



# CHROMIUM ELECTROPLATING/ANODIZING

## COMPLIANCE INSPECTION CHECKLIST

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

**AIRS ID#:** 1030471 **DATE:** 2/13/06 **ARRIVE:** 9:45 am **DEPART:** 10:33 am

**FACILITY NAME:** NORRIS PRECISION MFG INC

**FACILITY LOCATION:** 4680 110th Ave North  
CLEARWATER 33762

**RESPONSIBLE OFFICIAL:** MIKE WORKLAND **PHONE:** (727)572-6330

**CONTACT NAME:** Joe Norris, Jr **PHONE:** (727)572-

**REMITTANCE YEAR:** 2005 **ENTITLEMENT PERIOD:** 4/2/2005 / 4/2/2010  
(effective date) (end date)

**PART I: INSPECTION COMPLIANCE STATUS** (check  only one box)

IN COMPLIANCE     MINOR Non-COMPLIANCE     SIGNIFICANT Non-COMPLIANCE

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

2. **Decorative Chromium Plating/Anodizing**

a. **Chromic Acid Bath**

1) Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) -----   
 2) Surface tension of  $\leq 45$  dynes/cm ( $3.1 \times 10^{-3}$  lb-f/ft) -----   
*(May only be selected if a wetting agent is used.)*

b. **Trivalent Chromium Bath**

1) With wetting agent -----   
 2) Without wetting agent  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) -----

c. **Chromium Anodizing**

1) Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) -----   
 2) Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$  lb-f/ft) -----   
*(May only be selected if a wetting agent is used.)*

**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 checked="" 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

Jeff Morris

2/13/06

\_\_\_\_\_  
Inspector's Name (Please Print)

\_\_\_\_\_  
Date of Inspection

\_\_\_\_\_  
Inspector's Signature

2/13/07

\_\_\_\_\_  
Approximate Date of Next Inspection

**COMMENTS:**