



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 9, 1996

Mr. Peter Valantiejus
M & P Plating, Inc.
700 37th Street South
St. Petersburg, Florida 33711

Re: Facility I.D. No. 1030333

Dear Mr. Valantiejus:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest District
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS
DOCUMENT TO:

Sandy Bowman / DARM
RECEIVED

Name of Individual/Office

5510

Mail Station Number

Bureau of Air Monitoring
Mobile Sources

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): M & P Plating, Inc.
2. Site Name (For example, plant name or number): M & P Plating, Inc.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 700 37th Street South Street Address: 700 37th Street South City: St. Petersburg County: Pinellas Zip Code: 33711
5. Facility Identification Number (DEP Use): 1030333

Responsible Official

6. Name and Title of Responsible Official: Peter Valantiejus, Co-Owner
7. Responsible Official Mailing Address: Organization/Firm: M & P Plating, Inc. Street Address: 700 37th Street South City: St. Petersburg County: Pinellas Zip Code: 33711
8. Responsible Official Telephone Number: Telephone: (813) 327-5118 Fax: (813) 323-6937

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Peter Valantiejus, Co-Owner
10. Facility Contact Address: Street Address: 700 37th Street South City: St. Petersburg County: Pinellas Zip Code: 33711
11. Facility Contact Telephone Number: Telephone: (813) 327-5118 Fax: (813) 323-6937

RECEIVED

Facility Information

I.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 CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
Tank No. 001-675	2/85	2/85	PBS/NA	0.03 mg/dscm

Key for Control Device type

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

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternate standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

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

Yes No

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

DECORATIVE AND ANODIZING TANKS				
TANKS ID #	DATE PURCHASED	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
No decorative chrome electroplating or anodizing machines operated at this facility.				

Key for Control Device type

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

Applicable Standard Key

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

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

January 25, 1996 January 25, 1997

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

The facility will conduct an initial performance test

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

Equipment Monitoring and Recordkeeping Information

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

- (a) Equipment maintenance (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 (l) Fume suppressant records
- (m) Purchase records of wetting agent compounds

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) AO52-192930.

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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



Signature

8-29-96

Date

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): M & P Plating, Inc.
2. Site Name (For example, plant name or number): M & P Plating, Inc.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 700 37th Street South Street Address: 700 37th Street South City: St. Petersburg County: Pinellas Zip Code: 33711
5. Facility Identification Number (DEP Use): 1030333

Responsible Official

6. Name and Title of Responsible Official: Peter Valantiejus, Co-Owner
7. Responsible Official Mailing Address: Organization/Firm: M & P Plating, Inc. Street Address: 700 37th Street South City: St. Petersburg County: Pinellas Zip Code: 33711
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RECEIVED

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 CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
Tank No. 001-675	2/85	2/85	PBS/NA	0.03 mg/dscm

Key for Control Device type

PBS = packed-bed scrubber
 CMP = composite mesh pad
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 FS = fume suppressant only
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 FM = fiber-bed mist eliminator

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternate standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

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

Yes No

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

DECORATIVE AND ANODIZING TANKS				
TANKS ID #	DATE PURCHASED	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
No decorative chrome electroplating or anodizing machines operated at this facility.				

Key for Control Device type

PBS = packed-bed scrubber
 CMP = composite mesh pad
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 FS = fume suppressant only
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Applicable Standard Key

x = 0.01 mg/dscm
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2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form

January 25, 1996 January 25, 1997

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

The facility will conduct an initial performance test

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

Equipment Monitoring and Recordkeeping Information

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

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:


I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) AO52-192930.

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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.

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Signature

8-29-96
Date

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Facility Name and Location

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2. Site Name (For example, plant name or number):	M & P Plating, Inc.	D.E.P.
3. Hazardous Waste Generator Identification Number:		
4. Facility Location: 700 37th Street South Street Address: 700 37th Street South City: St. Petersburg County: Pinellas Zip Code: 33711		
5. Facility Identification Number (DEP Use):		

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6. Name and Title of Responsible Official:	Peter Valantiejus, Co-Owner
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RECEIVED
SEP 10 1996

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Bureau of Air Monitoring
& Mobile Sources

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Yes No

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January 25, 1997

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- (k) Rectifier capacity (l) Fume suppressant records
- (m) Purchase records of wetting agent compounds

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

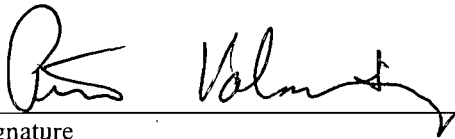
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I will promptly notify the Department of any changes to the information contained in this notification.


Signature

8-29-96
Date

M & P PLATING, INC.

