

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 \mathcal{U} 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:

Name of Individual/Office informs

55/Oureau of Air Monices

Mail Station Number

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

Responsible Official

6. Name and Title of Responsible Official:

5 Facility Identification Number (DEP Use):

Peter Valantiejus, Co-Owner

7. Responsible Official Mailing Address:
Organization/Firm: M & P Plating, Inc.
Street Address: 700, 37th Street South

Street Address: 700 37th Street South

City: St. Petersburg

County: Pinellas

Zip Code: 33711

1030333

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

Dep Form No. 62-213.900(5)

Effective: 6-25-96

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SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

HARD CHROMIUM PLATING TANKS				
TANK ID#	DATE PURCHASED	DATE CONTROL DEVICE INSTABLED	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/dscmb = 0.015 mg/dscm

c = alternate standard for multiple tanks under common control

Is the facility's cumulative potential rectifi	er capacity greater than 60 million ampere-hours per year?
Yes	[XXX] No
Were any hard chromium plating tanks at	the facility operating before 12/16/93?
[XXX] Yes] No

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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 PURCASED	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
No decorative chrome	electroplating or and	odizing machines operate	ed 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
	[XXX] January 25, 1996 [] January 25, 1997
3.	Indicate how the facility will fulfill the compliance demonstration:
	[XXX] 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.

Dep Form No. 62-213.900(5)

Effective: 6-25-96

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	[<u>XX</u>]	(b) Equipment inspection and repair	[<u>XX</u>]		
(c) Equipment malfunctions	[<u>XX</u>]	(d) Operation and maintenance checklist	[<u>XX</u>]		
(e) Instrument calibration	[<u>XX</u>]	(f) Start-up, shutdown, malfunction plan	[<u>XX]</u>		
(g) Performance test results	[<u>XX</u>]	(h) Equipment monitoring	[<u>XX</u>]		
(i) Excess emissions	[<u>XX</u>]	(j) Operating periods	[<u>XX]</u>		
(k) Rectifier capacity	[<u>XX</u>]	(I) Fume suppressant records	[<u>XX</u>]		
(m) Purchase records of wetting ag	gent compounds	[<u>XX</u>]			
	Surrender o	of Existing Air Permit(s)			
Please indicate with an "X" the ap	propriate selectior	1:			
		nits authorizing operation of the facility indication in the facility indic	ated in this		
[] No air permits curre	ntly exist for the o	operation of the facility indicated in this notif	ication form.		
	Responsibl	e Official Certification			
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ths 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 polluant 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 S-29-96 Date					

Dep Form No. 62-213.900(5) Effective: 6-25-96

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of	corporation	on, agency, o	r individual owner):
	•	M & P]	Plating, In	c.
2.	Site Name (For example, plant name or nu	mber):		
		м & Р І	Plating, Inc	2.
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
20000	,		rinchas	Zip Code. 33/11
5.	Facility Identification Number (DEP Use):			
				72303 <u>33</u>

Responsible Official

	Peter Valantiejus, Co-O	wner
7. Responsible Official Mailing A		
Organization/Firm: M & P Pla		
Street Address: 700 37th Stre		
City: St. Petersburg	County: Pinellas	Zip Code: 33711
8. Responsible Official Telephone	Number:	
Telephone: (813) 327-5118	Eov. (01	3) 323-6937

Facility Contact (If different from Responsible Official)

	(2. 2	, , , , , , , , , , , , , , , , , , , ,
9. Name and Title of Facility Contact (Fo	r example, plant man	ager):
Pe	ter Valantiejus, (Co-Owner
10. Facility Contact Address:		
Street Address: 700 37th Street Sout City: St. Petersburg	h County: Pinellas	Zip Code: 33711
11. Facility Contact Telephone Number: Telephone: (813) 327 -5118	Fax:	(813) 323-6937 RECEIVED

Dep Form No. 62-213.900(5)

Effective: 6-25-96

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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 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/dscmb = 0.015 mg/dscm

c = alternate standard for multiple tanks under common control

Is the facility's cumulative potential re	ctifier capacity greater than 60 million ampere-hours per year?	
Yes	[XXX] No	
·		
Were any hard chromium plating tank	s at the facility operating before 12/16/93?	
[XXX] Yes	No	

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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.

	DECO	RATIVE AND ANODIZ	ING TANKS	
TANKS ID#	DATE PURCASED	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
No decorative chro	me electroplating or ar	nodizing machines operate	d 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/dscmy = 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	
	[XXX] January 25, 1996 [] January 25, 1997	
	•	
3.	Indicate how the facility will fulfill the compliance demonstration:	
	[XXX] 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.	

Dep Form No. 62-213.900(5)

Effective: 6-25-96

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	[<u>XX</u>]	(b) Equipment inspection and repair	[<u>XX</u>]		
(c) Equipment malfunctions	[<u>XX</u>]	(d) Operation and maintenance checklist	[<u>XX</u>]		
(e) Instrument calibration	[<u>XX</u>]	(f) Start-up, shutdown, malfunction plan	[<u>XX</u>]		
(g) Performance test results	[<u>XX</u>]	(h) Equipment monitoring	[<u>XX</u>]		
(i) Excess emissions	[<u>XX</u>]	(j) Operating periods	[<u>XX</u>]		
(k) Rectifier capacity	[<u>XX</u>]	(1) Fume suppressant records	[XX]		
(m) Purchase records of wetting a	gent compounds	[<u>XX</u>]			
	Surrender	of Existing Air Permit(s)			
Please indicate with an "X" the ap	propriate selection	n:			
	~ .	nits authorizing operation of the facility indicanumber(s) <u>AO52-192930</u>	eted in this		
No air permits curre	ntly exist for the	operation of the facility indicated in this notifi	cation form.		
	Responsibl	e Official Certification			
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in the 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 polluant 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 Value		8-29-9 Date	₹ ८		

Dep Form No. 62-213.900(5) Effective: 6-25-96

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of	corporation, agency, or ind	ividual owner): TUINTEID 184MH1000
	M & P Plating, Inc.	2Eb 0 3 1662
2. Site Name (For example, plant name or nu	mber):	.A.3.0
ı	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):		
	Pasnonsible Official	

6. Name and Title of Responsible	Official:		
	Peter Valantiejus, Co-O	wner	
7. Responsible Official Mailing A			
Organization/Firm: M & P PI			
Street Address: 700 37th Str	eet South		
City: St. Petersburg	County: Pinellas	Zip Code: 33711	cD
8. Responsible Official Telephon	e Number:	CEIV	
Telephone: (813) 327-5118	Fax: (813	Zip Code: 33711 B) 323-6937 RECEIVED TO SEP 10 Consible Official)	1946
		SEP	Monito
Facil	ity Contact (If different from Resp	oonsible Official)	r Nource
9. Name and Title of Facility Cor	ntact (For example, plant manager):	ponsible Official) Bureau of Ai	
	Peter Valantiejus, Co-O		
10. Facility Contact Address:	• /		
Street Address: 700 37th Str	eet South		
City: St. Petersburg	County: Pinellas	Zip Code: 33711	
I. Facility Contact Telephone No	ımher		
Telephone: (813) 327 -5118	Fax: (813)	323-6937	
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Facility Information

