

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 25, 1996

Mr. Todd Buhnerkemper President Classic Chrome, Inc. 14835 49th Street North Clearwater, Florida 34622

Dear Mr. Buhnerkemper:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 5, 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

Mr. Gary Robbins, Pinellas County cc:

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

## **Chromium Electroplating and Anodizing Facilities Notification**

#### **Facility Name and Location**

_	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PLACETE CHOOMS TOK
2.	Site Name (For example, plant name or number):
٤.	
	SAME
3.	Hazardous Waste Generator Identification Number:
	111
	N/A (Small GENERATOR)
4.	Facility Location: Street Address: 14835 49TH ST. N.
	City: CLEARWATER County: PENEURS Zip Code: 34622
	Facility Identification Number (DEP Use):
	<i>1030332</i>
	Posporsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	•
	TODO BUHNERKEMPER (PRESIDENT)
7.	Responsible Official Mailing Address:
	Organization/Firm: CLASSIC CHROME ENC.
	Street Address: 14835 49TH ST. N City: CLEARWATER, County: PENEUMS Zip Code: 3462Z
	City: CLEARWATER, County: PENELLAS Zip Code: 34622
8.	Responsible Official Telephone Number:
	Telephone: (813)531 - 2000 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
<i>)</i> .	•
	SAME_ TODO BUHNERKEMPER
10.	Facility Contact Address:
	Street Address: 14835 49TH ST. N
	Street Address: 14637 77
	City: CLEARWATER County: PENELLAS Zip Code: 34622
11	Facility Contact Telephone Number:
11.	Telephone: (\$/3) 531 - 2000 Fax: ( ) -

RECEIVED

SEP 5 1996

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

	HARD	CHROMIUM	PLATING	TANKS
TANK ID#	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	_		<u> </u>	
		A C		
			<del> </del>	
<del>-</del> -		(		
_				

#### 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 cu	mulative potentia	al rect	ifier	capacity greater than 60 million ampere-hours per year?
[	J	Yes	[	_]	No
Were any hard	d chi	omium plating t	anks a	nt the	e facility operating before 12/16/93?
[	_]	Yes	[	_]	No

DEP Form No. 62-213.900(5)

. Effective: 6-25-96

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)
CHROME	FOB. 194 #	1994	F5/WA	У
				-
				•
		·		

		•			
& OCIGANAL	LLY START. L	P 1975			
Key for Control I	Device Type		Applicable S	Standard Key	
FS = fume suppre	e mesh pad ed-bed scrubber and essant only uppressant with a w	•	(trivaler c = alternativ		
,	ate by which the fac	-	requirements of sec	ction (5) of Part II c	of this for
3. Indicate how t	he facility will fulfi	ll the compliance d	emonstration:		
	The facility will co	nduct an initial per	formance test		
ιX	The facility will us	e a wetting agent to	reduce emissions	and will meet	

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the existing surface tension limit in No. 3 above.

## Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:							
(a) Equipment maintenance		(b) Equipment inspection and repair					
(c) Equipment malfunctions		(d) Operation and maintenance checklist					
(e) Instrument calibration		(f) Start-up, shutdown, malfunction plan					
(g) Performance test results		(h) Equipment monitoring					
(i) Excess emissions		(j) Operating periods					
(k) Rectifier capacity	['_]	(1) Fume suppressant records					
(m) Purchase records of wet	ting agent components						
	Surrender of F	Existing Air Permit(s)					
Please indicate with an "X"	the appropriate selection	1:					
		mits authorizing operation of the form; specifically, permit number(s)					
No air permi	<del>-</del>	operation of the facility indicated in					
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	9	Date					

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### **Chromium Electroplating and Anodizing Facilities Notification**

Bureau of Air Monitoring & Mobile Sources

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  CLASSIC CHROME INC.
2.	,
	SAME
3.	Hazardous Waste Generator Identification Number:
	N/A (SMALL GENERATOR)
4.	Facility Location:
	Street Address: 14835 49th 5th.  City: CLEARWATER County: PINELLAS Zip Code: 34622
5.	Facility Identification Number (DEP Use):
	1030332
	Responsible Official
6.	Name and Title of Responsible Official:
	TOOD BUHNERKEMPER (PRESIDENT)
7.	Responsible Official Mailing Address:
	Organization/Firm: CLASSIC CHROME INC, Street Address: 12 (22) - 12 (22)
	Organization/Firm: CLASSIC CHROME INC, Street Address: 14835 49th St. N. City: CLEARWATER County: PINELLAS Zip Code: 3462d
8.	Responsible Official Telephone Number:
	Telephone: (813) 531-2000 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	TODD BUHNERKEMPER
10.	Facility Contact Address:
	Street Address: 14835 49th St. N.
	City: CLEARWATER County: PINEZLAS Zip Code: 34622
11.	Facility Contact Telephone Number:  Telephone: (313) 531-200 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
TANK ID#	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
			7-144	
		1 /	· ·	
			<del> </del>	

Key	for	Control	Device	Type

FM = fiber-bed mist eliminator

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

a = 0.03 mg/dscmb = 0.015 mg/dscm

c = alternative standard for multiple tanks under common control

-	-		er capacity greater than 60 million ampere-hours per year?
آ	Yes	. [] 	No
			he facility operating before 12/16/93?
	Yes		No

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

	DECORATIVE	AND	ANODIZING	TANKS
TANK ID#	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
CHROME	BEB. 194	1994	FSIWA	V
CHEOME #2	AUG 97	AU697	IS/WA	7
				7
	_			
				+

*ORIGINA	LSTART	UP	1975
* ORIGINA * NOT VET	OPERATIN	6	

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

x = 0.01 mg/dscmy = 45 dynes/cm

z = records of bath components (trivalent Cr tanks only)

c = alternative standard for multiple tanks under common control

2.	Indicate the d	ate by which the facility must meet the requirements of section (5) of Part II of this form:
	ĽŽ	January 25, 1996 [] January 25, 1997
3.	Indicate how	the facility will fulfill the compliance demonstration:
		The facility will conduct an initial performance test
	(X)	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 require	red to be kept on-site i	in accordance with the requirements of this g	eneral permit:				
(a) Equipment maintenance	$ \mathcal{L} $	(b) Equipment inspection and repair					
(c) Equipment malfunctions		(d) Operation and maintenance checklist					
(e) Instrument calibration		(f) Start-up, shutdown, malfunction plan					
(g) Performance test results		(h) Equipment monitoring					
(i) Excess emissions		(j) Operating periods					
(k) Rectifier capacity		(1) Fume suppressant records					
(m) Purchase records of wetting	g agent components						
·							
	Surrender of 1	Existing Air Permit(s)					
Please indicate with an "X" the	e appropriate selection	1:					
		rmits authorizing operation of the form; specifically, permit number(s)	£				
	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible	Official Certification	·				
this notification. I hereby statements made in this no maintain the air pollutant comply with all terms and	o certify, based on info otification are true, ac t emissions units and o d conditions of this ger	as defined in Part II of this form, of the facili formation and belief formed after reasonable in occurate and complete. Further, I agree to op air pollution control equipment described about the neeral permit as set forth in Part II of this not be anges to the information contained in this not	inquiry, that the erate and ove so as to ification form.				
Signature Date							

