



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 3, 1998

Mr. Robert Miller, President  
All Aluminum Finishers, Inc.  
4400 34th Street North  
St. Petersburg, Florida 33714

Re: Facility I.D. No. 1030422

Dear Mr. Miller:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on March 16, 1998.

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. Gary Robbins, Pinellas County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

**TITLE V AIR QUALITY AIR GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION:      ANNUAL       COMPLAINT/ DISCOVERY       RE-INSPECTION

TIME IN: 1:45 p.m.	TIME OUT: 3:15 p.m.	AIRS ID# 1030422
TYPE OF FACILITY:	<b>Chromium Anodizing Operation</b>	
FACILITY NAME:	All Aluminum Finishers, Inc.	DATE: February 18, 1998
FACILITY LOCATION :	4400 34th St. N.	
RESPONSIBLE OFFICIAL:	Robert Miller	PHONE NUMBER: (813) 525-3474

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Did not obtain a Title V General Permit.	The owner or operator of any emissions unit which emits or can reasonably be expected to emit any air pollutant shall obtain an appropriate permit from the Department (Florida Department of Environmental Protection) prior to beginning construction, modification, or initial or continued operation of the emissions unit unless exempted pursuant to Department rule or statute.
Did not have an O&M Plan	The owner or operator of an affected source shall prepare an operation and maintenance plan to be implemented no later than the compliance date.
Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	The responsible official shall maintain on-site a start-up, shutdown, and malfunction plan for the facility that describes in detail procedures for operating and maintaining the equipment during periods of start-up, shutdown, and malfunction plan for operating and maintaining the equipment during periods of start-up, shutdown, and malfunction.

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

DATE OF NEXT INSPECTION: March 4, 1998  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris  
(Please Print)

INSPECTOR'S SIGNATURE: *Jeff Morris*      PHONE NUMBER: 464-4422

**TITLE V AIR QUALITY AIR GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  ~~COMPLAINT~~ DISCOVERY  RE-INSPECTION

TIME IN: 1:45 p.m.	TIME OUT: 3:15 p.m.	AIRS ID#
TYPE OF FACILITY:	<b>Chromium Anodizing Operation</b>	
FACILITY NAME:	<b>All Aluminum Finishers, Inc.</b>	DATE: February 18, 1998
FACILITY LOCATION :	<b>4400 34th St. N.</b>	
RESPONSIBLE OFFICIAL:	<b>Robert Miller</b>	PHONE NUMBER: (813) 525-3474

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

Did not maintain records of maintenance performed, add-on pollution control devices, and monitoring equipment.	Develop and maintain a log that records all maintenance performed on the affected source, the add-on air pollution control device, and monitoring equipment (equipment identified, date performed, and description of maintenance performed) as established in the O&M plan.
Did not maintain records of the total process operating time.	Develop and maintain a log that records the total process operating time (actual tank operation).
Did not maintain records identifying specific periods of excess emissions.	Develop and maintain a log that records the date and time of commencement and completion of each excess emissions (as determined from monitoring data) that occurs during malfunction of the process, add-on air pollution control equipment, or monitoring equipment.

**Comments:** Facility anodizes aluminum.

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

DATE OF NEXT INSPECTION: March 4, 1998  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris  
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

for control devices located immediately below this table (e.g., PBS for a packed-bed scrubber). In the far right column, enter the type of applicable emission limitation standard for that tank (e.g., 0.01 mg/dscm), using the applicable standard key located immediately below this table. Complete the table for all tanks located at the facility. Up to ten chromium decorative plating and/or anodizing tanks may be entered across this table. If more than ten tanks are located on-site, submit additional copies of this page of the form as needed to characterize all equipment.

2. Based upon the information provided in Part II of this notification form, indicate with an "X" the date by which the facility must meet the emission control requirements.
3. Indicate with an "X" how the facility will fulfill the compliance demonstration required by this permit.

**Equipment Monitoring and Recordkeeping Information**

Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

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

Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing air permits authorizing the operation of a facility a condition precedent for the entitlement to a general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X".

