

0950329



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 25, 1996

Mr. Arthur G. Martineau
Electro Chromium Company, Inc.
549 North Orange Blossom Trail
Orlando, Florida 32805

Dear Mr. Martineau:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

Am
 Revised 9/24/96

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

TANK ID #	DECORATIVE AND ANODIZING TANKS	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
1		8/01/81	8/01/81	FS/WA	Y
2		8/01/81	8/01/81	FS/WA	Y
3		8/01/81	8/01/81	FS/WA	Y
4		8/01/86	8/01/81	FS/WA	Y

Ex -
Control equipment
OSM

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 and records required to be kept on-site in accordance with the requirements of this general permit:

- (a) Equipment maintenance *asm*
- (b) Equipment inspection and repair *asm*
- (c) Equipment malfunctions *asm*
- (d) Operation and maintenance checklist
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan *asm*
- (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 activity 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 form. 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 all pollutant emissions units and air pollution control equipment described above so as to comply with the terms and conditions of this general permit as set forth in Part II of this notification form.

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

Arthur Martineau
Signature

8/29/96
Date

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Electro Chromium Co. Inc.</i>
2. Site Name (For example, plant name or number): <i>Electro Chromium Co. Inc.</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>549 N. Orange Blossom Tr.</i> City: <i>Orlando</i> County: <i>Orange</i> Zip Code: <i>32805</i>
5. Facility Identification Number (DEP Use): <i>0950329</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Arthur G. Martineau</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Electro Chromium Co. Inc.</i> Street Address: <i>549 N. Orange Blossom Tr.</i> City: <i>Orlando</i> County: <i>Orange</i> Zip Code: <i>32805</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 425-2217</i> Fax: <i>(407) 425-9725</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Gleann Martineau</i>
10. Facility Contact Address: Street Address: <i>549 N. Orange Blossom Tr.</i> City: <i>Orlando</i> County: <i>Orange</i> Zip Code: <i>32805</i>
11. Facility Contact Telephone Number: Telephone: <i>(407) 425-2217</i> Fax: <i>(407) 425-9725</i>

RECEIVED

SEP 3 1996

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	8/01/81	8/01/81	FS/WA	.03 mg/dscm
2	8/01/81	8/01/81	FS/WA	.03 mg/dscm
3	8/01/81	8/01/81	FS/WA	.03 mg/dscm
4	8/01/86	8/01/86	FS/WA	.03 mg/dscm
				↓
				75 dynes/cm

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.

TANK ID #	DECORATIVE AND ANODIZING TANKS DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
1	8/01/81	8/01/81	FS/WA	Y
2	8/01/81	8/01/81	FS/WA	Y
3	8/01/81	8/01/81	FS/WA	Y
4	8/01/86	8/01/81	FS/WA	Y
				(x) 0.01 mg/dscm

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

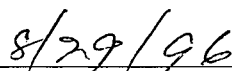
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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


Signature


Date

AIRS ID#: _____

Revised 01/13/98

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

Lee
RECEIVED

AIRS ID#0950329
ELECTRO CHROMIUM CO INC
ARTHUR G MARTINEAU
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

JAN 29 1998
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

Annual Reporting Period: Jan 1, 1998 TO Dec 31, 1998

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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JAN 27 98

#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: Arthur G. Martineau
Name (Please Print)

AG Martineau
Signature

1/23/98
Date

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

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0950329 DATE: 2/25/99 TIME IN: 0845 TIME OUT: 0930
 FACILITY NAME: Electro Chromium Company, Inc.
 FACILITY LOCATION: 549 North Orange Blossom Trail
Orlando, FL 32805
 RESPONSIBLE OFFICIAL: Arthur G. Martineau PHONE: 407-425-2217
 CONTACT NAME: Glenn Martineau PHONE: 407-425-2217

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use a general permit

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 MAR 22 1999
 Bureau of Air Monitoring
 & Mobile Sources

