
NEED TO INSTALL PRESSURE GAUGES, AND START TO RECORD ON A DAILY BASIS.	REINSPECT IN 90 DAYS

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COMMENTS:

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

DATE OF NEXT INSPECTION: 90 DAYS
(Approximate)

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

INSPECTOR'S SIGNATURE: Roger Zhu **PHONE NUMBER:** (813) 272-5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 571134 **DATE:** 10/7/99 **TIME IN:** 10:00 **TIME OUT:** 11:00

FACILITY NAME: CHG ENGINEERING

FACILITY LOCATION: 3531 E. 4TH AVE
TAMPA, FL 33605

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐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
Measure the pressure drop across the FBME and the upstream device daily.

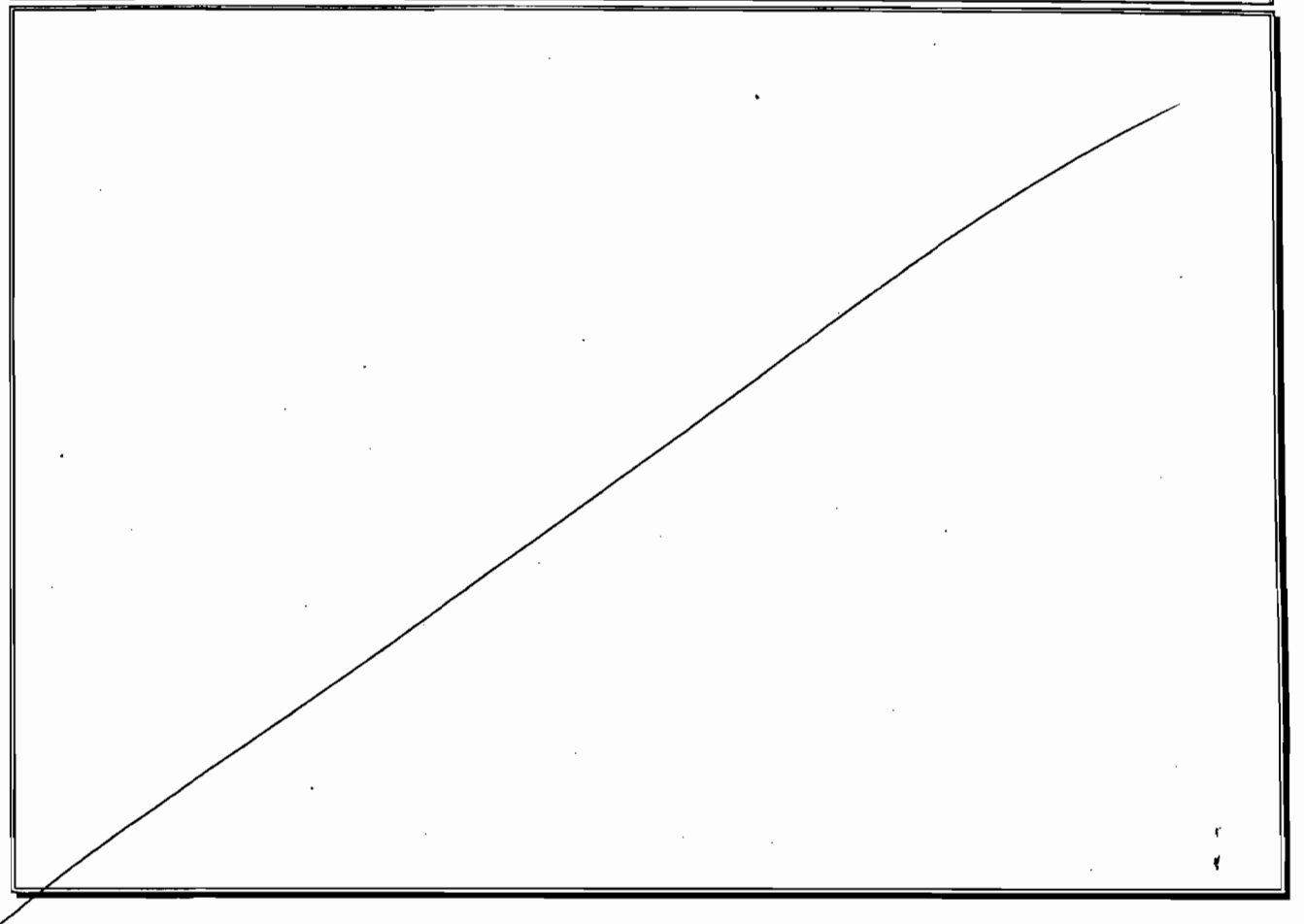
Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☐N ☐N/A
10. Records of the total process operating time. ☐Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N
12. Startup, Shutdown & Malfunction Plan ☐Y ☐N

