

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

September 26, 2003

Mr. Michael Franzone
Quality Pot Metal Works
580A Wilmer Avenue
Orlando, Florida 32808

Re: Facility No.: 0951264-001

Dear Mr. Franzone:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on August 2, 2003.

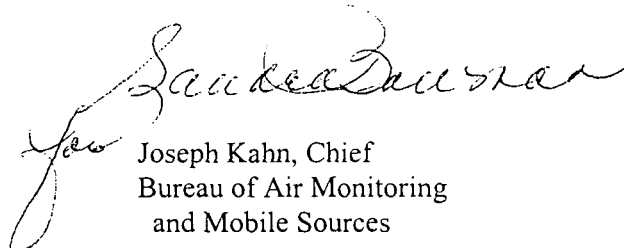
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

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RECEIVED

AUG 27 2003

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	QUALITY POT METAL WORKS		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	Orange county facility # 4823287		
4. Facility Location:	580 A Wilmer Avenue		
Street Address:			
City:	Orlando	County:	Orange
		Zip Code:	32808
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951264-001		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	MICHAEL FRANZONE	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	QUALITY POT METAL WORKS		
Street Address:	580A Wilmer Ave		
City:	Orlando	County:	Orange
		Zip Code:	32808
8. Responsible Official Telephone Number:			
Telephone:	(407) 290 - 2620	Fax:	(407) 290 - 8199

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() -	Fax:	() -

Facility Information

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

HARD CHROMIUM PLATING TANKS

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

Key for Control Device Type

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

Applicable Standard Key

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

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

Yes No

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

DECORATIVE AND ANODIZING TANKS

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

Key for Control Device Type

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

Applicable Standard Key

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

2. Indicate the date by which the facility must meet the requirements of paragraph (5) of Part II:
(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

January 25, 1996 January 25, 1997 September 21, 2003

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

- The facility will conduct an initial performance test
- The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above.

4. Equipment Monitoring and Recordkeeping Information

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

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

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

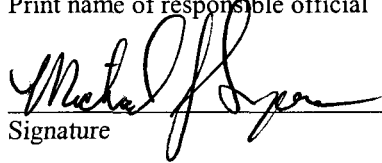
Responsible Official Certification

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

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

MICHAEL J. FRANZONE

Print name of responsible official



Signature

8-25-03

Date

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

TYPE OF INSPECTION: ANNUAL COMPLAINT DISCOVERY RE-INSPECTION

TIME IN: <u>10:00</u>	TIME OUT: <u>10:15</u>	AIRS ID#: <u>Unpermitted</u>
TYPE OF FACILITY: <u>Chromium Electroplating</u>		
FACILITY NAME: <u>Quality Pot Metal Works</u>	DATE: <u>8-22-03</u>	
FACILITY LOCATION: <u>580 A Wilmer Ave.</u> <u>Orlando FL 32808</u>		
RESPONSIBLE OFFICIAL: <u>Mike Franzone</u>		PHONE NUMBER: <u>407-290-2620</u>

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
Unpermitted	Submit a Chromium Electroplating & Anodizing Air General Permit Notification Form to FDEP w/in 30 days.
No air pollution control device	Incorporate an air pollution control device (i.e. wetting agent).
No Work Practice Plan	Create in writing a Work Practice Plan - submit w/ Notification Form.
No Operation & Maintenance Plan	Create in writing an Operation & Maintenance Plan - submit w/ Notification Form.
No Record Keeping	Implement Inspection, Maintenance, and Malfunction logbooks / records to satisfy the record keeping requirements per the Notification Form.

COMMENTS: If you would like for us to review your written plans & Notification Form before they are sent in to Tallahassee, please mail them or drop them off @ our office ASAP.
 SBAP Contact: Bruce Thomas 850-921-7744

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: ~ 2 mos.
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy

INSPECTOR'S SIGNATURE: Ilka Bundy (Please print) PHONE NUMBER: 407-836-1476

Attn: Bruce Thomas

There is a Wetting agent in the Chrome Tank. It is just not being measured at the present time.

The Stalagometer will be ordered on August 25, 2003.

Regarding the Work Practice Plan:

Operating and Maintenance Plan.

Operating Chrome Tank:

- #1 - Turn on Heater to Approx. 110°
- #2 - Uncover Tank (only in use)
- #3 - Use Tank, Shut Down @ Recover.

Maintenance Plan of Chrome Tank

- #1 - Measuring surface tension
- #2 - Make sure tank is free of any corrosion
- #3 - Recover

Work Practice Plan

- Logging of all the running time of Chrome tank
- Testing for surface tension, per instructions from FDEP log.
- Make sure it does not go over 45 Dynes.
- Will ^{measure} surface tension every 4 hours of operating tank

Record Keeping

1. August 25, 2003 will order the device that will measure the surface tension. (Stalagometer)
2. Will keep all purchase records of not only wetting agents, but all purchases made
3. Run time per instructions in FDEP manual.
4. Maintenance & Inspections

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

443436 DEC17 2004

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 951264 7
QUALITY POT METAL WORKS ✓
580 A Wilmer Avenue
ORANGE, FL 32808

✓
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435575 JAN22 2004

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

951264
MICHAEL FRANZONE
QUALITY POT METAL WORKS
580 A WILMER AVENUE
ORLANDO FL 32808

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 3A11P
Fund: 20-2-035001
Obj.: 002273

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JAN 26 2004
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