



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 23, 1996

Mr. John S. Eidschun  
Dixie Plating, Inc.  
5095 113th Avenue North  
Clearwater, Florida 34620

Dear Mr. Eidschun:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 22, 1996.

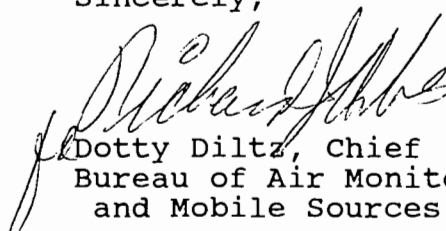
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

# Chromium Electroplating and Anodizing Facilities Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <b>DIXIE PLATING, INC.</b>
2. Site Name (For example, plant name or number): <b>DIXIE PLATING, INC.</b>
3. Hazardous Waste Generator Identification Number: <b>FLD000646422</b>
4. Facility Location: Street Address: <b>5095 113<sup>TH</sup> AVE. N.</b> City: <b>CLEARWATER</b> County: <b>PINELLAS</b> Zip Code: <b>34620</b>
5. Facility Identification Number (DEP Use): <b>1030306</b>

## Responsible Official

6. Name and Title of Responsible Official: <b>JOHN S. EIDSCHUN</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>DIXIE PLATING, INC.</b> Street Address: <b>5095 113<sup>TH</sup> AVE. N.</b> City: <b>CLEARWATER</b> County: <b>PINELLAS</b> Zip Code: <b>34620</b>
8. Responsible Official Telephone Number: Telephone: <b>(813) 573-2464</b> Fax: <b>(813) 572-1997</b>

## 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: ( ) -

RECEIVED

AUG 22 1990

**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)

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      N/A

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

Yes       No      N/A

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)
48	1/80	1/25/96	FS/WA	Y
24	1/8	1/25/96	FS/WA	Y

Key for Control Device Type

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

Applicable Standard Key

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

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

January 25, 1996       January 25, 1997

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

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

### 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 checked="" 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)

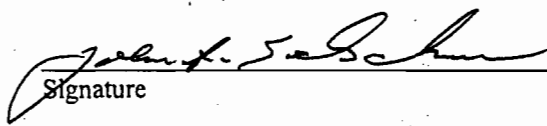
Please indicate with an "X" the appropriate selection:

- 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

8/19/96  
Date

RECEIVED

JUL 23 2001

Bureau of Air Monitoring  
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
MAY 29 2001  
Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
JUL - 5 2001

Part III. Notification of Intent to Use General permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <b>DIXIE PLATING, INC.</b>
2. Site Name (For example, plant name or number): <b>DIXIE PLATING, INC.</b>
3. Hazardous Waste Generator Identification Number: <b>FLD000646422</b>
4. Facility Location: Street Address: <b>5095 113th Avenue North</b> City: <b>Clearwater</b> County: <b>Pinellas</b> Zip Code: <b>33760</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>1030306-002</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>John S. Eidschun</b> Title: <b>President</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>Dixie Plating, Inc.</b> Street Address: <b>5095 113th Avenue North</b> City: <b>Clearwater</b> County: <b>Pinellas</b> Zip Code: <b>33760</b>
8. Responsible Official Telephone Number: Telephone: <b>( 727 ) 573 - 2464</b> Fax: <b>( 727 ) 572 -1997</b>

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: ( ) -

**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**

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

N/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
- WA = wetting agent

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      **N/A**

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**

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
1/80	New/Existing	1/25/96	FS/WA	Y
1/80	New/Existing	1/25/96	FS/WA	Y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

BEST AVAILABLE COPY

Key for Control Device Type

Applicable Standard Key

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

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 paragraph (5) of Part II:  
 (Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

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. 1 above.

4. 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:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> (a) Equipment maintenance                                 | <input type="checkbox"/> (b) Equipment inspection and repair                 |
| <input checked="" type="checkbox"/> (c) Equipment malfunctions                                | <input checked="" type="checkbox"/> (d) Operation and maintenance checklist  |
| <input type="checkbox"/> (e) Instrument calibration<br>(used during initial performance test) | <input checked="" type="checkbox"/> (f) Start-up, shutdown, malfunction plan |
| <input type="checkbox"/> (g) Performance test results   | <input 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 checked="" type="checkbox"/>  |

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:

1030306-001-AG

No DEP 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.*

John S Eidson

Print name of responsible official

John S Eidson  
Signature  
John S Eidson  
signature

5/23/01  
Date  
7/18/01  
Date

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  
WA = wetting agent

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 paragraph (5) of Part II:  
(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

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. 1 above.