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

HARD CHROMIUM PLATING TANKS							
TANK ID#	DATE PURCHASED	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/dscmb = 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	[XXX] No

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

[XXX] Yes I No

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Effective: 6-25-96

Page 21 of 23

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 PURCASED	DATE CONTROL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)					
No decorative chron	ne electroplating or ar	nodizing machines operat	ted 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/dscmy = 45 dynes/cm

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

c = alternate standard for multiple tanks under common control

2.	2. Indicate the date by which the facility must meet the requirements of	of section (5) of Part II of this form
	[XXX] January 25, 1996 [] January 25, 1	997
3.	3. Indicate how the facility will fulfill the compliance demonstration:	
	[XXX] The facility will conduct an initial performance test	
	[] The facility will use a wetting agent to reduce emissions the existing surface tension limit in No. 3 above.	and will meet

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Effective: 6-25-96

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to	to be kept on-site i	in accordance with the requirements of this g	eneral permit:
(a) Equipment maintenance	[<u>XX</u>]	(b) Equipment inspection and repair	[<u>XX</u>]
(c) Equipment malfunctions	[<u>XX</u>]	(d) Operation and maintenance checklist	[<u>XX</u>]
(e) Instrument calibration [XX]		(f) Start-up, shutdown, malfunction plan	[XX]
(g) Performance test results	[<u>XX</u>]	(h) Equipment monitoring	[<u>XX</u>]
(i) Excess emissions	[<u>XX</u>]	(j) Operating periods	[<u>XX</u>]
(k) Rectifier capacity	[<u>XX</u>]	(I) Fume suppressant records	[<u>XX</u>]
(m) Purchase records of wetting ag	ent compounds	[<u>XX</u>]	
	Surrender of	f Existing Air Permit(s)	
Please indicate with an "X" the app	propriate selection	:	
	- .	its authorizing operation of the facility indica umber(s) _AO52-192930_	ted in this
[] No air permits currer	ntly exist for the o	peration of the facility indicated in this notifi	cation form.
	Responsible	Official Certification	
notification. I hereby certify, be statements made in this notifica the air polluant emissions units	ased on information ation are true, acci and air pollution	as defined in Part II of this form, of the facility on and belief formed after reasonable inquiry wrate and complete. Further, I agree to oper control equipment described above so as to be forth in Part II of this notification form.	o, that the ate and maintain
I will promptly notify the Depar	tment of any chan	nges to the information contained in this notif	Sication.
Signature Valn		<u>8-29-96</u> Date	·

Dep Form No. 62-213.900(5)

Effective: 6-25-96

M & P PLATING, INC.

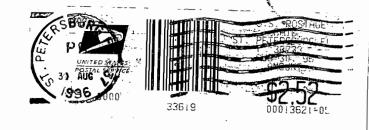
700 37th Street South St. Petersburg, Florida 33711

CERTIFIED

P 176 042 940

MAIL





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

AIR

33619-8327 71

INTEROFFICE MEMORANDUM

V030333

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.

der 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 iential rectifier capacity for this facility is 17,640,000 amp-hrs/yr.

hential rectifier capacity for this facility is 17,640,000 amp-hrs/yr. Flease 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 (

http://www.iti.org/ee/m), it was demonstrated that the packed-bed scrubber did not meet the "small" facility EPA Chrome MACT limit of 0.030 mg/M3 even though this device meets the criteria for the EPA reference prevention/control device for a "small" facility. The purpose of the Project was to assist hard chrome metal platers to cost-effectively comply with, or do better than, EPA's Chromium Emissions MACT Standard.

The only testing requirement under the chromium NESHAP is the initial performance test. 40 CFR 63, Subpart N (chromium NESHAP), all hard chromium electroplating facilities are required to meet an emissions limit by January 25, 1997, by means of an initial performance test within 180 days of the compliance date (January 25, 1997), or 180 day after initial start-up if a new source. The chromium NESHAP requirement pertains to area sources, as well as, those hard chromium electroplating tanks, which are located at major sources. The general permit requires the facility to comply with all requirements of 40 CFR Part 63, Subpart N, and does not address any other testing frequency.

Does the annual testing requirement in 62-297 apply to Title V General permitted sources? In reference to testing, the following is offered:

62-297.310(7) 4.c., F.A.C. - "Frequency of Compliance Tests", requires all emission units with an applicable emission standard for a NESHAP pollutant to test during each federal fiscal year (October 1 -- September 30), unless otherwise specified by rule, order, or permit.

62-296.700(6)(a)1., F.A.C. - Reasonably Available Control Technology (RACT) Particulate Matter, (Regarding Operation and Maintenance Plans) states that scrubber performance parameters shall include such physical, chemical or electrical characteristics as are applicable to the particular emissions unit and which are indicators of the condition, operating rates and efficiencies. Such parameters may include, but shall not be limited to, the following indicators for:

Pressure drop, total
Pressure drop, scrubber
Pressure drop, mist eliminator
Liquor feed rate
Liquor feed composition and pH
Liquor feed solids and undissolved solids contents

Water makeup rate
Fan(s) current at rated voltage
Pump(s) current at rated voltage

Gas flowrate

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" in 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.

BEST AVAILABLE COPY

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 rmal 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" in 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.

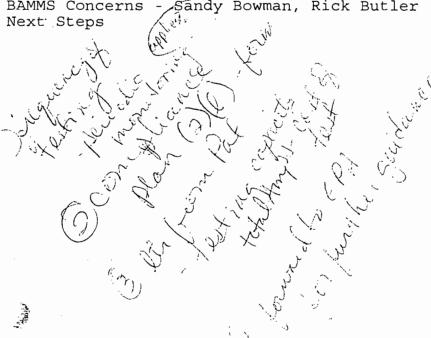
Date: Nov. 2, 1998

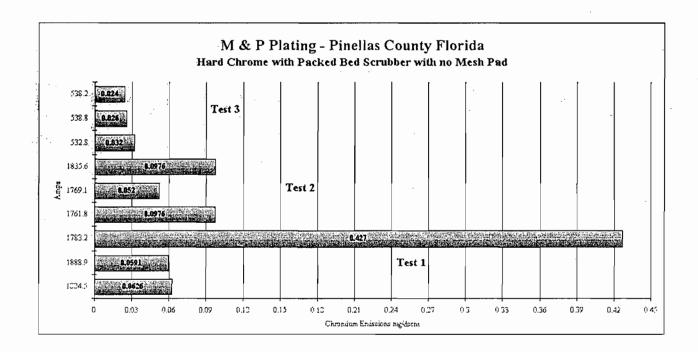
Time: 10:30 a.m. - 12:00 p.m.