**Responsible Official Certification**

This statement must be signed by the person named on page 19, Field 6, of this form.

**Chromium Electroplating and Anodizing Facilities Notification**

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>All Aluminium Finishers, Inc.</i>
2. Site Name (For example, plant name or number):	<i>All Aluminium Finishers, Inc.</i>
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: <i>4400 34th St. N.</i> City: <i>St. Petersburg</i> County: <i>Pinellas</i> Zip Code: <i>33714</i>	
5. Facility Identification Number (DEP Use):	<i>1030922</i>

Responsible Official

**RECEIVED**  
**MAR 16 1998**  
Bureau of Air Monitoring  
& Mobile Sources

6. Name and Title of Responsible Official:  
**Robert Miller, President, QCMgr.**

7. Responsible Official Mailing Address:  
 Organization/Firm: **All Aluminum Finishers, Inc.**  
 Street Address: **4400 34th St. N.**  
 City: **St. Petersburg** County: **Pinellas** Zip Code: **33714**

8. Responsible Official Telephone Number:  
 Telephone: **(813) 527-6599** Fax: **(813) 525-5745**

**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
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)

Key for Control Device Type

Applicable Standard Key

PBS = packed-bed scrubber

a = 0.03 mg/dscm

CMP = composite mesh pad

b = 0.015 mg/dscm

PBS/CMP = packed-bed scrubber and composite mesh pad

c = alternative standard for multiple tanks  
under common control

FS = fume suppressant only

FS/WA = fume suppressant with a wetting agent

FM = fiber-bed mist eliminator

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes

No

*N/A*

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 Anodizing	6/96	6/9/96	FS/WA	45 dynes/cm

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
- (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:

- 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.*

John F. Zeller, Pres. G.C. MFG.  
Signature

2-17-98  
Date



AIRSTD#: 1030422

RECEIVED Revised 10/10/96

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

MAR 16 1998

Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: All Aluminum Finishers, Inc. DATE: 2/18/98  
 FACILITY LOCATION: 4400 34th St. N.  
St. Petersburg, FL 33714

Annual Reporting Period: February 18, 1997 TO February 18, 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not submit a Title V General Permit Notification

Exact period of non-compliance: from February 18, 1997 to February 18, 1998

Action(s) taken to achieve compliance: owner/operator of any emissions unit which emits any air pollutant shall obtain

Method used to demonstrate compliance: an appropriate permit from the Florida Department of Environmental Protection.

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not maintain records of maintenance performed, add-on pollution control devices + monitoring equipment.

Exact period of non-compliance: from February 18, 1997 to February 18, 1998

Action(s) taken to achieve compliance: The owner/operator of an affected source subject to the provisions of the permit shall

Method used to demonstrate compliance: maintain all maintenance performed on the affected source, the add-on air pollution control device, and monitoring equipment.

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: Robert F Miller Pres Robert F Miller, Pres. 2-18-98  
 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

MAR 16 1998

Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: All Aluminum Finishers, Inc. DATE: 2/18/98  
 FACILITY LOCATION: 4400 34th St. N.  
St. Petersburg, FL 33714

Annual Reporting Period: February 18, 1997 TO February 18, 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not maintain records of total process operating time.  
 Exact period of non-compliance: from February 18, 1997 to February 18, 1998  
 Action(s) taken to achieve compliance: The responsible official shall maintain the total process operating time of the affected source during the reporting period.  
 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:

Did not have an O&M (operation/maintenance) plan in place.  
 Exact period of non-compliance: from February 18, 1997 to February 18, 1998  
 Action(s) taken to achieve compliance: The owner/operator of the affected source subject to work practices of section (6) of this part of the notification form shall prepare an operation and maintenance plan to be implemented no later than the compliance date.  
 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: Robert F. Miller Pres. Robt F Miller Pres 2-18-98  
 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

MAR 16 1998

Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: All Aluminium Finishers, Inc. DATE: 2/18/98

FACILITY LOCATION: 4400 34th St. N.  
St. Petersburg, FL 33714

Annual Reporting Period: February 18, 1997 TO February 18, 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not have a start-up, shutdown malfunction plan in place and deviation reports  
Exact period of non-compliance: from February 18, 1997 to February 18, 1998

