1030353

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 25, 1996

Mr. Ralph Hancock
Vice President
Superior Plating, Inc.
5440 70th Avenue North
Pinellas Park, Florida 33781

Dear Mr. Hancock:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 11, 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

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest District

Superior Plating, Inc.

This facility does not need to comply with parts (b) and (d) in the "Equipment Monitoring and Recordkeeping Information" section of the form.

Superior Plating has ten "pickling" tanks containing hydrochloric acid (HCl) in addition to their plating tanks. In aggregate, these tanks will not exceed 10 tons/yr of HCl emissions. It is highly doubtful that any single tank would approach the unit maximum of 1000 lb/yr since the emission rate drops rapidly as the acid solution becomes diluted.

Ernie Pickard

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

   Dennis Eversole/Ralph Hancock Superior Plating, Inc.

2. Site Name (For example, plant name or number):

   Superior Plating, Inc.

3. Hazardous Waste Generator Identification Number:

   FLD984238378

4. Facility Location:
   Street Address: 5440 70th Avenue North
   City: Pinellas Park County: Pinellas Zip Code: 33781

5. Facility Identification Number (DEP Use):

   1030353

Responsible Official

6. Name and Title of Responsible Official:

   Ralph Hancock Vice President

7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address: 5440 70th Avenue North
   City: Pinellas Park County: Pinellas Zip Code: 33781

8. Responsible Official Telephone Number:
   Telephone: (813) 522 - 4653 Fax: (813)525 - 4368

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   Halina Lesniak Lab Manager

10. Facility Contact Address:

    Street Address: 5440 70th Avenue North
    City: Pinellas Park County: Pinellas Zip Code: 33781

11. Facility Contact Telephone Number:
    Telephone: (813) 522 - 4653 Fax: (813)525 - 4368

RECEIVED
SEP 11 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 CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)

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/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

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

[____] 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			
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
Cr #1	02-1992	10-20-95	FS/WA	Y
Cr #2	02-1992	10-20-95	FS/WA	Y

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 = alternative 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:

[X] January 25, 1996 [ ] January 25, 1997

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

[ ] The facility will conduct an initial performance test

[X] The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

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	[X]	(b) Equipment inspection and repair	[X]
(c) Equipment malfunctions	[X]	(d) Operation and maintenance checklist	[X]
(e) Instrument calibration	[X]	(f) Start-up, shutdown, malfunction plan	[X]
(g) Performance test results	[ ]	(h) Equipment monitoring	[X]
(i) Excess emissions	[X]	(j) Operating periods	[X]
(k) Rectifier capacity	[ ]	(l) Fume suppressant records	[X]

(m) Purchase records of wetting agent components [X]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No 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.

Signature

9-4-96
Date

SUPERIOR PLATING, INC.
5440 70th Ave. No.
Pinellas Park, FL 33781

September 09,1996

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

Re: Permit Determination

To Whom it may concern:

The Superior Plating Inc. has total of ten tanks with Hydrochloric Acid pickling solution. The fumes from all pickling tanks are exhausted into three Niehaus fume separatores located outside of the plating room. The total exhausted surface area is approximately 47 sqf.

With cooperatrion of Mrs. Margaret Hennis from Pinellas County Air Quality,we calculated and estimated the potential emission for each tank. The total estimated potential emission for our ten tanks equals approximately 5,431.4 lbs/year.

For more information regarding the above you may contact Mrs. Margaret Hennis at 813/464-4422 or Halina lesniak at Supeiror Plating Inc. at 813/522-4653.

Please advise if Superior Plating Inc. can be exempt or is eligible for Title V General Permitting.

Sincerely;

Halina Lesniak
Lab Manager
SUPERIOR PLATING, INC.

CC: Ralph Hancock Vice President
Superior Plating, Inc.

