

0112294

# 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. Sam Logiurato  
S.A.L. Enterprises, Inc.  
4100 North Powerline Road #C-5  
Pompano Beach, Florida 33073

Dear Mr. Logiurato:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 3, 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, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Mr. John Coppola, Broward County

REVISED 9/23/96

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.

| TANK ID# | DECORATIVE AND ANODIZING TANKS | DATE PURCHASED | DATE CNTRL DEVICE INSTALLED | CONTROL DEVICE (see key) | APPLICABLE STANDARD (see key) |
|----------|--------------------------------|----------------|-----------------------------|--------------------------|-------------------------------|
| CHROME   |                                | 1990           | 1990                        | 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:

January 25, 1996       January 25, 1997

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. 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                        | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair      | <input type="checkbox"/>            |
| (c) Equipment malfunctions                       | <input type="checkbox"/>            | (d) Operation and maintenance checklist  | <input type="checkbox"/>            |
| (e) Instrument calibration                       | <input type="checkbox"/>            | (f) Start-up; shutdown, malfunction plan | <input type="checkbox"/>            |
| (g) Performance test results                     | <input type="checkbox"/>            | (h) Equipment monitoring                 | <input type="checkbox"/>            |
| (i) Excess emissions                             | <input type="checkbox"/>            | (j) Operating periods                    | <input type="checkbox"/>            |
| (k) Rectifier capacity                           | <input type="checkbox"/>            | (l) Fume suppressant records             | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> |  |                                     |

**Surrender of Existing Air Permit(s)**

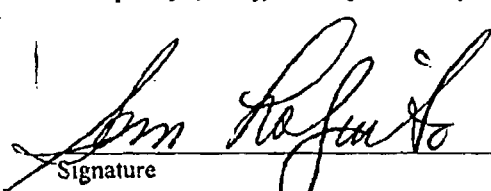
Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_
- 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.*


8-28-96  
 Signature Date

# Chromium Electroplating and Anodizing Facilities Notification

## Facility Name and Location

|  |
|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):<br><b>S.A.L. ENTERPRISES, INC</b>                                   |
| 2. Site Name (For example, plant name or number):  |
| 3. Hazardous Waste Generator Identification Number:  |
| 4. Facility Location:<br>Street Address: <b>4100 N. POWERLINE RD. #C-5</b><br>City: <b>POMPANO BEACH</b> County: <b>BROWARD</b> Zip Code: <b>33073</b> |
| 5. Facility Identification Number (DEP Use):<br><b>0112294</b>   |

## Responsible Official

|   |
|---|
| 6. Name and Title of Responsible Official:<br><b>SAM LOBIURATO</b>  |
| 7. Responsible Official Mailing Address:<br>Organization/Firm: <b>SAME AS ABOVE</b><br>Street Address:<br>City: County: Zip Code: |
| 8. Responsible Official Telephone Number:<br>Telephone: <b>(954) 971-2074</b> Fax: <b>(954) 971-6610</b>                          |

## Facility Contact (If different from Responsible Official)

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

RECEIVED

SEP 3 1996

### 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) |
| NO HARD CHROME |                |                             |                          |                               |
|                |                |                             |                          |                               |
|                |                |                             |                          |                               |
|                |                |                             |                          |                               |
|                |                |                             |                          |                               |
|                |                |                             |                          |                               |
|                |                |                             |                          |                               |
|                |                |                             |                          |                               |
|                |                |                             |                          |                               |
|                |                |                             |                          |                               |

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) |
| CHROME                         | 1990           | 1990                        | FS/WA                    | Y                             |
|                                |                |                             |                          |                               |
|                                |                |                             |                          |                               |
|                                |                |                             |                          |                               |
|                                |                |                             |                          |                               |
|                                |                |                             |                          |                               |
|                                |                |                             |                          |                               |
|                                |                |                             |                          |                               |
|                                |                |                             |                          |                               |

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- 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:

- January 25, 1996       January 25, 1997

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. 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
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration
- (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

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

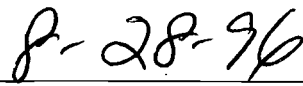
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- No air permits currently exist for the operation of the facility indicated in this notification form.