4. Equipment Monitoring and Recordkeeping Information

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


- (a) Equipment maintenance
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (e) Instrument calibration (used during initial performance test)  4. (a)(b)(c)(d)(f)(h)(i)
- (g) Performance test results
- (i) Excess emissions
- (k) Rectifier capacity
- (m) Purchase records of wetting agent

5. Surrender of Existing DEP Air Permits

Please indicate with an "X" the appropriate option:

- I hereby surrender all existing DEP air permits and the permit notification form; the permit number is 1030306-001
- No DEP air permits currently exist for this facility.

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


  
 NOV 20 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
 RE-INSPECTION

AIRS ID#: <u>1030306</u>	DATE: <u>10/1/98</u>	TIME IN: <u>1:00</u>	TIME OUT: <u>2:00</u>
FACILITY NAME: <u>Dixie Plating, Inc.</u>			
FACILITY LOCATION: <u>5095 113th Ave. W.</u> <u>Clearwater FL 34620</u>			
RESPONSIBLE OFFICIAL: <u>John Eidskan</u>		PHONE: <u>727-573-2668</u>	
CONTACT NAME: <u>Steve Harris</u>		PHONE: <u>"</u>	

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath	Emissions of $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)	<input 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 checked="" 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 checked="" type="checkbox"/>

**PART III: CONTROL TECHNOLOGY**

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

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

**PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)*  Y  N  N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)*  Y  N  N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). *(Laboratory analysis of tank solution)*  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

<b>Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.	<b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.
<b>Fiber-Bed Mist Eliminator</b> Measure the pressure drop across the FBME and the upstream device daily.	<b>Packed Bed Scrubber/Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.
<b>Foam Blanket Fume Suppressant</b> Measure the foam blanket thickness at the appropriate interval.	<b>Fume Suppressant w/ Wetting Agent</b> 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. *(No occurrences)*  Y  N
- Startup, Shutdown & Malfunction Plan  Y  N

**PART V: ADDITIONAL SITE INFORMATION**

Reviewed log of MEK usage - Shows compliance w/ response to WL. No MEK used for stripping. Acetone is used for stripping - Same area as before. Obvious acetone odor.

New process w/ congealed lead/tin dip pot. Material is 63% tin & 37% lead. Melted to 460°C. All vented.

HCL fume <sup>to remove metal oxide</sup>. Celanoid cans are dipped in lead, then dipped in hot oil to make surface uniform. All fumes are vented. Lead/tin pot holds 1000 lbs of melted metal (37% lead). Purchased 1250 lbs in previous 12 months. First batch was returned to supplier & replaced - not reflected in 1250 pounds.

Using an EPA emission factor, from FIRE, (for uncontrolled lead casting for secondary metal production) of 0.01#/ton of lead cast (36% lead), the emissions (pb) would be:

$$\frac{0.01 \#}{\text{ton (36\% Pb)}} \times \frac{4 \text{ ton}}{2000 \#} \times \frac{1250 \# (37\% \text{ Pb})}{\text{year}} = 0.00625 \frac{\# (37\% \text{ Pb})}{\text{yr}}$$

To be eligible to use a TVOP, a facility cannot have an EU which emits, or has potential to emit, 500#'s Pb/year

Potential could roughly be estimated as 4 x actual = 4 x 0.00625 = 0.025#/yr

As long as Dixie Plating has actual emissions below 1/4 of 500 (125#'s) they appear to be eligible to continue using the TVOP for electroplating & anodizing.

[A lead melting operation would have to melt > 1 x 10<sup>8</sup> # of lead to exceed 500# Pb emissions (per emission factor)]

Lead melting/premelting is not subject to 40 CFR Part 63 Subpart X, NESHAP for secondary lead smelting - which does apply to area sources.