11-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





aš-H4 ¼ 4 r¦ \ Fê 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, 63.346, 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 prefiling 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 11, (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:	MAPPI	ating,	Inc.	DATE:	3/22/00
FACILITY LOCATION:	700 37t	h St. N	•	· .	
· · · · · · · · · · · · · · · · · · ·			FL 3371		
Annual Reporting Period:	September	23, 1999	то	arch 23	2, 21000
Based on each term or condition 62-213.300, Florida Administrat		-	<u>-</u>		JNO gme
If NO, complete the following:					
#1. Term or condition of the ger	neral permit that has not	been in continuous co	ompliance during the	reporting period s	tated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve compl	liance:				
Method used to demonstrate com	ipliance:			· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
#2. Term or condition of the ger	neral permit that has not	been in continuous co	ompliance during the	reporting period s	tatediabove:
Exact period of non-compliance:	from		to	Solution Solution	
Action(s) taken to achieve compl	liance:			cos	
Method used to demonstrate com	ipliance:				
As the responsible official, I here made in this notification are true			ormed after reasonab	le inquiry, that the	statements 22/00 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

	NNUAL -INSPECTION	⊡	COMPLAINT/DISCOVERY	
AIRS ID#: 1030333 FACILITY NAME:	TIME IN: M + P		109 TIME OUT: 11:57	<u>a.m.</u>
FACILITY LOCATION:	700		J St.s.	
_			ourg, FL 33711	
PART I: NOTIFICATION				
(check appropriate box)				
1. Facility notified DARM by 9/	1/96		'	
2. New facility notified DARM	0 days prior to startup			
3. Facility failed to notify DARN	I to use a general perm	uit		
	7000000			
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 Sn	all (0.03 mg/dscm)	四
c. New (0.015 mg/dscm)		(0.03 mg/ds	Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/ye	car)
Decorative Chromium Plating	Anodizing			
a. Chromic Acid Bath	Emissions of < 0.01/	mg/dscm (4.	4x10 ⁻⁶ gr/dscf)	Ū´
•	Surface tension of ≤ May only be selected if a v			
b. Trivalent Chromium Bath	With wetting agent			
·	Without wetting age	nt <0.01mg/c	lscm (4.4x10 ⁻⁶ gr/dscf)	. .
c. Chromium Anodizing	Emissions of <0.01 r	ng/dscm (4.4	x10 ⁻⁶ gr/dscf)	
	Surface tension of 45 May only be selected if a	i dynes/cm (? wetting agent is	3.1×10 ⁻³ lb-f/ft) used.	

PART III: CONTROL TECHNOLOGY Control device In use? selected 1. ☐ Composite Mesh Pad DY DN ☐ Fiber Bed Mist Eliminator DY DN 2. ☑ Packed Bed Scrubber EXY DN ☐ Packed Bed Scrubber/Composite Mesh Pad DY ON DY DN 5. ☐ Foam Blanket Fume Suppressant ☐ Fume Suppressant w/ Wetting Agent OY ON 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. (applicable only to a facility using a packed bed scrubber) fiber-bed mist eliminator, or DY ON ON/A composite mesh pad) 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed EY 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 DN equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each EY ON malfunction of process, add-on pollution control device, and monitoring equipment. EY ON ON/A 5. 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 velocity daily. Packed Bed Scrubber/Composite Mesh Pad Fiber-Bed Mist Eliminator 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 WNA 7. Purchase records of wetting agent components. DY ON MA 8. Records of the date and time that fume suppressants are added to the bath. DY ON ON/A 9. Records of rectifier capacity, if used to determine facility size. ØŶ □N 10. Records of the total process operating time. IND YE 11. Records identifying specific periods of excess emissions.

MY ON

12. Startup, Shutdown & Malfunction Plan

PART V: ADDITIONAL SITE INFORMATION

AH 2780 P:-.80 P2-.31

AH total 11,510 40 total hrs

Measurements through March 17, 2000

John Kutch/Peter Valontiejus Name of Responsible Official

Jeff Morris
Inspector's Name

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

	NUAL -INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: i030 333 00 FACILITY NAME: FACILITY LOCATION: PART I: NOTIFICATION (check appropriate box) 1. Facility notified DARM by 9/2 2. New facility notified DARM 3 3. Facility failed to notify DARM	MaPP 700 3 St Pe	•	E. E. L.
	-		
PART II: CLASSIFICATION			
Facility type(s)/applicable standa	rd indicated on notific	cation form:	
Hard Chromium Plating			,
a. Existing Large (0.015 mg/ds	cm) 🗆 b.	Existing Small (0.03 mg/dscm)	図
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 Plating	Anodizing		
a. Chromic Acid Bath	Emissions of < 0.01	/mg/dscm (4.4x10 ⁻⁶ gr/dscf)	d
	Surface tension of May only be selected if a	≤ 45 dynes/cm (3.1×10 ⁻³ lb-f/ft) wetting agent is used.	
b. Trivalent Chromium Bath	With wetting agent		
	Without wetting ago	ent <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 4 May only be selected if a	5 dynes/cm (3.1×10 ⁻³ lb-f/ft) wetting agent is used.	

PAR'	TIII:	CONTROL TECHNOLOGY						
Co	ntrol dev	vice						
1.	selected	Composite Mesh Pad	In □Y	use?				
2.		Fiber Bed Mist Eliminator	ΩY					
3.		Packed Bed Scrubber	⊠Y	ΠN				
4.		Packed Bed Scrubber/Composite Mesh	Pad 🗆Y	□N				
5.		Foam Blanket Fume Suppressant	ΩY	□и				
6.		Fume Suppressant w/ Wetting Agent	ΠY	□N				
Has (Not)	the fac	cility conducted an initial performance te	est to establis blanket thicknes	sh monitoring para	ameters?	₫Y	ПN	□N/A
DAR'	T IV:	RECORDKEEPING AND REPORTI	NO BEOM	DEMENTS				·
_==		sponsible official maintained the follow	_=					
			Ü					
e	quipm	rly inspection records for add-on air pollo nent. (applicable only to a facility using packed mesh pad)				ΟY	МN	□N/A [∵]
		ions and Maintenance Plan (OMP). (applied fiber-bed mist eliminator, or composite mesh pad)		facility using a packed	i bed	ΟY	N	□N/A,
		nance records for the source, add-on poll ent (equipment identified, date performe			nitoring	ΟY	ØΝ	/
		s of date of occurrence, duration, cause, a ction of process, add-on pollution control			oment.		QN	
5. P	tesults	of all performance tests.						
6. R	lecords	s of monitoring data. (not applicable to trivale	ent chromium b	aths using a wetting ag	ent)	ΠY	\$ N	DN/A
	Mea	mposite Mesh Pad asure the pressure drop across the P daily.		ed Scrubber ressure drop across the P Jaily.	PBS and the			
	Mea	per-Bed Mist Eliminator asure the pressure drop across the FBME the upstream device daily.		ed Scrubber/Compressure drop across the C		sh Pad		
	Mea	am Blanket Fume Suppressant asure the foam blanket thickness at the ropriate interval.		pressant w/ Wetti urface tension at the app		val.		
7. P	urchas	se records of wetting agent components.				TOY	_N □N	M/A
8. R	lecords	s of the date and time that fume suppress	sants are add	ed to the bath.				□N/A
9. Records of rectifier capacity, if used to determine facility size.					MY		□N/A	
10. I	Record	ls of the total process operating time.			9	YES		
11. 1	Record	ls identifying specific periods of excess e	missions.			% ⊠Y	MN	
12. 5	12. Startup, Shutdown & Malfunction Plan							

PART V: ADDITIONAL SITE INFORMATION

Observed Method 306 Stack Test.