PART II: CLASSIFICATION

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

Hard Chromium Plating

- | | | | |
|-----------------------------------|--------------------------|---|-------------------------------------|
| a. Existing Large (0.015 mg/dscm) | <input type="checkbox"/> | b. Existing Small (0.03 mg/dscm) | <input checked="" type="checkbox"/> |
| c. New (0.015 mg/dscm) | <input type="checkbox"/> | d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year) | <input type="checkbox"/> |

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

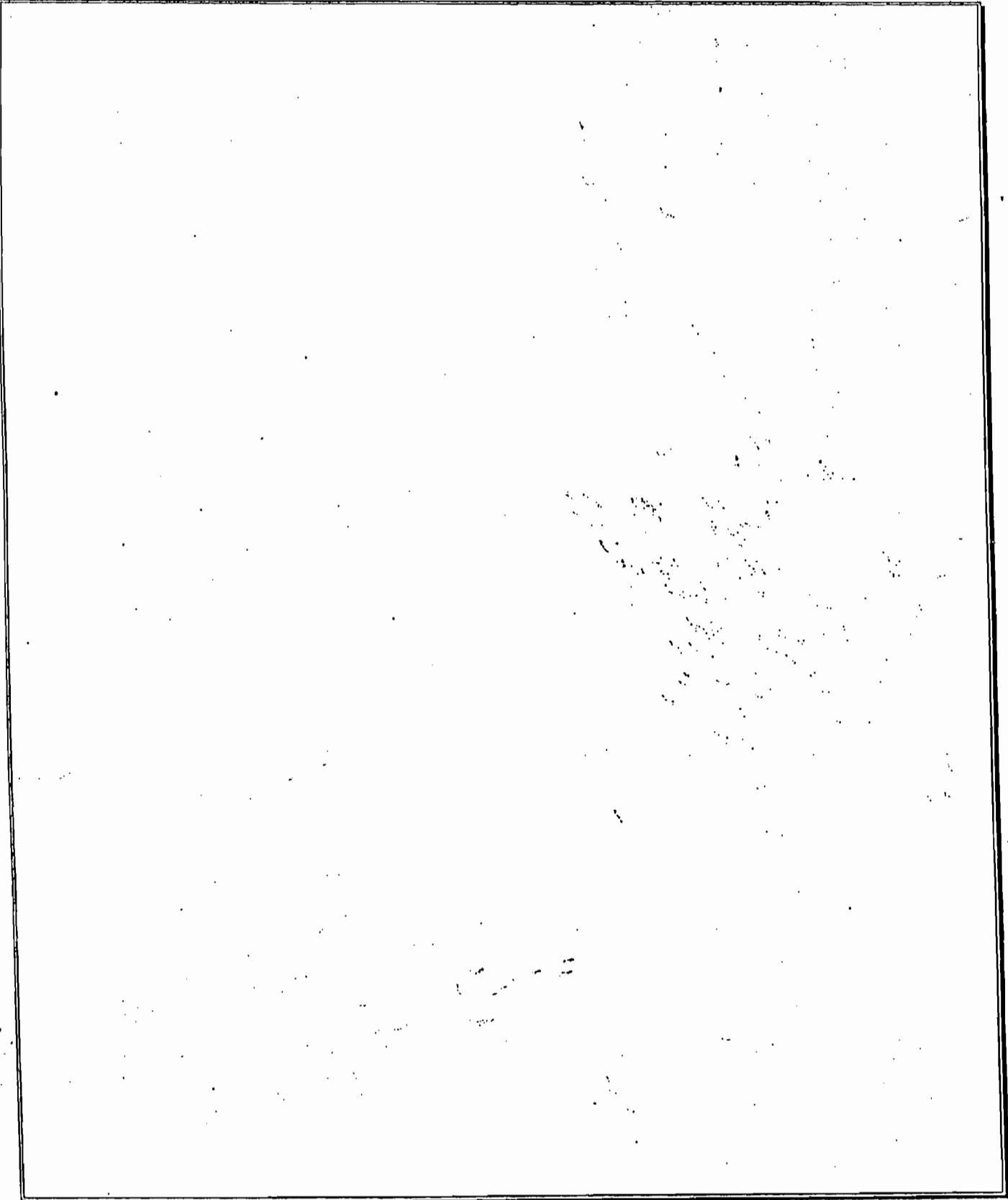
Has the responsible official maintained the following records?