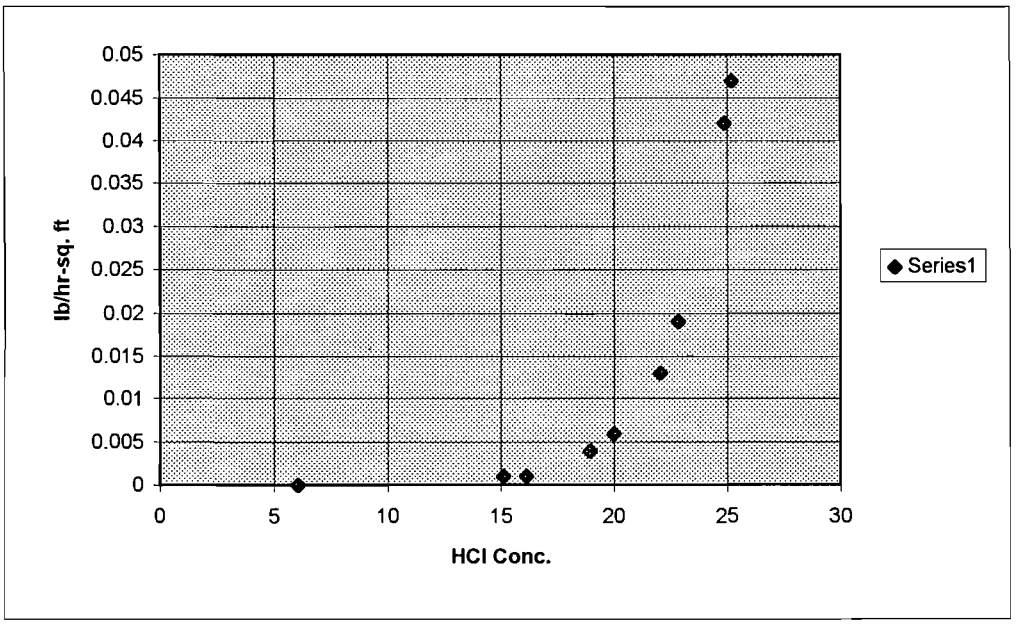
Phone 813/522-GOLD 4653 **FAX 813/525-4368**

Superior Plating Inc.

Tank	Size (sq. ft)	HCl (%)	FE (%)	lb/hr/sq ft	lb/hr	lb/yr	Max. rate*
1	4.33	24.9	0	0.042	0.18186	1593.0936	0.0264
2	4.33	25.2	0	0.047	0.20351	1782.7476	0.0264
3	4.16	6.04	0.27	0	0	0	0.0274
4	2.94	16.15	0.018	0.001	0.00294	25.7544	0.0388
5	4.24	22.05	0.078	0.013	0.05512	482.8512	0.0269
6	4.24	18.96	0.04	0.004	0.01696	148.5696	0.0269
7	6.79	15.1	1.15	0.001	0.00679	59.4804	0.0168
8	10	20.01	0.21	0.006	0.06	525.6	0.0114
9	4.16	18.96	0.31	0.004	0.01664	145.7664	0.0274
10	4	22.85	0.094	0.019	0.076	665.76	0.0285
Total =	**49.19 sq. ft**					**5429.6232 lb/yr**	

AVG. .0257 lb/hr·ft²

*Maximum emission rate to stay under 1000 lb/yr



These documents should be kept in the file, but do not need to be copied & sent to the district or local program.

EP

Pinellas County Environmental Management
Air Quality Division

Phone: 813-464-4422 Fax: 813-464-4420

To: **Errin Pichard**

Company : **FDEP, Bureau of Air Monitoring and Mobile Sources**

Fax# : **904 922-6979**

Date : **9/19/96**

From: **Margaret Hennis**

Subj Desc : **Estimating HCl Emissions from Pickling**

Comments :

Enclosed are copies of the spreadsheet (model) results from estimating the HCl emissions for Superior Plating's open HCl pickling tanks. I will be mailing you a copy of ESCO's Excel spreadsheet on diskette. The handwritten calculations at the bottom of each spreadsheet page are my calculations for PTE. As we discussed, most of the tanks have approximately the same area. As you will see, newer solutions of HCl have higher HCl emissions, and vice-versa.

If you have any questions or comments, please let me know. My Suncom number is 570-4422.

Thanks.

