

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

November 15, 2006

Mr. Alberto Feliberty
Al's Anodizing, Incorporated
2360 Clark Street, Unit I
Apopka, Florida 32703

Re: Facility No.: 0951305-001

Dear Mr. Feliberty:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on October 9, 2006.

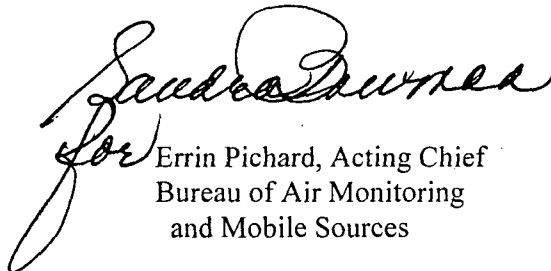
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Errin Pichard, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

EP/pg

cc: Mr. Hamp Pridgen, Orange County

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY ✓.....
EMISSION FEE DATES ~~11/1/00~~.....
SOC REPORTS
COMP. STATUS - SNC MNC IN

INSP - Orange CO - H Pridgen

NEW FACILITY - UNPERMITTED

CHROMIUM ELECTROPLATING AND ANODIZING AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
OCT 09 2006
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	AL'S Anodizing, Inc.
2. Site Name (For example, plant name or number):	FLR 000109223
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: County: Zip Code:	2360 CLARK ST. UNIT I Apopka Orange 32703
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951305-001

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	Alberto Feliberty President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	AL'S Anodizing, Inc. 2360 CLARK ST. UNIT I Apopka Orange 32703
8. Responsible Official Telephone Number: Telephone: Fax:	(407)532-0815 () -

Facility Contact (If different from Responsible Official)

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

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

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

N A

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
- WA = wetting agent

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

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

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

N A

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
WA = wetting agent

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 paragraph (5) of Part II:
(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

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. 1 above.

4. 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 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
(used during initial performance test) | <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 type="checkbox"/> | | |

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:

No DEP 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.

ALBERTO FELIBERTY

Print name of responsible official

Alberto Feliberty

Signature

10-4-06

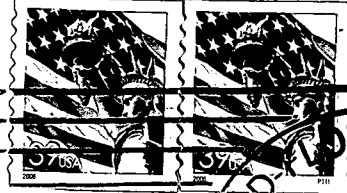
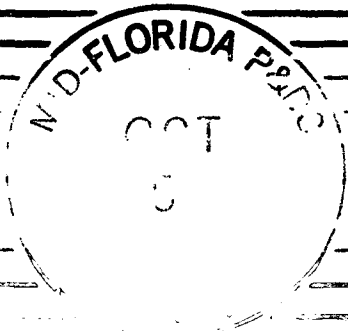
Date

2360 CLARA

BEST AVAILABLE COPY

UNIT I

FLORIDA
Apopka, FL 32103



General Permits Section
Bureau of Air Monitoring & Mobile Sources, MS 5510
Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Dibble, Dickson

From: McKeough, Stephen
Sent: Wednesday, November 29, 2006 9:09 AM
To: Dibble, Dickson; Bowman, Sandy
Subject: FW: New Chrome Plater

FYI; I am sending a 2007 calendar today.

Stephen McKeough

**Division of Air Resources Management
Florida Small Business Environmental Assistance Program Ombudsman
850-921-9539
1-800-722-7457**



From: Ilka.Bundy@ocfl.net [mailto:Ilka.Bundy@ocfl.net]
Sent: Wednesday, November 29, 2006 9:04 AM
To: McKeough, Stephen
Subject: New Chrome Plater

Stephen,

Please make sure this new chromium plater gets a 2007 Compliance Calendar! Thanks!

AIRS ID# 0951305-001-AG
Al's Anodizing
2360 Clark Street, Unit I
Apopka, FL 32703

Owner's name is Alberto Feliberty. His phone number is 407-532-0815.

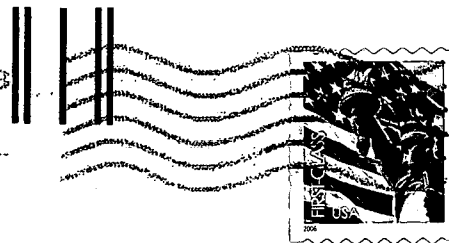
Ilka Bundy
<mailto:Ilka.Bundy@ocfl.net>
Sr. Environmental Specialist
Orange County EPD
Phone 407-836-1476
Fax 407-836-1498

11/30/2006

ALS ANODIZING
2360 CLARK ST,
UNIT I
Apopka FL 32703

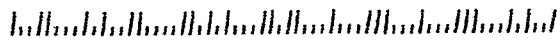
ORLANDO FL 328

22 JAN 07 PM 6 L



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 8099



457525 JAN24 2007

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 0951305
AL'S ANODIZING INC
2360 Clark St Unit 1
APOPKA, FLORIDA 32703

✓

RECEIVED
JAN 29 2007

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

Printed on recycled paper.