PART V: ADDITIONAL SITE INFORMATION



CLAUDE GATES

Name of Responsible Official

LEROY SHELTON / ROGER ZHU

Inspector's Name

10/7/99

Date of Inspection

Inspector's Signature

90 DAYS

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: CHG Engineering				PAGE 1 OF 1
FACILITY ADDRESS: 3531 E. 4th Avenue				CITY: Tampa PHONE: (813) 248-2938
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33605
INSPECTION DATE: Oct 7, 1999	TIME IN: 10:00	TIME OUT: 11:00	INSPECTION TYPE: non- CDS	STATUS: Minor Out Compliance
NEDS NUMBER: 571134				
SOURCE DESCRIPTION: Hard Chrome Plating				
CONTACT(S): Claude Gates				

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.

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 15:00 TIME OUT: 16:00 AIRS ID#: 5711394

TYPE OF FACILITY: HARD CHROME PLATING

FACILITY NAME: CHG ENGINEERING DATE: 10/28/99

FACILITY LOCATION: 3531 E. 4th AVE
TAMPA, FL 33605

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER: (813) 248-2938

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

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
THE STACK TEST NEEDS TO BE DONE BY END OF THIS WEEK.	SUBMIT THE TEST REPORT NEXT WEEK.

COMMENTS:

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

DATE OF NEXT INSPECTION: Dec, 1999
(Approximate)

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

INSPECTOR'S SIGNATURE: / Roger Zimm **PHONE NUMBER:** (813) 272-5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 57134 **DATE:** 10/28/99 **TIME IN:** 15:00 **TIME OUT:** 16:00

FACILITY NAME: CHG ENGINEERING

FACILITY LOCATION: 3531 E. 4th AVE
TAMPA, FL 33605

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?
1.	❑	Composite Mesh Pad	❑Y ❑N
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? ❑Y ❑N ❑N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ❑Y ❑N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ❑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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ❑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. ❑Y ❑N ❑N/A
10. Records of the total process operating time. ❑Y ❑N
11. Records identifying specific periods of excess emissions. ❑Y ❑N
12. Startup, Shutdown & Malfunction Plan ❑Y ❑N

PART V: ADDITIONAL SITE INFORMATION

CLAUDE GATES

Name of Responsible Official

LEROY SHELTON / ROGER ZHU

Inspector's Name

10/28/99

Date of Inspection

Inspector's Signature

Dec, 1999

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: CHG Engineering			PAGE 1 OF 1	
FACILITY ADDRESS: 3531 E. 4th Avenue			CITY: Tampa PHONE: (813) 248-2938	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33605
INSPECTION DATE: Oct 7, 1999	TIME IN: 10:00	TIME OUT: 11:00	INSPECTION TYPE: non- CDS	STATUS: Minor Out Compliance
NEDS NUMBER: 571134				
SOURCE DESCRIPTION: Hard Chrome Plating				
CONTACT(S): Claude Gates				

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.

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 9:30 TIME OUT: 11:00 AIRS ID#: 571134

TYPE OF FACILITY: HARD CHROME PLATING

FACILITY NAME: CHG ENGINEERING DATE: 11/2/99

FACILITY LOCATION: 3531 E. 4th AVE
TAMPA, FL 33605

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER: (813) 248-2938

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

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
MANOMETER LOCATION IS INCORRECT	INSTALL NEW GAUGES
NO RECORDKEEPING	KEEP A DAILY RECORD

RECEIVED
DEC 13 1999
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: Dec, 1999
(Approximate)

INSPECTION CONDUCTED BY: Roger Zhu
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu **PHONE NUMBER:** (813) 272-5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 571134 DATE: 11/2/99 TIME IN: 9:30 TIME OUT: 11:00

FACILITY NAME: CHG ENGINEERING

FACILITY LOCATION: 3531 E. 4th AVE
TAMPA, FL 33605

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐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
Measure the pressure drop across the FBME and the upstream device daily.