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SEP 19 1996
Bureau of Air Monitoring
& Mobile Sources

Total Pages: 13

fax.rsl

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA	118		RESULTS			
Item	Units	Quantity	Item	Units	Quantity HCl	Quantity Water
HCl in acid	% w/v	24.9				
Fe in acid	% w/v	0	Surface loss	lb/h/sqft	0.042	0.062
Temperature	deg F	80	Total loss	lb/h	0.18	0.27
Exhaust rate	cfm/sqft	31.2	Exhaust conc.	ppmv	236	
Total air	acfm	135		% by vol		1.79
Tank width	ft	2.08				
Tank length	ft	2.08				

lb/hr = 0.18 at 4hr HCl + Fe comb.

Potential Annual Emissions = $\left(\frac{0.18\ lb}{hr}\right)\left(\frac{8760\ hr}{yr}\right) = 1577\ lb/yr$

$4.33\ ft^2$

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA	#173		RESULTS			
Item	Units	Quantity	Item	Units	Quantity HCl	Quantity Water
HCl in acid	% w/v	25.2				
Fe in acid	% w/v	0	Surface loss	lb/h/sqft	0.047	0.062
Temperature	deg F	80	Total loss	lb/h	0.20	0.27
Exhaust rate	cfm/sqft	31.2	Exhaust conc.	ppmv	267	
Total air	acfm	135		% by vol		1.79
Tank width	ft	2.08				
Tank length	ft	2.08				

HCl emission (lb/hr = 0.20 at this HCl + Fe (acid) strength

Potential emissions $\left(\frac{0.20\ lb}{hr}\right)\left(\frac{8760\ hr}{yr}\right) = 1752\ lbs/yr$

4.33 ft²

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA			RESULTS			
Item	Units	Quantity	Item	Units	Quantity HCl	Quantity Water
HCl in acid	% w/v	6.04				
Fe in acid	% w/v	0.27	Surface loss	lb/h/sqft	0.000	0.062
Temperature	deg F	80	Total loss	lb/h	0.00	0.26
Exhaust rate	cfm/sqft	32.45	Exhaust conc.	ppmv	0	
Total air	acfm	135		% by vol		1.79
Tank width	ft	2				
Tank length	ft	2.08				

lbs/hr at this Acid + Fe conc. is negligible.

$4.16\ ft^2$

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA	# 170		RESULTS			
Item	Units	Quantity	Item	Units	Quantity	Quantity
HCl in acid	% w/v	16.15			HCl	Water
Fe in acid	% w/v	0.018	Surface loss	lb/h/sqft	0.001	0.065
Temperature	deg F	80	Total loss	lb/h	0.00	0.19
Exhaust rate	cfm/sqft	45.92	Exhaust conc.	ppmv	5	
Total air	acfm	135		% by vol		1.77
Tank width	ft	1.5				
Tank length	ft	1.96				

lb/hr = 0.00 (negligible) at this HCl + Fe conc.

2.94 ft²

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For Instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA	4103		RESULTS			
Item	Units	Quantity	Item	Units	Quantity	Quantity
					HCl	Water
HCl in acid	% w/v	22.05				
Fe in acid	% w/v	0.078	Surface loss	lb/h/sqft	0.013	0.062
Temperature	deg F	80	Total loss	lb/h	0.06	0.26
Exhaust rate	cfm/sqft	31.82	Exhaust conc.	ppmv	74	
Total air	acfm	135		% by vol		1.79
Tank width	ft	2.04				
Tank length	ft	2.08				

emissions lb/hr = 0.06 of HCl 11% + Fe acid conc.

potential emissions = $\left(0.06 \frac{lb}{hr}\right)\left(8760 \frac{hr}{yr}\right) = 525.6$ lbs/yr

4.24 ft^2

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA	4-3		RESULTS			
Item	Units	Quantity	Item	Units	Quantity HCl	Quantity Water
HCl in acid	% w/v	18.96				
Fe in acid	% w/v	0.04	Surface loss	lb/h/sqft	0.004	0.062
Temperature	deg F	80	Total loss	lb/h	0.02	0.26
Exhaust rate	cfm/sqft	31.82	Exhaust conc.	ppmv	21	
Total air	acfm	135		% by vol		1.79
Tank width	ft	2.04				
Tank length	ft	2.08				

air emissions = 0.02 lbs/hr of this HCl + Fe acid conc.

potential emissions: $\left(0.02\frac{lb}{hr}\right)\left(8760\frac{hr}{yr}\right) = 175.2$ lbs/yr