700 37th Street South
St. Petersburg, Florida 33711

CERTIFIED

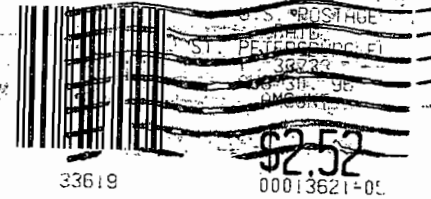
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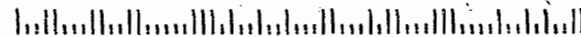
RETURN RECEIPT
REQUESTED

State of Florida
Department of Environmental Protection
3804 Coconut Palm Drive
Tampa, Florida 33619

AIR



33619-8327 71



INTEROFFICE MEMORANDUM

1030333

Date: 29-Oct-1998 05:33pm
From: Matthew McCann
mmccann@co.pinellas.fl.us@PMDF@EPIC66

Dept:
Tel No:

To: See Below
Subject: M & P Plating Data

This is an incomplete and rushed attempt to discuss the hard chrome issue, but since a teleconference has already been scheduled, I'd better prepare you with some information.

Please note: This is only a preliminary report, and must be considered as a draft report. Nothing contained within this draft report should be considered as the position of Pinellas County Florida, since it has not been reviewed, and approved by the Administrator.

The attachments are formatted as follows:

1. Microsoft Word
2. Microsoft Excel
3. GIF Image

The data in the attachments shows the three chromium emission test results for a small, hard chrome electroplating facility in Pinellas County with a packed bed scrubber.

M&P Plating, Inc., is located in Pinellas County, Florida, and is a small, hard chromium electroplater operating under a Title V General Permit. The facility has one chromium electroplating tank with a total of six rectifiers, each rectifier is rated at 500 amps for a total cumulative rectifier capacity of 3,000 amps.

Under 40 CFR 63.342, Subpart N, a small, hard chromium electroplater must meet the emission limitation of 0.03 mg/DSCM if the calculated maximum cumulative potential rectifier capacity is no greater than 60,000,000 amp-hrs/yr. The calculated maximum cumulative potential rectifier capacity for this facility is 17,640,000 amp-hrs/yr.

The facility completed three performance tests, the first two tests failed, and the third passed. Attached is a bar graph which shows that when the facility exceeded a 530 rectifier amp output the emission limit is exceeded. Since, neither the MACT rule, or the test method specify at what amperage the emission unit must operate at during plating operations, and the MACT rule does not include the amperage output as a parameter to monitor and record to show compliance, it is fair to say that the emission unit could test at a lower amperage and operate at another. Please note that a similar facility could have submitted test results for only the test which passed and no one would have been the wiser. Since this source is currently under a Title V General Permit, there are no additional permit conditions which could restrict the maximum amperage output at this, or other similar facilities.

For this, or other similar facilities to operate in compliance with its emission limitation the facility would have to demonstrate through a continuous recording device that no plating operation ever exceeds 530 amps. The only parameters currently required to be monitored are stack velocity, pressure drop, and yearly cumulative rectifier amperage (amp-hrs/yr). The yearly cumulative rectifier amperage (amp-hrs/yr) is require to show that the yearly cumulative rectifier amperage does not exceed the calculated maximum cumulative potential rectifier capacity of 60,000,000 amp-hrs/yr. This source would obviously have no problem meeting that requirement because it's calculated maximum cumulative potential rectifier capacity for this facility is 17,640,000 amp-hrs/yr. Please make note that there are other variables at work which cause the chromium emissions to rise, what they are is unclear.

In a "Technology Demonstration Project" report for Hard Chrome (

Gas temperatures, inlet and outlet (minimum).

The test reports must "include the type of air pollution control devices installed on the emissions unit, their general condition, their normal operating parameters (pressure drops, total operating current and GPM scrubber water), and their operating parameters during each test run."

Hillsborough County has a similar problem with their hard chrome facility which utilizes a packed bed scrubber. In addition, the "Technology Demonstration Project Report", clearly indicates that the packed bed scrubber does not control chromium emissions to the required levels. It would appear that this facility and other similar sources which choose to use a packed bed scrubber alone to control hard chromium emissions, should be required to have a performance test conducted more frequently than as required by the MACT rule (once). It is also apparent that each plating operation should be required to record each operations amperage to demonstrate that they do not exceed the rectifier amperage at which they tested. Based on "Technology Demonstration Project Report" it appears that the packed bed scrubber alone cannot control emissions to the proper level, and these facilities may be spending money on testing that results in multiple failures. This same report does indicate that when the packed bed scrubber they tested included a mesh pad, they passed well within the emission limits.

If you have any questions, please contact Matt McCann (727) 464-4422 or Suncom 570-4422.

Date: Nov. 2, 1998

Time: 10:30 a.m. - 12:00 p.m.

Call-in number: (850) 414-6477, SC 994-6477, CC Z301028

Draft Agenda

- Review of problem - Bruce King (Hillsborough), Matt McCann (Pinellas)
- OGC Viewpoint - Pat Comer, Scott Goorland
- BAMMS Concerns - Sandy Bowman, Rick Butler
- Next Steps