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

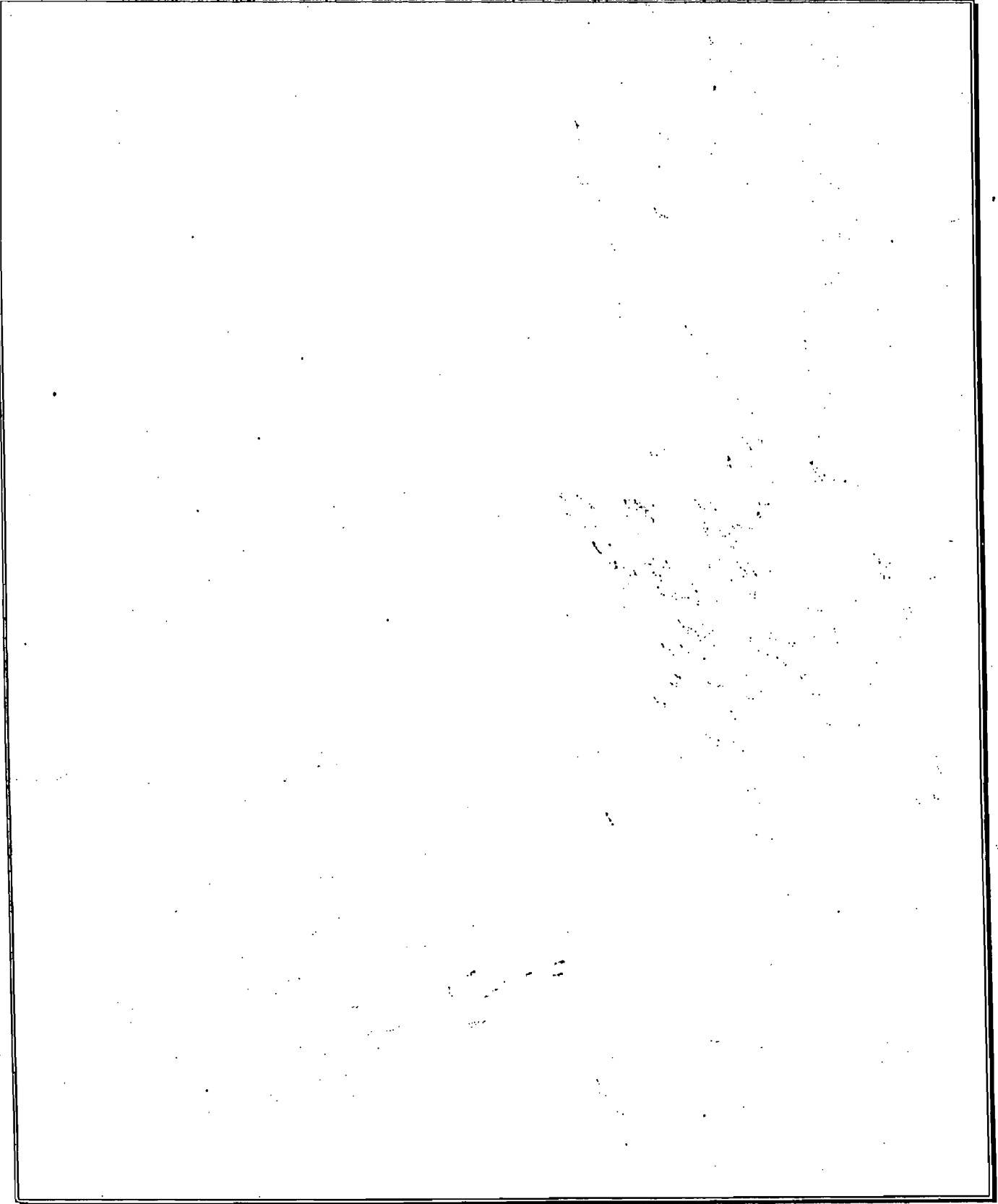
<p>Composite Mesh Pad Measure the pressure drop across the CMP daily.</p> <p>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</p> <p>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</p>	<p>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</p> <p>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</p> <p>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</p>
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- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