4.24 ft²

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA	#65		RESULTS			
Item	Units	Quantity	Item	Units	Quantity HCl	Quantity Water
HCl in acid	% w/v	15.1				
Fe in acid	% w/v	1.15	Surface loss	lb/h/sqft	0.001	0.058
Temperature	deg F	80	Total loss	lb/h	0.01	0.39
Exhaust rate	cfm/sqft	19.87	Exhaust conc.	ppmv	8	
Total air	acfm	135		% by vol		1.83
Tank width	ft	2.04				
Tank length	ft	3.33				

Air emissions = 0.01 lbs/hr at this HCl + Fe acid conc.

potential emission = $\left(\frac{0.01\ lb.}{hr}\right)\left(\frac{8760\ hr}{yr}\right)$ = 87.6 lbs/yr

6.79 ft²

09/04/96 EMISSXL4.XLS

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA	#16		RESULTS			
Item	Units	Quantity	Item	Units	Quantity HCl	Quantity Water
HCl in acid	% w/v	20.01				
Fe in acid	% w/v	0.21	Surface loss	lb/h/sqft	0.006	0.058
Temperature	deg F	80	Total loss	lb/h	0.06	0.58
Exhaust rate	cfm/sqft	13.5	Exhaust conc.	ppmv	72	
Total air	acfm	135		% by vol		1.88
Tank width	ft	2.5				
Tank length	ft	4				

lb/hr = 0.06 at 4% conc of Fe + HCl.

potential emissions = $\left(\frac{0.06\ lb}{hr}\right) \times \left(\frac{8760\ hr}{yr}\right) = 525.6\ lbs/yr$

10 ft²

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA	#4		RESULTS			
Item	Units	Quantity	Item	Units	Quantity	Quantity
HCl in acid	% w/v	18.96			HCl	Water
Fe in acid	% w/v	0.31	Surface loss	lb/h/sqft	0.004	0.062
Temperature	deg F	80	Total loss	lb/h	0.02	0.26
Exhaust rate	cfm/sqft	32.45	Exhaust conc.	ppmv	22	
Total air	acfm	135		% by vol		1.79
Tank width	ft	2				
Tank length	ft	2.08				

lb/hr = 0.02 at this Fe + HCl conc.

potential emissions $\left(\frac{0.02\ lb}{hr}\right)\left(\frac{876.0\ hr}{yr}\right) = 175.2\ lb/yr$

4.16 ft^2

ACID RINSE
ESTIMATED TANK EMISSIONS

ESTIMATION OF HCl LOSSES FROM PICKLING TANKS						
Written by Esco Engineering, Kingsville, Ontario						
March 1993						
For instructions press F5 then goto INST						
Spreadsheet for open tanks - for closed tanks press <F5> and goto CLOSED						
INPUT DATA	#104		RESULTS			
Item	Units	Quantity	Item	Units	Quantity HCl	Quantity Water
HCl in acid	% w/v	22.85				
Fe in acid	% w/v	0.094	Surface loss	lb/h/sqft	0.019	0.063
Temperature	deg F	80	Total loss	lb/h	0.07	0.25
Exhaust rate	cfm/sqft	33.75	Exhaust conc.	ppmv	98	
Total air	acfm	135		% by vol		1.79
Tank width	ft	2				
Tank length	ft	2				

Air emissions = 0.07 lbs/hr of this HCl & Fe acid conc..

potential emissions = $\left(\frac{0.07 \text{ lbs}}{\text{hr}}\right)\left(\frac{8760 \text{ hr}}{\text{yr}}\right) = 613.2 \text{ lbs/yr}$

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Post-it® Fax Note 7671	Date 9/4/96	# of pages ▶ 10
To Halina Lesniak	From Margaret Dennis	
Co./Dept. Superior Plating	Co. Pin. Co.	
Phone # ~~[illegible]~~ 522-465	Phone # 464-4422	
Fax # 525-4368	Fax # 464-4420	

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

July 25, 2001

Mr. Ralph Hancock
Superior Plating, Inc.
5440 - 70th Avenue North
Pinellas Park, Florida 33781

Dear Mr. Hancock:

Thank you for your submittal of the Chromium Electroplating and Anodizing Air General Permit Notification Form. The Department received your submittal on July 23.