**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

  
Date

**CHROMIUM ELECTROPLATING/ANODIZING**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
 APR 20 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
 RE-INSPECTION

AIRS ID#: 0112294 DATE: 11/26/97 TIME IN: 11:00 TIME OUT: 11:40  
 FACILITY NAME: S.A.L. ENTERPRISES, INC.  
 FACILITY LOCATION: 4100 N. POWERLINE RD. # C-5  
POMPANO BCH, FL. 33073  
 RESPONSIBLE OFFICIAL: SAM LOGIURATO PHONE: (954)971-2074  
 CONTACT NAME: — PHONE: —

**PART I: NOTIFICATION**

- (check appropriate box)
- 1. New facility notified DARM 30 days prior to startup
  - 2. 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  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)
    - 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
    - With wetting agent
    - Without wetting agent  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)
  - c. Chromium Anodizing
    - Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)
    - 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**

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
- 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
- 12. Startup, Shutdown & Malfunction Plan  Y  N

**PART V: ADDITIONAL SITE INFORMATION**

[Empty box for additional site information]

ART PENNETTA

Inspector's Name

*Arthur Pennetta*

Inspector's Signature

11/26/97

Date of Inspection

NOV 1998

Approximate Date of Next Inspection

AIRS ID# OM2294

*ace* ✓

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

FACILITY NAME: S.A.L. ENTERPRISES DATE: 12/23/97  
 FACILITY LOCATION: 4100 N. POWERLINE RD. #C-5  
POMPANO BEACH, FL. 33073

Annual Reporting Period: 12/23/96 1996 TO 12/23/97 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:

RECEIVED  
MAIL ROOM  
FEB 20 98

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:

RECEIVED  
FEB 24 1998  
Bureau of Air Monitoring  
Mobile Sources

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: SAM LO GIUREATO Sam LoGiurato 12-23-97  
 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.

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

FACILITY NAME: S.A.L. ENTERPRISES DATE: 12/23/97

FACILITY LOCATION: 4100 N POWERLINE RD. #C-5  
POMPANO BCH, FL. 33073

Annual Reporting Period: 12/23/96 1996 TO 12/23/97 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: \_\_\_\_\_

#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: SAM LU SICURATO Sam Lu Sicurato 12-23-97  
Name (Please Print) Signature Date

RECEIVED  
APR 20 1998  
Bureau of Air Monitoring  
& Mobile Sources

\*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#: 0112294 DATE: 12/14/99 TIME IN: 1:40 TIME OUT: 2:15  
 FACILITY NAME: S. A. L. ENTERPRISES  
 FACILITY LOCATION: 4100 N. POWERLINE RD # C-5  
POMPANO BEACH, FL. 33073  
 RESPONSIBLE OFFICIAL: SAM LOGGIURATO PHONE: (954)971-2074  
 CONTACT NAME: — PHONE: —

**PART I: NOTIFICATION**

(check appropriate box)  
 1. New facility notified DARM 30 days prior to startup   
 2. 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  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)   
 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      With wetting agent   
 Without wetting agent  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)

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

1 of 3 **RECEIVED**

Revised 08/11/97

DEC 10 2000

**PART III: CONTROL TECHNOLOGY**

| Control device selected  | In use?  |
|--|--|
| 1. <input type="checkbox"/> Composite Mesh Pad                           | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator                    | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 3. <input type="checkbox"/> Packed Bed Scrubber                          | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad       | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant                | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent | <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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?