John Kutch
Name of Responsible Official

Revised 10/10/96

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

facility name: M o	eP Plating,	Inc.	DATE: 9/28/99
FACILITY LOCATION: 700	0 37th St S		
St	. Petersburg,	FL 33711	
Annual Reporting Period:	ch 15, 1999	TO <u>Septemb</u>	er 23, 1999
Based on each term or condition of the Title 162-213.300, Florida Administrative Code (F.			
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous co	mpliance during the reporti	ng period stated above:
Exact period of non-compliance: from		to	0
Action(s) taken to achieve compliance:	· ·		
Method used to demonstrate compliance:		Street OC	· C
#2 Term or condition of the general permit	that has not been in continuous co	ompliance during the reportion	nggeriod stated above:
Exact period of non-compliance: from		<u>े के</u> ह	ā
Action(s) taken to achieve compliance:	·		
Method used to demonstrate compliance:			的
		· .	
As the responsible official, I hereby certify, b made in this notification are true, accuratefa		rmed after reasonable inqu	iry, that the statements
RESPONSIBLE OFFICIAL: Nam	JOH ne (Préase Print)	N NATCH Signature	9 Z8 99 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

	NNUAL -INSPECTION	<u> </u>	COMPLAINT/DISCOVERY	
AIRS ID#: 1030333	_		.m. TIME OUT: 12:17	gM
FACILITY NAME:	1V1+P	Plati	70	
FACILITY LOCATION:	700	37th	5t.S	
·	St.	Peters	burg, FL 33711	
PART I: NOTIFICATION				·
(check appropriate box)				
1. Facility notified DARM by 9/1	1/96		र्ज	
2. New facility notified DARM 3	0 days prior to star	tup		
3. Facility failed to notify DARM	I to use a general p	ermit		
PART II: CLASSIFICATION				
Facility type(s)/applicable standar	rd indicated on noti	ification form:		,
Hard Chromium Plating				
a. Existing Large (0.015 mg/ds	cm) 🗆	b. Existing Sn	nall (0.03 mg/dscm)	图
c. New (0.015 mg/dscm)		(0.03 mg/ds	Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/ye	ear)
Decorative Chromium Plating/Anodizing				
a. Chromic Acid Bath	Emissions of < 0.	.01/mg/dscm (4	4x10 ⁻⁶ gr/dscf)	☑ 1
·	Surface tension o May only be selected		n (3.1x10 ⁻³ lb-f/ft) used.	
b. Trivalent Chromium Bath	With wetting age	ent		
·	Without wetting	agent <0.01mg/	dscm (4.4x10 ⁻⁶ gr/dscf)	
c. Chromium Anodizing	Emissions of <0.0	01 mg/dscm (4.	4x10 ⁻⁶ gr/dscf)	
	Surface tension o May only be selected			

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	מע מע		
4. Packed Bed Scrubber/Composite Mesh	h Pad □Y □N		
5.	DY DN		
6. ☐ Fume Suppressant w/ Wetting Agent			
Has the facility conducted an initial performance to Not required for sources using a wetting agent or 1-inch foam		QA ON	□N/A
TARRY DECORDEREDING AND DEPORT	PROTERDRAPAITE	· · · · · · · · · · · · · · · · · · ·	
PART IV: RECORDKEEPING AND REPORT		<u>-</u> -	
Has the responsible official maintained the follow	ving records?		
1. Quarterly inspection records for add-on air poll equipment. (applicable only to a facility using packed composite mesh pad)		⊡ Y □n	□N/A
2. Operations and Maintenance Plan (OMP). (apple scrubber, fiber-bed mist eliminator, or composite mesh pad)	a y □n	□N/A	
Maintenance records for the source, add-on pol equipment (equipment identified, date perform	ах ои		
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.			□N/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)			□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 Bcd Scrubber/Composite Mes Measure the pressure drop across the CMP daily.	sh Pad	,
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 interv	val.	
7. Purchase records of wetting agent components.		OY ON	™/A
8. Records of the date and time that fume suppressants are added to the bath.			ØN/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.			
12 Charter Charles 9 Maleurian Dian			

PART V: ADDITIONAL SITE INFORMATION

AH-1260 AH Total 7880 September 10th 27 hrs. P. - . 80

P2 - .32

Replaced Magnahelic on 5/3/99

John Kutch Name of Responsible Official

AIRS ID#: 1030333

Kie

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

	<u> </u>					
FACILITY NAME:	+PPlati	ng, Inc.		DAT	E: <u>3</u>	15/99
FACILITY LOCATION: 700 3	7th St	, 5	· 			
St.	Petersbu	10 FL 3	3711			
		<i>J</i> 1				
Annual Reporting Period:	ine II,	19 <u>9</u> % то	Mar	ch	15,	19 <u>99</u>
Based on each term or condition of the T 62-213.300, Florida Administrative Code		· · · · · · · · · · · · · · · · · · ·			_	nle NO
If NO, complete the following:			*			
#1. Term or condition of the general per	mit that has not been in	n continuous compliar	nce during the rep	orting pe	riod sta	ited above:
Exact period of non-compliance: from			to			_
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:					•	1000 mg/m
· ·						
#2. Term or condition of the general per	mit that has not been in	n continuous compliar	nce during the rep	orting pe _	riod sta	ited above:
				Bure		
Exact period of non-compliance: from	· .	t	0	Mo.	APR	
Action(s) taken to achieve compliance:			1	u of Air	l Va	
Method used to demonstrate compliance:	:			Moni Source	1991	
				oring	-	(T)
As the responsible official, I hereby certimade in this notification are true, accura		on and belief formed a	after reasonable i	nquiry, th	at the s	statements
RESPONSIBLE OFFICIAL:	Her Valanti, Name (Please Print)	ejus las	Signature	~	3-1	5-99 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

	21.012011			
TYPE OF INSPECTION:	ANNUAL 🗹	COMPLAINT/DISCOV	ERY 🗆 💢 🖟	RE-INSPECTION 🗆
TIME IN:10:38 a.m.	TIME	OUT: 12:15 p.m.	AIRS ID#	1030333 001
TYPE OF FACILITY:	Chromium Ele	ectroplating and Anod	lizing	
FACILITY NAME:	M & P Platin	g, Inc.	DAT	E: 03/15/1999
FACILITY LOCATION	: 700 37th Stre	eet South, St. Petersb	urg, FL 33711	
RESPONSIBLE OFFICI	AL: John Kutch	PHONE N	UMBER: (727) 3	27-5118
to be in compliance	with DEP Rule 62-2 s of the compliance r	equirements evaluated dur 213.300, Florida Administ equirements evaluated dur	rative Code (F.A.	C.).
				·
		,		
				_ **
The Annual Compliance Certific DATE OF NEXT INSPECTI	- ·	September 15	5. 1999	Yes ☑ No □
INSPECTION CONDUCTE	D RV:	Te.FF N	máte) Abris	
INSPECTOR'S SIGNATUR		(Please P	NUMBER: 46	4-4422
	011/	Page of	101111111111111111111111111111111111111	Revised 10/96
	ν			