## V

## CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: A	NNUAL	$\boxtimes$	COMPLAINT/DISCOVERY		
R	E-INSPECTION				
2			·		
AIRS ID#: <u>103032</u> 2	TIME IN:	0:400	TIME OUT: 11:45	a.M.	
FACILITY NAME: _	Classic	Chr	ome		
FACILITY LOCATION:	14835 4	9th	St N		
·	Clearwa	ter. F	-L 34622		
PART I: NOTIFICATION					
(check appropriate box)					
1. Facility notified DARM by 9/	1/96		. <b></b>		
2. New facility notified DARM	30 days prior to startup		. •		
3. Facility failed to notify DARM	A to use a general permit	:			
	, , , , , , , , , , , , , , , , , , , ,				
PART II: CLASSIFICATION					
Facility type(s)/applicable standard indicated on notification form:					
Word Chromium Disting					
Hard Chromium Plating					
a. Existing Large (0.015 mg/ds	cm) 🗆 b. <b>E</b>	xisting Sm	all (0.03 mg/dscm)		
c. New (0.015 mg/dscm)	(0	0.03 mg/dsc	Standard for existing facilities m) using a rolling average of city (less than 60 million A-hr/year)		
Decorative Chromium Plating/Anodizing					
a. Chromic Acid Bath	Emissions of < 0.01/m	g/dscm (4.4	x10 <sup>-6</sup> gr/dscf)	۰, ٔ	
	Surface tension of $\leq 4$ May only be selected if a well			<b>5</b>	
b. Trivalent Chromium Bath	With wetting agent				
b. Trivalent Chromium Bath	With wetting agent Without wetting agent	<0.01mg/d	scm (4.4x10 <sup>-6</sup> gr/dscf)	<ul><li>.</li></ul>	
b. Trivalent Chromium Bath c. Chromium Anodizing		_		_	

PART I	II: CONTROL TECHNOLOGY					
Control device						
	Composite Mesh Pad	ΔΥ	use? □N			
2.	☐ Fiber Bed Mist Eliminator	ΠY	□N			
3.	☐ Packed Bed Scrubber	□Y	□N			
4.	☐ Packed Bed Scrubber/Composite Mesh	Pad 🗆 Y	ON .			
5.	☐ Foam Blanket Fume Suppressant	·□Y	□N	•		
6.	☐ Fume Suppressant w/ Wetting Agent	₽Y	□N		/	
	facility conducted an initial performance te ired for sources using a wetting agent or 1-inch foam b			OY ON	ØN/A	
PART I	V: RECORDKEEPING AND REPORTI	NG REQUU	REMENTS			
Has the	responsible official maintained the follow	ing records?				
equi	rterly inspection records for add-on air pollo pment. (applicable only to a facility using a packed osite mesh pad)				ON/A	
	rations and Maintenance Plan (OMP). (appli per, fiber-bed mist eliminator, or composite mesh pad)	cable only to a fo	icility using a packed bed	MY ON	□N/A	
	ntenance records for the source, add-on poll pment (equipment identified, date performe			DY WN		
	ords of date of occurrence, duration, cause, a function of process, add-on pollution control		monitoring equipment.	DY MN	a.41.	
5. Resu	ulte of all performance tests		15 a vaijable)	व्यर स्वर्ध		
6. Reco	ords of monitoring data. (not applicable to trivale		hs using a wetting agent)	DY DN	□N/A	
	Composite Mesh Pad  Measure the pressure drop across the  CMP daily.	Packed Bed Measure the pre- inlet velocity da	ssure drop across the PBS and the			
	Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.		Scrubber/Composite Me ssure drop across the CMP daily.	esh Pad	•	
	Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.		ressant w/ Wetting Agent face tension at the appropriate inter			
7. Purc	chase records of wetting agent components.			DY DN	□Ņ/A	
8. Reco	ords of the date and time that fume suppress	ants are adde	d to the bath. Engle	OY ON	⊠N/A	
9. Reco	ords of rectifier capacity, if used to determin	e facility size	addea)	OY ON	DY/A	
	ords of the total process operating time.		, .	DY BYN		
11. Rec	ords identifying specific periods of excess e	missions. 🏌	o excess emission	MO AD W	N/A)	
12. Star	tup, Shutdown & Malfunction Plan	vided e	xample SSM)	DY DN	- 1 · ·	

PART V: ADDITIONAL SITE INFORMATION		
Facility will be speraling another chromium tank (Bought from Alert Bumper) Fracility will be operating a Nickel tank (from a Alert bumper)		
lity of Lorgo teste turos or year along with facility aprostor (4 timesyr) boll the observable hack into tarks		
No waste Khiatment		
No dryn prouse.		

Todd
Name of Responsible Official
Jeffrey Morris
Inspector's Name
Inspector's Signature

Date of Inspection

Tu (7, 1997)

roximate Date of Next Inspection

## CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION		COMPLAINT/DISCOVERY	<u> </u>		
AIRS 10#: 10303 <b>3</b>	TIME IN:	0:170	.m. time out: 11:12	<u>v.w</u> .		
FACILITY NAME:	Class	sic C	throme			
FACILITY LOCATION:	1483	5 49	th St N			
_		•	er, FL 34622			
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	A to use a general perm	iit				
			• :			
PART II: CLASSIFICATION	PART II: CLASSIFICATION					
Facility type(s)/applicable standa	rd indicated on notifica	ition form:				
Hard Chromium Plating						
a. Existing Large (0.015 mg/ds	cm) 🗆 b.	Existing Sm	all (0.03 mg/dscm)			
c. New (0.015 mg/dscm)		(0.03 mg/dsc	Standard for existing facilities m) using a rolling average of city (less than 60 million A-hr/year)			
Decorative Chromium Plating/Anodizing						
a. Chromic Acid Bath	Emissions of < 0.01/	mg/dscm (4.4	x10 <sup>-6</sup> gr/dscf)	۵.		
	Surface tension of $\leq$ May only be selected if a $\times$			र्छ		
b. Trivalent Chromium Bath	With wetting agent					
		_	scm (4.4x10 <sup>-6</sup> gr/dscf)			
c. Chromium Anodizing	Emissions of <0.01 n	•	•			
	Surface tension of 45 May only be selected if a w	dynes/cm (3 vetting agent is u	.1x10 <sup>-3</sup> lb-f/ft) sed.			