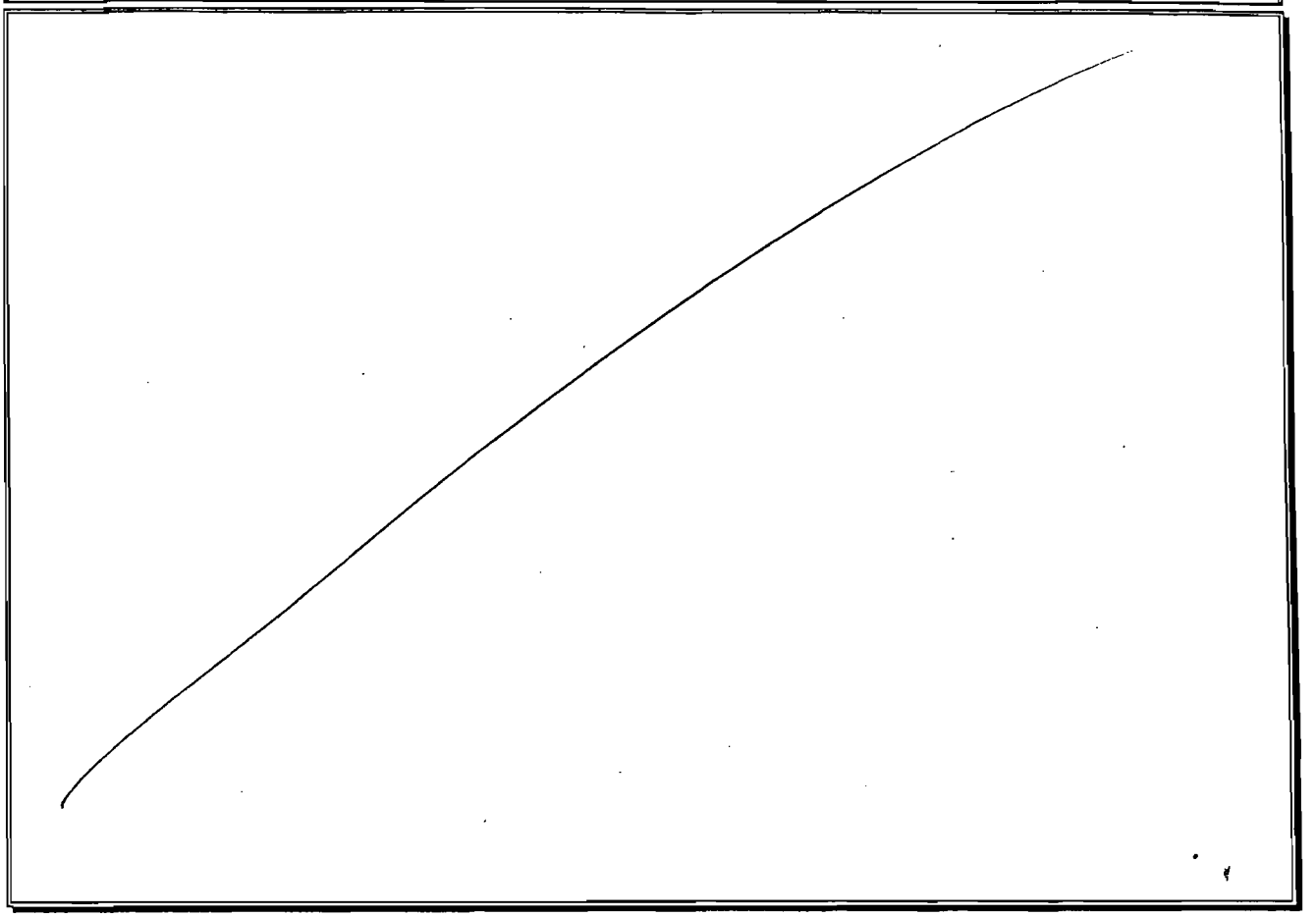
Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☐N ☐N/A
10. Records of the total process operating time. ☐Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N
12. Startup, Shutdown & Malfunction Plan ☐Y ☐N

PART V: ADDITIONAL SITE INFORMATION



CLAUDE GATES

Name of Responsible Official

ROGER ZHU

Inspector's Name

Roger Zhu

Inspector'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
FACILITY ADDRESS: 3531 E. 4th Avenue				CITY: Tampa PHONE: (813) 248-2938
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33605
INSPECTION DATE: Oct 7, 1999	TIME IN: 10:00	TIME OUT: 11:00	INSPECTION TYPE: non- CDS	STATUS: Minor Out Compliance
NEDS NUMBER: 571134				
SOURCE DESCRIPTION: Hard Chrome Plating				
CONTACT(S): Claude Gates				