Margaret J. Hennes  
Inspector's Name

10/11/98

Date of Inspection

Margaret J. Hennes  
Inspector's Signature

3/99

Approximate Date of Next Inspection

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>1030306 001</u>	DATE: <u>3/18/98</u>	TIME IN: <u>9:45</u>	TIME OUT: <u>10:45</u>
FACILITY NAME: <u>Dixie Plating</u>			
FACILITY LOCATION: <u>5095 113th Ave.North</u> <u>Clearwater, FL 34620</u>			
RESPONSIBLE OFFICIAL: <u>Mr. John Eidschun</u>		Phone No.: <u>813-573</u>	
Permit No. <u>1030306-001-AG</u>	Exp. Date: <u>09/25/2001</u>		

**RECEIVED**  
 APR 17 1998  
 Bureau of Air Monitoring  
& Mobile Sources

- 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 (only items which are checked):

**Inspection Summary Report Guidance**

Compliance Requirement/Problem	Follow-up Action Required
<input checked="" type="checkbox"/> Did not measure surface tension at a frequency of at least once every 40 hours.	Monitor surface tension at the frequency defined in 40 CFR 63.343(c)(5) and EPA Method 306 B.

**Comments:** At the time of the inspection, the surface tension had not been measured for the previous 150 hours of tank operation. Facility needs to submit a copy of the most recent monitoring data to Pinellas County Air Quality, to establish whether or not they are in compliance with a surface tension of less than, or equal to, 45 dynes per cm. In addition, Dixie Plating is currently using approximately 3000 pounds of methyl ethyl ketone (MEK), annually, to remove maskant from finished parts. Steve Harris, with Dixie Plating, is working with Pinellas County, Dept. of Environmental Management's, Pollution Prevention Program to find a way to reduce or eliminate MEK use. Unless an extension is granted, this effort shall be concluded within the next six months if Dixie Plating wants to avoid having to apply for a Title V air operating permit. If the annual MEK usage can be reduced to below 1000 pounds per year, Dixie Plating will be eligible to operate under a Title V air general permit that they currently have.

*If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.*

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes  No

Inspection Conducted by: Margaret V. Hennis (Please Print)

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422 Date of next Inspection: \_\_\_\_\_

I:\USERS\AIRQUAL\WPDOCS\AQTOX\CAA\CHROME\030698.MVH (Approximate)

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

RECEIVED  
MAY - 3 1996  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1030306 TIME IN: 11:00 TIME OUT: 12:30  
 FACILITY NAME: Dixie Plating  
 FACILITY LOCATION: 5095 113th Ave. N  
Clearwater, FL 34620

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

- a. Chromic Acid Bath
  - Emissions of < 0.01/mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)
  - 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 < 0.01mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)
- c. Chromium Anodizing
  - Emissions of < 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 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 <i>(Cr. Tank + Anodizing tank)</i>

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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

7. Purchase records of wetting agent components. <i>None purchased since 1997</i>	<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. <i>Observed containers of material + chemical storage area.</i>	<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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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



Hard on car use for Suggs.

**PART V: ADDITIONAL SITE INFORMATION**

1. Has only one customer they do chrome plating for anyone.  
May eventually eliminate it.  
Has one - 110 gal. tank (EP)

2. Buy MEK in one gallon - containers (Keeps MEK log in maintenance area.)  
Used 59 gallons MEK in 1999 - 7 gallons to date in 2000  
in Air Quality Control log.  $57 \times 7.8 = 460$  lbs (Required to be below 1000 6/12/00) (with)

3. Made up new anodizing tank in Feb. 1999. Has not had to add  
ferric nitrate - ferric nitrate <sup>solution</sup> since then. Reads every 1100-1500 <sup>surfactant</sup> ~~min~~ <sup>min</sup>. Last reading  
was 34.8 on Feb 29, 2000. Adds chromic acid once a week

4. Last surfactant measurement for chrome EP tank was 2/24/00  
and was 41.4 dyne/cm (at 1550 <sup>min</sup> ~~min~~). Last added (6/98) ferric nitrate  
No chrome added for several years (5) yrs. Study @ 212°F. Recycled  
Water treatment does not recover metals. Metals are precipitated  
out to Study. Scrubbing <sup>Study</sup> on dryer - 42 gal/min. <sup>water scrubber</sup> Runs for one hour  
after dryer is off (2) only has MEK as paint thinner - not clean up.  
5. Acetone is used for removing paint as previously noted.

John Eidshun

Name of Responsible Official

Margaret Hennis

Inspector's Name

4/4/00

Date of Inspection

Margaret V. Hennis

Inspector's Signature

4/01

Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST INSTRUCTION SHEET  
CHROMIUM ELECTROPLATING/ANODIZING FACILITIES**

This instruction sheet will assist in the completion of the chromium electroplating/anodizing facility compliance inspection checklist. Each section contains guidance for completing the appropriate area of the checklist along with recommended actions for facility noncompliance.