PA	RT III:	CONTROL TECHNOLOGY					
Control device selected In use?							
1.		Composite Mesh Pad	Į	□Υ	□N		
2.		Fiber Bed Mist Eliminator	C	ΠY	□и		
3.		Packed Bed Scrubber	נ	⊐Υ	□N		
4.		Packed Bed Scrubber/Composite Me	sh Pad [	JΥ	□N		
5.	Ö	Foam Blanket Fume Suppressant	C	ŊΥ	□N		
6.		Fume Suppressant w/ Wetting Agen	t G	<b>Y</b> Y	□N		
Ha No	s the fac	ility conducted an initial performance for sources using a wetting agent or 1-inch foa	e test to esta m blanket thic	ablish kness)	n monitoring parameters?	OY ON	I MN/A
PAF	RT IV:	RECORDKEEPING AND REPOR	TING REC	OUIF	REMENTS		
		ponsible official maintained the follo					
1.	Quarter: equipme	ly inspection records for add-on air poent. (applicable only to a facility using a pack	ollution con	itrol d			_/
		mesh pad)				OY ON	I DIN/A
		ons and Maintenance Plan (OMP). (apliber-bed mist eliminator, or composite mesh paid	-	to a fa	cility using a packed bed	DAY ON	⊓N/A
	3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).					,	
		of date of occurrence, duration, cause tion of process, add-on pollution cont				MY ON	
5.	Results	of all performance tests.				DAY ON	□N/A
6.	Records	of monitoring data. (not applicable to triv	alent chromiu	m b <b>a</b> th	hs using a wetting agent)	DY DN	□N/A
	Meas	nposite Mesh Pad sure the pressure drop across the daily.		he pres	Scrubber sure drop across the PBS and the ly.		
	Meas	er-Bed Mist Eliminator sure the pressure drop across the FBME the upstream device daily.			Scrubber/Composite Messure drop across the CMP daily.	esh Pad	
	Meas	m Blanket Fume Suppressant sure the foam blanket thickness at the opriate interval.			essant w/ Wetting Agent ace tension at the appropriate inter		
7.	Purchase	e records of wetting agent components	S.			MY ON	□N/A
8.	Records	of the date and time that fume suppre	essants are a	addec		OY ON	MN/A
9.	Records	of rectifier capacity, if used to determ	ine facility	size.		oy on	ØN/A
10.	Records	of the total process operating time.			(nspection	OY ON	
11. Records identifying specific periods of excess emissions. No excess emissions Up a N/A							
12	Startun	Shutdown & Malfunction Plan				MY IN	

PART V: ADDITIONAL SITE INFORMATION	
verified with specifity sperator that data needs to be mains every 4 hours of sperating use running time.	toing
,	

Todd Buhner Kemper Name of Responsible Official	
Jeff Morris Inspector's Names	Date of Inspection
My Hours	3/12/98
Inspector's Signature	Approximate Date of Next Inspection

- AIRS ID#: 1030332

## RECEIVED Revised 10/10/96

AUG 1 8 1997

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

Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: CLASSIC Chrome DATE: 7/10/97
FACILITY LOCATION: 14835 49th St N
Clearwater, FL 34622
Annual Reporting Period: July 10, 1996 TO July 10, 1997
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. TYES 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:
Did not maintain records of the total process operating time.  Exact period of non-compliance: from July 10, 1996 to July 10, 1997
Action(s) taken to achieve compliance:  Develop and Maintain a log that records the total process operation time (actual tank operation).
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not maintain records of maintenance performed, add-on pollution control devices, and monitoring equipment. Exact period of non-compliance: from Tuly 10, 1996 to Tuly 10, 1997
Action(s) taken to achieve compliance:  Develop and maintain a log that records all maintenance performed on the affected source, the add-on air pollution control device and
Method used to demonstrate compliance: the add-on air pollution control device; and monitoring equipment (equipment identified, date performed, and description of maintenance performed) as establishen in the O+Mplan.
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: 1620 BUHNERKEMPER Signature Date

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

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

FACILITY NAME: Classic Chrome DATE: 7/10/97
FACILITY LOCATION: 14835 49th St N
Clearwater, FL 34622
Annual Reporting Period: Tuly 10, 1996 TO Tuly 10, 1997
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
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:
Did not have a start-up, shutdown, malfunction plan associated with their or Maplan Tuly 10, 1997  Exact period of non-compliance: from July 18, 1996 to Tuly 10, 1997
Action(s) taken to achieve compliance:  Develop and implement a start-up,  Shutdown malfunction plan to accompant the Orl Plan
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not maintain purchase records of wetting agent components July 10, 1996 to July 10, 1997  Exact period of non-compliance: from July 10, 1996
Action(s) taken to achieve compliance: Maintain records of purchases so
Method used to demonstrate compliance: that they can be made available
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: 1000 BOHNERKEMPEK 1000 Signature Date

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

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

FACILITY NAME: Classic Chrome DATE: 7/10/97
FACILITY LOCATION: 14835 49th St N
Clearwater, FL 34622
Annual Reporting Period: Tuly 10, 1996 to Tuly 10, 1997
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
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:
Did not maintain records identifying specific periods of excess emissions.  Exact period of non-compliance: from July 10, 1996 Tuly 10, 1997
Action(s) taken to achieve compliance:  Develop and maintain a log that records the date and time of commencement and Completion of excess emissions (as determined from monitoring data) that occurs during malfunction #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not have an O+M Plan, or a start-up, shutdown, malfunction (SSM) plan in place Exact period of non-compliance: from July 10, 1996 to July 10, 1997
Action(s) taken to achieve compliance: If no specific procedures are available from the manufacturer, develop an O+M plan
Method used to demonstrate compliance: for nor mal operations, and a SSM plan describing procedures for maintaining an
periods of Start-up and shutdown associated mathum
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: TOPO BUHLVERYEMPER AND STATE 7/10/97
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL 🗹	COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐			
TIME IN: 10:40 a.m. TIME	OUT: 11:45 a.m. AIRS ID# 1030322.			
TYPE OF FACILITY: Perchloroethyle	ene Dry Cleaner 4 Cho			
FACILITY NAME: Classic Chron	DATE: July 10, 1997			
FACILITY LOCATION: 14835 49th St I	N .			
RESPONSIBLE OFFICIAL: Todd Buhnerk	remper PHONE NUMBER:813-531-2000			
Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED				
Did not maintain records of maintenance performed, add-on pollution control devices, and monitoring equipment.	Develop and maintain a log that records all maintenance performed on the affected source, the add-on air pollution control device, and monitoring equipment (equipment identified, date performed, and description of maintenance performed) as established in the O&M plan.			
Did not maintain records of the total process operating time.	Develop and maintain a log that records the total process operating time (actual tank operation).			
Did not have an O&M plan, or a start-up, shutdown, malfunction (SSM) plan, in place.	If no specific procedures are available from the manufacturer, develop an O&M plan, for normal operations, and a SSM plan describing procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction.			
Did not maintain purchase records of wetting agent components.	Maintain records of purchases so that they can be made available during an inspection.			
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION:  INSPECTION CONDUCTED BY:  INSPECTOR'S SIGNATURE:	ly certified and submitted to the inspector. Yes \( \sqrt{No} \sqrt{No} \sqrt{\sqrt{Approximate}} \)  Tuly 24, 1997  (Approximate) \( \sqrt{Approximate} \)  Telf-rey Morris  (Please Print)  PHONE NUMBER: 464-4422			