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 0.0012×10^{-3}, 0.0021×10^{-3} and $.0015 \times 10^{-3}$ 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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 1:00 TIME OUT: 1:45 AIRS ID#: 571134

TYPE OF FACILITY: CHROME PLATER

FACILITY NAME: CHG ENGINEERING DATE: 2/20/98

FACILITY LOCATION: 3531 4TH AVE
TAMPA, FL 33603

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER: 813-248-2935

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
DEC - 4 2000
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

N/A

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

DATE OF NEXT INSPECTION: 1 YR
(Approximate)

INSPECTION CONDUCTED BY: BRUCE KING
(Please Print)

INSPECTOR'S SIGNATURE: for BMK **PHONE NUMBER:** 813-272-5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 571134 **DATE:** 2/20/98 **TIME IN:** 1:00 **TIME OUT:** 1:45

FACILITY NAME: CHC ENGINEERING

FACILITY LOCATION: 3531 4th AVE
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 DARM to use a general permit ☐

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval,

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☐N ☐N/A
10. Records of the total process operating time. ☐Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N
12. Startup, Shutdown & Malfunction Plan ☐Y ☐N

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: February 20, 1998	TIME IN: 1:00	TIME OUT: 1:45	INSPECTION TYPE: III	STATUS: 3
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.

TIME EXPENDED
45 Minutes
Minutes
Minutes

INSPECTED BY: Bruce M. King, Air Toxics Engineer II	DATE: February 20, 1998

Bruce M King

TI E V AIR QUALITY GENERAL PF IIT
INSPECTION SUMMARY REPOR1

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 3:15 TIME OUT: 4:00 AIRS ID#: 0571134

TYPE OF FACILITY: Chromium Electroplating

FACILITY NAME: CHG Engineering DATE: 7/28/98

FACILITY LOCATION: 3531 4th Ave
Tampa, FL 33603

RESPONSIBLE OFFICIAL: Claude Bates PHONE NUMBER: 813-248-2938

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

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Failure to submit stack test reports.	Will submit written report to include all field notes for our review and
Failure to submit compliance plan	compliance plan NLT Aug 15, 98

RECEIVED
DEC - 4 2000
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

TIME EXPENDED
BMK 20 Minutes
Minutes
Minutes

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

DATE OF NEXT INSPECTION: 45 days (Approximate)

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

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

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 057 1134 **DATE:** 7/28/98 **TIME IN:** 3:15 **TIME OUT:** 4:00

FACILITY NAME: CH6 Engineering

FACILITY LOCATION: 3531 4th Ave
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 DARM to use a general permit ☐

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	❑	Composite Mesh Pad	❑Y	❑N
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? ❑Y ❑N ❑N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ❑Y ❑N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ❑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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ❑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. ❑Y ❑N ❑N/A
10. Records of the total process operating time. ❑Y ❑N
11. Records identifying specific periods of excess emissions. ❑Y ❑N
12. Startup, Shutdown & Malfunction Plan ❑Y ❑N

PART V: ADDITIONAL SITE INFORMATION

Conducted a facility visit to review stack test results performed in 1997 and 1998. Mr. Bates did not have the reports during the visit. I informed him to submit a written report to include field notes, for both test, to our Office for our review. We also discussed his submittal of the compliance plan. Mr. Bates stated he would bring all requested documentation to our Office within the next 2 weeks.

Claude Bates
Name of Responsible Official

Bruce M. King
Inspector's Name

7/28/98
Date of Inspection

Bruce M King
Inspector's Signature

45 days
Approximate Date of Next Inspection

TIME EXPENDED
45 Minutes

..TLE V AIR QUALITY GENERAL ..RMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 9:45 TIME OUT: 10:30 AIRS ID#: 0571134

TYPE OF FACILITY: CHROME PLATER

FACILITY NAME: CHG ENGINEERING DATE: 9/2/98

FACILITY LOCATION: 3531 4th AVE TAMPA, FL

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER:

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

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
PREVIOUS VIOLATIONS CONTINUE	REFERRED TO ENFORCEMENT

RECEIVED
DEC - 4 2000
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

N/A

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

DATE OF NEXT INSPECTION: 1 YR
(Approximate)

INSPECTION CONDUCTED BY: BRUCE KING
(Please Print)