**TYPE OF INSPECTION**

If conducting an ANNUAL INSPECTION, complete all sections.

If COMPLAINT/DISCOVERY INSPECTION, complete appropriate sections. If a facility is discovered and has not notified the Department, the inspector should leave a copy of the notification form, check line 3 in Part I, and schedule an annual inspection.

If RE-INSPECTION, complete appropriate sections.

**FACILITY NAME/LOCATION**

The name and location as entered/found in the ARMS database.

**PART I: NOTIFICATION**

Review the notification form and check the appropriate facility classification.

**PART II: CLASSIFICATION**

Indicate the facility type(s) that was indicated on the permit notification form. For decorative chrome plating facilities, also indicate the standard that the facility has chosen to comply with.

**PART III: CONTROL TECHNOLOGY**

On the left side, indicate the control device/technique that the facility selected to control emissions according to the permit notification. On the right side, indicate if the emission controls are being used at the facility. If the answer is "no" to any of items 1-4, the responsible official is required to submit a compliance plan within 30 days of the compliance evaluation to establish milestones for installing appropriate vent controls. The inspector should give the responsible official a copy of the compliance plan guidelines before leaving the facility. The responsible official should be instructed to complete and mail a compliance plan to the inspector within 30 days. The responsible official should also be instructed to notify the inspector in writing of the completion status of each milestone in the compliance plan no later than 15 days after the milestone compliance date. The inspector shall enter all milestones for compliance into the ARMS database. A reinspection shall be conducted within 60 days of a missed notification by the responsible official on the completion status of a milestone.

If a compliance plan is not submitted within 30 days, the inspector should contact the responsible official and determine why the compliance plan has not been submitted. If the responsible official is having problems with establishing milestones and a completion date for each milestone, the inspector should offer assistance in the completion of the compliance plan. The inspector and the responsible official should establish a reasonable time for the submittal of the completed compliance plan. If this deadline is not met, the inspector should proceed with enforcement.

If a milestone is not completed when the facility is inspected, or if the facility is being reinspected because of a missed milestone completion date, the inspector should determine why the milestone has not been met by the

specified completion date. If the inspector determines that the milestone completion date should be rescheduled, the inspector and responsible official should establish a reasonable completion date for the milestone. If this deadline is not met within 60 days of the mutually agreed upon compliance date, then the inspector should proceed with enforcement.

If the answer is "no" to items 5 or 6, the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if either of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

If the facility has a control device, but has not yet conducted an initial performance test, the responsible official should be instructed to conduct the test before the next regularly scheduled inspection. The Department must be notified of the facility's intent to conduct the test at least 60 days in advance, and should be notified within 90 days following completion of the test. Proceed with enforcement if the initial performance test has not been conducted within one year.

#### **PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Complete during the annual compliance inspection. If the answer to any of these items is "no", the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if either of any items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

#### **PART V: ADDITIONAL SITE INFORMATION**

This section is for any additional information that may need to be included.

## Inform Lab when TOTAL Minutes reach 1500 minutes!

Tank # 24

Chromic Anodize

Operation Log in Minutes - Do Not Process if Total Minutes exceed 1700 minutes

Date	Time On	Time Off	# Minutes	Total Minutes	Operator
12/21	1:00	2:30	90	1120	GC
12/22	8:00	9:30	90	1210	GC
12/5	9:00	11:00	120	1330	GC
1/12	10:00	2:00	340	1570	GC
SAMPLE TAKEN FOR STV				1/14/00 2P (1400hrs)	tm
1/18	8:00	9:00	60	60	GC
1/21	10:00	2:00	<del>200</del>	<del>180</del>	GC
2/1	8:30	10:30	120	300	GC
2/12	8:00	11:00	120	420	GC
2/8	10:00	1:00	120	600	GC
2/9	8:00	10:00	120	720	GC
2/11	9:00	2:00	180	900	GC
2/14	10:00	11:00	60	960	GC
2/15	9:00	12:00	120	1140	GC
2/16	10:00	12:00	120	1260	GC
2/21	10:00	11:00	60	1320	GC
2/22	4:00	10:00	60	1380	GC
2/23	11:00	2:30	90	1470	GC
2/24	1:00	2:00	60	1530	GC
2/24	1545	SAMPLE TAKEN FOR STV			SM
2/28	10:00	11:00	60	60	GC
2/29	11:00	12:00	60	120	GC
3/1	11:00	1:00	120	240	GC
3/6	15:00	2:00	120	360	GC
3/7	7:30	9:00	90	450	GC
3/9	9:00	11:00	120	570	GC
3/10	8:00	11:00	180	750	GC
3/13	8:00	10:00	60	810	GC
3/14	10:00	11:00	60	870	GC
3/22	10:00	2:00	120	990	GC
3/29	1:00	2:00	60	1050	GC
3/30	10:00	1:00	180	1230	GC
3/31	10:00	11:00	60	1290	GC

