

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 2, 2001

Mr. John S. Eidschun  
Dixie Plating, Inc.  
5095 - 113<sup>th</sup> Avenue North  
Clearwater, Florida 33760

Re: Facility No.: 1030306-002

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 May 29, 2001.

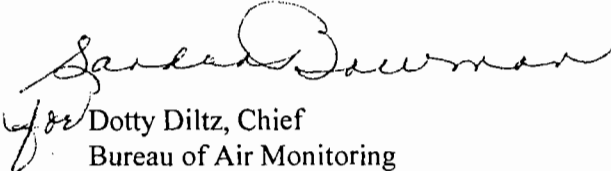
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

1030306-002

p21

4.(a)

(b)

(c)

(d)

(f)

all required. Should  
be marked

p22

Responsible official sign and  
date for changes made.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

# DISTRICT ROUTING SLIP

To: \_\_\_\_\_ DATE: \_\_\_\_\_

CC To

	<b>PENSACOLA</b>	<b>NORTHWEST DISTRICT</b>	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	<b>TAMPA</b>	<b>SOUTHWEST DISTRICT</b>	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	<b>ORLANDO</b>	<b>CENTRAL DISTRICT</b>	
	Melbourne	Central District Satellite Office	
	<b>JACKSONVILLE</b>	<b>NORTHEAST DISTRICT</b>	
	Gainesville	Northeast District Branch Office	
	<b>FORT MYERS</b>	<b>SOUTH DISTRICT</b>	
	Marathon	South District Branch Office	
	<b>WEST PALM BEACH</b>	<b>SOUTHEAST DISTRICT</b>	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional  
Date Due: \_\_\_\_\_

Reply Required  
Date Due: \_\_\_\_\_

Info Only

Comments:

From: \_\_\_\_\_

Tel: \_\_\_\_\_

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

**RECEIVED**  
MAY 29 2001  
Department of Environmental Protection  
RY SOUTHWEST DISTRICT

**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):

**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			

Key for Control Device Type:

Applicable Standard Key

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 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:

(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 (used during initial performance test)	<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"/>		

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

*6/10/99*  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.

RECEIVED

JUN 04 2001

Bureau of Air Monitoring  
& Mobile Sources

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 ELSCHER  
Print name of responsible official

[Signature]  
Signature

5/23/01  
Date  
6/1/01

Post-It* Fax Note	7671	Date	5/30/01	# of pages	▶
To	Mr. John Eidschun	From	Pwu-Sheng Liu		
Co./Dept.	Dixie Plating	Co.	EHD/AQD		
Phone #	573-2464	Phone #	464-4706		
Fax #	572-1997	Fax #	464-4420		

Mr. Eidschun:

Florida DEP will send back your notification form. You have to cross out the surrender permit item, and initial the change. The form must then be re-signed and re-dated on the last page. The corrected version needs to be returned as quickly as possible.

original copy send to

General Permits Section  
Bureau of Air Monitoring and Mobile Sources MS 5570  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

one copy send to

Pwu-Sheng Liu  
Pinellas County DEM  
Air Quality Division  
300 South Garden Ave.  
Clearwater, FL 33756

You keep a copy yourself.

Pwu-Sheng Liu  
5/30/2001





Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 31, 2001

Mr. John S. Eidschun, President  
Dixie Plating, Inc.  
5095 - 113<sup>th</sup> Avenue North  
Clearwater, Florida 33760

Dear Mr. Eidschun:

Thank you for your submittal of the Chromium Electroplating and Anodizing Air General Permit Notification Form. The Department received your submittal on May 29.

In reviewing your submittal, it was noted that Dixie Plating elected to surrender its existing Title V air general permit (AIRS ID 1030306-001). I understand in speaking with Ms. Pwu-Sheng Liu of Pinellas County that this was done in error. If my understanding is correct, the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change.