ADDITIONAL SITE INFORMATION:



ADDITIONAL SITE INFORMATION:



PART V: ADDITIONAL SITE INFORMATION

Chromium Electroplating does not perform decorative chromium plating. Arthur Martineau will send a letter to DEP stating this fact. After speaking with Rick Butler in Tallahassee on the partial ^(decorative) process that Electro Chromium Company performs, it will remain as both hard chromium & decorative chromium plating. No letter will be sent to Tallahassee. JB 3-15-99

Ilka Bundy

Inspector's Name

Ilka Bundy
Inspector's Signature

2/25/99

Date of Inspection

5/24/99

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>0845</u>	TIME OUT: <u>0930</u>	AIRS ID#: <u>0950329</u>
TYPE OF FACILITY: <u>Chromium Electroplating / Anodizing</u>		
FACILITY NAME: <u>Electro Chromium Company, Inc.</u>	DATE: <u>2/25/99</u>	
FACILITY LOCATION: <u>549 North Orange Blossom Trail Orlando, FL 32805</u>		
RESPONSIBLE OFFICIAL: <u>Arthur G. Martineau</u>	PHONE NUMBER: <u>407-425-2217</u>	

- 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
Records of total process operating time needed	Make up sheet with start date & time / end date & time for each tank.
Needs Startup, Shutdown & Malfunction Plan	Write simple SOP explaining how to start, shutdown, and clean a tank.
	Will reinspect w/in 3 months

COMMENTS:

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

DATE OF NEXT INSPECTION: 5/24/99
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

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

✓
4-14-99 Resv
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APR 21 1999
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0950329 **DATE:** 3/25/99 **TIME IN:** 1100 **TIME OUT:** 1115
FACILITY NAME: Electro Chromium Co., Inc
FACILITY LOCATION: 549 North Orange Blossom Trail
Orlando, FL 32805
RESPONSIBLE OFFICIAL: Arthur G. Martineau **PHONE:** 407-425-2217
CONTACT NAME: Glenn Martineau **PHONE:** 407-425-2217

PART I: NOTIFICATION

(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Ilka Bundy
Inspector's Name

Ilka Bundy
Inspector's Signature

3/25/99

Date of Inspection

3/25/2000

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1100 TIME OUT: 1115 AIRS ID#: 0950329
 TYPE OF FACILITY: Chromium Electroplating / Anodizing
 FACILITY NAME: Electro Chromium Co., Inc. DATE: 3/25/99
 FACILITY LOCATION: 549 North Orange Blossom Trail
Orlando, FL 32805
 RESPONSIBLE OFFICIAL: Arthur G. Martineau PHONE NUMBER: 407-425-2217

- 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:

Facility in compliance.

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

DATE OF NEXT INSPECTION: 3/25/2000
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

ARMS
4-18-00 JB

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

RECEIVED
APR 24 10 18 AM '00
Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0950329 **DATE:** 4-18-00 **TIME IN:** 9:48 **TIME OUT:** 10:18
FACILITY NAME: Electro Chromium Co., Inc.
FACILITY LOCATION: 549 North Orange Blossom
Orlando, FL 32805
RESPONSIBLE OFFICIAL: Arthur G. Martineau **PHONE:** 407-425-2217
CONTACT NAME: Glenn Martineau **PHONE:** 407-425-2217

Tues 4-18-00 @ 0930 or 1000

PART I: NOTIFICATION

- (check appropriate box)
- 1. New facility notified DARM 30 days prior to startup
 - 2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Ilka Bundy