In reviewing your submittal, it was noted that Superior Plating, Inc., elected to surrender its existing Title V air general permit (AIRS ID 1030353). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/jw
Enclosure
cc: Mr. Gary Robbins, Pinellas County

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1030353 TIME IN: 10:15 a.m TIME OUT: 11:30 a.m

FACILITY NAME: Superior Plating

FACILITY LOCATION: 5440 70th Ave N
Pinellas Park, FL 33781

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use a general permit ☐

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

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) ☐

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath	Emissions of < 0.01/mg/dscm (4.4×10^{-6} gr/dscf)	☐
	Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) *May only be selected if a wetting agent is used.*	☑
b. Trivalent Chromium Bath	With wetting agent	☑ Gm
	Without wetting agent <0.01mg/dscm (4.4×10^{-6} gr/dscf)	☐
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4×10^{-6} gr/dscf)	☐
	Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) *May only be selected if a wetting agent is used.*	☐

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
2.	☐	Fiber Bed Mist Eliminator	☐Y	☐N
3.	☐	Packed Bed Scrubber	☐Y	☐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? ☐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 composite mesh pad)* ☐Y ☐N ☑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 ☐N ☐N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☑Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐Y ☐N N/A
5. Results of all performance tests. ☑Y ☐N ☐N/A
6. Records of monitoring data. *(not applicable to trivolent chromium baths using a wetting agent)* ☐Y ☐N ☑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 Mesh Pad
Measure the pressure drop across the CMP daily.

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.

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

PART V: ADDITIONAL SITE INFORMATION

Halina Lesnak

-purchase 5 gallons of BriteGuard on a yearly basis
- 25.87 dynes/cm last reading (use stalagnometer)
  Decorative chrome
- 37.80 dynes/cm last reading (use stalagnometer)
  Black Chrome.

Ralph Hancock
Name of Responsible Official

Jeff Morris
Inspector's Name

Jeff Morris
Inspector's Signature

December 12, 1997
Date of Inspection

December 12, 1998
Approximate Date of Next Inspection

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 10:15 a.m.	TIME OUT: 11:30 a.m.	AIRS ID# **1030953 001**
TYPE OF FACILITY:	**Chromium Electroplating and Anodizing**	
FACILITY NAME:	**Superior Plating, Inc.**	DATE: December 12, 1997
FACILITY LOCATION :	**5440 70th Avenue North, Pinellas Park, FL 33781**	
RESPONSIBLE OFFICIAL:	**Ralph Hancock**	PHONE NUMBER: (813) 522-4653

☑ 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:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes ☑ No ☐

DATE OF NEXT INSPECTION: December 12, 1998 (Approximate)

INSPECTION CONDUCTED BY: Jeff Morris (Please Print)

INSPECTOR'S SIGNATURE: Jeffry Morris PHONE NUMBER: 464-4422

Revised 10/96

NEW_SUM.DOC

AIRS ID#: 1030353 acc ✓ Revised 10/10/96 ✓

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

FACILITY NAME: Superior Plating DATE: 12/16/97

FACILITY LOCATION: 5440 70th Ave N
Pinellas Park, FL 33781

Annual Reporting Period: December 16, 1996 TO December 16, 1997

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: _____

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Bureau of Air Monitoring & Mobile Sources

#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.

RESPONSIBLE OFFICIAL: Ralph Dancock (Name (Please Print)) _____ (Signature) 12-16-97 (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.

AIRS ID#: 1030353

Revised 10/10/96

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

FACILITY NAME: Superior Plating DATE: 12/16/97

FACILITY LOCATION: 5440 70th Ave N
Pinellas Park, FL 33781

Annual Reporting Period: December 16, 1996 TO December 16, 1997

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 _____

ction(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: _____

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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.

RESPONSIBLE OFFICIAL: Ralph Hancock (Name Please Print) _____ (Signature) 12-16-97 (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.

Electroplating
Not Dry Cleaners
See Attached

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1030353
DENNIS EVERSOLE
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

Do NOT Remove Label

Annual Reporting Period: _____ 19____ TO _____ 19____

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: _____

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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 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: _____ _____ _____
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.