Action(s) taken to achieve compliance: The responsible official shall maintain on-site a start-up, shutdown, and malfunction plan including records of actions taken during periods of malfunction when such actions are inconsistent with operation/maintenance plan  
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:

Did not maintain records identifying specific periods of excess emissions.  
Exact period of non-compliance: from February 18, 1997 to February 18, 1998

Action(s) taken to achieve compliance: The responsible official shall maintain reports of exceedances + the total duration of excess emissions.  
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: Robert F Miller Pres Robert F Miller Pres 2-18-98  
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: All Aluminum Finishers, Inc. DATE: 12/3/98  
 FACILITY LOCATION: 4400 34th St. N.  
St. Petersburg, FL 33714

Annual Reporting Period: February 18, 1998 TO December 3, 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.*

RESPONSIBLE OFFICIAL: Robert F Miller Pres Robert F Miller Pres. 12-3-98  
 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**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 1030422 TIME IN: 12:30 p.m. TIME OUT: 2:53 p.m.  
 FACILITY NAME: All Aluminium Finishers, Inc.  
 FACILITY LOCATION: 4400 34th St. N.  
St. Petersburg, FL 33714

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

Hard Chromium Plating

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

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath      Emissions of < 0.01/mg/dscm ( $4.4 \times 10^{-6}$  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 < 0.01mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf)

c. Chromium Anodizing      Emissions of < 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 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

<b>Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.	<b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.
<b>Fiber-Bed Mist Eliminator</b> Measure the pressure drop across the FBME and the upstream device daily.	<b>Packed Bed Scrubber/Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.
<b>Foam Blanket Fume Suppressant</b> Measure the foam blanket thickness at the appropriate interval.	<b>Fume Suppressant w/ Wetting Agent</b> 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  N/A
- Startup, Shutdown & Malfunction Plan  Y  N

**PART V: ADDITIONAL SITE INFORMATION**

Surface tension (11/19/98) = 19.91

Temp 26°C

SG (specific gravity) = 1.12

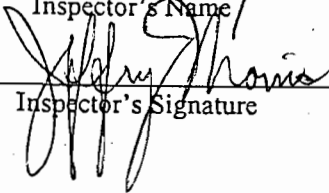
# Drops 81

Robert Miller

Name of Responsible Official

Jeffrey Morris

Inspector's Name



Inspector's Signature

12/3/98

Date of Inspection

6/3/99

Approximate Date of Next Inspection

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

FACILITY NAME: All Aluminum Finishers DATE: 6/10/99  
FACILITY LOCATION: 4400 34th St. N.  
St. Petersburg, FL 33714

Annual Reporting Period: December 10, 1999 TO June 10, 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: \_\_\_\_\_

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JUL 12 1999  
Bureau of Air Monitoring  
& Mobile Sources

*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: Robert F Miller *RF Miller* 6-11-99  
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.



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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 1030422 TIME IN: 12:05 p.m. TIME OUT: 1:17 p.m.  
 FACILITY NAME: All Aluminum Finishers  
 FACILITY LOCATION: 4400 34th St. N.  
St. Petersburg, FL 33714

**PART I: NOTIFICATION**

(check appropriate box)

1. Facility notified DARM by 9/1/96   
 2. New facility notified DARM 30 days prior to startup   
 3. Facility failed to notify DARM to use a general permit  (Facility notified February 98')

Bureau of Air Monitoring & Mobile Sources  
JUL 12 1999

RECEIVED

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

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminatar, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminatar, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5. Results of all performance tests.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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

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

PART V: ADDITIONAL SITE INFORMATION

Chromic acid anodize  
Surface tension 6/3/99 = 34.31 dynes/cm  
Temperature 26°C  
SG (specific gravity) = 1.12  
47-Drops

yellow chromate <sup>m</sup>

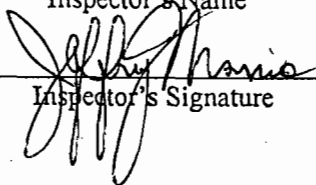
RECEIVED  
JUL 12 1999  
Bureau of Air Monitoring  
& Mobile Sources