Inspector's Name

Ilka Bundy

Inspector's Signature

4-18-2000

Date of Inspection

3-18-2001

Approximate Date of Next Inspection

ACE

AIRS ID#: 0950329

Revised 01/18/00

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

ARMS
4-18-00
JB

FACILITY NAME: Electro Chromium Co., Inc. DATE: 4-18-2000
FACILITY LOCATION: 549 North Orange Blossom Trail
Orlando, FL 32805

Annual Reporting Period: March 25, 1999 ^{to} TO April 18 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: Arthur G. Martineau Arthur G. Martineau 4/18/00
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0948 TIME OUT: 1015 AIRS ID#: 0950329
 TYPE OF FACILITY: Chromium Electroplating / Anodizing
 FACILITY NAME: Electro Chromium Co., Inc. DATE: 4-18-2000
 FACILITY LOCATION: 549 North Orange Blossom Trail
Orlando, FL 32805
 RESPONSIBLE OFFICIAL: Arthur G. Martineau PHONE NUMBER: 407-425-2217

- 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:
Facility in compliance.

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

DATE OF NEXT INSPECTION: 3-18-2000
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400

ASCP

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
MAR 26 2001
3-21-01 JB
Department of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERED
RE-INSPECTION

AIRS ID#: 0950329 DATE: 3-21-01 TIME IN: 0851 TIME OUT: 0915
FACILITY NAME: Electro Chromium Co., Inc.
FACILITY LOCATION: 549 North Orange Blossom Trail
Orlando, FL 32805
RESPONSIBLE OFFICIAL: Arthur G. Martineau PHONE: 407-425-2217
CONTACT NAME: Glenn Martineau PHONE: 407-425-2217

PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION
Facility type(s)/applicable standard indicated on notification form:
Hard Chromium Plating
a. Existing Large (0.015 mg/dscm) b. Existing Small (0.03 mg/dscm)
c. New (0.015 mg/dscm) d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)
Decorative Chromium Plating/Anodizing
a. Chromic Acid Bath Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.
b. Trivalent Chromium Bath With wetting agent
Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
c. Chromium Anodizing Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

7. Purchase records of wetting agent components.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8. Records of the date and time that fume suppressants are added to the bath.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
9. Records of rectifier capacity, if used to determine facility size.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10. Records of the total process operating time.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
11. Records identifying specific periods of excess emissions.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
12. Startup, Shutdown & Malfunction Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Ilka Bundy

Inspector's Name

Ilka Bundy

Inspector's Signature

3-21-01

Date of Inspection

3-21-02

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>0851</u>	TIME OUT: <u>0915</u>	AIRS ID#: <u>0950329</u>
TYPE OF FACILITY: <u>Chromium Electroplating / Anodizing</u>		
FACILITY NAME: <u>Electro Chromium Co., Inc.</u>	DATE: <u>3-21-01</u>	
FACILITY LOCATION: <u>549 North Orange Blossom Trail</u> <u>Orlando, FL 32805</u>		
RESPONSIBLE OFFICIAL: <u>Arthur G. Martineau</u>		PHONE NUMBER: <u>407-425-2217</u>

- 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:
Facility in compliance.

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

DATE OF NEXT INSPECTION: 3-21-02

(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy

(Please print)

INSPECTOR'S SIGNATURE: Ilka Bundy **PHONE NUMBER:** 407-836-1400

AIRS ID#: 0950329

Revised 01/18/00

ARM 3-26-01

ps
cel

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

FACILITY NAME: <u>Electro Chromium Co., Inc.</u>	DATE: <u>3/21/01</u>
FACILITY LOCATION: <u>549 North Orange Blossom Trail</u> <u>Orlando, FL 32805</u>	

Annual Reporting Period: March 2000 TO March 2001

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

RECEIVED
APR 4 2001
Bureau of Air Monitoring
& Noise Sources

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: _____

MAR 23 2001

#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: Arthur G. Martineau AG Martineau 3/21/01
 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.