11/06/97

AIRS ID#: 1030353 Revised 01/13/98

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

AIRS ID#1030353
DENNIS EVERSOLE
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

Do NOT Remove Label

Annual Reporting Period: December 16, 1996 19__ TO December 16, 1997 19 97

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: _____

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Bureau of Air Monitoring & Mobile Sources

#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.

RESPONSIBLE OFFICIAL: Ralph Hancock (Name Please Print) _____ (Signature) 1-19-98 (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

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1030353 **TIME IN:** 9:25 a.m. **TIME OUT:** 10:10 a.m.

FACILITY NAME: Superior Plating

FACILITY LOCATION: 5440 70th Ave N
Pinellas Park, FL 33781

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use a general permit ☐

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

a. **Existing Large** (0.015 mg/dscm) ☐ N/A 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) ☐

Decorative Chromium Plating/Anodizing

a. **Chromic Acid Bath**	Emissions of < 0.01/mg/dscm ($4.4x10^{-6}$ gr/dscf)	☐
	Surface tension of ≤ 45 dynes/cm ($3.1x10^{-3}$ lb-f/ft) *May only be selected if a wetting agent is used.*	☑
b. **Trivalent Chromium Bath**	With wetting agent	☐
	Without wetting agent <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 45 dynes/cm ($3.1x10^{-3}$ lb-f/ft) *May only be selected if a wetting agent is used.*	☐

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
2.	☐	Fiber Bed Mist Eliminator	☐Y	☐N
3.	☐	Packed Bed Scrubber	☐Y	☐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? ☐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 composite mesh pad)* ☐Y ☐N ☑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 ☐N ☐N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☑Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐Y ☐N N/A
5. Results of all performance tests. ☑Y ☐N ☐N/A
6. Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* ☐Y ☐N ☑N/A

Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Fiber-Bed Mist Eliminator
Measure the pressure drop across the FBME and the upstream device daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Packed Bed Scrubber
Measure the pressure drop across the PBS and the inlet velocity daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

~~Fume Suppressant w/~~ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☑Y ☐N ☐N/A
8. Records of the date and time that fume suppressants are added to the bath. ☑Y ☐N ☐N/A
9. Records of rectifier capacity, if used to determine facility size. ☑Y ☐N ☐N/A
10. Records of the total process operating time. ☑Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N N/A
12. Startup, Shutdown & Malfunction Plan ☑Y ☐N

PART V: ADDITIONAL SITE INFORMATION

May 14, 1998 last time when black chrome tank was used.

May 19, 1998 replaced with new black chrome tank (#2 tank)

Black chrome tank records in compliance.
Decorative tank records in compliance

Black chrome last reading surface tension- 33.93 dyres/cm 10/15/98

Decorative chrome last reading surface tension - 22.96 dyres/cm 10/15/98

5 gallons of BriteGuard ~~fume suppresant~~ wetting agent on 12/30/97. No fume suppresant used.

Halina Lesniak
Name of Responsible Official

Jeff Morris
Inspector's Name

Inspector's Signature

10/19/98
Date of Inspection

4/19/99
Approximate Date of Next Inspection

AIRS ID#: 1030353 Acc

Revised 10/10/96

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

FACILITY NAME: Superior Plating DATE: 10/19/98

FACILITY LOCATION: 5440 70th Ave N
Pinellas Park, FL 33781

Annual Reporting Period: December 12, 1997 TO October 19, 1998

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.

RESPONSIBLE OFFICIAL: HALINA LESNIAK (Name (Please Print)) Halina Lesniak (Signature) 10-19-98 (Date)

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AIRS ID#: 1030363

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MAY 19 1999

Bureau of Air Monitoring & Mobile Sources

Revised 10/10/96

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

FACILITY NAME: Superior Plating DATE: 4/15/99

FACILITY LOCATION: 5440 70th Ave. N.

Pinellas Park, FL 33781

Annual Reporting Period: October 19, 1998 TO April 15, 1999

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.

RESPONSIBLE OFFICIAL: _____ Ralph Hancock 4-15-99

~~Name (Please Print)~~ (Signature) ~~Signature~~ Print Name 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.

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CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1030353 TIME IN: 10:00a.m. TIME OUT: 11:17a.m.