Revised 10/96

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

TYPE OF INSPECTION: ANNUAL M	COMPLAINT/DIS	COVERY 🗆	RE-INSPECTION
TIME IN: 10:40 a.m. TIM	ИЕ OUT: 11:45 a.m.	AIRS ID	# 1030322
TYPE OF FACILITY: Perchloroeth	ylene Dry Cleaner		
FACILITY NAME: Classic Chr	ome	DATE: July 10	, 1997
FACILITY LOCATION: 14835 49th	St N		
RESPONSIBLE OFFICIAL: Todd Buhn	erkemper	PHONE NUMBER	R:813-531-2000
Based of the results of the compliance in to be in compliance with DEP Rule 62-Based on the results of the compliance compliance discrepancies were noted:	213.300, Florida Adm	ninistrative Code (F.A	C.).
Did not maintain records identifying specific periods of excess emissions.	commencement a emissions (as det during malfunction	and completion of eac	ring data) that occurs -on air pollution
Did not have a start-up, shutdown, malfunction plan associated with their O&M plan.		lement a start-up, shu ny the O&M plan.	tdown, malfunction
Comments: Facility has retained two chromium tanks from the addition of the two tanks.	Alert Bumper, Inc. F	facility is updating its	notification to reflect
The Annual Compliance Certification form has been proDATE OF NEXT INSPECTION:	July	ated to the inspector.	Yes ☑ No □
INSPECTION CONDUCTED BY:	Jef.	Crey Morris	
INSPECTOR'S SIGNATURE:	MAMA PHO	NE NUMBER: 462	1-4422

Revised 10/96

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

		INSPECT	ION SUMMARY RE	CPORT	
TYPE	OF INSPECTION:	ANNUAL □	COMPLAINT/DISC	COVERY 🗆	RE-INSPECTION M
TIM	ИЕ IN: 10:17 a.m.	TIM	E OUT: 11:12 a.m.	AIRS ID#	1030332
TYI	PE OF FACILITY:	Decorative Cl	hromium Plating		
FAG	CILITY NAME:	Classic Chr	ome, Inc.	DATE:	September 12, 1997
FAG	CILITY LOCATION :	14835 49th S	Street N., Clearwate	er, FL 33762	
RES	SPONSIBLE OFFICIA	AL: Todd Buhne	erkemper	PHONE NUMB	ER: <b>813-531-2000</b>
<b>□</b>	to be in compliance	with DEP Rule 62-2 of the compliance r	equirements evaluated 213.300, Florida Adm equirements evaluated	inistrative Code (F	•
			• .		
			·		
	•		*	·	
	·				·
	nnual Compliance Certifica E OF NEXT INSPECTIC	ation form has been pro	perly certified and submitt	red to the inspector.	Yes M No □

Page l of l

INSPECTION CONDUCTED BY:

Revised 10/96

AIRS ID#: 1030332

Revised 01/13/98

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

1

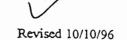
CLASSIC CHROME INC TODD BUHNERKEMPER 14835 49TH STREET N CLEARWATER FL 34622 AIRS ID#1030332

JAN 2 6 1998

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label					
Annual Reporting Period: MARCH 1997 TO MARCH 1998					
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES					
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					
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					
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: TOD BYHNER LEMEL JULIAN Signature Date  Name (Please Print)					

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



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

FACILITY NAME: Classic Chrome, Inc. DATE: 6/8/98				
FACILITY LOCATION: 14835 49th St N				
Clearwater, FL 33762				
Annual Reporting Period: June 8, 1997 TO June 8, 1998				
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.				
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: fromtoto				
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: JOOD WHITEKEEPER Signature Date				

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



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

TYPE OF INSPECTION: ANNUAL Z COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 1030332 DATE: 6/8/98 TIME IN: 11:25amTIME OUT:	<u>45 a.</u> m,
FACILITY LOCATION: 14835 49th St. N.	
Clearwater, FL 34622	
RESPONSIBLE OFFICIAL: Toda Buhnerkemper Phone No.: 531-200	<u>00</u>
Permit No. <u>1030332</u> Exp. Date:	
Based of the results of the compliance requirements evaluated during this inspection, the facility is four compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).	nd to be in
Based on the results of the compliance requirements evaluated during this inspection, the following co discrepancies were noted (only items which are checked ):	mpliance
RECELATION BUILDING SOURCES	
If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measur compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No I	taken.
Inspection Conducted by:   Teff Morris	_
Inspector's Signature:	_
Phone Number: 464-4422 Date of next Inspection: 1/15/99  (Approximate)	<del></del>

## CHROMIUM ELECTROPLATING/ANODIZING

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

and the second second		
	MIUM ELECTROPLATING/ANODIZING  TITLE V GENERAL PERMIT  COMPLIANCE INSPECTION CHECKLIST  ANNUAL  COMPLAINT/DISCOVERY	PKCK 1 Sugar
	RE-INSPECTION C	a Source of
AIRS ID#: <u>[0,3033</u> 2	TIME IN: 11:25 a.m. TIME OUT: 11:45 a.	M
FACILITY NAME:	Classic Chrome	
FACILITY LOCATION:	14835 49th St. N.	
	Clearwater, FL 34622	
PART I: NOTIFICATION	·	
(check appropriate box)		
Facility notified DARM by	9/1/96	
2. New facility notified DARN	A 30 days prior to startup □	
3. Facility failed to notify DA	RM to use a general permit	
PART II: CLASSIFICATION	V	
	dard indicated on notification form:	<u></u>
Hard Chromium Plating		
	/dscm)	,
a. Existing Large (0.015 mg/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 Plati	ng/Anodizing	
a. Chromic Acid Bath	Emissions of $< 0.01/\text{mg/dscm} (4.4 \times 10^{-6} \text{ gr/dscf})$	
	Surface tension of $\leq$ 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft) May only be selected if a wetting agent is used.	र्ष
b. Trivalent Chromium Bath		
	Without wetting agent <0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	<b>a</b> .
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	

Surface tension of 45 dynes/cm (3.1x10<sup>-3</sup> lb-f/ft) May only be selected if a wetting agent is used.