- 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
- 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
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).  Y  N
- 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
- Results of all performance tests.  Y  N  N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)*  Y  N  N/A

|   |  |
|---|--|
| <p><b>Composite Mesh Pad</b><br/>Measure the pressure drop across the CMP daily.</p> <p><b>Fiber-Bed Mist Eliminator</b><br/>Measure the pressure drop across the FBME and the upstream device daily.</p> <p><b>Foam Blanket Fume Suppressant</b><br/>Measure the foam blanket thickness at the appropriate interval.</p> | <p><b>Packed Bed Scrubber</b><br/>Measure the pressure drop across the PBS and the inlet velocity daily.</p> <p><b>Packed Bed Scrubber/Composite Mesh Pad</b><br/>Measure the pressure drop across the CMP daily.</p> <p><b>Fume Suppressant w/ Wetting Agent</b><br/>Measure the surface tension at the appropriate interval.</p> |
|---|--|

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

**PART V: ADDITIONAL SITE INFORMATION**

[Empty box for additional site information]

ART PENNETTA  
Inspector's Name  
Art Pennetta  
Inspector's Signature

12/14/99  
Date of Inspection  
DEC 2000  
Approximate Date of Next Inspection

ACC

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

FACILITY NAME: S. A. L. ENTERPRISES DATE: 12/14/99

FACILITY LOCATION: 4100 N. POWERLINE RD # C-5  
POMPAHO BCH, FL 33073.

Annual Reporting Period: 12-31-98 1998 TO 12-14 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: SAM LO GIURATO [Signature] 12-14-99  
Name (Please Print) Signature Date

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AIRS ID#: 0112294

Revised 01/18/00

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

*ABGP*

|   |                       |
|---|-----------------------|
| FACILITY NAME: <u>S.A.L. ENTERPRISES, INC.</u>  | DATE: <u>12/21/00</u> |
| FACILITY LOCATION: <u>4100 N. POWERLINE RD.</u> |                       |
| <u>POMPANO BCH, FL. 33073</u>                   |                       |

Annual Reporting Period: DEC 14 1999 TO DEC 21 2000

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:

NO SURFACE TENSION MONITORING

Exact period of non-compliance: from DEC 14, 1999 to DEC 21, 2000

Action(s) taken to achieve compliance: START MONITORING OF SURFACE TENSION

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: Sam LoGuercio Sam LoGuercio 12-21-00  
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.

Handwritten initials/signature in the top left corner.

# CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0112294 DATE: 12/21/00 TIME IN: 11:00 TIME OUT: 11:30

FACILITY NAME: S.A.L. ENTERPRISES, INC.

FACILITY LOCATION: 4100 N. POWERLINE Rd. # C5

RESPONSIBLE OFFICIAL: SAM LOGIURATO PHONE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use a general permit

RECEIVED  
JAN 5 2 01  
Bureau of Air Monitoring  
& Mobile Sources

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

c. Chromium Anodizing Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)   
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**

| Control device selected  | In use?  |
|--|--|
| 1. <input type="checkbox"/> Composite Mesh Pad                           | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator                    | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 3. <input type="checkbox"/> Packed Bed Scrubber                          | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad       | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant                | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent | <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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?

- 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
- 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
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).  Y  N
- 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
- Results of all performance tests.  Y  N  N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)*  Y  N  N/A

|   |  |
|---|--|
| <p><b>Composite Mesh Pad</b><br/>Measure the pressure drop across the CMP daily.</p> <p><b>Fiber-Bed Mist Eliminator</b><br/>Measure the pressure drop across the FBME and the upstream device daily.</p> <p><b>Foam Blanket Fume Suppressant</b><br/>Measure the foam blanket thickness at the appropriate interval.</p> | <p><b>Packed Bed Scrubber</b><br/>Measure the pressure drop across the PBS and the inlet velocity daily.</p> <p><b>Packed Bed Scrubber/Composite Mesh Pad</b><br/>Measure the pressure drop across the CMP daily.</p> <p><b>Fume Suppressant w/ Wetting Agent</b><br/>Measure the surface tension at the appropriate interval.</p> |
|---|--|

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

**PART V: ADDITIONAL SITE INFORMATION**

[Empty box for additional site information]

ART PENNETA

Inspector's Name

*Art Penneta*

Inspector's Signature

12/21/00

Date of Inspection

DEC 2001

Approximate Date of Next Inspection

**PART III: CONTROL TECHNOLOGY**

| Control device selected  | In use?  |
|--|--|
| 1. <input type="checkbox"/> Composite Mesh Pad                           | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator                    | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 3. <input type="checkbox"/> Packed Bed Scrubber                          | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad       | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant                | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent | <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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?