Frequency of testing

4 testing of periodic monitoring

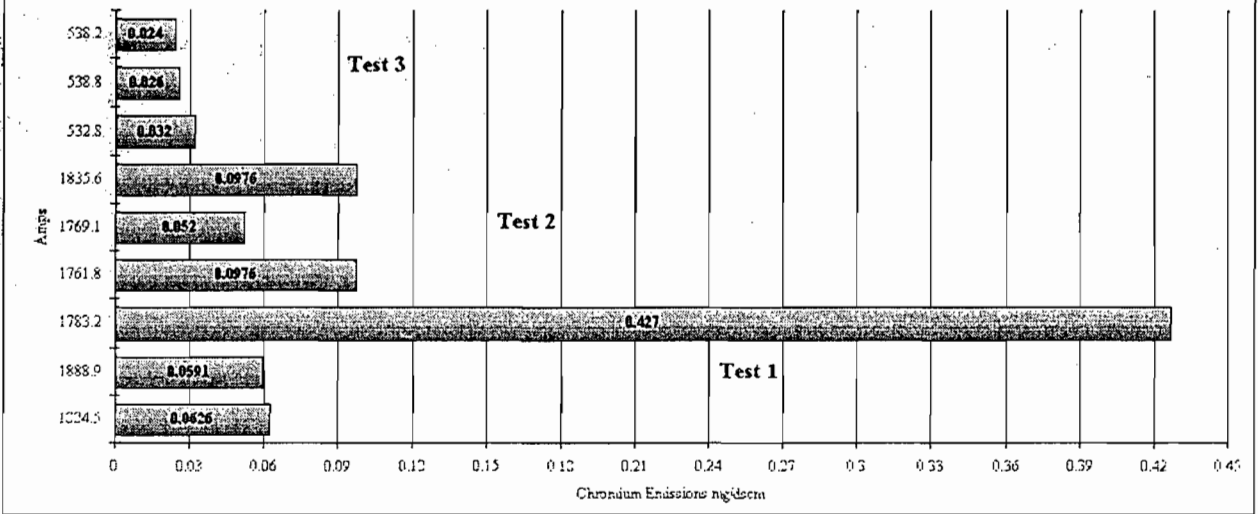
2 Compliance Plan (2) (Pat) - form

3 for from Pat - testing reports

total 4 - cost of test

4 forward to EPA for purchase guidance

M & P Plating - Pinellas County Florida
Hard Chrome with Packed Bed Scrubber with no Mesh Pad



Region 5 simultaneously files and settles Administrative Penalty Order against Diamond Chrome Plating, Inc. concerning alleged violations of the chrome plating NESHAP / Howell, Michigan
IMPACT: On September 30, 1998, Region 5 filed an administrative penalty order against and consent agreement and consent order with Diamond Chrome Plating, Inc. concerning alleged violations of the Chrome Plating NESHAP. The settlement requires Diamond Chrome to pay a \$20,000 penalty and implement a supplemental environmental project of replacing two emission control systems early. The supplemental environmental project is worth at least \$300,000.

BACKGROUND: On April 28, 1998, U.S. EPA, issued an FOV to Diamond Chrome Plating, Inc., Howell, Michigan (Diamond Chrome), citing violations of the National Emission Standard for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks, 40 C.F.R. Part 63, Subpart N (Chrome Plating NESHAP). Specifically, the FOV cited violations of Sections 63.342, 63.343, 63.346, and 63.347 of the Chrome Plating NESHAP, which contain work practice standards, monitoring provisions, recordkeeping requirements, and reporting requirements. The alleged violations occurred at Diamond Chrome's hard chrome plating facility in Howell, Michigan.

In response to U.S. EPA's SBREFA letter, Diamond Chrome requested an opportunity to conduct pre-filing settlement negotiations. Those negotiations resulted in a settlement which allows Diamond Chrome to pay \$20,000 and implement a supplemental environmental project worth at least \$300,000 which involves replacing two emission control systems early. This settlement satisfies U.S. EPA's SEP policy and resolves the proposed penalty of \$105,769.

Case Contact: HYPERLINK "mailto:klejwa.padmavati@epa.gov" Padmavati G. Klejwa, Multi-Media Branch I, (312) 353-8917

Region 5 issues Administrative Penalty Complaint to Elkhart Products Corp. / Elkhart, Indiana

IMPACT: On June 18, 1998, Region 5 issued an administrative penalty complaint to Elkhart Products Corporation for violations of the National Emission Standard for Chromium Emissions for Hard and Decorative Electroplating and Chromium Anodizing tanks ("Chrome Plating NESHAP") at its facilities in Elkhart and Geneva, Indiana. The administrative penalty complaint proposes a penalty of \$100,000.

BACKGROUND: The Chrome Plating NESHAP required compliance with emission limits no later than January 25, 1997. Hexavalent chrome is listed as a toxic air pollutant in Section 112 of the CAA. Region 5 issued a Finding of Violation to the company in March 1998.

Case Contact: HYPERLINK "mailto:mcauliffe.mary@epa.gov" Mary McAuliffe, Multi-Media Branch II, (312) 886-6237

CAA Chrome NESHAP penalty action against LWG Finishing Co. filed and simultaneously settled with CACO / Fairfield, Ohio

IMPACT: On September 4, 1998, the Region filed a simultaneous Complaint and Consent Agreement and Consent Order settling a Clean Air Act administrative penalty action against Respondent, Hard Surface Technology, doing business as L.W.G. Finishing Company ("LWG") facility in Fairfield, Ohio for violations of the National Emission Standards for Chromium Emissions from Hard and Decorative Electroplating and Chromium Anodizing Tanks ("Chrome Plating NESHAP"), found at 40 C.F.R. Part 63, Subpart N. The Region had previously entered into a CAA Section 113(a) administrative compliance Order with LWG, under which the company agreed to implement and maintain all applicable work practice standards and recordkeeping requirements. Under the CACO, LWG is required to pay a \$20,000 civil penalty.

