



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO: _____

AIRS ID#: 1030353	DATE: 5/14/07	TIME IN: 9:35	TIME OUT: 11:30 a.m.
FACILITY NAME: Adtec II Tampa, Inc.			
FACILITY LOCATION: 5440 70th Avenue North Pinellas Park, FL, 33781			
RESPONSIBLE OFFICIAL: David Sideri		Phone No.: 727-522-4653	
PERMIT NO.: 1030353-003-AG	EXP. DATE: 06/26/11		
CONTACT: Halina Lesniak	PHONE: 727-522-4653		

PART I: NOTIFICATION			
(check appropriate box)		Facility Compliance Status: IN <input checked="" type="checkbox"/>	
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>	(ARMS Data) MNC	<input type="checkbox"/>
2. Facility failed to notify DARM to use a general permit	<input type="checkbox"/>	SNC	<input type="checkbox"/>

PART II: CLASSIFICATION			
PART II: CLASSIFICATION – Rule 62-213.300 FAC			
Facility type(s)/applicable standard as indicated on notification form:			
1. Hard Chromium Plating			
a. Existing Large (0.015 mg/dscm)	<input type="checkbox"/>	b. Existing Small (0.03 mg/dscm) -----	<input type="checkbox"/>
c. New (0.015 mg/dscm) -----	<input type="checkbox"/>	d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)	<input type="checkbox"/>
2. Decorative Chromium Plating/Anodizing			
a. Chromic Acid Bath	1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) -----	<input type="checkbox"/>	
	2) Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- (May only be selected if a wetting agent is used.)	<input checked="" type="checkbox"/>	
b. Trivalent Chromium Bath	1) With wetting agent -----	<input type="checkbox"/>	
	2) Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)	<input type="checkbox"/>	
c. Chromium Anodizing	1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) -----	<input type="checkbox"/>	
	2) Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- (May only be selected if a wetting agent is used.)	<input type="checkbox"/>	

PART III: CONTROL TECHNOLOGY – Rule 62-213.300 FAC

(Select control device)

DEVICE IN USE?

- | | |
|--|---|
| 1. <input type="checkbox"/> Composite Mesh Pad ----- | <input 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

PART V: ADDITIONAL SITE INFORMATION

Facility provided a printout of both Chrome #1 and #2 tanks and is attached to inspection report.[jm]

Inspector=s Name (Please Print)
Jeffrey Morris

Inspector=s Signature

Date of Inspection

Approximate Date of Next Inspection

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

FACILITY NAME:	Adtec II Tampa, Inc.	DATE:	
FACILITY LOCATION:	5440 70th Avenue North Pinellas Park, FL, 33781		

Annual Reporting Period: _____ 20 _____ To _____ 20 _____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.

YES NO

IF NO, complete the following:

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

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

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

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

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL:	David Sideri		
	(Name, Please Print)	Signature	Date

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