Continue log on another sheet until Surface Tension Testing is performed or maximum limit above is reached.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION  030

TIME IN:	11:00	TIME OUT:	12:30	AIRS ID#	103FIELD(1)
TYPE OF FACILITY:	Chromium Electroplating and Anodizing				
FACILITY NAME:	Dixie Plating	DATE:	April 4, 2000		
FACILITY LOCATION :	5095 113th Ave. North, Clearwater, FL 34620				
RESPONSIBLE OFFICIAL:	John Eidshun	PHONE NUMBER:	727-573-2464		

- 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:**

(F:\USERS\AIRQUAL\WPDOCS\AQTOX\CAA\CHROME\SUMMARY2.FRM)

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes  No

DATE OF NEXT INSPECTION: April 2001 (Approximate)

INSPECTION CONDUCTED BY: Margaret J. Harris (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 727-464-4422

AIRS ID#: 1030306

*ACE*

Revised 10/10/96

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

FACILITY NAME: Dexis Plating DATE: 4/12/00  
 FACILITY LOCATION: 5095 113th Ave N  
Clearwater, FL 34620

Annual Reporting Period: October 1 19 98 TO April 4 <sup>20</sup><sub>00</sub>

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: John S. Einschun [Signature] 4/12/00  
 Name (Please Print) Signature Date  
PRESIDENT

\*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.



United States Post Office at work.

On July 1, 1997 the ZIP Code for

DIXIE PLATING, INC. changes to

33760

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300331 ✓

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#1030306

DIXIE PLATING INC  
JOHN S EIDSCHUN  
5095 113TH AVENUE N  
CLEARWATER FL 34629

33760

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

DIXIE PLATING, INC.

Check Number: 87346

INV#	INVDATA	PO	Description	COA#	Gross Amt	Discount	Net Amount
1998	01/15/98	AIRS ID#	1030306		860.0	50.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00

Check Total: \$50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 261235

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

RECEIVED  
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 24 97

Do NOT Remove Label

AIRS ID#: 1030306  
DIXIE PLATING INC  
JOHN S EIDSCHUN  
5095 113TH AVENUE N  
CLEARWATER FL 34620

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

DIXIE PLATING, INC.

Check Number: 86215

INV#	INVDAT	PO	Description	COA#	Gross Amt	Discount	Net Amount
01	02/20/97	1030306	PERMIT		860.0	50.00	50.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00

#1030306

Check Total: \$50.00





**DEAR POSTAL CUSTOMER:**

**THE ENCLOSED HAS BEEN DAMAGED IN  
HANDLING BY THE POSTAL SERVICE.**

**WE ARE FULLY AWARE THAT THE MAIL YOU RECEIVE  
IS IMPORTANT TO YOU. REALIZING THIS, EACH  
EMPLOYEE IN THE POSTAL SERVICE IS MAKING  
EVERY EFFORT TO EXPEDITIOUSLY HANDLE,  
WITHOUT DAMAGE, EACH PIECE OF MAIL WITH  
WHICH HE OR SHE IS ENTRUSTED. NEVERTHELESS,  
AN OCCASIONAL MISHAP WILL OCCUR.**

**THE POSTAL SERVICE HANDLES APPROXIMATELY  
(154) BILLION PIECES OF MAIL EACH YEAR. IT IS  
NECESSARY, THEREFORE, THAT HIGHLY  
SOPHISTICATED MECHANICAL/ELECTRICAL SYSTEMS  
BE UTILIZED BY THE POSTAL SERVICE TO ENSURE  
OUR CUSTOMERS PROMPT DELIVERY OF THEIR MAIL.  
AT TIMES A MALFUNCTION WILL OCCUR, THE RESULT  
OF WHICH IS A DAMAGED PIECE OF MAIL.**