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION		COMPLAINT/DISCOVERY		
AIRS ID#:	M+P	Plat 37th	L.m. TIME OUT: 12:15 ling; Inc. St.S.		
PART I: NOTIFICATION					
(check appropriate box)					
	U 106		⊡ ′		
 Facility notified DARM by 9/ New facility notified DARM 		n			
3. Facility failed to notify DAR	* -	•			
J. I active the field to field by DAIG	vi to use a general per		<u> </u>		
PART II: CLASSIFICATION	<u>.</u>				
Facility type(s)/applicable standa	ard indicated on notifi	cation form:			
Hard Chromium Plating					
	scm) 🗆 b	Trainting Co	aall (0.02 mg/dsam)	14	
a. Existing Large (0.015 mg/d	-		nall (0.03 mg/dscm)	ח	
c. New (0.015 mg/dscm)	□ d.	(0.03 mg/ds	Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/ye	ear)	
Decorative Chromium Plating/Anodizing					
a. Chromic Acid Bath	Emissions of < 0.01	/mg/dscm (4.	4x10 ⁻⁶ gr/dscf)	र्छ	
	Surface tension of May only be selected if a				
b. Trivalent Chromium Bath	With wetting agent				
·	Without wetting ag	ent <0.01mg/	dscm (4.4x10 ⁻⁶ gr/dscf)		
II		•			
c. Chromium Anodizing	Emissions of <0.01	mg/dscm (4.4	4x10 ⁻⁶ gr/dscf)	ت ت	

PART III:	CONTROL TECHNOLOGY			,		
Control de			2	, ij. r		
1. Selected	Composite Mesh Pad	ΩY Ω	use? □Ŋ			
2.	Fiber Bed Mist Eliminator	ΠY	ПN			
3. ☑	Packed Bed Scrubber	⊠ Y	ПN			
4.	Packed Bed Scrubber/Composite Mesh	Pad DY	□N			
5.	Foam Blanket Fume Suppressant	ΠY	□N			
6. 🗆	Fume Suppressant w/ Wetting Agent	ΠY	□N			
	Has the facility conducted an initial performance test to establish monitoring parameters? $\forall Y \square N \square N/A$ (Not required for sources using a wetting agent or 1-inch foam blanket thickness)					
PART IV	RECORDKEEPING AND REPORTI	NG REQUI	PEMENTS	•		
	sponsible official maintained the follow			<u></u>		
	•	U				
equipn	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 composite mesh pad)					□n/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)				⊠Y (□и	□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.						
5. Results of all performance tests.				□И	□N/A	
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)				ПΝ	□N/A	
Me	omposite Mesh Pad asure the pressure drop across the IP daily.	Packed Bee Measure the pre inlet velocity da	essure drop across the PBS and the			- ::
Me	per-Bed Mist Eliminator asure the pressure drop across the FBME the upstream device daily.		l Scrubber/Composite Mo essure drop across the CMP daily.	esh Pad		
Me	am Blanket Fume Suppressant asure the foam blanket thickness at the propriate interval.		ressant w/ Wetting Agent face tension at the appropriate inte			
7. Purchase records of wetting agent components.			□Y (ПN	⊠N/A	
8. Record				□Y (□и	M/A
9. Records of rectifier capacity, if used to determine facility size.			ПΠ	□N/A		
			ØY (ПП		
11. Records identifying specific periods of excess emissions.			ПΠ			
12. Startup, Shutdown & Malfunction Plan			YZ	ПΝ		

PART V.	ADDITIONAL.	SITE INFORM	ATION
LULL A.	WINDITTON	DITE THE OTHER	ALIUN

- Pi-.75 Alt total 5400
P2-.30 - No moterial processing in boths
- quarterly maintenance records provides c
- OMP plan on-site.

reter Valantie; us		
Name of Responsible official		
Jeff Morris	<u>· </u>	3/15/99
Inspector's Name		Date of Inspection
		2/10/20

Signature

Revised 10/9/96

TITLE v AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL □	COMPLAINT/DISCOVER	Y RE-INSPECTION D
TIME IN: 8:00 a.m. TIM	E OUT: 3:00 p.m.	AIRS ID# 10300333 001
TYPE OF FACILITY: Chromium Elec	ctroplating and Anodi	zing
FACILITY NAME: M & P Plating,	Inc.	DATE: June 11, 1998
FACILITY LOCATION: 700 37th Street	South, St. Petersbur	g, FL 33711
RESPONSIBLE OFFICIAL: John Kutch	PHONE NU	MBER: (813) 327-5118
 □ Based of the results of the compliance required to be in compliance with DEP Rule 62-213 □ Based on the results of the compliance required compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM 	.300, Florida Administrat airements evaluated durin	ive Code (F.A.C.).
Did not have an Operations and Maintenance (O&M) plan, or a start-up, shutdown, malfunction (SSM) plan, in place.	procedures, for normal of describing procedures for process, control and more	are available from the n (O&M) plan, with work practice perations, and a SSM plan r maintaining and operating nitoring equipment during periods associated with a malfunction.
Comments: Observed the Method 306 Performance Test.		RECEIVED AUG 12 1948 Bureau of Air Monitoring Bureau Mobile Sources
The Annual Compliance Certification form has been properl DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE:	y certified and submitted to the September (Approximate (Please Print) PHONE NUI	15, 1998 Dris

Page $\underline{1}$ of $\underline{1}$

Revised 10/96

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CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	a	COMPLAINT/DISC	OVERY	The Source
AIRS ID#: 1030333	TIME IN	: 8:00 o	TIME OUT:	3:00p	8 0
FACILITY NAME:	Mot	P Plat	ing, Inc.	<u> </u>	
FACILITY LOCATION:	700	37th	St S		
	St.	.Peters	burg, FL 3	13711	
PART I: NOTIFICATION					
(check appropriate box)		· · · · · · · · · · · · · · · · · · ·			
1. Facility notified DARM by	0/1/06		M	/	ı
New facility notified DARN		tartun			
3. Facility failed to notify DA			_		
PART II: CLASSIFICATION	4		<u> </u>		
Facility type(s)/applicable stan	dard indicated on n	otification form:	<u> </u>		
Hard Chromium Plating			•		
a. Existing Large (0.015 mg/	/dscm) □	b. Existing Si	mall (0.03 mg/dscm)		Ø
c. New (0.015 mg/dscm)		(0.03 mg/d	e Standard for existing scm) using a rolling ave pacity (less than 60 mill	erage of	r) -
Decorative Chromium Platin	ng/Anodizing				
a. Chromic Acid Bath	Emissions of <	0.01/mg/dscm (4	.4x10 ⁻⁶ gr/dscf)		₩ ·
		of \leq 45 dynes/c.	m (3.1x10 ⁻³ lb-f/ft) s used.		
b. Trivalent Chromium Bath	With wetting ag	gent			
	Without wetting	g agent <0.01mg	/dscm (4.4x10 ⁻⁶ gr/dscf))	.
c. Chromium Anodizing		0.01 mg/dscm (4.			
		of 45 dynes/cm (ed if a wetting agent is			