BACKGROUND: The administrative Complaint against LWG alleged that the company's hard chromium electroplating tanks' emissions exceeded the allowable emissions limit of 0.030 mg/dscm under 40 C.F.R. § 63.342©(ii), and that L.W.G. failed to add fresh makeup water to its packed bed scrubber as required by the work practice standards of 40 C.F.R. § 63.342(f)(3)(I)(B). The requirements of the Chrome Plating NESHAP became effective on January 25, 1997. The Complaint proposed that LWG be assessed a civil penalty of \$92,400. Based on LWG's demonstration of an inability to pay the assessed penalty, the Region agreed to mitigate the civil penalty amount to \$20,000, to be paid in eight quarterly installments of \$2,500 each. LWG's first such payment was received by EPA on September 22, 1998.

Case Contact: HYPERLINK "mailto:daugavietis.andre@epa.gov" Andre Daugavietis, Multi-Media Branch II, (312) 886-6663

Region 5 resolves complaint against Richards Industries, Inc. for violations of the Clean Air Act / Cincinnati, Ohio

IMPACT: On September 22, 1998, the Acting Regional Administrator signed a Consent Agreement and Consent Order (CACO) to resolve the Complaint issued by Region 5, U.S. EPA, against Richards Industries, Inc., Cincinnati, Ohio ("Richards"), pursuant to Section 113 of the CAA. The CACO requires the Respondent to pay a civil penalty in the amount of \$27,500.

BACKGROUND: On April 16, 1998, Region 5 of the U.S. EPA issued a Finding of Violation (FOV) to Richards Industries, Inc., under the authority of Section 113(a) (3) of the Clean Air Act (CAA). The FOV alleged that Richards Industries had violated the NESHAP for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks (Chrome Plating NESHAP), which is codified at 40 C.F.R. Part 63.340-347. Richards Industries was specifically cited for the following violations:

1. Failure to notify U.S. EPA of Richards Industries' intention to conduct a performance test 60 days before the test was scheduled to begin. 40 C.F.R. § 63.347(d)(1).
2. Failure to conduct an initial performance test within 180 days of the January 25, 1997 compliance date for hard chromium electroplating tanks. 40 C.F.R. § 63.343(b)(1) and § 63.7(a)(2).
3. Failure to conduct an initial performance test consisting of three separate test runs. 40 C.F.R. § 63.343(b)(1) and § 63.7(e)(3).
4. Failure to submit a complete report of performance test results. 40 C.F.R. § 63.347(f)(2) and § 63.344(a).

Following receipt of the FOV, Richards Industries conducted a performance test in compliance with all applicable regulations, and submitted a complete report of the performance test results to U.S. EPA. On July 14, 1998, a CAA Section 113 conference was held to discuss the FOV. Richards Industries was advised that an administrative penalty order (APO) would be issued to Richards Industries. Richards Industries wished to discuss settlement of the APO. Region 5 proposed a civil penalty of \$50,050. A settlement was reached wherein Richards Industries agreed to pay a penalty in the amount of \$27,500. An Administrative Penalty Order was filed on September 22, 1998, together with a Consent Agreement and Consent Order memorializing the settlement of the action.

Case Contact: HYPERLINK "<mailto:cha.james@epa.gov>" James Cha , Multi-Media Branch II, (312) 886-0813

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

FACILITY NAME: M & P Plating, Inc. DATE: 3/22/00
 FACILITY LOCATION: 700 37th St. N.
St. Petersburg, FL 33711

Annual Reporting Period: September 23, 1999 TO March 22, 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
APR 11 2000
Bureau of Air Monitoring
(Mobile Sources)

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: JOHN C. KUTCH John C. Kutch 3/22/00
 Name (Please Print) Signature Date

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

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CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030333 TIME IN: 11:06 a.m. TIME OUT: 11:57 a.m.
 FACILITY NAME: M + P Plating
 FACILITY LOCATION: 700 37th St. S.
St. Petersburg, FL 33711

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

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

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

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

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

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

PART V: ADDITIONAL SITE INFORMATION

AH 2780

p₁ - .80

p₂ - .31

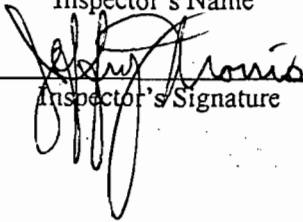
Measurements
through March 17, 2000

AH total 11,510

40 total hrs

John Kutch/Peter Valantiejus
Name of Responsible Official

Jeff Morris
Inspector's Name



Inspector's Signature

3/22/00
Date of Inspection

9/22/00
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030333 001 TIME IN: 8:00a.m. TIME OUT: 11:45a.m.
 FACILITY NAME: M & P Plating
 FACILITY LOCATION: 700 37th St. S.
St. Petersburg, FL 33711

