

PART III: CONTROL TECHNOLOGY – Rule 62-213.300 FAC

(Select control device)

DEVICE IN USE?

- | | |
|--|---|
| 1. <input type="checkbox"/> Composite Mesh Pad ----- | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. <input type="checkbox"/> Packed Bed Scrubber ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent ----- | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Has the facility conducted an initial performance test to establish monitoring parameters? Yes No N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING/REPORTING REQUIREMENTS – Rule 62-213.300(3)

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 composite mesh pad)* ----- Yes No 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)* ----- Yes No N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ----- Yes No
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Yes No
5. Results of all performance tests. ----- Yes No N/A
6. Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* ----- Yes No N/A

Composite Mesh Pad

Measure the pressure drop across the CMP daily. ----- Yes No

Packed Bed Scrubber

Measure the pressure drop across the PBS and the inlet velocity daily. ----- Yes No

Fiber-Bed Mist Eliminator

Measure the pressure drop across the FBME and the upstream device daily. --- Yes No

Packed Bed Scrubber/Composite Mesh Pad

Measure the pressure drop across the CMP daily. ----- Yes No

Foam Blanket Fume Suppressant

Measure the foam blanket thickness at the appropriate interval.. ----- Yes No

Fume Suppressant w/ Wetting Agent

Measure the surface tension at the appropriate interval. ----- Yes No

7. Purchase records of wetting agent components. ----- Yes No N/A
8. Records of the date and time that fume suppressants are added to the bath. ---- Yes No N/A
9. Records of rectifier capacity, if used to determine facility size. ----- Yes No N/A
10. Records of the total process operating time. ----- Yes No
11. Records identifying specific periods of excess emissions. ----- Yes No
12. Startup, Shutdown & Malfunction Plan. ----- Yes No

TERRENCE ANDERSON

7/5/06

Inspector's Name (Please Print)

Date of Inspection

7/07

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS:

THE PRESSURE DROP ON THE SCRUBBER WAS 7.4,CUBIC FT THIS IS CALCULATED AT 1.013 WHICH IS BELOW THE LIMIT OF 2.3. RECORDS WERE KEPT, THE FACILITY WAS FOUND IN COMPLIANCE.