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

Revised 10/96

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 0571134 **DATE:** 9/2/98 **TIME IN:** 9:45 **TIME OUT:** 10:30

FACILITY NAME: C#G Engineering

FACILITY LOCATION: 3531 4th AVE
TAMPA, FL

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

	Control device selected	In use?
1.	☐ Composite Mesh Pad	☐Y ☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☐N ☐N/A
10. Records of the total process operating time. ☐Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N
12. Startup, Shutdown & Malfunction Plan ☐Y ☐N

PART V: ADDITIONAL SITE INFORMATION

See attached Sheets (Conversation record dated 9/2/98)

Claude Gates
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M King
Inspector's Signature

9/2/98
Date of Inspection

1 yr
Approximate Date of Next Inspection

ENVIRONMENTAL PROTECTION COMMISSION
OF
HILLSBOROUGH COUNTY

CONVERSATION RECORD

DATE 9/2/98 TIME 9:45 SUBJECT Stock Test Results

MR/~~MS~~ Claude Bates TELEPHONE NO. 248-2937

REPRESENTING CH6 Engineering

TELEPHONED [ ] WAS CALLED [ ] ~~SCHEDULED~~/UNSCHEDULED MEETING [/]

OTHER INDIVIDUALS INVOLVED IN CONVERSATION/MEETING none

MEETING/CONVERSATION SUMMARY

I met with Claude Bates to discuss the submittal of the two stock test results and the compliance plan. Claude stated he showed over 2 fine the result of the test, however, I stated that copies of a report are required by rule to be submitted to our agency. I referred Claude to the meeting we had on 7/21/98 where we ask for them to submit the test results. Additionally, the test exceeded standards and Claude stated more work was needed to fine tune the control unit. We informed them that a compliance plan needed to be submitted. Claude stated he would submit all plans and test results within 2 week of today's date.

CONTINUE ON BACK

SIGNATURE Bruce M Long

TITLE Eng II

Page 1 of 2

SUBJECT: CHG Eng. Meeting 9/2/98

Claude also enformed me that he expects to retest the control device by the end of September. He has added two additional pumps and water fuel system.

TIME EXPENDED
60 Minutes
Minutes
Minutes

TIME SPENT (MIN) _____

SIGNATURE Bruce M King

TITLE Eng II

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 0900 TIME OUT: 0930 AIRS ID#: 571134

TYPE OF FACILITY: CHROME PLATER

FACILITY NAME: CHG ENGINEERING DATE: 16 DEC 99

FACILITY LOCATION: 3531 E. 4TH AVE
TAMPA, FL 33605

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER: 813-248 2938

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: _____
(Approximate)

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

INSPECTOR'S SIGNATURE: _____ **PHONE NUMBER:** 813-272-5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 571134 **DATE:** 16 DEC 99 **TIME IN:** 0900 **TIME OUT:** 930

FACILITY NAME: CHG ENGINEERING

FACILITY LOCATION: 3531 E. 4TH AVE
TAMPA, FL

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☐N ☐N/A
10. Records of the total process operating time. ☐Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N
12. Startup, Shutdown & Malfunction Plan ☐Y ☐N

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: CHG Engineering				PAGE 1 OF 1
FACILITY ADDRESS: 3531 4th Ave E				CITY: TAMPA PHONE: 248-2938
MAILING ADDRESS: 3531 4th Ave E			CITY: TAMPA	FLA ZIP: 33605
INSPECTION DATE: 16 December 1999	TIME IN: 0900	TIME OUT: 0930	INSPECTION TYPE: NON-CDS	STATUS: 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

RECEIVED

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

FEB 17 1997

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 2:00 TIME OUT: 4:15 AIRS ID#: 0571134

TYPE OF FACILITY: Chrome Plater (Hard)

FACILITY NAME: CHG Engineering DATE: 1-9-97

FACILITY LOCATION: 3531 4th AVE, Tampa, FL 33605

RESPONSIBLE OFFICIAL: Charles Hildreth III PHONE NUMBER: 813-247-2932

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

☒ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Did not submit an application to operate with a Renewal Permit.	RO given copy of application and informed to mail to FDEP by February 1, 1997
There was no recordkeeping available as required in the OP requirements	RO given copies of logs to be used to document recordkeeping requirements.
1/21 & 1/22/97 — CHG CONDUCTED METHOD 306A STACK TEST.	AWAITING TEST REPORT FOR REVIEW.