RECEIVED
 DEC 11 1996
 Bureau of Air Monitoring
 & Pollution Sources

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath Emissions of < 0.01/mg/dscm (4.4x10⁻⁶ gr/dscf)
 Surface tension of ≤ 45 dynes/cm (3.1x10⁻³ lb-f/ft)
 May only be selected if a wetting agent is used.

b. Trivalent Chromium Bath With wetting agent
 Without wetting agent <0.01mg/dscm (4.4x10⁻⁶ gr/dscf)

c. Chromium Anodizing Emissions of <0.01 mg/dscm (4.4x10⁻⁶ gr/dscf)
 Surface tension of 45 dynes/cm (3.1x10⁻³ lb-f/ft)
 May only be selected if a wetting agent is used.

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

PART V: ADDITIONAL SITE INFORMATION

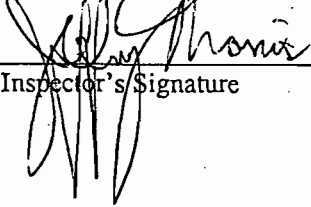
Observed Method 306 Stack Test.

John Kutch

Name of Responsible Official

Jeff Morris

Inspector's Name



Inspector's Signature

2/26/98

Date of Inspection

3/18/98

Approximate Date of Next Inspection

ANN

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

FACILITY NAME: M & P Plating, Inc. DATE: 9/28/99
 FACILITY LOCATION: 700 37th St. S.
St. Petersburg, FL 33711

Annual Reporting Period: March 15, 1999 TO September 23, 1999

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
OCT 11 1999
Bureau of Air Monitoring
& Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: John Kutch JOHN KUTCH 9/28/99
Name (Please Print) Signature Date

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

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030333 TIME IN: 10:07 a.m. TIME OUT: 12:17 p.m.
 FACILITY NAME: M+P Plating
 FACILITY LOCATION: 700 37th St. S.
St. Petersburg, FL 33711

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

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

FACILITY NAME: M & P Plating, Inc. DATE: 3/15/99
 FACILITY LOCATION: 700 37th St. S
St. Petersburg, FL 33711

Annual Reporting Period: June 11, 1998 TO March 15, 1999

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

If NO, complete the following:

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

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

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

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

RECEIVED
 APR - 5 1999
 Bureau of Air Monitoring
 & Mobile Sources

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: Peter Valantiejus [Signature] 3-15-99
 Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

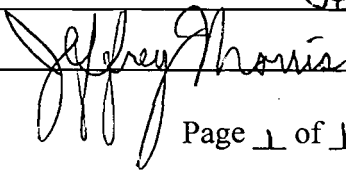
TIME IN: 10:38 a.m.	TIME OUT: 12:15 p.m.	AIRS ID# 1030333 001
TYPE OF FACILITY: Chromium Electroplating and Anodizing		
FACILITY NAME: M & P Plating, Inc.	DATE: 03/15/1999	
FACILITY LOCATION: 700 37th Street South, St. Petersburg, FL 33711		
RESPONSIBLE OFFICIAL: John Kutch	PHONE NUMBER: (727) 327-5118	

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

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

DATE OF NEXT INSPECTION: September 15, 1999
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030333 TIME IN: 10:38 a.m. TIME OUT: 12:15 p.m.
 FACILITY NAME: M + P Plating, Inc.
 FACILITY LOCATION: 700 37th St. S.
St. Petersburg, FL 33711

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

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

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

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

PART V: ADDITIONAL SITE INFORMATION

- P₁ - .75 AIF total 5400
- P₂ - .30 - No material processing in tanks
- Quarterly maintenance records provided
- OMP plan on-site.

Peter Valantiejus

Name of Responsible Official

Jeff Morris

Inspector's Name

Jeff Morris

Inspector's Signature

3/15/99

Date of Inspection

9/15/99

Approximate Date of Next Inspection

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 8:00 a.m.	TIME OUT: 3:00 p.m.	AIRS ID# 10300333 001
TYPE OF FACILITY: Chromium Electroplating and Anodizing		
FACILITY NAME: M & P Plating, Inc.	DATE: June 11, 1998	
FACILITY LOCATION : 700 37th Street South, St. Petersburg, FL 33711		
RESPONSIBLE OFFICIAL: John Kutch	PHONE NUMBER: (813) 327-5118	

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Did not have an Operations and Maintenance (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, with work practice procedures, for normal operations, and a SSM plan describing procedures for maintaining and operating process, control and monitoring equipment during periods of start-up and shutdown associated with a malfunction.

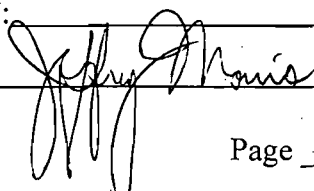
Comments:
Observed the Method 306 Performance Test.