PART III:	CONTROL TECHNOLOGY				
Control dev		In	use?		
1. Selected		□Y	use?		
2.	Fiber Bed Mist Eliminator	ΠY	□N		
3.	Packed Bed Scrubber	⊠Y	□N		
4.	Packed Bed Scrubber/Composite Mesh	Pad □Y	□N	,	
5. 🗆	Foam Blanket Fume Suppressant	ΩY	ПΝ		
6.	Fume Suppressant w/ Wetting Agent	ΩY	□N		
	cility conducted an initial performance te			MY ON	□N/A
PART IV:	RECORDKEEPING AND REPORTE	MG REQUI	REMENTS		<u> </u>
	sponsible official maintained the follow				 j
					H
equipm	rly inspection records for add-on air pollunent. (applicable only to a facility using a packed mesh pad)			MY ON	□N/A
_	ions and Maintenance Plan (OMP). (applic fiber-bed mist eliminator, or composite mesh pad)	cable only to a fa	acility using a packed bed	OY QN	□N/A
	nance records for the source, add-on pollnent (equipment identified, date performe			MY ON	
	s of date of occurrence, duration, cause, a ction of process, add-on pollution control			NO NE	
5. Results	of all performance tests.			DY ON	5.78A
6. Records	s of monitoring data. (not applicable to trivale	ent chromium bat	ths using a wetting agent)	MY ON	M/A
Mea	omposite Mesh Pad asure the pressure drop across the IP daily.	Packed Bed Measure the pre inlet velocity da	essure drop across the PBS and the		
Mea	ber-Bed Mist Eliminator asure the pressure drop across the FBME I the upstream device daily.		l Scrubber/Composite Me essure drop across the CMP daily.	sh Pad	
Mea	am Blanket Fume Suppressant asure the foam blanket thickness at the propriate interval.		ressant w/ Wetting Agent face tension at the appropriate inter		
7. Purchas	se records of wetting agent components.			OY ON	ØN/A
8. Records	s of the date and time that fume suppress	ants are adde	ed to the bath.	□У □И	⊠N/A
9. Records	s of rectifier capacity, if used to determin	ne facility size	2.	NO Y	□N/A
10. Record	ds of the total process operating time.			DY ON	-
11. Record	ds identifying specific periods of excess e	missions.		MA ON	
12 Storbus Charles at a Plan					

Method		
·		
. :		

Revised 10/9/96

9/15/98
Approximate Date of Next Inspection

Signature

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	<u> </u>	COMPLAINT/DISCOVERY	02/2
AIRS ID#: <u>i030333</u> 0	1.4 0 0	8:00am. atina	TIME OUT: 11:45 c	<u>x.m.</u>
FACILITY LOCATION:	700 37	7th S	_	
	St. Pet	tersbu	rg, FL 33711	
PART I: NOTIFICATION			 	
(check appropriate box)			· · · · · · · · · · · · · · · · · · ·	
1. Facility notified DARM by 9.	· /1/96		ď	
New facility notified DARM	30 days prior to startup			
3. Facility failed to notify DAR	M to use a general perm	it .		
PART II: CLASSIFICATION				
Facility type(s)/applicable stand	ard indicated on notifica	ition form:	· · · · · · · · · · · · · · ·	
Hard Chromium Plating				,
a. Existing Large (0.015 mg/d	scm) 🗆 b.	Existing Sm:	all (0.03 mg/dscm)	図
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/yea	ar)
Decorative Chromium Plating	Anodizing			
a. Chromic Acid Bath	Emissions of < 0.01/a	mg/dscm (4.4	x10 ⁻⁶ gr/dscf)	र्ष
	Surface tension of \leq May only be selected if a w	45 dynes/cm vetting agent is u	(3.1×10 ⁻³ lb-f/ft) sed.	
b. Trivalent Chromium Bath	With wetting agent			
		-	scm (4.4x10 ⁻⁶ gr/dscf)	<u> </u>
c. Chromium Anodizing	Emissions of <0.01 n	•		o l
	Surface tension of 45 May only be selected if a w			

PART III:	CONTROL TECHNOLOGY						
Control de				_			
selected			in us	se? □N			
2.	Fiber Bed Mist Eliminator	DY	,	ΠN			
3.		⊠ Y	,	ΠN			
4.	Packed Bed Scrubber/Composite Mesh			ΠN			,
5. 🗆	Foam Blanket Fume Suppressant	ΩY	•	ΠN			
6. 🗆	Fume Suppressant w/ Wetting Agent	ΟY	,	ПN			
Has the fac	cility conducted an initial performance to	est to establi	sh	monitoring parameters	, My	ПΝ	□N/A
	for sources using a wetting agent or 1-inch foam			montoring parameters	, 41		UIVA
					•		
PART IV:	RECORDKEEPING AND REPORT	NG REQU	IR	EMENTS			
	ponsible official maintained the follow						
	•	_		louiose and manitaring			,
equipm	rly inspection records for add-on air poll itent. (applicable only to a facility using a packed					,	
composite	mesh pad)				ΠY	MM	□N/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)					□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.					1		
5. Results	of all performance tests.						□N/A
6. Records	s of monitoring data. (not applicable to trival	ent chromium b	ath	ns using a wetting agent)	ΠY	ΩN	□N/A
Mea	mposite Mesh Pad asure the pressure drop across the P daily.	Packed Be Measure the p	ress	sure drop across the PBS and ti	ne		
Mea	per-Bed Mist Eliminator usure the pressure drop across the FBME the upstream device daily.			Scrubber/Composite In sure drop across the CMP daily		đ	
Mea	am Blanket Fume Suppressant asure the foam blanket thickness at the ropriate interval.			essant w/ Wetting Age ace tension at the appropriate in			
7. Purchase records of wetting agent components.			d Y	DN □N	ØN/A		
8. Records	s of the date and time that fume suppress	sants are add	led	l to the bath.			□N/A
9. Records	s of rectifier capacity, if used to determin	ne facility siz	ze.				□N/A
10. Record	s of the total process operating time.				AN ENY		
11. Record	s identifying specific periods of excess e	missions.			ZY	MN	
12. Startup, Shutdown & Malfunction Plan				M			

PART V: ADDITI	ONAL SITE INFORM	IATION				
Observe	a Method	306	Stack	Test.		
				•		
	•					
					•	