COMMENTS:
Annual Compliance Certification form given to RO and is to be mailed to FDEP along with the OP application.

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

DATE OF NEXT INSPECTION: 1 year (Approximate)

INSPECTION CONDUCTED BY: Bruce M King (Please Print)

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

Revised 10/96

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

0571134

AIRS ID#: ✓ **DATE:** 1/9/97 **TIME IN:** 2:00 **TIME OUT:** 4:15

FACILITY NAME: CHG Engineering

FACILITY LOCATION: 3531 4th AVE
Tampa, FL 33605

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☒N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☒N ☐N/A
10. Records of the total process operating time. ☐Y ☒N
11. Records identifying specific periods of excess emissions. ☐Y ☒N
12. Startup, Shutdown & Malfunction Plan ☐Y ☒N

PART V: ADDITIONAL SITE INFORMATION

Charles E. Hildreth
Name of Responsible Official

Bruce McKing
Inspector's Name

Bruce McKing
Inspector's Signature

1/9/97
Date of Inspection

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 0945 TIME OUT: 1015 AIRS ID#: 571134

TYPE OF FACILITY: CHROME PLATER

FACILITY NAME: CHC ENGINEERING DATE: 23 Dec 99

FACILITY LOCATION: 3531 E. 4TH AVE
TAMPA, FL 33605

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER: 813-248-2935

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: N/A
(Approximate)

INSPECTION CONDUCTED BY: LEROY SITTON
(Please Print)

INSPECTOR'S SIGNATURE: [signature] **PHONE NUMBER:** 813 272 5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 571134 DATE: 23 DEC 99 TIME IN: 0945 TIME OUT: 1015

FACILITY NAME: CHG ENGINEERING

FACILITY LOCATION: 3531 E. 4TH AVE
TAMPA, FL 33605

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☐Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☐Y ☐N ☐N/A
10. Records of the total process operating time. ☐Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N
12. Startup, Shutdown & Malfunction Plan ☐Y ☐N

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: CHG Engineering			PAGE 1 OF 1	
FACILITY ADDRESS: 3531 4th Ave E			CITY: TAMPA PHONE: 248-2938	
MAILING ADDRESS: 3531 4th Ave E		CITY: TAMPA	FLA	ZIP: 33605
INSPECTION DATE: 16 December 1999	TIME IN: 0900	TIME OUT: 0930	INSPECTION TYPE: NON-CDS	STATUS: 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.

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

ACRS ABSR

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 9:30 TIME OUT: 10:30 AIRS ID#: 571134

TYPE OF FACILITY: CHROME PLATER

FACILITY NAME: CHG ENGINEERING DATE: 12/29/00

FACILITY LOCATION: 3531 E. 4TH AVE
TAMPA, FL 33605

RESPONSIBLE OFFICIAL: CLAUDE GATES PHONE NUMBER: (813) 248-2938

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

[ ] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
JAN 1 2001
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu **PHONE NUMBER:** (813) 272-5530

AIRS ID#: 57134

Revised 10/10/96

CHROMIUM PLATING AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CHG ENGINEERING DATE: 12/29/00

FACILITY LOCATION: 3531 E. 4th AVE

TAMPA, FL 33605

Annual Reporting Period: Dec 24 19 99 TO Dec 29 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: CLAUDE H GATES (Name Please Print) _____ (Signature) 12-29-00 (Date)

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

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 571134 DATE: 12/29/00 TIME IN: 9:30 TIME OUT: 10:30

FACILITY NAME: CHG ENGINEERING

FACILITY LOCATION: 3531 E. 4th AVE
TAMPA, FL 33605

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
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? ☒Y ☐N ☐N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(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
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☐Y ☐N ☒N/A
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 ☒N/A
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
Measure the pressure drop across the FBME and the upstream device daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☐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. ☒Y ☐N ☐N/A
10. Records of the total process operating time. ☐Y ☒N
11. Records identifying specific periods of excess emissions. ☐Y ☒N
12. Startup, Shutdown & Malfunction Plan ☒Y ☐N

PART V: ADDITIONAL SITE INFORMATION

See attached insp. report

CLAUDE GATES

Name of Responsible Official

ROGER ZHU

Inspector's Name

Roger Zhu

Inspector's Signature

12/29/00

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: CHG Engineering				PAGE 1 OF 1
FACILITY ADDRESS: 3531 E. 4th Avenue				CITY: Tampa PHONE: (813) 248-2938
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33605
INSPECTION DATE: Dec 29, 2000	TIME IN: 9:30	TIME OUT: 10:30	INSPECTION TYPE: non- CDS	STATUS: 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