Corrections also need to be made to paragraph number 4 - Equipment Monitoring and Recordkeeping Information (page 21). The following logs are required to be kept on-site and need to be checked: (a) Equipment maintenance, (c) Equipment malfunctions, (d) Operation and maintenance checklist, (f) Start-up, shutdown, malfunction plan, (h) Equipment monitoring and (i) Excess emissions. Please initial the changes, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If you have any questions concerning the form or any of the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman  
Bureau of Air Monitoring  
And Mobile Sources

SB/  
Enclosure  
cc : Pwu-Sheng Liu, Pinellas County

"More Protection, Less Process"

RECEIVED  
 MAY 29 2004  
 Bureau of Air Monitoring  
 & Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING  
 AIR GENERAL PERMIT NOTIFICATION FORM

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):  DIXIE PLATING, INC.
2. Site Name (For example, plant name or number):  DIXIE PLATING, INC.
3. Hazardous Waste Generator Identification Number:  FLD000646422
4. Facility Location: Street Address: 5095 113th Avenue North City: Clearwater County: Pinellas Zip Code: 33760
5. Facility Identification Number (DEP Use ONLY - do not fill in)  103050607

Responsible Official

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

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			

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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
- (d) Operation and maintenance checklist
- (e) Instrument calibration   
(used during initial performance test)
- (f) Start-up, shutdown, malfunction plan
- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions
- (j) Operating periods
- (k) Rectifier capacity
- (l) Fume suppressant records
- (m) Purchase records of wetting agent components

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.

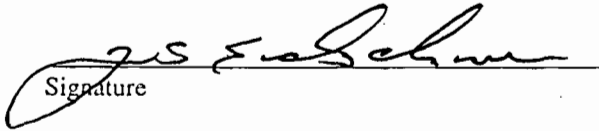
**Responsible Official Certification**

*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 Eidsen

Print name of responsible official



Signature

5/23/01

Date

RECEIVED  
MAY 29 2001  
Bureau of Air Monitoring  
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

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.

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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):
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**Facility Information**

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

**HARD CHROMIUM PLATING TANKS**

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
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- 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			
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(trivalent Cr tanks only)  
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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
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- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration   
(used during initial performance test)
- (f) Start-up, shutdown, malfunction plan
- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions
- (j) Operating periods
- (k) Rectifier capacity
- (l) Fume suppressant records
- (m) Purchase records of wetting agent components

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.

4. (a)(b)(c)(d)(f)(h)(i)



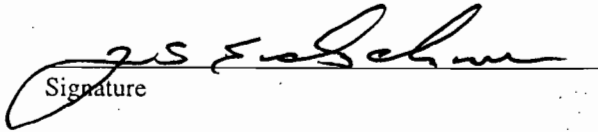
**Responsible Official Certification**

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

John S Eidsen

Print name of responsible official

  
Signature

5/23/01  
Date

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>1030306</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. N. Clearwater FL</u>						
RESPONSIBLE OFFICIAL:	<u>John Eidshun</u>	PHONE:	<u>813-573-4674</u>				
CONTACT NAME:	<u>Steve Harris</u>	PHONE:	<u>"</u>				

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

**PART I: NOTIFICATION**

(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 <i>Facility notified DARM 8/22/96</i>	<input checked="" 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"/>

A = 20 @ 1/15  
 P = 29 @ 1/17

**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). (Lab. 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. (no malfunction of process equip.)  Y  N  N/A
- Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent) (no monitoring record since 1/17/98)  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. Fumetrol 140  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**

Facility has not monitored surface tension for last ~150 hours of tank operation. Otherwise recordkeeping and monitoring frequency was excellent. Contact person - Steve Harris - exhibits familiarity with test, monitoring methodology. He will be submitting results of surface tension measurement (current). Waste water from drag out is collected and treated @ WWTP on site. Mr. Harris indicates that they are using 8-55 gal drums of MEK a year (~3000 lbs). They would like to be able to use something else if possible. I referred them to the P2 program for assistance.

