

# Chromium Electroplating and Anodizing Facilities Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): HARD CHROME ENTERPRISES, INC.
2. Site Name (For example, plant name or number): HARD CHROME ENTERPRISES, INC.
3. Hazardous Waste Generator Identification Number: FLD072251424
4. Facility Location: Street Address: 220 10TH STREET City: LAKE PARK County: PALM BEACH Zip Code: 33403
5. Facility Identification Number (DEP Use): 0990381

## Responsible Official

6. Name and Title of Responsible Official: WILLIAM ONUSKA, PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: HARD CHROME ENTERPRISES, INC. Street Address: 220 10TH STREET City: LAKE PARK County: PALM BEACH Zip Code: 33403
8. Responsible Official Telephone Number: Telephone: ( 561 ) 844-2529 Fax: ( 561 ) 881-8639

## Facility Contact (If different from Responsible Official)

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

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AUG 16 1996

Bureau of Air Monitoring  
& Mobile Sources

### 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	16 DEC 93	9-23-96	CMP	A
2	16 DEC 93	9-23-96	CMP	A
3	16 DEC 93	9-23-96	CMP	A

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

Date AUGUST 14, 1996

SGH JONES  
FOSTER  
JOHNSTON  
& STUBBS, P.A.  
Attorneys and Counselors

Post Office Box 3475  
West Palm Beach, Florida 33402-3475



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Ms. Sandy Bowman  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources  
MS5510  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

32399-2400 01



SINCE 1924

**JONES  
FOSTER  
JOHNSTON  
& STUBBS, P.A.**  
**Attorneys and Counselors**

Flagler Center Tower, Suite 1100  
505 South Flagler Drive  
West Palm Beach, Florida 33401  
Telephone (561) 659-3000

*Mailing Address*  
Post Office Box 3475  
West Palm Beach, Florida 33402-3475  
Facsimile (561) 832-1454

**Scott G. Hawkins, Esquire**  
Direct Dial: 561/650-0460  
Direct Fax: 561/650-0436  
E-Mail: [shawkins@jones-foster.com](mailto:shawkins@jones-foster.com)

*file*  
*[Signature]*

*0990381-007*

**RECEIVED**  
JUL 9 2001  
Bureau of Air Monitoring  
& Mobile Sources

July 6, 2001

Ms. Sandy Bowman  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources  
MS5510  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

RE: Hard Chrome Enterprises, Inc./Lake Park Florida/Chromium Electroplating and Anodizing Air General Permit Notification form  
Our File No. 18924.10

Dear Ms. Bowman:

Thank you for your letter of June 27, 2001 wherein you indicate that the Florida Department of Environmental Protection has determined that a new performance test is not required for re-entitlement of chromium electroplaters under the Title V air general permit program. I will be reviewing this determination with my client, Hard Chrome Enterprises, Inc.

Thank you for your prompt follow-up regarding my inquiry of June 20, 2001 and for clarifying this issue. If you have any further questions in this regard, please contact me directly or contact Mr. William Onuska directly.

Very truly yours,

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

*Scott G. Hawkins*  
By: \_\_\_\_\_

Scott G. Hawkins

N:\SGH\18924-10\bowman.le2.wpd\dae

Signed in Mr. Hawkins' absence to avoid delay.



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 27, 2001

Mr. William Onuska  
Hard Chrome Enterprises, Inc # 0990381  
220 Tenth Street  
Lake Park, Florida 33403

Dear Mr. Onuska:

I am in receipt of a letter dated June 20 from your attorney Mr. Scott G. Hawkins concerning the requirement for a performance test at the time of re-entitlement.

The Department has been asked if results from a new performance test is required for re-entitlement of chromium electroplaters under the Title V air general permit program. The Department has determined that a new performance test is **not** required for re-entitlement.

Facilities entitled in the Title V air general permit program operate under a permit shield. All of the requirements that a facility needs to abide by for compliance are stated in Rule 62-213.300, Florida Administrative Code (F.A.C.), and the National Emissions Standards for Hazardous Air Pollutants (NESHAP). Neither of these requires a new performance test at the time of re-entitlement.