FACILITY NAME: Superior Plating

FACILITY LOCATION: 5440 70th Ave. N.
Pinellas Park, FL 33781

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use a general permit ☐

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

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) ☐

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath	Emissions of < 0.01/mg/dscm (4.4×10^{-6} gr/dscf)	☐
	Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) *May only be selected if a wetting agent is used.*	☑
b. Trivalent Chromium Bath	With wetting agent	☐
	Without wetting agent <0.01mg/dscm (4.4×10^{-6} gr/dscf)	☐
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4×10^{-6} gr/dscf)	☐
	Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) *May only be selected if a wetting agent is used.*	☐

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
2.	☐	Fiber Bed Mist Eliminator	☐Y	☐N
3.	☐	Packed Bed Scrubber	☐Y	☐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? ☐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 composite mesh pad)* ☐Y ☐N ☑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 ☐N ☐N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☑Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐Y ☐N N/A
5. Results of all performance tests. ☑Y ☐N ☐N/A
6. Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* ☐Y ☐N ☑N/A

Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Fiber-Bed Mist Eliminator
Measure the pressure drop across the FBME and the upstream device daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Packed Bed Scrubber
Measure the pressure drop across the PBS and the inlet velocity daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☑Y ☐N ☐N/A
8. Records of the date and time that fume suppressants are added to the bath. ☑Y ☐N ☐N/A
9. Records of rectifier capacity, if used to determine facility size. ☑Y ☐N ☐N/A
10. Records of the total process operating time. ☑Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N N/A
12. Startup, Shutdown & Malfunction Plan ☑Y ☐N

PART V: ADDITIONAL SITE INFORMATION

April 8, 1999 last time when black chrome tank was checked.

Black chrome surface tension = 37.76 dynes/cm on 4/8/99. 2 qts of AF-4 wetting agent added.

April 8, 1999 last time decorative tank was checked.

Decorative chrome last reading for surface tension - 27.57 dynes/cm 4/8/99.

4/8/99 1 qt. of AF-4 added. jm

Halina Lesniak
Name of Responsible Official

Jeff Morris
Inspector's Name

Jeffrey Morris
Inspector's Signature

4/15/99
Date of Inspection

10/15/99
Approximate Date of Next Inspection

AIRS ID#: 1030353

Revised 10/10/96

aa

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

FACILITY NAME: Superior Plating DATE: 11/19/99

FACILITY LOCATION: 5440 70th Ave. N.
Pinellas Park, FL 33781

Annual Reporting Period: April 15, 1999 TO November 19, 1999

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: _____

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#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.

RESPONSIBLE OFFICIAL: _____ Ralph Hancock 11-19-99

Name ~~(Please Print)~~ Signature — Signature ~~Print name~~ — 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

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1030353 TIME IN: 9:32a.m. TIME OUT: 9:55a.m.

FACILITY NAME: Superior Plating

FACILITY LOCATION: 5440 70th Ave N.
Pinellas Park, FL 33781

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use a general permit ☐

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

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) ☐

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath	Emissions of < 0.01/mg/dscm (4.4×10^{-6} gr/dscf)	☐
	Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) *May only be selected if a wetting agent is used.*	☑
b. Trivalent Chromium Bath	With wetting agent	☐
	Without wetting agent <0.01mg/dscm (4.4×10^{-6} gr/dscf)	☐
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4×10^{-6} gr/dscf)	☐
	Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) *May only be selected if a wetting agent is used.*	☐

PART III: CONTROL TECHNOLOGY

	Control device selected		In use?	
1.	☐	Composite Mesh Pad	☐Y	☐N
2.	☐	Fiber Bed Mist Eliminator	☐Y	☐N
3.	☐	Packed Bed Scrubber	☐Y	☐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? ☐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 composite mesh pad)* ☐Y ☐N ☑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 ☐N ☐N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ☑Y ☐N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. ☐Y ☐N N/A
5. Results of all performance tests. ☑Y ☐N ☐N/A
6. Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* ☐Y ☐N ☑N/A

Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Fiber-Bed Mist Eliminator
Measure the pressure drop across the FBME and the upstream device daily.

Foam Blanket Fume Suppressant
Measure the foam blanket thickness at the appropriate interval.