Jo	ho Kutch					
Name of R	esponsible Official			-1:1		
Insne	Ctor's Name			2/26/98 Date of Inspection	<u>.</u>	
7spc	7.7.7					

Approximate Date of Next Inspection

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL M	COMPLAINT/DISCOVERY LI RE-INSPECTION LI
TIME IN: 8:00 a.m. TIM	E OUT: 11:45 a.m. AIRS ID# 10300333 001
TYPE OF FACILITY: Perchloroethyle	ene Dry Cleaner 🏅
FACILITY NAME: M & P Plating,	Inc. DATE: February 26, 1998
FACILITY LOCATION: 700 37th Stree	t South, St. Petersburg, FL 33711
RESPONSIBLE OFFICIAL: John Kutch	PHONE NUMBER: (813) 327-5118
to be in compliance with DEP Rule 62-213	nirements evaluated during this inspection, the facility is found 3.300, Florida Administrative Code (F.A.C.). uirements evaluated during this inspection, the following 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 proper DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE:	Ity certified and submitted to the inspector. Yes No Deff (Approximate) Teff (Piease Print) PHONE NUMBER: 464-4422

Revised 10/96

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/D	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	n Kutch PH	IONE NUMBER: (813) 327-5118				
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:						
Did not maintain records of maintena performed on the affected source, the air pollution control devices and the requipment.	add-on performed on to air pollution co	naintain a log that records all maintenance he affected source (plating tank), the add-on ontrol devices and the monitoring equipment entified and the date and description of erformed).				
Did not record the date of occurrence and cause (if known) of each malfund the process (plating tank), add-on air control device, and monitoring equip	pollution occurrence, duranteed malfunction of	naintain a log that records the date of ration and cause (if known) of each the process (plating tank), add-on air rol device, and monitoring equipment.				
Did not record actions taken during p malfunction when such action is inco with the O&M plan.	nsistent during periods	naintain a log that records the actions taken of malfunction when such action is the O&M plan.				
Comments: Observed the Method 306 Performanc	e 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
INSPECTOR'S SIGNATURE:	ms PHONE NUMBER: 464-4422
Pa	ge 2 of 2 Revised 10/96

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CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL	☑ COMPLAINT/DISCOVERY		
R	E-INSPECTION			
AIRS ID#: 1030333 0 FACILITY NAME:	01_ TIME IN:	10:200, m_ TIME OUT: 12:15	<u>p, m.</u>	
FACILITY LOCATION:	700 3	37th St S		
_	St. Do	tersburg, FL 33711		
_	<u></u>	CC 56C 9 1 C 3371		
PART I: NOTIFICATION			<u>-</u>	
(check appropriate box)				
Facility notified DARM by 9.	/1/96	· d		
2. New facility notified DARM	30 days prior to startu	р 🗀 💮		
3. Facility failed to notify DAR	M to use a general peri	mit		
	1			
PART II: CLASSIFICATION				
Facility type(s)/applicable stand	ard indicated on notific	cation form:		
Hard Chromium Plating				
a. Existing Large (0.015 mg/d	scm) 🗆 b.	Existing Small (0.03 mg/dscm)	国	
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	r)	
Decorative Chromium Plating/Anodizing				
a. Chromic Acid Bath	Emissions of < 0.01	/mg/dscm (4.4x10 ⁻⁶ gr/dscf)	⊠′	
	Surface tension of salected if a	\leq 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) wetting agent is used.	۵	
b. Trivalent Chromium Bath	With wetting agent			
·	Without wetting age	ent <0.01mg/dscm (4.4×10 ⁻⁶ gr/dscf)		
c. Chromium Anodizing	Emissions of <0.01	mg/dscm (4.4x10 ⁻⁶ gr/dscf)		
·	Surface tension of 4 May only be selected if a	5 dynes/cm (3.1x10 ⁻³ lb-f/ft) 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 □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)	MY DN	□N/A
PART IV. DECORDANGED AND DEPORTING DECUMENTS		
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 scrubbe), fiber-bed mist eliminator, or composite mesh pad) 	OY EW	□N/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)	□Ү □и	□N/A
 Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). 	MA AM	
 Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. 	MY ON	
5. Results of all performance tests.	MY ON	□N/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	DY ON	□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	
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.	val.	
7. Purchase records of wetting agent components.	MY DN	□N/A
8. Records of the date and time that fume suppressants are added to the bath.	MY WN	□N/A
9. Records of rectifier capacity, if used to determine facility size.	MY ON	□N/A
10. Records of the total process operating time.	MA DN	
11. Records identifying specific periods of excess emissions.	MY ON	
12 Startun Shutdown & Malfunction Plan	MY DN	

PART V: ADDITIONAL SITE INFORMATION

Woter pressure = 36"-37"

GPM = ,7 = ,8 = M polyethylene pocksol bed changed bed not determined.

Peter Va lantiejus Name of Responsible Official

123

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑	COMPLAINT/DISCOVERY	□ RE-INSPE	CTION 🗆	
TIME IN: 10/20 a.m. TIME OU	JT: 12:15 p.m.	AIRS ID# 103033	3 001	
TYPE OF FACILITY: Chromium Elec	troplating and Anodizin	g		
FACILITY NAME: M & P Plating,	Inc.	DATE: October 9, 199	7	
FACILITY LOCATION: 700 37th Street	- t South, St. Petersburg,	FL 33711		
RESPONSIBLE OFFICIAL: Mr. Peter Vala	ntiejus PHONI	E NUMBER: (813)	327-5118	
Based of the results of the compliance required to be in compliance with DEP Rule 62-213 Based on the results of the compliance required compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	.300, Florida Administrativ airements evaluated during t	e Code (F.A.C.).	lowing	
Initial Performance Test has not been performed and monitoring parameters have not been established.	Conduct an initial perform emissions. Monitor operat defined in the rule. These establish parameters that w continuing compliance wit	ing conditions during operating conditions vill be used to demonst	test, as vill	
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 lo commencement and complemissions (as determined for during a malfunction of the control equipment, or mon	etion of each period or from monitoring data) to process, add-on air p	f excess that occurs	
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY:	October 23, 199 (Approximate) Teffresse Print)	7 smís	No 🗆	
INSPECTOR'S SIGNATURE:	MA PHONE NUME	BER: <u>464-442</u>	<u> </u>	

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TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

NOV 1 0 1997

TYPE OF INSPECTION:

INSPECTOR'S SIGNATURE:

ANNUAL D

COMPLAINT/DISCOVERY

Bureau of Air Monitoring & RYDBN&BBQGE®N □

TIME IN: 10:20a.m. TIME OU	JT: 12: 15 p.m.	AIRS ID#	1030333 001
TYPE OF FACILITY: Chromium Elec	troplating and Ar	odizing	
FACILITY NAME: M & P Plating,	Inc.	DATE: Octob	ber 9, 1997
FACILITY LOCATION: 700 37th Street	t South, St. Peter	sburg, FL 33711	
RESPONSIBLE OFFICIAL: Mr. Peter Vala	ntiejus	PHONE NUMBER:	(813) 327-5118
Based of the results of the compliance requirements to be in compliance with DEP Rule 62-213 Based on the results of the compliance requirements were noted:	.300, Florida Admi	nistrative Code (F.A.	.C.).
Quarterly inspection records for add-on air pollution control devices and monitoring equipment were not maintained.	inspections of the	tain a log that record add-on air pollution on ment as defined by the redures.	control devices and
Did not maintain records of maintenance performed on the affected source, the add-on air pollution control devices and the monitoring equipment.	performed on the a air pollution control	tain a log that records affected source (plating of devices and the motived and the date and rmed).	ng tank), the add-on onitoring equipment
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.	occurrence, duration malfunction of the	tain a log that record on and cause (if know process (plating tank levice, and monitorin	wn) of each k), add-on air
Did not record actions taken during periods of malfunction when such action is inconsistent with the O&M plan.	_	tain a log that record nalfunction when suc he O&M plan.	
Comments:	I:\USI	ERS\AIRQUAL\WPDOCS\AQTO	OX\CAA\CHROME\M&P1997.DOC
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION:	ly certified and submitte Octob	ed to the inspector. er 23, 1997 proximate) Acres Moncis	Yes ☑ No □
INSPECTION CONDITIONED BY:	()4:4	STORAL I LANCIS	

Page <u>2</u> of <u>2</u>

PHONE NUMBER: 464-4422

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CHROMIUM ELECTROPLATING ANODIZING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

NOV 1 0 1997

·		Bure	au of Air Monitoring
FACILITY NAME: May	P Platino	DATI	Mobile/Sources
FACILITY LOCATION: 70	037th StS		
St	Petersburg;	FL 33711	
Annual Reporting Period: Octo	ober 9, 1996	ro October	9, 1997
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code			DEP Rule ☑NO
If NO, complete the following:			
#1. Term or condition of the general perm	uit that has not been in continuous con	mpliance during the reporting per	riod stated above:
Did not mointo add-on pollution Exact period of non-compliance: from	control devices October 9, 199	maintenance rmonitoring equi to October 9,	performed prenting
Action(s) taken to achieve compliance:	Develop and maintenance	e performed o	n the
Method used to demonstrate compliance: identified #2. Term or condition of the general perm	offected sour pollution contre late performed a de ut that has not been in continuous con	of device, monitori	ng equipmen
Did not mainto	in records of t	the olates + t	times tho
fume Suppressant. Exact period of non-compliance: from	october 9, 199	6 to October 9	7, 1997
Action(s) taken to achieve compliance:	Develop and n		
Method used to demonstrate compliance:	suppressants		•
As the responsible official, I hereby certify made in this notification are true, accurate		med after reasonable inquiry, the	at the statements
RESPONSIBLE OFFICIAL: N	eter Valantiers (Tame (Please Print)	Signature	10-9-97 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.

RECFIVED

AIRS ID# 1030333001

CHROMIUM ELECTROPLATING/ANODIZING AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

(,	6 0 D DV 10000000000	AIRS ID#1030333)		
	M & P PLATING INC PETER VALANTIEJUS			tro	A Mare
	700 37TH STRRET SOUTH ST PETERSBURG FL 33711			FEB	2 1998
	of Ferensburg FL 33/II			Bureau of A	ir Monitoring
)			j		Sources
_		Do <u>NOT</u> Remov	e Label		
4 1D (1 D 1 1	7.	1	97 00	Décember	71 10 97
Annual Reporting Period:	January	15	9_17_10	vecember	<u>31</u> 19 <u>97</u>
	1				
Based on each term or cor	ndition of the Title V gen	neral air permit, my	facility has rem	nained in compliance with	th DEP Rule
62-213.300, Florida Admi	nistrative Code (F.A.C.), during the period o	covered by this	statement. TYES	₩NO
TCNTO 1 4 6 11					
If NO, complete the follow	ving:				
#1. Term or condition of	the general permit that l	has not been in conti	nuous compliar	nce during the reporting	period stated above:
TIL	٠, ١	. ·			
- 1M(T)a) (ongliance no	it demons	trates	yer	_
Exact period of non-comp	liance: from	•		to	
		, DI C	.) ` ,, ()		$C \setminus A \setminus A$
Action(s) taken to achieve	compliance: <u>/</u>	15t Flan Si	90mi Hed	, lesting :	ocheduled
Action(s) taken to achieve Method used to demonstrate wespo #2. Term or condition of	ate compliance:	EPA Me	ethod :	306	
موريد ملائدان		Plan	+ Mais	up 1 from Pin	ellar Count DE
W. Town on an distance	the semant manual that 1	r / 1200 VW	,		maried stated shares
#2. Term or condition of	the general permit that i	nas not been in conti	nuous compiiai	nce during the reporting	period stated above:
Exact period of non-comp	liance: from		1	to	
Action(s) taken to achieve	compliance:				a dr
		-			2
Method used to demonstra	te compliance:				<u> </u>
•					86 02 03 03
As the responsible official			belief formed a	after reasonable inquiry,	that the statements
made in this notification a	are true, accurate and co	omplete.	()_	- []]	
RESPONSIBLE OFFIC	IAL: Peter	Valantie ve	Vier	· Valu	1-23-98
		lease 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 210 665 508

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

7 AIRS ID # 1030 PETER VALANTIEJUS M & P PLATING INC 700 37TH STREET SOUTH ST PETERSBURG FL 33711 AIRS ID # 1030333001AG

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

	COMPLETE THE SECTION ON BELLVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 C. Signature Agent Addressee D. de very address differentifing Titem?
1. Article Addressed to: 7	JUN 1 1 2001
700 37TH STREET SOUTH ST PETERSBURG FL 33711	3. Service TMobile Sources 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) Z 210 662 508	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

US Postal Service Receipt for Certified Mail AIRS ID#: 1030333 M & P PLATING INC PETER VALANTIEJUS 700 37TH STRRET SOUTH ST PETERSBURG FL 33711 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date 2//7/97

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	2. Restricte Consult postmas	ee's Address
Is your RETURN ADDRESS completed	AIRS ID#: 1030333 M & PPLATING INC PETER VALANTIEJUS 700 37TH STRRET SOUTH ST PETERSBURG FL 33711 5. Received By://Rrint.Name) 6. Signature: (Aodressee of Agent) PS Form 3811, December 1994	4b. Service 1 Registere Express Return Rec 7. Date of De	Type ed Mail ceipt for Merchandise ellivery 120/97 e's Address (Only in	Certified Insured COD Insured



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 ~

Je. 34 .

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: A1
Fund: 20-2-035001
Obj.: 002273

M&P PLATING, INC DIV. NI-CHRO PLATING CORP. 700 37th ST. SOUTH ST. PETERSBURG, FL 33711



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

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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

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261935

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 28 97

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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 PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354760

R E Clase in Jude your AIRS ID# on your check or money order. This number can be found below on your mailing label.

DEC 2 3 1998

TOTAL AMOUNT DUE: \$50.00

CEIVED

Bureau of Air Monitoring & Mobile Sources

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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

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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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