Z 210 662 503

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

7 AIRS ID # 0950329001AG
ARTHUR G MARTINEAU
ELECTRO CHROMIUM CO INC
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

7 AIRS ID # 0950329001AG
ARTHUR G MARTINEAU
ELECTRO CHROMIUM CO INC
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

Arthur G Martineau
 Agent
 Addressee

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

RECEIVED
JUN 13 2001

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

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

Z 210 662 503

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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



2090

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0950329</p> <p>ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805</p>	<p>C. Signature <i>x [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">FEB 09 2001</p>
<p>2. Article Number (Copy from service label) <i>7000 0600 0026 4127 4010</i></p>	<p>3. Service Type <i>PS 32805</i></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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

7000 0600 0026 4127 4010

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total		

AIRS ID # 0950329

Recipient ELECTRO CHROMIUM CO INC
 ARTHUR G MARTINEAU
 Street, 549 N ORANGE BLOSSOM TRAIL
 City, State ORLANDO FL 32805

PS Form 3811, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0950329</p> <p>ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805</p>	<p>C. Signature</p> <p><i>Arthur Martineau</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label)</p> <p><i>2333 667 275</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, July 1999</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

-2 333 667 275

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

mm

AIRS ID # 0950329

ELECTRO CHROMIUM CO INC
ARTHUR G MARTINEAU
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

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

Fold at line over top of envelope to the right of the return address

SENDER: COMPLETE THIS SIDE **DELIVERY**

- 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 # 0950329

ELECTRO CHROMIUM CO INC
 ARTHUR G MARTINEAU
 549 N ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805

2094 212 756

2. Article Number (Copy from service label)

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

C. Signature Agent
 A. Martineau Addressee

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 094 212 756

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

AIRS ID # 0950329

ELECTRO CHROMIUM CO INC
 ARTHUR G MARTINEAU
 549 N ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805

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

Is your RETURN ADDRESS completed on the reverse side?

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0950329
ELECTRO CHROMIUM CO INC
ARTHUR G MARTINEAU
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

4a. Article Number
265 302 225

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
5/20/95

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
Arthur G Martineau

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 225

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Postmaster: For International Mail (See reverse)

AIRS ID#: 0950329
ELECTRO CHROMIUM CO INC
ARTHUR G MARTINEAU
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

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 THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 3/5
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0950329</p> <p>ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805</p>	<p>C. Signature</p> <p>X <i>Arthur G Martineau</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0026 4126 1058</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 1999</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
7000 0600 0026 4126 1058	<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p>
<p>Recip: ELECTRO CHROMIUM CO INC Street, ARTHUR G MARTINEAU City, S 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805</p>	<p style="text-align: right;">AIRS ID # 0950329</p>	
<p>PS Form 3811, July 1999</p>	<p style="text-align: right;">Instructions</p>	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261421✓

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

RECEIVED
MAIL ROOM

FEB 25 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 0950329
ELECTRO CHROMIUM CO INC
ARTHUR G MARTINEAU
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392976

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 # 0950329
ELECTRO CHROMIUM CO INC
ARTHUR G MARTINEAU
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

FOR GOVERNMENT USE ONLY
Org: 37550101000 EO: B1
Fund: 202-035001
Obj.: 80273

Bureau of Air
& Mobile
Operations

MAR - 3 2008

RECEIVED

MAR - 1 00

MAIL ROOM



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

301070

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0950329
ELECTRO CHROMIUM CO INC
ARTHUR G MARTINEAU
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

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

9

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

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DEC 15 1998

TOTAL AMOUNT DUE: \$50.00 ✓

Do NOT Remove Label

AIRS ID # 0950329
ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805

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Org.: 3755010100, EPA Monitoring
Fund: 20-2-035001
Obj.: 002273

Bureau of Air & Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406604 MAR 1 2001

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

TOTAL AMOUNT DUE: \$50.00

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Director of Monitoring
& Mobile Sources
MAR - 5 2001
DIRECTOR