Packed Bed Scrubber
Measure the pressure drop across the PBS and the inlet velocity daily.

Packed Bed Scrubber/Composite Mesh Pad
Measure the pressure drop across the CMP daily.

Fume Suppressant w/ Wetting Agent
Measure the surface tension at the appropriate interval.

7. Purchase records of wetting agent components. ☑Y ☐N ☐N/A
8. Records of the date and time that fume suppressants are added to the bath. ☑Y ☐N ☐N/A
9. Records of rectifier capacity, if used to determine facility size. ☑Y ☐N ☐N/A
10. Records of the total process operating time. ☑Y ☐N
11. Records identifying specific periods of excess emissions. ☐Y ☐N N/A
12. Startup, Shutdown & Malfunction Plan ☑Y ☐N

PART V: ADDITIONAL SITE INFORMATION

Decorative tank last reading 10/18/99
38.44 dynes/cm
Briteguard (2 Qts.) added on 11/9/99.

Black chrome last reading surface tension 34.44 dynes/cm on 11/18/99.

Black chrome tank records in compliance.
Decorative chrome tank records in compliance

Briteguard (1 Qt) added 11/4/99.

Decorative chrome coating ~45 hrs. of operation.

Halina Lesniak
Name of Responsible Official

Jeff Morris
Inspector's Name

11/19/99
Date of Inspection

Jeff Morris
Inspector's Signature

5/19/2000
Approximate Date of Next Inspection

Z 210 662 509

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

7 AIRS ID # 1030353001AG
RALPH HANCOCK
SUPERIOR PLATING INC
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

PS Form **3800**, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

7 AIRS ID # 1030353001AG
RALPH HANCOCK
SUPERIOR PLATING INC
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* FRANK HARVEY — B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below ☐ No

RECEIVED
JUN 11 2001
Bureau of Air Monitoring & Mobile Sources

3. Service Type
☑ 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 210 662 509

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 660 727

1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID # 1030353

SUPERIOR PLATING INC
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

Fold at line over top of envelope to the right of the return address

SENDER:

- Complete items 1 and [illegible].
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

[illegible]ish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1030353
SUPERIOR PLATING INC
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

4a. Article Number
Z 333 660 727

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
5/1

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389534

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

AIRS ID # 1030353
SUPERIOR PLATING INC
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

130929

VENDOR SUPERIOR PLATING, INC. CHECK NO.

VOUCHER NO.	INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
	Title V Air General Permit AIRS ID 1030353					****50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361102

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

RECEIVED
FEB 25 1999
Bureau of Air Monitoring & Mobile Sources

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 1030353
SUPERIOR PLATING INC
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

FEB 19 99
MAIL ROOM
RECEIVED

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

VENDOR *06191

SUPERIOR PLATING, INC.

CHECK NO. 130322

VOUCHER NO	INVOICE NO	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
	AIRS ID 1030353 Annual Emission Fee					****50.00

6 ~

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260000

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

RECEIVED
AIR RM
FEB - 7 97

Do NOT Remove Label

AIRS ID# 1030353
SUPERIOR PLATING INC
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

VENDOR: *SUPERIOR PLATING, INC.* CHECK NO. 008604

VOUCHER NO.	INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
	Title V Air General Permits Airs ID #1020253			7870-99		****50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 300132

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

RECEIVED
MAIL ROOM
JAN 16 98

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID#1030353
DENNIS EVERSOLE
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

VENDOR: *SUPERIOR PLATING, INC.* CHECK NO. 009417

VOUCHER NO.	INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
	Fee Airs ID 1030353			7870-99		****50.00

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401742

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

RECEIVED
MAIL ROOM
JAN -4 01

Do NOT Remove Label

AIRS ID # 1030353
SUPERIOR PLATING INC
RALPH HANCOCK
5440 70TH AVENUE NORTH
PINELLAS PARK FL 33781

Bureau of Air Monitoring & Mobile Sources
JAN 6 2000
RECEIVED

1-4-01 pd

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

131569

VENDOR SUPERIOR PLATING, INC. CHECK NO.

VOUCHER NO.	INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
			50.00	50.00		50.00

title V air general permits; i e another tax