Robert Miller

Name of Responsible Official

Jeff Morris

Inspector's Name



Inspector's Signature

6/10/99

Date of Inspection

12/10/99

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 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?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. Results of all performance tests. <i>(has never had a performance test, new facility discovered)</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A

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

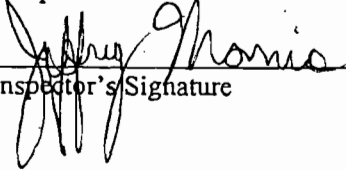
7. Purchase records of wetting agent components.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8. Records of the date and time that fume suppressants are added to the bath.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>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

PART V: ADDITIONAL SITE INFORMATION

- Surface tension 45 dynes/cm
- New facility
- Notification
- Notification of Compliance Status
  - No O&M plan
  - No Maintenance records
  - No records date of occurrence
  - No Monitoring data
  - No total process operating time
  - No record of excess emissions

Robert Miller  
Name of Responsible Official

Jeff Morris  
Inspector's Name

  
Inspector's Signature

2/17/98  
Date of Inspection

3/3/98  
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 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> Measure the pressure drop across the CMP daily.</p> <p><b>Fiber-Bed Mist Eliminator</b> Measure the pressure drop across the FBME and the upstream device daily.</p> <p><b>Foam Blanket Fume Suppressant</b> Measure the foam blanket thickness at the appropriate interval.</p>	<p><b>Packed Bed Scrubber</b> Measure the pressure drop across the PBS and the inlet velocity daily.</p> <p><b>Packed Bed Scrubber/Composite Mesh Pad</b> Measure the pressure drop across the CMP daily.</p> <p><b>Fume Suppressant w/ Wetting Agent</b> 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

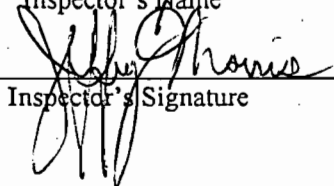


**PART V: ADDITIONAL SITE INFORMATION**

[Empty rectangular box for additional site information]

Robert Miller  
Name of Responsible Official

Jeffrey Morris  
Inspector's Name

  
Inspector's Signature

6/5/98  
Date of Inspection

1/17/99  
Approximate Date of Next Inspection

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
AIRS ID # 1030422		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>ALL ALUMINUM FINISHERS INC</b>	
<b>Recipient's Name</b>	<b>ROBERT MILLER</b>	
<b>Street, Apt. #</b>	<b>4400 34TH STREET NORTH</b>	
<b>City, State, ZIP</b>	<b>ST PETERSBURG FL 33714</b>	
PS Form 3800, February 2000 <span style="float: right;">See Reverse for Instructions</span>		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION AT 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) <span style="float: right;">B. Date of Delivery</span>  <span style="float: right;">2/11/02</span></p>	
<p>1. Article Addressed to:  AIRS ID # 1030422  ALUMINUM FINISHERS INC  ROBERT MILLER  4400 34TH STREET NORTH  ST PETERSBURG FL  33714</p>		<p>C. Signature  <input checked="" type="checkbox"/> <i>Robert Miller</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label)  7000060000264286198</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, July 1999 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-00-M-0952</span>			

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

OFFICIAL USE

7001 0320 0001 7976 6706

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

Postman  
Here



**Total Postage** AIRS ID#1030422

Sent To **ALL ALUMINUM FINISHERS INC**  
**ROBERT MILLER**  
 Street, Apt. No. or PO Box No. **4400 34TH STREET NORTH**  
 City, State, Zip **ST PETERSBURG FL 33714**

PS Form 3800

**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#1030422  
 ALL ALUMINUM FINISHERS INC  
 ROBERT MILLER  
 4400 34TH STREET NORTH  
 ST PETERSBURG FL  
 33714

**COMPLETE THIS SECTION ON DELIVERY**

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

2/7/03

C. Signature

x *Ronald T. Giffin*  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)