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0318948

3755 2273

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

RECEIVED
MAIL ROOM
MAY 13 98

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID# 0571134
CHG ENGINEERING
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL 11115

Bureau of Air Monitoring & Mobile Sources
MAY 15 1998
RECEIVED

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

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0390566

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

RECEIVED

TOTAL AMOUNT DUE: $50.00 DEC 10 2000

Do NOT Remove Label

AIRS ID # 0571134
CHG ENGINEERING
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL 11115

Bureau of Air Monitoring & Mobile Sources
JAN -5 2000
RECEIVED MAIL ROOM

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

Z 333 613 152

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID 0571134

CLAUDE H GATES
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL 11115

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

PS Form **3800**, April 1995

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0571134

CLAUDE H GATES
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL 11115

4a. Article Number
Z 333 613 152

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
9-17-98

5. Received By: *(Print Name)*

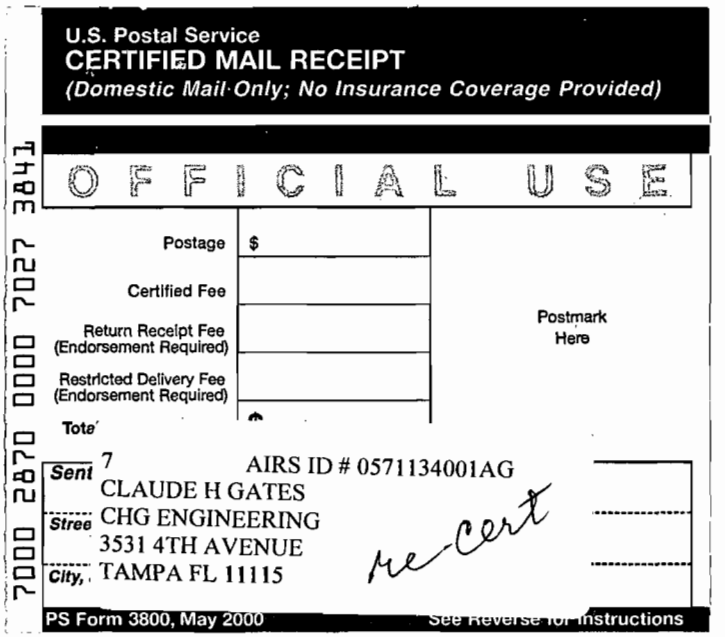
6. Signature: *(Addressee or Agent)*
X

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 2870 0000 7027 3841

OFFICIAL USE

Postage $

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total

Postmark Here

Sent 7 AIRS ID # 0571134001AG
CLAUDE H GATES
Stree CHG ENGINEERING
3531 4TH AVENUE
City, TAMPA FL 11115

re-cert

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

7 AIRS ID # 0571134001AG
CLAUDE H GATES
CHG ENGINEERING
3531 4TH AVENUE
TAMPA FL 11115

7000 2870 0000 7027 3847

2. Article Number *(Copy from service label)*

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 2/5

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4128 6549

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

AIRS ID # 0571134
CHG ENGINEERING
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL
33605

PS Form 3800, February 2000 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0571134
CHG ENGINEERING
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL
33605

7000 0600 0026 4128 6549

2. Article Number *(Copy from service label)*

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X ☐ Agent ☐ Addressee

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Z 333 613 696

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to

AIRS ID# 0571134

CHG ENGINEERING
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL 11115

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

PS Form **3800**, April 1995

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0571134

CHG ENGINEERING
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL 11115

4a. Article Number
Z 333 613 696

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4-8

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X

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

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413952 FEB11 2002

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0571134
CHG ENGINEERING
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL
11115

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354765

RECEIVED

DEC 23 1998

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

TOTAL AMOUNT DUE: $50.00

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0571134
CHG ENGINEERING
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL 11115

RECEIVED
MAIL ROOM
DEC 18

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 400795

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0571134
CHG ENGINEERING
CLAUDE H GATES
3531 4TH AVENUE
TAMPA FL 11115

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

RECEIVED
MAIL ROOM
DEC 22 00

TAMPA, FL 336
PM
20 DEC.
2000

HAPPY
"WHO-LIDA
from the
U.S. Postal Serv

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

32315X3070