#### PART III: CONTROL TECHNOLOGY Control device selected In use? 1. Composite Mesh Pad DY DN 2. ☐ Fiber Bed Mist Eliminator DY DN 3. ☐ Packed Bed Scrubber OY ON 4. ☐ Packed Bed Scrubber/Composite Mesh Pad $\Box$ Y $\Box$ N 5. ☐ Foam Blanket Fume Suppressant DY DN ØΥ $\square N$ ☐ Fume Suppressant w/ Wetting Agent Has the facility conducted an initial performance test to establish monitoring parameters? $\Box Y \Box N \Box N/A$ (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 DY DN WN/A composite mesh pad) 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed MY ON ON/A scrubber, fiber-bed mist eliminator, or composite mesh pad) 3. Maintenance records for the source, add-on pollution control devices, and monitoring MY UN equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each MY DN malfunction of process, add-on pollution control device, and monitoring equipment. MY ON ON/A Results of all performance tests. MY ON ON/A 6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent) Composite Mesh Pad Packed Bed Scrubber Measure the pressure drop across the PBS and the Measure the pressure drop across the CMP daily. inlet yelocity daily. Fiber-Bed Mist Eliminator Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily. Measure the pressure drop across the FBME and the upstream device daily. Fume Suppressant w/ Wetting Agent Foam Blanket Fume Suppressant Measure the surface tension at the appropriate interval. Measure the foam blanket thickness at the appropriate interval. DY ON ON/A 7. Purchase records of wetting agent components. MY ON ON/A 8. Records of the date and time that fume suppressants are added to the bath. OY ON ØN/A 9. Records of rectifier capacity, if used to determine facility size. MY UN 10. Records of the total process operating time. DY DN N/A 11. Records identifying specific periods of excess emissions. MO AGA 12. Startup, Shutdown & Malfunction Plan

## PART V: ADDITIONAL SITE INFORMATION

- Facility will total amount of time for runs.

Toda Buhner kemper Name of Responsible Official

Jeff Morris

Inspector's Name

Inspector's/Signature

6/8/98

Date of Inspection

Date of Inspection

Approximate Date of Next Inspection

AIRS ID#: 1030332

ACC

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

FACILITY NAME:	Classic Chr	one, Inc.	D.	ATE: $12/15/98$
FACILITY LOCATION:	14835 4961	St. N.	· 	, ,
•	Clearwater			
	Crearwater			
Annual Reporting Period:	June 8,	_19 <b>98</b> то <u>[</u>	December	15, 1998
Based on each term or condition of the 62-213.300, Florida Administrative C		- ·	<u>-</u>	th DEP Rule
If NO, complete the following:		•	•	
#1. Term or condition of the general p	permit that has not been in c	ontinuous compliance	e during the reporting	g period stated above:
· -	·			
Exact period of non-compliance: from	1	to	<u> </u>	
Action(s) taken to achieve compliance	:			
Method used to demonstrate complian	ce:			<b>火</b> 放 第16
,				A. Carlotte
#2. Term or condition of the general p	permit that has not been in c	ontinuous compliance	e during the reporting	g period stated above:
Exact period of non-compliance: from		to		,
Action(s) taken to achieve compliance	); 			
Method used to demonstrate complian	ce;			- <del>(                                   </del>
As the responsible official, I hereby ce made in this notification are true, acc		and belief formed aft	er reasonable inquiry	, that the statements
RESPONSIBLE OFFICIAL: //	DO BUHNEKKEMPER		<del>100</del>	12-18-98
	Name (Please Print)		Signature	Date

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

## CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL SO COMPLAINT/DISCOVERY E-INSPECTION			
AIRS ID#: <u>1030332</u> FACILITY NAME:	Classic Chrome	.m		
FACILITY LOCATION:	14835 49th St. N.			
	Clearwater, FL 34622			
PART I: NOTIFICATION				
(check appropriate box)				
1. Facility notified DARM by 9/	1/96			
2. New facility notified DARM 3	30 days prior to startup			
3. Facility failed to notify DARN	If to use a general permit			
PART II: CLASSIFICATION				
Facility type(s)/applicable standa	rd indicated on notification form:			
Hard Chromium Plating				
a. Existing Large (0.015 mg/ds	cm)			
c. New (0.015 mg/dscm)	<ul> <li>d. Alternative Standard for existing facilities         (0.03 mg/dscm) using a rolling average of         rectifier capacity (less than 60 million A-hr/year)</li> </ul>			
Decorative Chromium Plating/Anodizing				
a. Chromic Acid Bath	Emissions of $< 0.01/mg/dscm (4.4x10^{-6} gr/dscf)$	۵,		
	Surface tension of $\leq 45$ dynes/cm (3.1×10 <sup>-3</sup> lb-f/ft) May only be selected if a wetting agent is used.	ष		
b. Trivalent Chromium Bath	With wetting agent			
	Without wetting agent <0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	<b>-</b>		
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)			
	Surface tension of 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)  May only be selected if a wetting agent is used.			

PART III: CONTROL TECHNOLOGY			
Control device selected In use?			
1. Composite Mesh Pad			
2. ☐ Fiber Bed Mist Eliminator ☐Y ☐N			
3. □ Packed Bed Scrubber □Y. □N			
4. □ Packed Bed Scrubber/Composite Mesh Pad □Y □N			
5. ☐ Foam Blanket Fume Suppressant ☐Y ☐N			
6. □ Fume Suppressant w/ Wetting Agent ☑Y □N			
Has the facility conducted an initial performance test to establish monitoring parameters? (Not required for sources using a wetting agent or 1-inch foam blanket thickness)	ΩY	ПИ	EM/A
PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS			· · · · · · · · · · · · · · · · · · ·
Has the responsible official maintained the following records?			
<ol> <li>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)</li> </ol>	ΠY	□N <sub>.</sub>	DN/A
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)	ØΥ	ПN	□N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).			
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	ΔY	ПΝ	
5. Results of all performance tests.			□N/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	ØΥ	ΠN	□N/A
Composite Mesh Pad  Measure the pressure drop across the CMP daily.  Packed Bed Scrubber  Measure the pressure drop across the PBS and the inlet velocity daily.			
Fiber-Bed Mist Eliminator  Measure the pressure drop across the FBME and the upstream device daily.  Packed Bed Scrubber/Composite Measure the pressure drop across the CMP daily.	sh Pad	l	
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.			· .
7. Purchase records of wetting agent components.	$\mathbf{\underline{v}}_{\mathrm{Y}}$	ΠN	□N/A
8. Records of the date and time that fume suppressants are added to the bath.		ПП	□N/A
9. Records of rectifier capacity, if used to determine facility size.			⊠N/A
10. Records of the total process operating time.			
11. Records identifying specific periods of excess emissions.			N/A
12. Startup Shutdown & Malfunction Plan			l

#### PART V: ADDITIONAL SITE INFORMATION

The facility demonstrated surface temsion testing. The test results 38.8 dynes/cm.

Todd Buhnerkemper Name of Responsible Official

Inspector's Name

Inspector/s Signature

December 15 1998
Date of Inspection

June 15, 1998
Approximate Date of Next Inspection

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354352

TOTAL AMOUNT DUE: \$50.06 TOTAL AMOUNT DUE: \$50 Please include your AIRS ID# on your check or money order. This number can be lound below, on your mailing label.