RECEIVED
AUG 12 1998
Bureau of Air Monitoring
& Mobile Sources

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

DATE OF NEXT INSPECTION: September 15, 1998

INSPECTION CONDUCTED BY: Jeff Morris
(Approximate)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422
(Please Print)

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

RECEIVED
AUG 12 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030333 TIME IN: 8:00 a.m. TIME OUT: 3:00 p.m.
 FACILITY NAME: M & P Plating, Inc.
 FACILITY LOCATION: 700 37th St S
St. Petersburg, FL 33711

PART I: NOTIFICATION

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

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

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

PART V: ADDITIONAL SITE INFORMATION

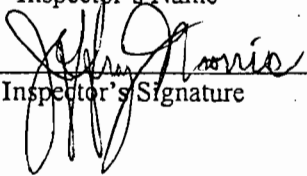
Observed Method 306 Stack Test.

John Kutch

Name of Responsible Official

Jeff Morris

Inspector's Name



Inspector's Signature

6/11/98

Date of Inspection

9/15/98

Approximate Date of Next Inspection

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

2/26/98

AIRS ID#:	1030333 001	TIME IN:	8:00 a.m.	TIME OUT:	11:45 a.m.
FACILITY NAME:	M & P Plating				
FACILITY LOCATION:	700 37th St. S. St. Petersburg, FL 33711				

PART I: NOTIFICATION	
(check appropriate box)	
1. Facility notified DARM by 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use a general permit	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility type(s)/applicable standard indicated on notification form:	
<u>Hard Chromium Plating</u>	
a. Existing Large (0.015 mg/dscm) <input type="checkbox"/>	b. Existing Small (0.03 mg/dscm) <input checked="" type="checkbox"/>
c. New (0.015 mg/dscm) <input type="checkbox"/>	d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year) <input type="checkbox"/>
<u>Decorative Chromium Plating/Anodizing</u>	
a. Chromic Acid Bath	Emissions of < 0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input checked="" type="checkbox"/>
	Surface tension of ≤ 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <input type="checkbox"/>
	<i>May only be selected if a wetting agent is used.</i>
b. Trivalent Chromium Bath	With wetting agent <input type="checkbox"/>
	Without wetting agent < 0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/>
c. Chromium Anodizing	Emissions of < 0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/>
	Surface tension of 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <input type="checkbox"/>
	<i>May only be selected if a wetting agent is used.</i>

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>
5. Results of all performance tests.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 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 Mesh Pad Measure the pressure drop across the CMP daily.
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.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
8. Records of the date and time that fume suppressants are added to the bath.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
9. Records of rectifier capacity, if used to determine facility size.	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
10. Records of the total process operating time.	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
11. Records identifying specific periods of excess emissions.	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
12. Startup, Shutdown & Malfunction Plan	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

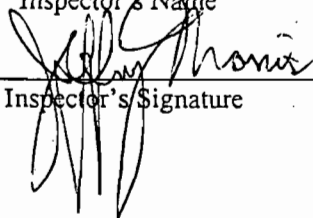
Observed Method 306 Stack Test.

John Kutch

Name of Responsible Official

Jeff Morris

Inspector's Name



Inspector's Signature

2/26/98

Date of Inspection

3/18/98

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

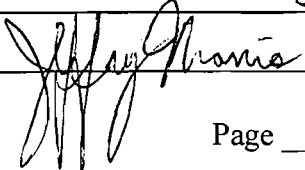
TIME IN: 8:00 a.m.	TIME OUT: 11:45 a.m.	AIRS ID# 10300333 001
TYPE OF FACILITY:	Perchloroethylene Dry Cleaner	
FACILITY NAME:	M & P Plating, Inc.	DATE: February 26, 1998
FACILITY LOCATION :	700 37th Street South, St. Petersburg, FL 33711	
RESPONSIBLE OFFICIAL:	John Kutch	PHONE NUMBER: (813) 327-5118

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Did not have an Operations and Maintenance (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, with work practice procedures, for normal operations, and a SSM plan describing procedures for maintaining and operating process, control and monitoring equipment during periods of start-up and shutdown associated with a malfunction.
Did not maintain records identifying specific periods of excess emissions.	Develop and maintain a log that records the date and time of commencement and completion of each period of excess emissions (as determined from monitoring data) that occurs during a malfunction of the process, add-on air pollution control equipment, or monitoring equipment.
Quarterly inspection records for add-on air pollution control devices and monitoring equipment were not maintained.	Develop and maintain a log that records quarterly inspections of the add-on air pollution control devices and monitoring equipment as defined by the O&M plan and the work practice procedures.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No
 DATE OF NEXT INSPECTION: March 15, 1998

INSPECTION CONDUCTED BY: Jeff Morris
(Approximate)
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 8:00 a.m.	TIME OUT: 11:45 a.m.	AIRS ID# 10300333 001
TYPE OF FACILITY: Perchloroethylene Dry Cleaner		
FACILITY NAME: M & P Plating, Inc.	DATE: February 26, 1998	
FACILITY LOCATION: 700 37th Street South, St. Petersburg, FL 33711		
RESPONSIBLE OFFICIAL: John Kutch	PHONE NUMBER: (813) 327-5118	

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

Did not maintain records of maintenance performed on the affected source, the add-on air pollution control devices and the monitoring equipment.	Develop and maintain a log that records all maintenance performed on the affected source (plating tank), the add-on air pollution control devices and the monitoring equipment (equipment identified and the date and description of maintenance performed).
Did not record the date of occurrence, duration and cause (if known) of each malfunction of the process (plating tank), add-on air pollution control device, and monitoring equipment.	Develop and maintain a log that records the date of occurrence, duration and cause (if known) of each malfunction of the process (plating tank), add-on air pollution control device, and monitoring equipment.
Did not record actions taken during periods of malfunction when such action is inconsistent with the O&M plan.	Develop and maintain a log that records the actions taken during periods of malfunction when such action is inconsistent with the O&M plan.

