



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 27, 1997

Mr. David W. Sexton, Jr.
President
Certified Metal Finishing, Inc.
1420 Southwest 28th Avenue
Pompano Beach, Florida 33069

Re: Facility I.D. No. 0112358

Dear Mr. Sexton:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on December 30, 1996.

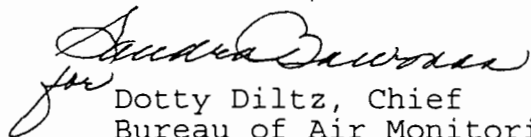
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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



CERTIFIED METAL FINISHING INC.

1420 S.W. 28th Ave. • Pompano Beach, Florida 33069-4811
Broward: (305) 979-0707 • Dade: (305) 944-6892 • FAX (305) 979-4158

SPECIFICATION ANODIZING AND FINISHING

December 23, 1997

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

Dear Sirs,

Enclosed please find our facilities notification for chromium anodizing.

Our company had planned on ceasing operation of this process. However, recent military contracts have since changed our direction and kept the chromium anodizing economically feasible.

We are in compliance for the January 25, 1997 deadline at this time.

Sincerely,



David W. Sexton, Jr.
President

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Certified Metal Finishing, Inc.
2. Site Name (For example, plant name or number): N/A
3. Hazardous Waste Generator Identification Number: FLD980728828
4. Facility Location: 1420 S.W. 28th Avenue Street Address: Pompano Beach Broward 33069 City: County: Zip Code:
5. Facility Identification Number (DEP Use): 0112358

Responsible Official

6. Name and Title of Responsible Official: Mr. David W. Sexton, Jr./President
7. Responsible Official Mailing Address: Organization/Firm: Certified Metal Finishing, Inc. Street Address: 1420 S.W. 28th Avenue City: Pompano Beach County: Broward Zip Code: 33069
8. Responsible Official Telephone Number: Telephone: (954) 979-0707 Fax: (954) 979-4158

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Mr. Lawrence Kauffman
10. Facility Contact Address: Certified Metal Finishing, Inc. Street Address: 1420 S.W. 28th Avenue City: Pompano Beach County: Broward Zip Code: 33069
11. Facility Contact Telephone Number: Telephone: (954) 979-0707 Fax: (954) 979-4158

RECEIVED

DEC 30 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. N/A

	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? N/A

Yes No

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

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)
Chromic	12/16/93	12/16/93	FS/WA	Y
Anodize	(prior)	(prior)		
#1				

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 checked="" type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input checked="" type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input checked="" 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.

Signature

December 23, 1996
Date

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring
& Mobile Sources
 APR 20 1998

RECEIVED

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	0112358	DATE:	11/24/97	TIME IN:	11:20AM	TIME OUT:	12:00
FACILITY NAME:	CERTIFIED METAL FINISHING, INC.						
FACILITY LOCATION:	1420 SW 28 AVE. POMPANO BCH, FL. 33069						
RESPONSIBLE OFFICIAL:	DAVID SEXTON	PHONE:	(954) 979-0707				
CONTACT NAME:	LARRY KAUFFMAN	PHONE:	(954) 979-0707				

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) | <input type="checkbox"/> | b. Existing Small (0.03 mg/dscm) | <input type="checkbox"/> |
| c. New (0.015 mg/dscm) | <input type="checkbox"/> | d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year) | <input type="checkbox"/> |

Decorative Chromium Plating/Anodizing

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

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>Composite Mesh Pad Measure the pressure drop across the CMP daily.</p> <p>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</p> <p>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</p>	<p>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</p> <p>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</p> <p>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</p>
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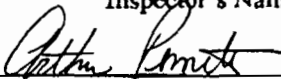
- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

-EXTENSIVE MONITORING OF WETTING AGENT HAS BEEN DONE ON A REGULAR BASIS.

ART PEUNETTA

Inspector's Name



Inspector's Signature

11/24/97

Date of Inspection

NOV 1998

Approximate Date of Next Inspection

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0112358 DATE: 11/24/98 TIME IN: 2:00 TIME OUT: 2:30
 FACILITY NAME: CERTIFIED METAL FINISHING
 FACILITY LOCATION: 1420 SW 28 AVE. POMPAHO BCH, FL. 33069
 RESPONSIBLE OFFICIAL: DAVID SEXTON PHONE: 979-0707
 CONTACT NAME: LARRY KAUFFMAN PHONE: "

RECEIVED
 DEC - 5 1998
 Bureau of Air Monitoring
 & Mobile Sources

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 ≤ 0.01 mg/dscm (4.4×10^{-5} 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 ≤ 0.01 mg/dscm (4.4×10^{-5} gr/dscf)

c. Chromium Anodizing Emissions of ≤ 0.01 mg/dscm (4.4×10^{-5} 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. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
6. <input 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

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.