Do NOT Remove Label

CLASSIC CHROME INC TODD BUHNERKEMPER 14835 49TH STREET N **CLEARWATER FL 34622** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

FACILITY NAME:	Classic Chro	ome	DATE: 6/21/99
FACILITY LOCATION:	14835 49th	St. N.	
	Clearwater, F	-L 34622	· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period:	ecember 15, 1	9 <u>98</u> TO	ne 21, 1999
Based on each term or condition of t 62-213.300, Florida Administrative			pliance with DEP Rule YES NO
If NO, complete the following:			
#1. Term or condition of the genera	d permit that has not been in conti	nuous compliance during the	reporting period stated above:
Exact period of non-compliance: from		to	The state of the s
Action(s) taken to achieve complian	•		Sure Sure Sure Sure Sure Sure Sure Sure
Method used to demonstrate complia			No.
#2 Term or condition of the genera	d permit that has not been in conti	nuous compliance during the	reporting paroa stated above
Exact period of non-compliance: fro	om	to	
Action(s) taken to achieve complian	ce:		<u> </u>
Method used to demonstrate complia	ance:		* * * * * * * * * * * * * * * * * * *
As the responsible official, I hereby made in this notification are true, as		belief formed after reasonab	ole inquiry, that the statements
RESPONSIBLE OFFICIAL:	Name (Please Print)	_ Jdsl\Signature	6-21-99 Date

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

## CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL COMPLAINT/DISCOVERY  E-INSPECTION	. 🗖
	E-MSI ECTION	
AIRS ID#: 103033	Σ TIME IN: 11:07a.m. TIME OUT: 12:42	p. m
FACILITY NAME:	Classic Chrome	' II
FACILITY LOCATION:	14835 49th St. N.	
	Clearwater, FL 34622	
	- ,	
PART I: NOTIFICATION		
(check appropriate box)		
Facility notified DARM by 9	√1/96 <b>⊡</b>	D F
2. New facility notified DARM 30 days prior to startup		JUL Bureau of
3. Facility failed to notify DARM to use a general permit		Mobilion Nobilion
and the state of t		SO N SO
PART II: CLASSIFICATION		Scurce Nonito
Facility type(s)/applicable stand	ard indicated on notification form:	ine
Hard Chromium Plating		
a. Existing Large (0.015 mg/c	scm)	
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/yea	r)
Decorative Chromium Platin	g/Anodizing	
a. Chromic Acid Bath	Emissions of $< 0.01/\text{mg/dscm}$ (4.4x10 <sup>-6</sup> gr/dscf)	_ ·
	Surface tension of $\leq$ 45 dynes/cm (3.1×10 <sup>-3</sup> lb-f/ft) May only be selected if a wetting agent is used.	র
b. Trivalent Chromium Bath	With wetting agent	
·	Without wetting agent <0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	<b>.</b> .
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	
		!

#### PART III: CONTROL TECHNOLOGY Control device selected In use? 1. Composite Mesh Pad OY ON 2. ☐ Fiber Bed Mist Eliminator QΥ $\square N$ Packed Bed Scrubber 3. $\Box Y$ $\square N$ ☐ Packed Bed Scrubber/Composite Mesh Pad $\square N$ ☐ Foam Blanket Fume Suppressant $\Box Y$ 5. $\square N$ ØΥ $\square N$ 6. ☐ Fume Suppressant w/ Wetting Agent N/A Has the facility conducted an initial performance test to establish monitoring parameters? DY DN (Not required for sources using a wetting agent or 1-inch foam blanket thickness) PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS Has the responsible official maintained the following records? 1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or DY DN MNA composite mesh pad) 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed MA DN □N/A scrubber, fiber-bed mist eliminator, or composite mesh pad) 3. Maintenance records for the source, add-on pollution control devices, and monitoring MY DN equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. DY ON ONA 5. Results of all performance tests. DY ON ON/A 6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent) Composite Mesh Pad Packed Bed Scrubber Measure the pressure drop across the Measure the pressure drop across the PBS and the CMP daily. inlet velocity daily. Fiber-Bed Mist Eliminator Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily. and the upstream device daily. Fume Suppressant w/ Wetting Agent Foam Blanket Fume Suppressant Measure the foam blanket thickness at the Measure the surface tension at the appropriate interval. appropriate interval. DY DN DN/A 7. Purchase records of wetting agent components. MY DN DN/A 8. Records of the date and time that fume suppressants are added to the bath. DY DN DNA 9. Records of rectifier capacity, if used to determine facility size. MY ON 10. Records of the total process operating time. DY DN N/A 11. Records identifying specific periods of excess emissions. **E**Y ON 12. Startup, Shutdown & Malfunction Plan

#### PART V: ADDITIONAL SITE INFORMATION

Surface tension 42.5 dynes/cm remorded on 6/18/99. added 500 ml of Brite Guard. Chrome I Tank

Surface Finsion 43.0 dynes/cm recorded on 6/18/99. added 500ml of Brite Dward. Chrome II Tank

Bureau of Air Monitoring

Todd Buhnerkemper Name of Responsible Official

Jeff Morris

Inspector's Name

rispector's Signature

bate of Inspection

Date of inspection

12/21/99 Approximate Date of Next Inspection



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

		·
FACILITY NAME:	Classic Chrome	DATE: 2/9/00
FACILITY LOCATION:	14835 49th St.	
	Clearwater, FL 30	•
Annual Reporting Period: June	21, 19 <b>99</b> TO	February 9, 2000
	Fitle V general air permit, my facility has rer e (F.A.C.), during the period covered by this	<u> </u>
If NO, complete the following:		
#1. Term or condition of the general per	rnuit that has not been in continuous complia	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		<u> </u>
Method used to demonstrate compliance	:	
#2 Term or condition of the general per	rmit that has not been in continuous complia	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		<u> </u>
Method used to demonstrate compliance	:	
		· · · · · · · · · · · · · · · · · · ·
made in this notification are true, accur	ate and complete.	after reasonable inquiry, that the statements
RESPONSIBLE OFFICIAL:/or	Name (Please Print)	Signature Date
	<u></u>	DECEIVED

\*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.