- 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
- 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
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).  Y  N
- 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
- Results of all performance tests.  Y  N  N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)*  Y  N  N/A

|   |  |
|---|--|
| <p><b>Composite Mesh Pad</b><br/>Measure the pressure drop across the CMP daily.</p> <p><b>Fiber-Bed Mist Eliminator</b><br/>Measure the pressure drop across the FBME and the upstream device daily.</p> <p><b>Foam Blanket Fume Suppressant</b><br/>Measure the foam blanket thickness at the appropriate interval.</p> | <p><b>Packed Bed Scrubber</b><br/>Measure the pressure drop across the PBS and the inlet velocity daily.</p> <p><b>Packed Bed Scrubber/Composite Mesh Pad</b><br/>Measure the pressure drop across the CMP daily.</p> <p><b>Fume Suppressant w/ Wetting Agent</b><br/>Measure the surface tension at the appropriate interval.</p> |
|---|--|

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

Rec'd  
2/15/01  
AsCopp

**CHROMIUM ELECTROPLATING/ANODIZING:**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0112294 DATE: 12/21/00 TIME IN: 11:00 TIME OUT: 11:30  
FACILITY NAME: S.A.L. ENTERPRISES, INC.  
FACILITY LOCATION: 4100 N. POWERLINE Rd. # C5  
RESPONSIBLE OFFICIAL: SAM LOGIURATO PHONE: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)  
1. New facility notified DARM 30 days prior to startup   
2. 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  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)   
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  With wetting agent   
Without wetting agent  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)

c. Chromium Anodizing  Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)   
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 V: ADDITIONAL SITE INFORMATION**

FACILITY HAS BEEN ISSUED A WARNING NOTICE  
FOR NO SURFACE TENSION MONITORING.

ART PENNETA

Inspector's Name

*Art Penneta*

Inspector's Signature

12/21/00

Date of Inspection

DEC 2001

Approximate Date of Next Inspection

AIRS ID#: 0112294

Revised 01/18/00

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

|  |                       |
|--|-----------------------|
| FACILITY NAME: <u>S. A. L. ENTERPRISES, INC.</u> | DATE: <u>12/21/00</u> |
| FACILITY LOCATION: <u>4100 N. POWERLINE Rd.</u>  |                       |
| <u>POMPAHO BCH, FL. 33073</u>                    |                       |

Annual Reporting Period: DEC 14 1999 TO DEC 21 2000

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:

NO SURFACE TENSION MONITORING

Exact period of non-compliance: from DEC 14, 1999 to DEC 21, 2000

Action(s) taken to achieve compliance: START MONITORING OF SURFACE TENSION

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: Sam LoGuercio Sam LoGuercio 12-21-00

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.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 0392318

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 # 0112294  
S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

RECEIVED  
MAIL ROOM  
FEB 18 2008  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: BT  
Fund: 20-2-035001  
Obj.: 002273

9

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0354356

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 # 0112294

S.A.L. ENTERPRISES INC  
 SAM LOGIURATO  
 4100 N POWERLINE RD #C-5  
 POMPANO BEACH FL 33073

RECEIVED  
 DEC 21 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

RECEIVED  
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 DEC 21 1998

FOR GOVERNMENT USE ONLY  
 Org.: 37550101006  
 Fund: 20-2-035001  
 Obj.: 002273



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261254

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

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FEB 24 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#: 0112294  
S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