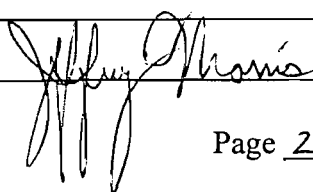
Comments:

Observed the Method 306 Performance Test.

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

DATE OF NEXT INSPECTION: March 15, 1998
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030333 001 TIME IN: 10:20 a.m. TIME OUT: 12:15 p.m.
 FACILITY NAME: M & P Plating
 FACILITY LOCATION: 700 37th St S
St Petersburg, FL 33711

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath Emissions of < 0.01/mg/dscm (4.4x10⁻⁶ gr/dscf)
 Surface tension of ≤ 45 dynes/cm (3.1x10⁻³ lb-f/ft)
 May only be selected if a wetting agent is used.

b. Trivalent Chromium Bath With wetting agent
 Without wetting agent <0.01mg/dscm (4.4x10⁻⁶ gr/dscf)

c. Chromium Anodizing Emissions of <0.01 mg/dscm (4.4x10⁻⁶ gr/dscf)
 Surface tension of 45 dynes/cm (3.1x10⁻³ lb-f/ft)
 May only be selected if a wetting agent is used.

PART III: CONTROL TECHNOLOGY

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

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

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

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

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

PART V: ADDITIONAL SITE INFORMATION

Water pressure = 36"-37"

GPM = .7⁴⁰⁰ - .8⁷⁰⁰

polyethylene packed bed changed
bed not determined.

Peter Valantiejus

Name of Responsible Official

Jeff Morris

Inspector's Name

[Signature]

Inspector's Signature

10/9/97

Date of Inspection

10/23/97

Approximate Date of Next Inspection

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

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 10:20 a.m.	TIME OUT: 12:15 p.m.	AIRS ID# 1030333 001
TYPE OF FACILITY: Chromium Electroplating and Anodizing		
FACILITY NAME: M & P Plating, Inc.	DATE: October 9, 1997	
FACILITY LOCATION: 700 37th Street South, St. Petersburg, FL 33711		
RESPONSIBLE OFFICIAL: Mr. Peter Valantiejus	PHONE NUMBER: (813) 327-5118	

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Initial Performance Test has not been performed and monitoring parameters have not been established.	Conduct an initial performance test to determine chromium emissions. Monitor operating conditions during test, as defined in the rule. These operating conditions will establish parameters that will be used to demonstrate continuing compliance with the emissions limit.
Did not have an Operations and Maintenance (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, with work practice procedures, for normal operations, and a SSM plan describing procedures for maintaining and operating process, control and monitoring equipment during periods of start-up and shutdown associated with a malfunction.
Did not maintain records identifying specific periods of excess emissions.	Develop and maintain a log that records the date and time of commencement and completion of each period of excess emissions (as determined from monitoring data) that occurs during a malfunction of the process, add-on air pollution control equipment, or monitoring equipment.

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

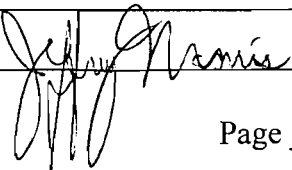
Yes No

DATE OF NEXT INSPECTION: October 23, 1997

(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris

(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

NOV 10 1997

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

Bureau of Air Monitoring
& MOBILE SECTION

TIME IN: 10:20 a.m.	TIME OUT: 12:15 p.m.	AIRS ID# 1030333 001
TYPE OF FACILITY: Chromium Electroplating and Anodizing		
FACILITY NAME: M & P Plating, Inc.	DATE: October 9, 1997	
FACILITY LOCATION: 700 37th Street South, St. Petersburg, FL 33711		
RESPONSIBLE OFFICIAL: Mr. Peter Valantiejus	PHONE NUMBER: (813) 327-5118	

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

Quarterly inspection records for add-on air pollution control devices and monitoring equipment were not maintained.	Develop and maintain a log that records quarterly inspections of the add-on air pollution control devices and monitoring equipment as defined by the O&M plan and the work practice procedures.
Did not maintain records of maintenance performed on the affected source, the add-on air pollution control devices and the monitoring equipment.	Develop and maintain a log that records all maintenance performed on the affected source (plating tank), the add-on air pollution control devices and the monitoring equipment (equipment identified and the date and description of maintenance performed).
Did not record the date of occurrence, duration and cause (if known) of each malfunction of the process (plating tank), add-on air pollution control device, and monitoring equipment.	Develop and maintain a log that records the date of occurrence, duration and cause (if known) of each malfunction of the process (plating tank), add-on air pollution control device, and monitoring equipment.
Did not record actions taken during periods of malfunction when such action is inconsistent with the O&M plan.	Develop and maintain a log that records the actions taken during periods of malfunction when such action is inconsistent with the O&M plan.