- 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

11/24/98

Date of Inspection

NOV 1999

Approximate Date of Next Inspection

AIRS ID#: 0112358

Acc
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Revised 10/10/96

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

FACILITY NAME: CERTIFIED METAL FINISHING INC. DATE: 11/24/98
 FACILITY LOCATION: 1420 SW 28 AVE POMPANO BCH, FL. 33069

Annual Reporting Period: NOV 24 1997 TO NOV 24 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:

10/5/98

#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: DAVID W. JESTER JR [Signature] 11/24/98
 Name (Please Print) DEJ 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.

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CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	0112358	DATE:	11/30/99	TIME IN:	10:20	TIME OUT:	11:15
FACILITY NAME:	CERTIFIED METAL FINISHING						
FACILITY LOCATION:	1420 SW 28 AVE POMPANO BEACH FL 33069						
RESPONSIBLE OFFICIAL:	DAVID SEXTON	PHONE:	978-707-0707				
CONTACT NAME:	LARRY KAUFFMAN	PHONE:					

RECEIVED
 DEC 13 1999
 Bureau of Air Monitoring
 & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

- | | |
|---|-------------------------------------|
| 1. New facility notified DARM 30 days prior to startup | <input checked="" type="checkbox"/> |
| 2. Facility failed to notify DARM to use a general permit | <input type="checkbox"/> |

PART II: CLASSIFICATION

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

Hard Chromium Plating

- | | |
|--|--|
| a. Existing Large (0.015 mg/dscm) <input type="checkbox"/> | b. Existing Small (0.03 mg/dscm) <input type="checkbox"/> |
| c. New (0.015 mg/dscm) <input type="checkbox"/> | d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year) <input type="checkbox"/> |

Decorative Chromium Plating/Anodizing

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

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 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

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.

- 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

NOV 30 1999

Date of Inspection

NOV 2000

Approximate Date of Next Inspection

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

ACC

FACILITY NAME: CERTIFIED METAL FINISHING DATE: 11/30/99

FACILITY LOCATION: 1420 SW 28 AVE POMPANO BCH, FL. 33069

Annual Reporting Period: NOV 24 1998 TO NOV 30 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 _____

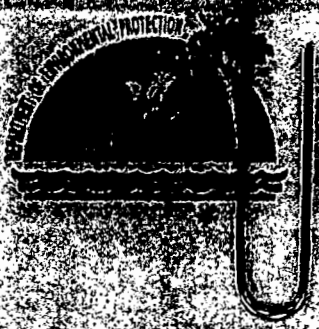
Action(s) taken to achieve compliance: _____

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: Lawrence S. Kauffman Lawrence S. Kauffman 11/30/99
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.



Best Available Copy

RECEIVED DEC 07 1998

Department of Environmental Protection

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

TO: Holder of Title V Air General Permit

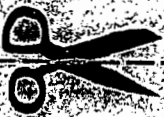
Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

Misc. + Fee



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354991

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

RECEIVED

DEC 29 1998

Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

DEC 22 98

RECEIVED MAIL ROOM

AIRS ID # 0112358

CERTIFIED METAL FINISHING INC
DAVID W SEXTON JR
1420 SW 28TH AVENUE
POMPANO BEACH FL 33069

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

CERTIFIED METAL FINISHING, Inc.

1420 S.W. 28TH AVENUE
POMPANO BEACH, FLORIDA 33069
BROWARD (954) 979-0707 DADE (305) 944-6892

INVOICE NO.	INVOICE DATE	DESCRIPTION	BALANCE DUE	DISCOUNT	NET AMOUNT
1998	12/01/98	AIRS ID#0112358 TITLE V AIR	50.00		50.00
			50.00	.00	50.00

Please Detach and Retain This Portion

Check Number
075653

Check Date
12/15/98



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402411

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 # 0112358
 CERTIFIED METAL FINISHING INC
 DAVID W SEXTON JR
 1420 SW 28TH AVENUE
 POMPANO BEACH FL 33069

RECEIVED
 JAN 10
 MAIL ROOM
 RECEIVED
 JAN 12
 Bureau of Air & Mobile Services
 FOR GOVERNMENT USE ONLY
 Gg.: 3750101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

CERTIFIED METAL FINISHING, Inc.
 1420 S.W. 28TH AVENUE
 POMPANO BEACH, FLORIDA 33069
 BROWARD (954) 979-0707 DADE (305) 944-6892