7001 0320 0001 7976 6706

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

DARWIN MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED





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

OFFICIAL USE

7000 0320 0001 7976 3415

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

03  
*re-cert*  
 Postmark Here

**Total P** 7 AIRS ID# 1030422001AG  
**Sent To** ALL ALUMINUM FINISHERS INC  
 ROBERT MILLER  
**Street, A or PO Box** 4400 34TH STREET NORTH  
**City, State** ST PETERSBURG FL 33714

PS Form 3800, January 2001 See Reverse for Instructions

**COMPLETE THIS SECTION 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:  
  
 7 AIRS ID# 1030422001AG  
 ALL ALUMINUM FINISHERS INC  
 ROBERT MILLER  
 4400 34TH STREET NORTH  
 ST PETERSBURG FL 33714

A. Signature  
*x Ronald T. Griffin*  Agent  Addressee

B. Received by (Printed Name) *RONALD T. GRIFFIN* C. Date of Delivery

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  
*7000 0320 0001 7976 3415*  
 (Transfer from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G10

• 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

APR 27 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389476

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 # 1030422  
ALL ALUMINUM FINISHERS INC  
ROBERT MILLER  
4400 34TH STREET NORTH  
ST PETERSBURG FL 33714

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

RECEIVED  
MAIL ROOM  
DEC 14 99



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

0357992

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
MAIL ROOM  
JAN 21 99

Do **NOT** Remove Label

AIRS ID # 1030422  
 ALL ALUMINUM FINISHERS INC  
 ROBERT MILLER  
 4400 34TH STREET NORTH  
 ST PETERSBURG FL 33714

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422470 FEB 3 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

AIRS ID#1030422  
 ALL ALUMINUM FINISHERS INC  
 ROBERT MILLER  
 4400 34TH STREET NORTH  
 ST PETERSBURG FL  
 33714

Bureau of Air Monitoring  
& Mobile Sources

FEB 07 2003

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

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414130 FEB14 2002

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**

*X*  
**PAID** *2/12/02* *ck # 8741*

Do **NOT** Remove Label

AIRS ID # 1030422  
ALL ALUMINUM FINISHERS INC  
ROBERT MILLER  
4400 34TH STREET NORTH  
ST PETERSBURG FL  
33714

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405003 FEB 9 2001

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**

*2/9/01 PD*

Do **NOT** Remove Label

AIRS ID # 1030422  
ALL ALUMINUM FINISHERS INC  
ROBERT MILLER  
4400 34TH STREET NORTH  
ST PETERSBURG FL 33714

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

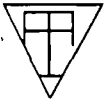
3755

0312401

2273

IMAGESAFE logo in light gray tone is not present on back of document. Do not cash.

First Union National Bank  
of Florida  
Pinellas Park, Florida  
24 Hour Information Service  
1-800-735-1012



ALL ALUMINUM FINISHES, INC. 10-90  
4400 34TH STREET N., (U.S. 19), UNIT E  
ST. PETERSBURG, FL 33714  
PHONE 813-525-3474

7241

63-751/631  
00491

April 9 19 98 \$

PAY TO THE ORDER OF Dept. of Environmental Services

\$ 50<sup>00</sup>/<sub>100</sub>

Fifty & 00/100

DOLLARS Security Features are included. Details on back.

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

	<del>XXXXXXXXXX</del>		
	Facility # 1030422		

*Robert F. Miller*  
*Nancy L. Miller*


**FIRST UNION**

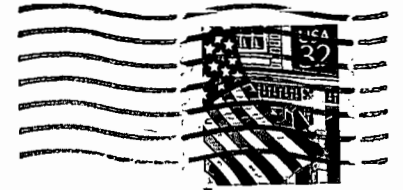


RECEIVED  
MAIL ROOM  
APR 14 98

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
APR 16 1998

 **FALL ALUMINUM FINISHERS, INC.**  
4400 34<sup>th</sup> Street North, Unit E  
St. Petersburg, FL 33714



\$

*Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS-5510  
Dept. of Environmental Services  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400*

32399/2400