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

Z 333 667 224

US Postal Service

Receipt for Certified Mail

AIRS ID # 0112294

S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

PS Form 3800, April 1995

|   |    |
|---|----|
| 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  |    |

Fold at line over top of envelope to

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:

AIRS ID # 0112294  
S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 KATIN HAYDEN 2/14/00  
 C. Signature  
 x Katin Hayden  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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 333 667 224

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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458983 FEB16 2006

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 112294 1st  
S.A.L. CUSTOM PLATING INC  
4100 N Powerline Rd #C-5  
POMPANO BEACH, FL 33073

Director  
& Mobile  
Sources  
Mr. Monitorin

FEB 20 2006

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

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**OFFICIAL USE**

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |

Total Postage: AIRS ID# 112294 1stC

Sent To: S.A.L. CUSTOM PLATING INC  
 4100 N Powerline Rd #C-5  
 POMPANO BEACH, FL 33073

Street, Apt. No., or PO Box No.  
 City, State, ZIP

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3684

**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:

AIRS ID# 112294 1stC  
 S.A.L. CUSTOM PLATING INC  
 4100 N Powerline Rd #C-5  
 POMPANO BEACH, FL 33073

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *Sam LoGute*

C. Date of Delivery *2/15/05*

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

3. Service Type

Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

Restricted Delivery? (Extra Fee)  Yes

7004 2510 0002 3939 3684

(Transfer from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 21 2005

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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

448671 FEB 16 2005

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 112294 7  
S.A.L. CUSTOM PLATING INC  
4100 N Powerline Rd #C-5  
POMPANO BEACH, FL 33073

**FOR GOVERNMENT USE ONLY**  
ORG.: 3755010100 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Bureau of Air Mail  
& Mobile Services

FEB 17 2005

R  
C  
E  
I  
V  
E  
D

*Printed on recycled paper.*





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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 436163 FEB 9 2004

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

ID# 112294  
SAM LOGIURATO  
S.A.L. CUSTOM PLATING INC  
4100 N POWERLINE RD #C-5  
POMPANO BEACH, FL 33073

RECEIVED  
FEB 13 2004  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000  
Fund: 20-2-035001  
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414266 FEB18 2002

X

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 # 0112294  
S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL  
33073

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

|                              |  |                  |
|------------------------------|--|------------------|
| 5810 1595 0000 0922 0007     | <b>U.S. Postal Service™</b>  |                  |
|                              | <b>CERTIFIED MAIL™ RECEIPT</b>   |                  |
|                              | <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>                                    |                  |
|                              | For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> ® |                  |
|                              | <b>OFFICIAL USE</b>  |                  |
|                              | Postage \$   | Postmark<br>Here |
|                              | Certified Fee  |                  |
|                              | Return Receipt Fee<br>(Endorsement Required)   |                  |
|                              | Restricted Delivery Fee<br>(Endorsement Required)  |                  |
|                              | ID# 112294   |                  |
| Total Post                   | SAM LOGIURATO  |                  |
| Sent To                      | S.A.L. CUSTOM PLATING INC  |                  |
| Street, Apt.<br>or PO Box    | 4100 N POWERLINE RD #C-5   |                  |
| City, State                  | POMPANO BEACH, FL 33073  |                  |
| PS Form 3800, June 2002      |  |                  |
| See Reverse for Instructions |  |                  |

**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:

ID# 112294  
 SAM LOGIURATO  
 S.A.L. CUSTOM PLATING INC  
 4100 N POWERLINE RD #C-5  
 POMPANO BEACH, FL 33073

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

**X**

B. Received by (Printed Name) C. Date of Delivery

*S. Logiurato* *7/16/14*

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

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 7003 2260 0003 5651 0185

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2004

RECEIVED



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

7000 2870 0000 7027 4756

|   |                          |                   |
|---|--------------------------|-------------------|
| Postage   | \$                       | Postmark<br>Here  |
| Certified Fee                                     |                          |                   |
| Return Receipt Fee<br>(Endorsement Required)      |                          |                   |
| Restricted Delivery Fee<br>(Endorsement Required) |                          |                   |
| <b>Total P</b>                                    |                          | AIRS ID # 0112294 |
| S.A.L. ENTERPRISES INC                            |                          |                   |
| <b>Sent To</b>                                    | SAM LOGIURATO            |                   |
|   | 4100 N POWERLINE RD #C-5 |                   |
| <b>Street, /</b>                                  | POMPANO BEACH FL         |                   |
|   | 33073                    |                   |
| <b>City, Sta</b>                                  |                          |                   |