**WE ARE CONSTANTLY WORKING TO IMPROVE OUR  
PROCESSING METHODS SO THAT THESE INCIDENCES  
WILL BE ELIMINATED. YOU CAN HELP US GREATLY IN  
OUR EFFORTS IF YOU WILL CONTINUE TO PROPERLY  
PREPARE AND ADDRESS EACH LETTER OR PARCEL  
THAT YOU ENTER INTO THE MAIL STREAM.**

**WE APPRECIATE YOUR COOPERATION AND  
UNDERSTANDING AND SINCERELY REGRET ANY  
INCONVENIENCE YOU HAVE EXPERIENCED.**

**YOUR POSTMASTER**

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.

also wish to receive following services (for extra fee)

- 1  Addressee's Address
  - 2  Restricted Delivery
- Consult postmaster for restrictions.

3. Article Addressed to:

AIRS ID#: 1030306

DIXIE PLATING INC  
 JOHN S EIDSCHUN  
 5095 113TH AVENUE N  
 CLEARWATER FL 34620

4a. Article Number  
 P 265 302 270

4b. Service type

<input type="checkbox"/> Registered	<input type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

P 265 302 270

US Postal Service  
**Receipt for Certified Mail**

AIRS ID#: 1030306

DIXIE PLATING INC  
 JOHN S EIDSCHUN  
 5095 113TH AVENUE N  
 CLEARWATER FL 34620

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	
2/17/97	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358321

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

RECEIVED  
MAIL ROOM  
JAN 25 99

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

DIXIE PLATING INC  
JOHN S EIDSCHUN  
5095 113TH AVENUE N  
CLEARWATER FL 33760

AIRS ID# 1030306

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

DIXIE PLATING, INC.

Check Number: 88467

INV#	INVDATA	PO	Description	COA#	Gross Amt	Discount	Net Amount
99-2000	01/21/99			1030306	860.0	50.00	50.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00

Check Total: \$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404209

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**

*1-30-01 PL*

Do NOT Remove Label

AIRS ID # 1030306

DIXIE PLATING INC  
 JOHN S EIDSCHUN  
 5095 113TH AVENUE N  
 CLEARWATER FL 33760

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

RECEIVED  
 MAIL ROOM  
 JAN 30 0

DIXIE PLATING, INC.

Check Number: 90745

INV#	INVDATA	PO	Discription	COA#	Gross Amt	Discount	Net Amount
2001	12/11/00	TITLE V	ID# 1030306	860.0	50.00	0.00	50.00
				0.0	0.00	0.00	0.00
				0.0	0.00	0.00	0.00
				0.0	0.00	0.00	0.00
				0.0	0.00	0.00	0.00
				0.0	0.00	0.00	0.00
				0.0	0.00	0.00	0.00
				0.0	0.00	0.00	0.00

Check Total: \$50.00

Z 210 662 506

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

7 AIRS ID # 1030306001AG  
JOHN S EIDSCHUN  
DIXIE PLATING INC  
5095 113TH AVENUE N  
CLEARWATER FL 33760

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 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 # 1030306001AG  
JOHN S EIDSCHUN  
DIXIE PLATING INC  
5095 113TH AVENUE N  
CLEARWATER FL 33760

2. Article Number (Copy from service label)

Z210 662 506

**COMPLETE THIS SECTION ON DELIVERY**

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

6-8-01

C. Signature

X *Jy Udall*

- Agent
- Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390853

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**

RECEIVED  
MAIL ROOM  
JAN 11 00

Do NOT Remove Label

AIRS ID # 1030306

DIXIE PLATING INC  
 JOHN S EIDSCHUN  
 5095 113TH AVENUE N  
 CLEARWATER FL 33760

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

DIXIE PLATING, INC.

Check Number: 89562

INV#	INVDATA	PO	Description	COA#	Gross Amt	Discount	Net Amount
011500	01/06/99	AIRS ID	#1030306		860.0	50.00	50.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00
					0.0	0.00	0.00

Check Total: \$50.00

**DRY-CLEANER-AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

*acc* ✓

DIXIE PLATING INC JOHN S EIDSCHUN 5095 113TH AVENUE N CLEARWATER FL 34620 33760	AIRS ID#1030306
---	-----------------

Do NOT Remove Label

Annual Reporting Period: JANUARY 1 19 97 TO DECEMBER 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: \_\_\_\_\_

RECEIVED

JAN 22 1998

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
MAIL ROOM  
JAN 20 98

*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: JOHN S EIDSCHUN *John S. Eidschun* 1/14/98  
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.