Bureau of Air Monitoring & Mobile Sources

## CHROMIUM ELECTROPLATING/ANODIZING

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL G COMPLAINT/DISCOVERY E-INSPECTION	
AIRS ID#: 1030332	TIME IN: 10:07a.m. TIME OUT: 10:37a.	<u>m.                                    </u>
FACILITY NAME:	Classic Cheome	
FACILITY LOCATION:	14835 49th St. N.	
	Clearwater, FL 34622	
PART I: NOTIFICATION		
(check appropriate box)		
1. Facility notified DARM by 9/	1/96	
2. New facility notified DARM		
3. Facility failed to notify DARM	I to use a general permit	
PART II: CLASSIFICATION		
Facility type(s)/applicable standa	rd indicated on notification form:	
Hard Chromium Plating		
a. Existing Large (0.015 mg/ds	cm)	
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 $< 0.01/mg/dscm (4.4x10^{-6} gr/dscf)$	
	Surface tension of $\leq 45$ dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft) May only be selected if a wetting agent is used.	<b>13</b> /
b. Trivalent Chromium Bath	With wetting agent	
·	Without wetting agent <0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	
	•	
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf) Surface tension of 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft)	<u> </u>

#### PART III: CONTROL TECHNOLOGY Control device selected In use? ☐ Composite Mesh Pad 1. DY DN 2 ☐ Fiber Bed Mist Eliminator $\Box$ Y $\Box$ N 3 ☐ Packed Bed Scrubber $\Box Y \Box N$ ☐ Packed Bed Scrubber/Composite Mesh Pad DY DN DY DN 5. ☐ Foam Blanket Fume Suppressant PY DN 6 ☐ Fume Suppressant w/ Wetting Agent Has the facility conducted an initial performance test to establish monitoring parameters? $\Box Y$ $\Box N$ $\Box N/A$ (Not required for sources using a wetting agent or 1-inch foam blanket thickness) PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS Has the responsible official maintained the following records? 1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or DY ON PNA composite mesh pad) 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed AVAD ND YPI scrubber, fiber-bed mist eliminator, or composite mesh pad) 3. Maintenance records for the source, add-on pollution control devices, and monitoring DY DN equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each MA ON malfunction of process, add-on pollution control device, and monitoring equipment. DY ON ONA 5. Results of all performance tests. DIV DN DN/A 6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent) Composite Mesh Pad Packed Bed Scrubber Measure the pressure drop across the Measure the pressure drop across the PBS and the CMP daily. inlet velocity daily. Fiber-Bed Mist Eliminator Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily. Measure the pressure drop across the FBME and the upstream device daily. Fume Suppressant w/ Wetting Agent Foam Blanket Fume Suppressant Measure the foam blanket thickness at the Measure the surface tension at the appropriate interval. appropriate interval. MY ON ON/A 7. Purchase records of wetting agent components. MY ON ON/A 8. Records of the date and time that fume suppressants are added to the bath. DY DN ENA 9. Records of rectifier capacity, if used to determine facility size. EY ON 10. Records of the total process operating time. DY DN ( P/A 11. Records identifying specific periods of excess emissions. MY DN

12. Startup, Shutdown & Malfunction Plan

### PART V: ADDITIONAL SITE INFORMATION

2/7/00 Chrome Tank #1 Surface Tension-32 dynes/cm 2/7/00 Chrome Tank #2 Surface Tension-38 dynes/cm

verbal warning: Facility did not supply surface tension records to the inspection at time of inspection 2/7/00. Facility was told to have inspection records up to date at all times. In

Todd Buhnerkemper Name of Responsible Official

Jeff Morri

Inspector & Sygnature

2/9/06

Date of Inspection

Approximate Date of Next Inspection

# KIL

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

FACILITY NAME:A	II Alun	ninum Fi	nishers DAT	$E: \frac{2/7/00}{}$
FACILITY LOCATION: 41	100 346	h St. N.	•	
S	t. Peters	burg, FL	33714	· ·
Annual Reporting Period: June	.10,	19 <b>99</b> TO	Februar	7, 2000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	•		r in a	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in	continuous compliance	e during the reporting p	eriod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				<u> </u>
Method used to demonstrate compliance:				
#2 Term or condition of the general permit	that has not been in	continuous compliance	e during the reporting p	eriod stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·			2
Method used to demonstrate compliance:			•	18, 
As the responsible official, I hereby certify, be made in this notification are true, accurate a RESPONSIBLE OFFICIAL:	nd complete.	n and belief formed afte	er reasonable inquiry, to	hat the statements  2-7-2000  Date
	e (Flease Film)		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.

Page \_ | of \_ | .

MAR 1 3 2000

## CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY	
I	RE-INSPECTION	, a di	
AIRS ID#: 1030422	TIME IN: _	10:54am TIME OUT: 11:47a	, m
FACILITY NAME:	A1	1 Alyminum Finisher	
FACILITY LOCATION:		100 34th St.N.	
	St	J. Petersburg, FL 33714	
PART I: NOTIFICATION			
(check appropriate box)			
Facility notified DARM by	9/1/96		
2. New facility notified DARM	f 30 days prior to start	up $\Box$	
3. Facility failed to notify DAI	lM to use a general pe	rmit (Facility notified) of February 98.	
	0	The state of the s	
PART II: CLASSIFICATION			<u> </u>
Facility type(s)/applicable stand	lard indicated on notif	fication form:	
Hard Chromium Plating			
a. Existing Large (0.015 mg/	dscm) $\square$ t	b. Existing Small (0.03 mg/dscm)	
c. New (0.015 mg/dscm)		<ul> <li>d. Alternative Standard for existing facilities         (0.03 mg/dscm) using a rolling average of         rectifier capacity (less than 60 million A-hr/year)</li> </ul>	
Decorative Chromium Plating/Anodizing			
a. Chromic Acid Bath	Emissions of < 0.0	01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	
	Surface tension of May only be selected if	$6 \le 45$ dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft) fa wetting agent is used.	
b. Trivalent Chromium Bath	With wetting agen	nt	
	Without wetting a	gent <0.01mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	<b>D</b> .
c. Chromium Anodizing	Emissions of <0.0	1 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	
		f 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft) f a wetting agent is used.	র্

#### PART III: CONTROL TECHNOLOGY Control device selected In use? ☐ Composite Mesh Pad DY DN 1. ☐ Fiber Bed Mist Eliminator 3. □ Packed Bed Scrubber DY DN 4. ☐ Packed Bed Scrubber/Composite Mesh Pad DY DN ☐ Foam Blanket Fume Suppressant DY DN MY ON 6. Fume Suppressant w/ Wetting Agent DY ON ON/A Has the facility conducted an initial performance test to establish monitoring parameters? (Not required for sources using a wetting agent or 1-inch foam blanket thickness) PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS Has the responsible official maintained the following records? 1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or DY DN DN/A 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed DY DN WN/A scrubber, fiber-bed mist eliminator, or composite mesh pad) 3. Maintenance records for the source, add-on pollution control devices, and monitoring DY DN equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each ray din malfunction of process, add-on pollution control device, and monitoring equipment. DY ON ON/A 5. Results of all performance tests. MY DN DN/A 6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent) Composite Mesh Pad Packed Bed Scrubber Measure the pressure drop across the Measure the pressure drop across the PBS and the CMP daily. inlet velocity daily. Fiber-Bed Mist Eliminator Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily. Measure the pressure drop across the FBME and the upstream device daily. Foam Blanket Fume Suppressant Fume Suppressant w/ Wetting Agent Measure the foam blanket thickness at the Measure the surface tension at the appropriate interval appropriate interval. MY ON ON/A 7. Purchase records of wetting agent components. ⊠N/A DY DN 8. Records of the date and time that fume suppressants are added to the bath. (Notune suppresant 9. Records of rectifier capacity, if used to determine facility size. added Since 6/10/49/01 ON ☑N/A ND YE 10. Records of the total process operating time. DY DN 11. Records identifying specific periods of excess emissions. ND AN 12. Startup, Shutdown & Malfunction Plan