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <i>Sam Logiurato</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                     If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0112294</p> <p>S.A.L. ENTERPRISES INC<br/>                     SAM LOGIURATO<br/>                     4100 N POWERLINE RD #C-5<br/>                     POMPANO BEACH FL<br/>                     33073</p>  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>   |
| <p>2. Article Number (Copy from service label)</p> <p><i>70002870 0000 7027 4756</i></p>   | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |

Z 210 662 489

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

7 AIRS ID # 0112294001AG  
SAM LOGIURATO  
S.A.L. ENTERPRISES INC  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

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 |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| 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 # 0112294001AG  
SAM LOGIURATO  
S.A.L. ENTERPRISES INC  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

2. Article Number (Copy from service label)

Z 210 662 489

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

W. S. O.

C. Signature

~~RECEIVED~~

- Agent
- Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:  Yes  No

JUN 1 1 2000

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 303158

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#0112294  
S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

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

Z. 333 613 136

US Postal Service  
**Receipt for Certified Mail**

AIRS ID 0112294

S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

PS Form 3800, April 1995

|   |           |
|---|-----------|
| 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 |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- 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.

I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

AIRS ID 0112294

4a. Article Number

2333613136

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

2-17-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*Sam Logiurato*

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

Thank you for using Return Receipt Service.



P 265 302 369

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to

AIRS ID#: 0112294

S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

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  | 2/14/97 |

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- 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.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0112294  
S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

4a. Article Number

265 302 369

4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

2-18-97

5. Received By: (Print Name)

6. Signature: (Addressee of Agent)

*SAM LOGIURATO*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 4126 6732

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

AIRS ID # 0112294

R  
S  
C  
S.A.L. ENTERPRISES INC  
SAM LOGIURATO  
4100 N POWERLINE RD #C-5  
POMPANO BEACH FL 33073

for Instructions

**SENDER: C** PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. **RETURN ON DELIVERY**

■ 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:

AIRS ID # 0112294

S.A.L. ENTERPRISES INC  
 SAM LOGIURATO  
 4100 N POWERLINE RD #C-5  
 POMPANO BEACH FL 33073

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *x P. Logiurato*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

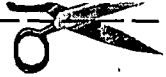
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 7000 0600 0026 4126 6732

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

ated 3/13

BEST AVAILABLE COPY



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404627

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 # 0112294

S.A.L. ENTERPRISES INC  
 SAM LOGIURATO  
 4100 N POWERLINE RD #C-5  
 POMPANO BEACH FL 33073

Bureau of Air Mail  
& Mobile Sources

RECEIVED

2/5/01

FOR GOVERNMENT USE ONLY

Org.: 37550104000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273

FEB 5 01

MAIL ROOM



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421887 JAN17 2003

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

|  |
|--|
| <p><i>Custom PLATING</i> AIRS ID#0112294<br/> S.A.L. ENTERPRISES INC<br/> SAM LOGIURATO<br/> 4100 N POWERLINE RD #C-5<br/> POMPANO BEACH FL<br/> 33073</p> |
|--|

|  |
|--|
| <p><b>FOR GOVERNMENT USE ONLY</b><br/> Org.: 37550101000 EO: A1<br/> Fund: 20-2-035001<br/> Obj.: 002273</p> |
|--|

RECEIVED  
JAN 23 2005  
Bureau of Air Mail  
& Mobile Services