Thank you for your interest in maintaining a compliant status. If you have additional questions regarding the Title V air general permit program, please contact Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/  
cc: Mr. Scott G. Hawkins, Esquire

**JONES  
FOSTER  
JOHNSTON  
& STUBBS, P.A.**  
**Attorneys and Counselors**

Flagler Center Tower, Suite 1100  
505 South Flagler Drive  
West Palm Beach, Florida 33401  
Telephone (561) 659-3000

*Mailing Address*  
Post Office Box 3475  
West Palm Beach, Florida 33402-3475  
Facsimile (561) 832-1454

**Scott G. Hawkins, Esquire**  
Direct Dial: 561/650-0460  
Direct Fax: 561/650-0436  
E-Mail: [shawkins@jones-foster.com](mailto:shawkins@jones-foster.com)

June 20, 2001

Ms. Sandy Bowman  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources  
MS5510  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

RE: Hard Chrome Enterprises, Inc./Lake Park Florida/Chromium Electroplating and Anodizing Air General Permit Notification form  
Our File No. 18924.10

Dear Ms. Bowman:

This letter is written on behalf of my client, Hard Chrome Enterprises, Inc (HCE), and is in follow-up to our telephone conversation of Wednesday, June 20, 2001. In such telephone conversation, I advised that my client is planning to submit to the Florida Department of Environmental Protection (DEP), all required paperwork and notification, necessary to ensure that it's current Chromium Electroplating and Anodizing Air General Permit is re-issued or that a re-entitlement thereof is granted. As I understand it, the permit presently issued to my client expires on August 21, 2001, and the DEP has requested that my client submit all necessary paperwork no later than 30 days prior to such expiration, e.g. July 21, 2001.

Relative to preparation of the necessary paperwork, a question has arisen as to whether the DEP will require, as part of the submission materials, new results from a new performance test. As we discussed, a performance test was required and was conducted at the time the initial permit was issued. However, the governing rule is silent as to whether a performance test is required at the time of a re-issuance of such permit. As I understand it from our telephone conversation, it is your impression that the DEP will likely determine that a performance test is not going to be required for re-issuance of an existing permit. It is my understanding, however, that this issue is under review and that you

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JUN 22 2001  
Bureau of Air Monitoring  
& Mobile Sources



Ms. Sandy Bowman  
General Permits Section  
June 20, 2001  
Page 2

anticipate the DEP will send my client a letter in the next several days confirming its position as to whether a new performance test must be conducted.

Please understand that this issue of the new performance test is important to HCE and creates time delays. My client is unable to proceed in preparing and submitting the required paperwork to obtain re-issuance of the subject permit until clarification is received from the DEP as to whether a new performance test must be conducted. If a new performance test is required, my client anticipates there may be difficulty in obtaining the results in sufficient time so as to satisfy the deadline of July 21, 2001 for submitting the necessary notification to obtain re-issuance of the permit.

Based on the foregoing, please understand that time is of the essence regarding this issue and my client wants to ensure that it has time to complete all necessary measures to submit the required paperwork to obtain the re-issuance of the Title V Air General Permit in question. As I understand it, it is anticipated that the DEP will be issuing written confirmation regarding the DEP's position on whether a new performance test will be required and that you anticipate such correspondence will be transmitted to my client within the next several days. I request that a copy of such letter, likewise be sent to me.

If you have any questions regarding this correspondence or any of the matters addressed herein, please contact me forthwith.

Very truly yours,

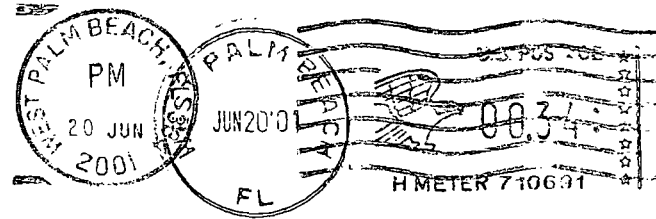
JONES, FOSTER, JOHNSTON & STUBBS, P.A.

By:   
\_\_\_\_\_  
Scott G. Hawkins

Signed in Mr. Hawkins' absence to avoid delay.

SGH JONES  
FOSTER  
JOHNSTON  
& STUBBS, P.A.  
Attorneys and Counselors

Post Office Box 3475  
West Palm Beach, Florida 33402-3475



Ms. Sandy Bowman  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources  
MS5510  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

32399-2400 01



SINCE 1924

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TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT



TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 10:30 TIME OUT: 12:00 AIRS ID#: 0990381  
 TYPE OF FACILITY: Hard Chromium Plating  
 FACILITY NAME: Hard Chrome Enterprise Inc DATE: 10-26-98  
 FACILITY LOCATION: 220 10th Street  
Lake Park, FL 33403  
 RESPONSIBLE OFFICIAL: William Oruska Sr. or Jr. PHONE NUMBER: 844-2529



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



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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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NOV 16 1998

COMMENTS:

Bureau of Air Monitoring  
& Mobile Sources

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES

NO

DATE OF NEXT INSPECTION:

Oct 1999  
(Approximate)

INSPECTION CONDUCTED BY:

R.V. Chokshi  
(Please Print)

INSPECTOR'S SIGNATURE:

R.V. Chokshi

PHONE NUMBER:

355-3078

# CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AEMS

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#:	0990381	DATE:	10-26-98	TIME IN:	10:30	TIME OUT:	12:00
FACILITY NAME:	Hard chrome Enterprise Inc						
FACILITY LOCATION:	220 10th street Lake Park, FL 33403						
RESPONSIBLE OFFICIAL:	William Onuska		PHONE:	844-2529			
CONTACT NAME:	Sr. or Jr.		PHONE:				

<b>PART I: NOTIFICATION</b>	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup <input type="checkbox"/>	<b>RECEIVED</b>
2. Facility failed to notify DARM to use a general permit <input type="checkbox"/>	

NOV 16 1998

<b>PART II: CLASSIFICATION</b>		Bureau of Air Monitoring & Mobile Sources
Facility type(s)/applicable standard indicated on notification form:		
<u>Hard Chromium Plating</u>		
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"/>	
<u>Decorative Chromium Plating/Anodizing</u>		
a. Chromic Acid Bath	Emissions of $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)	<input checked="" type="checkbox"/>
	Surface tension of $\leq 45$ dynes/cm ( $3.1 \times 10^{-3}$ 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 $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)	<input type="checkbox"/>
c. Chromium Anodizing	Emissions of $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)	<input type="checkbox"/>
	Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$ lb-f/ft) <i>May only be selected if a wetting agent is used.</i>	<input type="checkbox"/>

**PART III: CONTROL TECHNOLOGY**

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

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

Done in 1996 November

**PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Has the responsible official maintained the following records?

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

**Composite Mesh Pad**  
Measure the pressure drop across the CMP daily.

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

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

**Packed Bed Scrubber**  
Measure the pressure drop across the PBS and the inlet velocity daily.

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

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

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

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

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Bureau of Air Monitoring  
& Mobile Sources

R. V. Chokh

Inspector's Name

R. V. Chokh

Inspector's Signature

10-26-98

Date of Inspection

Oct 1998

Approximate Date of Next Inspection

William M. Oh

**BEST AVAILABLE COPY**  
**TITLE V AIR QUALITY GENERAL PERMIT**  
**INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:05 TIME OUT: 10:40 AIRS ID#: 0990381

TYPE OF FACILITY: Chromium Electroplating

FACILITY NAME: Hard chrome Enterprise Inc. DATE: 2/9/00

FACILITY LOCATION: 220 10<sup>th</sup> Street  
Lake Park, FL 33403

RESPONSIBLE OFFICIAL: William Onuska PHONE NUMBER: 844-2529

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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 MAR - 6 2000  
 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: Feb 2001  
 (Approximate)

INSPECTION CONDUCTED BY: Jeffrey Dizek  
 (Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Dizek PHONE NUMBER: 355-3070 XT 1139

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: <u>0990381</u>	DATE: <u>2/9/00</u>	TIME IN: <u>9:05</u>	TIME OUT: <u>10:40</u>
FACILITY NAME: <u>HARD CHROME ENTERPRISE INC.</u>			
FACILITY LOCATION: <u>220 10<sup>th</sup> STREET</u> <u>LAKE PALM, FL 33403</u>			
RESPONSIBLE OFFICIAL: <u>William Onuska</u>		PHONE: <u>844-2529</u>	
CONTACT NAME: _____		PHONE: _____	

<b>PART I: NOTIFICATION</b>	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use a general permit	<input type="checkbox"/>

<b>PART II: CLASSIFICATION</b>	
Facility type(s)/applicable standard indicated on notification form:	
<u>Hard Chromium Plating</u>	
a. Existing Large (0.015 mg/dscm) <input type="checkbox"/>	b. <u>Existing Small</u> (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"/>
<u>Decorative Chromium Plating/Anodizing</u>	
a. <u>Chromic Acid Bath</u>	Emissions of $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf) <input checked="" type="checkbox"/>
	Surface tension of $\leq 45$ dynes/cm ( $3.1 \times 10^{-3}$ lb-f/ft) <input type="checkbox"/> <i>May only be selected if a wetting agent is used.</i>
b. Trivalent Chromium Bath	With wetting agent <input type="checkbox"/>
	Without wetting agent $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf) <input type="checkbox"/>
c. Chromium Anodizing	Emissions of $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf) <input type="checkbox"/>
	Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$ lb-f/ft) <input type="checkbox"/> <i>May only be selected if a wetting agent is used.</i>



PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Jeffrey Dizick  
Inspector's Name

2/9/00  
Date of Inspection

Jeffrey Dizick  
Inspector's Signature

Feb 2001  
Approximate Date of Next Inspection

Walter M. Cole  
2/9/00

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0990351

TYPE OF FACILITY: Chrome Plating

FACILITY NAME: Hand Chrome Enterprises Inc DATE: 9/27/00

FACILITY LOCATION: 220 10 St Lake Park 35407

RESPONSIBLE OFFICIAL: Wm. Ouster PHONE NUMBER: 874 2529

- 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

Bureau of Air Monitoring  
& Mobile Sources  
OCT 26 2000

**RECEIVED**

COMMENTS:

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

DATE OF NEXT INSPECTION: 9/01  
(Approximate)

INSPECTION CONDUCTED BY: W. Kiebler  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 355 3070

# CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0940381 DATE: 9/27/00 TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_  
FACILITY NAME: Hard Chrome Ent. Inc  
FACILITY LOCATION: 220 10<sup>th</sup> St  
Lake Park  
RESPONSIBLE OFFICIAL: Wm Onuska PHONE: 844 2729  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PART I: NOTIFICATION

- (check appropriate box) Facility Compliance Status: IN   
1. New facility notified DARM 30 days prior to startup  (ARMS Data) MNC   
2. Facility failed to notify DARM to use a general permit  SNC

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

**PART III: CONTROL TECHNOLOGY**

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

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

*Done in 1996 November*

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

*h Jabler*

Inspector's Name

*h P. L. L.*

Inspector's Signature

*9/27/07*

Date of Inspection

*9T01*

Approximate Date of Next Inspection

AIRS ID#: \_\_\_\_\_

*all* Revised 01/13/98 ✓

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

AIRS ID#0990381  
HARD CHROME ENTERPRISES INC  
WILLIAM ONUSKA  
220 10TH STREET  
LAKE PARK FL 33403

Do **NOT** Remove Label

Annual Reporting Period: JAN 1 19 97 TO DEC. 31 19 97

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:

**RECEIVED**

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

**JAN 20 1998**

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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.*

RESPONSIBLE OFFICIAL: WILLIAM M. ONUSKA *Wm M. Onuska* 1/17/98  
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.

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

*all*

AIRS ID#0990381  
HARD CHROME ENTERPRISES INC  
WILLIAM ONUSKA  
220 10TH STREET  
LAKE PARK FL 33403

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JAN 27 1998

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& Mobile Sources

Annual Reporting Period: JAN. 1 19 97 TO DEC. 31 19 97

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

If NO, complete the following:

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

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

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

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

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: WILLIAM M. ONUSKA *Wm M. Onuska* 1/17/98  
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.

11/06/97 PLEASE NOTE THAT HARD CHROME ENTERPRISES, INC. IS NOT A DRY CLEANING FACILITY Wm M. Onuska



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**TOTAL AMOUNT DUE: \$50.00**

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HARD CHROME ENTERPRISES INC  
WILLIAM ONUSKA  
220 10TH STREET  
LAKE PARK FL 33403

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



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7 AIRS ID # 0990381001AG  
 WILLIAM ONUSKA  
 HARD CHROME ENTERPRISES INC  
 220 10TH STREET  
 LAKE PARK FL 33403

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td>DWAYNE PALMER</td> <td></td> </tr> <tr> <td>C. Signature</td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td>X DWAYNE PALMER</td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> <td></td> </tr> <tr> <td>If YES, enter delivery address below: <input type="checkbox"/> No</td> <td></td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	DWAYNE PALMER		C. Signature	<input type="checkbox"/> Agent	X DWAYNE PALMER	<input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery												
DWAYNE PALMER													
C. Signature	<input type="checkbox"/> Agent												
X DWAYNE PALMER	<input type="checkbox"/> Addressee												
D. Is delivery address different from item 1? <input type="checkbox"/> Yes													
If YES, enter delivery address below: <input type="checkbox"/> No													
<p>1. Article Addressed to:</p> <p>7 AIRS ID # 0990381001AG                  WILLIAM ONUSKA                  HARD CHROME ENTERPRISES INC                  220 10TH STREET                  LAKE PARK FL 33403</p>	<p><b>RECEIVED</b></p> <p><b>JUN 12 200</b></p>												
<p>2. Article Number (Copy from service label)</p> <p>Z 210 662 504</p>	<p>Bureau of Air Monitoring                  Air Mobile Sources</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>												
<p>PS Form 3811, July 1999</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p align="center">Domestic Return Receipt <span style="float: right;">102595-99-M-1789</span></p>												



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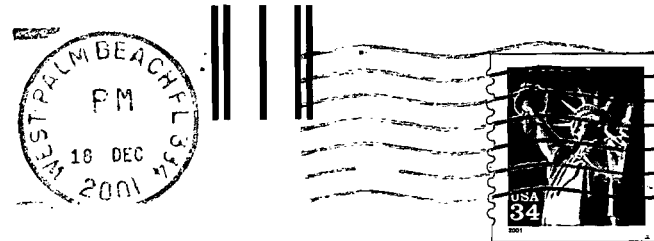
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TITLE V - General Permit  
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32315+3070 99



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