Margaret V. Hennis  
Inspector's Name

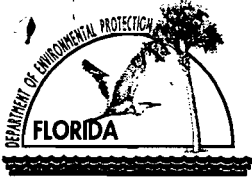
3/18/98

Date of Inspection

Margaret V. Hennis  
Inspector's Signature

5/98

Approximate Date of Next Inspection



1030306 -002  
Department of ~~Phone #~~ Change

# Environmental Protection

## Division of Air Resource Management

### RESPONSIBLE OFFICIAL NOTIFICATION FORM

RECEIVED  
JUN 20 2005  
AUGUST 11 11:00 AM  
MOBILE SOURCES

Note: A responsible official is not necessarily a designated representative under the Acid Rain Program. To become a designated representative, submit a certificate of representation to the U.S. Environmental Protection Agency (EPA) in accordance with 40 CFR Part 72.24.

#### Identification of Facility

1. Facility Owner/Company Name: <p style="text-align: center;">DIXIE PLATING, INC</p>	
2. Site Name: <p style="text-align: center;">DIXIE PLATING, INC</p>	3. County: <p style="text-align: center;">PINELLAS</p>
4. Title V Air Operation Permit/Project No. (leave blank for initial Title V applications): <p style="text-align: center;">1030306-002-AG</p>	

#### Notification Type (Check one or more)

<input type="checkbox"/> INITIAL:	Notification of responsible officials for an initial Title V application.
<input type="checkbox"/> RENEWAL:	Notification of responsible officials for a renewal Title V application.
<input checked="" type="checkbox"/> CHANGE:	Notification of change in responsible official(s).
	Effective date of change in responsible official(s) <u>6/17/05</u>

#### Primary Responsible Official

1. Name and Position Title of Responsible Official: <p style="text-align: center;">JOHN S. EISENBERG, PRES</p>
2. Responsible Official Mailing Address: Organization/Firm: <u>DIXIE PLATING, INC</u> Street Address: <u>5095 113 AVE. NW</u> City: <u>CLEARWATER</u> State: <u>FL</u> Zip Code: <u>33760</u>
3. Responsible Official Telephone Numbers: Telephone: <u>(727) 573-2464</u> Fax: <u>(727) 572-1997</u>
4. Responsible Official Qualification (Check one or more of the following options, as applicable): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.
5. Responsible Official Statement: <p><i>I, the undersigned, am a responsible official, as defined in Rule 62-210.200, F.A.C., of the Title V source 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 certify that I have authority over the decisions of all other responsible officials, if any, for purposes of Title V permitting.</i></p> <p><u>John S. Eisenberg</u> Signature <span style="float: right;"><u>6-17-05</u> Date</span></p>

**Additional Responsible Official**

1. Name and Position Title of Responsible Official: <p style="text-align: center;">STEVE HARRIS, CHEMIST</p>
2. Responsible Official Mailing Address: Organization/Firm: DIXIE PLATING, INC Street Address: 5095 113 AVE. No. City: CLEARWATER State: FL Zip Code: 33740
3. Responsible Official Telephone Numbers: Telephone: (727) 573-2464 Fax: (727) 572-1997
4. Responsible Official Qualification (Check one or more of the following options, as applicable): <input checked="" type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.

**Additional Responsible Official**

1. Name and Position Title of Responsible Official:
2. Responsible Official Mailing Address: Organization/Firm: Street Address: City: State: Zip Code:
3. Responsible Official Telephone Numbers: Telephone: ( ) - Fax: ( ) -
4. Responsible Official Qualification (Check one or more of the following options, as applicable): <input type="checkbox"/> For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C. <input type="checkbox"/> For a partnership or sole proprietorship, a general partner or the proprietor, respectively. <input type="checkbox"/> For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. <input type="checkbox"/> The designated representative at an Acid Rain source.