## PART V: ADDITIONAL SITE INFORMATION

Surface Tempion - 32,6 dynes/cm Temperature - 27°C Specific Gravity - 1.12 Jost plating 2/2/00 60 amps

Robert Miller Name of Responsible Official

ame of Responsible Official

Jeff Morris

Inspector's Name

Inspertor's Signature

2/7/00

Date of Inspection

9/7/00

Approximate Date of Next Inspection

alles

## CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: <u>1030332</u>	TIME IN: _	10:37a.m. TIME OUT: 11:27a.x	·
FACILITY NAME:	Class	c Chrome	
FACILITY LOCATION: _	14835	49th St. N.	
<u> </u>	Clearw	ater, FL 34622	
PART I: NOTIFICATION			
(check appropriate box)	, .		
1. Facility notified DARM by 9/	1/96	ш	
2. New facility notified DARM	30 days prior to start	пр 🔲	
3. Facility failed to notify DARN	1 to use a general pe	rmit 🔲	
PART II: CLASSIFICATION			
Facility type(s)/applicable standa	rd indicated on notif	ication form:	,
Hard Chromium Plating			į
a. Existing Large (0.015 mg/ds	cm) 🗆 t	o. Existing Small (0.03 mg/dscm)	
c. New (0.015 mg/dscm)		<ol> <li>Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)</li> </ol>	ם
Decorative Chromium Plating	Anodizing		
a. Chromic Acid Bath	Emissions of < 0.0	1/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	
	Surface tension of May only be selected if	$\leq$ 45 dynes/cm (3.1x10 <sup>-3</sup> lb-f/ft) a wetting agent is used.	র
b. Trivalent Chromium Bath	With wetting agen	t salah	
	Without wetting a	gent <0.01mg/dscm (4.4×10 <sup>-6</sup> gr/dscf)	<b>u</b> .
c. Chromium Anodizing	Emissions of <0.0	1 mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)	
	Surface tension of May only be selected if	45 dynes/cm (3.1×10 <sup>-3</sup> lb-f/ft) a wetting agent is used.	

PART III: CONTROL TECHNOLOGY			
Control device			
selected In use? 1.			
2.			
3. ☐ Packed Bed Scrubber ☐Y ☐N			
4. ☐ Packed Bed Scrubber/Composite Mesh Pad ☐Y ☐N			
5. ☐ Foam Blanket Fume Suppressant ☐Y ☐N			
6. Fume Suppressant w/ Wetting Agent			
Has the facility conducted an initial performance test to establish monitoring parameters (Not required for sources using a wetting agent or 1-inch foam blanket thickness)	meters? DY DN ØN/A		
PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS			
Has the responsible official maintained the following records?			
<ol> <li>Quarterly inspection records for add-on air pollution control devices and monit equipment. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminate composite mesh pad)</li> </ol>	- 1		
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed be scrubber, fiber-bed mist eliminator, or composite mesh pad)	bed		
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).			
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.			
5. Results of all performance tests.	EY ON ON/A		
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting ages	nt) Y ON ON/A		
Composite Mcsh Pad Packed Bed Scrubber  Measure the pressure drop across the CMP daily.  Packed Bed Scrubber  Measure the pressure drop across the Pinlet velocity daily.	BS and the		
Fiber-Bed Mist Eliminator  Measure the pressure drop across the FBME and the upstream device daily.  Packed Bed Scrubber/Comp Measure the pressure drop across the Cl			
Foam Blanket Fume Suppressant  Measure the foam blanket thickness at the appropriate interval.  Fume Suppressant w/ Wettin Measure the surface tension at the appropriate interval.			
7. Purchase records of wetting agent components.	EYY ON ON/A		
8. Records of the date and time that fume suppressants are added to the bath.	MY ON ON/A		
9. Records of rectifier capacity, if used to determine facility size.			
10. Records of the total process operating time.   ☑Y □N			
11. Records identifying specific periods of excess emissions.			
12. Startup, Shutdown & Malfunction Plan			

## PART V: ADDITIONAL SITE INFORMATION

4/24/00 Chrome Tank#1 surface tension - 35 dynes/cm 4/25/00 Chrome Tank #2 surface tension-37 dynes/cm

Todd Bunnerkemper Name of Responsible Official

Jeff Morris

2/15/2001 Approximate Date of Next Inspection

## 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.

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CLASSIC CHROME INC TODD BUHNERKEMPER 14835 49TH STREET N CLEARWATER FL 34622 R COVERNMENTLISE ONLY

FOR GOVERNMENT USE ONL Org.: 37550101000 EO: A

Fund: 20-2-035001 Obj.: 002273

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Fund: 20-2-035001 Obj.: 002273



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Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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Fund: 20-2-035001 Obj.: 002273

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FOR GOVERNMENT USE ONLY

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Org.: 37550101000 EO: B1 Fund: 20-2-035001

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Fund: 20-2-035001 Obj.: 002273

## Z 210 662 507

**US Postal Service** 

Receipt for Certified Mail
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AIRS ID # 1030332001AG TODD BUHNERKEMPER CLASSIC CHROME INC 14835 49TH STREET N CLEARWATER FL 34622

	Certified Fee	
	Special Delivery Fee	-
10	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
S Form 3800, April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>AIRS ID # 1030332001AG TODD BUHNERKEMPER CLASSIC CHROME INC</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
14835 49TH STREET N CLEARWATER FL 34622	3. Service Type  Certified Mail
2. Article Number (Copy from service label) Z210 662507	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

U.S. Postal Servi CERTIFIED M (Domestic Maji	RECEIPT  No Insurance Coverage Provided)	
F	i	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here	
F CLASSIC CHRG TODD BUHNE 14835 49TH ST CLEARWATER 34622	MPER	
PSTORTOUTV	5r Instructions	
ER AT TOP OF ENVELOPE T OF RETURN ADDRESS.		
<ul> <li>Complete items 1, 2, and 3. Also, item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card tow.</li> <li>Attach this card to the back of the or on the front if space permits.</li> </ul>	C. Signature	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No	
AIRS ID # 10303 CLASSIC CHROME INC TODD BUHNERKEMPER 14835 49TH STREET N		
CLEARWATER FL 34622	3. Service Type  Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label)  2. 000 0520 0020 9373 1944		
PS Form 3811, July 1999	omestic Return Receipt 102595-99-M-1789	