INVOICE NO.	INVOICE DATE	DESCRIPTION	BALANCE DUE	DISCOUNT	NET AMOUNT
PERMIT	12/15/00	TITLE V AIR GENERAL PERMITS	50.00		50.00

Check Number: 028251
 Check Date: 1/05/01
 50.00 .00 50.00

Please Detach and Retain This Portion

P 265 302 394

US Postal Service
Receipt for Certified Mail

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

Sent to

AIRS ID#: 0112358

CERTIFIED METAL FINISHING INC
DAVID W SEXTON JR
1420 SW 28TH AVENUE
POMPANO BEACH FL 33069

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

PS Form 3800, April 1995

Fold at line over top of envelope to

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#: 0112358
CERTIFIED METAL FINISHING INC
DAVID W SEXTON JR
1420 SW 28TH AVENUE
POMPANO BEACH FL 33069

4a. Article Number

265 302 394

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

2/15/97

5. Received By: (Print Name)

David Sexton Jr

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

6. Signature: (Address use only)

[Redacted Signature]

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

OFFICIAL USE

7000 2870 0000 7027 4787

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total:	AIRS ID # 0112358	
CERTIFIED METAL FINISHING INC		
Sent to	DAVID W SEXTON JR	
	1420 SW 28TH AVENUE	
Street	POMPANO BEACH FL	
	33069	
City, St		

PS Form 3800, May 2000 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:

AIRS ID # 0112358
 CERTIFIED METAL FINISHING INC
 DAVID W SEXTON JR
 1420 SW 28TH AVENUE
 POMPANO BEACH FL
 33069

702870000070274787

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 [Signature] Addressee

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260552 ✓

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

RECEIVED
MAIL ROOM
FEB 14 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 0112358
CERTIFIED METAL FINISHING INC DAVID W SEXTON JR 1420 SW 28TH AVENUE POMPANO BEACH FL 33069

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

CERTIFIED METAL FINISHING, Inc.

1420 S.W. 28TH AVENUE
POMPANO BEACH, FLORIDA 33069
BROWARD (954) 979-0707 DADE (305) 944-6892

INVOICE NO.	INVOICE DATE	DESCRIPTION	BALANCE DUE	DISCOUNT	NET AMOUNT
ANNUAL FEE	1/10/97	TITLE V AIR GEN. PERMITS---1997	50.00		50.00
			50.00	.00	50.00

Please Detach and Retain This Portion

Check Number 0021800	Check Date 2/10/97
-------------------------	-----------------------

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300296

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 20 98

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0112358
CERTIFIED METAL FINISHING INC DAVID W SEXTON JR 1420 SW 28TH AVENUE POMPANO BEACH FL 33069

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

CERTIFIED METAL FINISHING, Inc.

1420 S.W. 28TH AVENUE
POMPANO BEACH, FLORIDA 33069
BROWARD (954) 979-0707 DADE (305) 944-6892

INVOICE NO.	INVOICE DATE	DESCRIPTION	BALANCE DUE	DISCOUNT	NET AMOUNT
ANNUAL FEE	1/12/98	AIRS ID #0112358 PERMITS-1998	50.00		50.00
			50.00	.00	50.00

Please Detach and Retain This Portion

Check Number 0022846	Check Date 1/15/98
-------------------------	-----------------------

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

7000 0520 0020 9372 7602

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
received 01

Rec'd AIRS ID # 0112358001AG **all**

DAVID W SEXTON JR

Street CERTIFIED METAL FINISHING INC

1420 SW 28TH AVENUE

City POMPANO BEACH FL 33069

PS Form Instructions

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS
 FOLD AT DOTTED LINE

- 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 # 0112358001AG
 DAVID W SEXTON JR
 CERTIFIED METAL FINISHING INC
 1420 SW 28TH AVENUE
 POMPANO BEACH FL 33069

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

- Agent
 Addressee

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 Article Number (Copy from service label)

7000 0520 0020 9372 7602

BEST AVAILABLE COPY

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile Sources
NOV - 6 2001
RECEIVED



RECEIVED JAN 16 1998

afj

Revised 01/13/98

AIRS ID#: 0112358

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

AIRS ID#0112358
CERTIFIED METAL FINISHING INC
DAVID W SEXTON JR
1420 SW 28TH AVENUE
POMPANO BEACH FL 33069

RECEIVED

JAN 28 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: Jan 1 1997 TO Dec 31 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:

N/A

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:

N/A

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: _____

Name (Please Print) *[Signature]* 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.