June 16, 2005

Mr. John S. Eidschun, President  
Dixie Plating, Inc.  
5095 113th Avenue North  
Clearwater, FL 33760

**CERTIFIED MAIL:**

**Re: Administrative Corrections - Permit No. 1030306-002-AG**

Mr. John S. Eidschun:

Changing the name of the responsible official at a Title V air general permitted source, established under 62-213.300(1)(a), F.A.C., requires an administrative correction. Within 30 days of any changes requiring corrections to information contained in the Air General Permit Notification Form, the responsible official shall notify the department in writing. Such changes shall include:

- (a) Any change in name of the responsible official or facility address or phone number;
- (b) A change in facility status requiring more frequent monitoring or reporting by the responsible official from that noted on the most recent notification form; and
- (c) Any other similar minor administrative change at the facility.

A copy of the request should be sent to this office with the original letter mailed to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

If you have any questions please contact me at (727) 464-4422.

Sincerely,

Gary Robbins, Environmental Program Coordinator  
Air Quality Division

cc: PF- (1030306), RF

1030306-2001(CR)

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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Restricted Delivery Fee (Endorsement Required)		

*[Handwritten Signature]*  
 Postmark  
 Here

AIRS ID#1030306

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

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

AIRS ID#1030306

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

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *[Handwritten Signature]*  Agent  
 Addressee

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

*2/9/07*

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

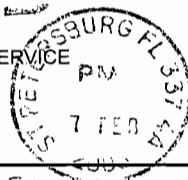
4. Restricted Delivery? *(Extra Fee)*  Yes

2 Article Number  
*(Transfer from service label)*

7001 0320 0001 7976 4535



UNITED STATES POSTAL SERVICE



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Postage & Fees Paid  
USPS  
Permit No. G-10

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

BUREAU OF AIR MONITORING  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2300 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
of Toxic Sources

FEB 12 2003

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Return Receipt Fee (Endorsement Required)		
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Total Postage & Fees		

AIRS ID# 1030306 1stC

*Sent To* DIXIE PLATING INC

*Street, Apt. No., or PO Box No.* 5095 113th Ave N

*City, State, ZIP+4* CLEARWATER, FL 33760

PS Form 3800, JUN 2001

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID# 1030306 1stC  
DIXIE PLATING INC  
5095 113th Ave N  
CLEARWATER, FL 33760

2. Article Number

*(Transfer from service)*

7004 2510 0002 3938 7133

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*  Agent  
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

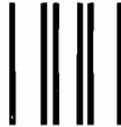
3. Service Type

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

4. Restricted Delivery? (*Extra Fee*)

Yes

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF AIR MONITORING  
& MOBILE SOURCES

FEB 16 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445340 FEB 7 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

**RECEIVED**  
FEB 9 2005  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID# 1030306 7 ✓ DIXIE PLATING INC 5095 113th Ave N CLEARWATER, FL 33760
---

<b>FOR GOVERNMENT USE ONLY</b> ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
---

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458856 FEB 15 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

**RECEIVED**  
FEB 15 2006  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID# 1030306 1st DIXIE PLATING INC 5095 113th Ave N CLEARWATER, FL 33760
---

<b>FLAIR ACCT. CODE 372020350013755010000</b> <b>BENEFITTING OBJECT CODE 002000</b> <b>BENEFITTING CATEGORY 000200</b>
--

<b>FOR GOVERNMENT USE ONLY</b> ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
---

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435189 JAN12 2004

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

1030306  
JOHN EIDSCHUN  
DIXIE PLATING INC  
5095 113TH AVENUE N  
CLEARWATER FL 33760

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

JAN 15 2004  
Bureau of Accounting  
& Management Services





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.

**TOTAL AMOUNT DUE: \$50.00**

413756 FEB 4 2002

X

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

DIXIE PLATING, INC.

Check Number: 91808

INV#	INVDATA	PO	Description	COA#	Gross Amt	Discount	Net Amount
2002	12/17/01	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

Check Total: \$50.00