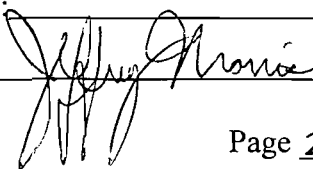
I:\USERS\AIRQUAL\WPDOCS\AQTOX\CAA\CHROME\M&P1997.DOC

Comments:

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

DATE OF NEXT INSPECTION: October 23, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

AIRS ID#: 1030833

Revised 10/10/96

RECEIVED

NOV 10 1997

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

FACILITY NAME: <u>M & P Plating</u>	Bureau of Air Monitoring & Mobile Sources DATE: <u>10/11/97</u>
FACILITY LOCATION: <u>700 37th St S St Petersburg, FL 33711</u>	

Annual Reporting Period: October 9, 1996 TO October 9, 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 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 maintenance performed on add-on pollution control devices & monitoring equipment
Exact period of non-compliance: from October 9, 1996 to October 9, 1997

Action(s) taken to achieve compliance: Develop and maintain a log that records the maintenance performed on the affected source, the add-on air pollution control device, monitoring equipment identified, date performed & description of maintenance performed.

#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 the dates & times that fume suppressants are added to the bath.
Exact period of non-compliance: from October 9, 1996 to October 9, 1997

Action(s) taken to achieve compliance: Develop and maintain a log that records the date and time that fume suppressants are added to the bath.

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: Peter Valantieys [Signature] 10-9-97
Name (Please Print) Signature Date

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

AIRS ID# 1030333001

Revised 01/13/98

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

AIRS ID#1030333
M & P PLATING INC
PETER VALANTIEJUS
700 37TH STRRET SOUTH
ST PETERSBURG FL 33711

RECEIVED

FEB 2 1998

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO December 31 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 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:

Initial Compliance not demonstrated yet

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: Test Plan Submitted, Testing Scheduled

Method used to demonstrate compliance: EPA Method 306

Written response to Test Plan not recieved from Pinellas County DEM

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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MAIL ROOM
JAN 28 98

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: Peter Valantiejus Peter Valantiejus 1-23-98
Name (Please Print) Signature Date

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

Z 210 662 508

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

7 AIRS ID # 1030333001AG
PETER VALANTIEJUS
M & P PLATING INC
700 37TH STREET SOUTH
ST PETERSBURG FL 33711

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>06/08</u>
1. Article Addressed to: 7 AIRS ID # 1030333001AG PETER VALANTIEJUS M & P PLATING INC 700 37TH STREET SOUTH ST PETERSBURG FL 33711	C. Signature <u>[Handwritten Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <p style="text-align: center;">JUN 11 2001</p> <p style="text-align: center;">Bureau of Air Monitoring</p>
2. Article Number (Copy from service label) <u>Z 210 662 508</u>	3. Service & Mobile Sources <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, July 1999	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102595-99-M-1789

P 265 302 310

US Postal Service
Receipt for Certified Mail

AIRS ID#: 1030333

M & P PLATING INC
PETER VALANTIEJUS
700 37TH STRRET SOUTH
ST PETERSBURG FL 33711

PS Form 3800, April 1995

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

Postmark or Date

2/17/97

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 1030333
M & P PLATING INC
PETER VALANTIEJUS
700 37TH STRRET SOUTH
ST PETERSBURG FL 33711

4a. Article Number

P265302310

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

L667 2/20/97

5. Received By (Print Name)

[Signature]

6. Signature (Addressee or Agent)

[Signature]

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

Md
PETERSBURG

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400783

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

TOTAL AMOUNT DUE: \$50.00 ✓

Do **NOT** Remove Label

AIRS ID # 1030333
M & P PLATING INC PETER VALANTIEJUS 700 37TH STREET SOUTH ST PETERSBURG FL 33711

RECEIVED MAIL ROOM DEC 22 00	FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: AI Fund: 20-2-035001 Obj.: 002273
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M&P PLATING, INC
DIV. NI-CRO PLATING CORP.
700 37th ST. SOUTH
ST. PETERSBURG, FL 33711



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓

301234

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#1030333

M & P PLATING INC
PETER VALANTIEJUS
700 37TH STRRET SOUTH
ST PETERSBURG FL 33711

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓

261935

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM

FEB 28 97

Do **NOT** Remove Label

AIRS ID#: 1030333

M & P PLATING INC
PETER VALANTIEJUS
700 37TH STRRET SOUTH
ST PETERSBURG FL 33711

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354760

RECEIVED

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

DEC 23 1998

Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

DEC 18 98

RECEIVED
MAIL ROOM

Do NOT Remove Label

AIRS ID # 1030333
M & P PLATING INC PETER VALANTIEJUS 700 37TH STREET SOUTH ST PETERSBURG FL 33711

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390751

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030333
M & P PLATING INC PETER VALANTIEJUS 700 37TH STREET SOUTH ST PETERSBURG FL 33711

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273
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JAN - 7 00

RECEIVED
MAIL ROOM