



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

November 26, 2002

Mr. William G. Harder  
Electro-Lab II, Inc.  
Post Office Box 151466  
Tampa, Florida 33684

Re: Facility No.: 0571072-002

Dear Mr. Harder:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on October 25, 2002.

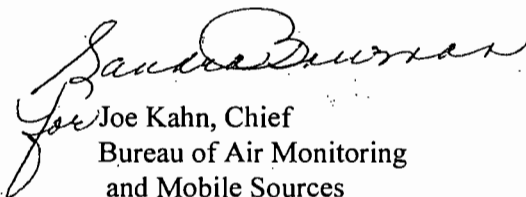
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

10/30/2002

Called for Buddy Kander at ElectroHub II and no answer. 4:10p

10/31/2002

Spoke to Buddy Kander + I will fax copy for correction.

Fees 96-01

SOC 6

Comp IN

(MNC)

operating No Permit



Florida  
Department of  
Environmental Protection

Jeb Bush  
Governor

**Twin Towers Office Building**  
2600 Blair Stone Road **MS 5510**  
Tallahassee, Florida 32399-2400

David Struhs  
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 10/31/2002

TO: Buddy HARDER

PHONE: 813-872-0918

FAX: 813-876-6387

FROM: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Air General Permit

CC: \_\_\_\_\_

Total number of pages including cover sheet: 5

**Message**

*Please have William G. Harder sign as the Responsible official. Return to me as soon as possible at the address above.*

*Thank you  
Rick Butler*

**If there are any problems with this fax transmittal, please call the above phone number.**

*"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"*

*Printed on recycled paper*

RECEIVED  
OCT 25 2002  
Bureau of Air Monitoring  
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

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): <i>ELECTRO-LAB II INC.</i>			
2. Site Name (For example, plant name or number): <i>(813) 872-0918</i>			
3. Hazardous Waste Generator Identification Number: <i>FLD 004101986</i>			
4. Facility Location: Street Address: City: County: Zip Code: <i>4502 W. SOUTH AVE TAMPA HILLSBOROUGH 33614</i>			
5. Facility Identification Number (DEP Use ONLY - do not fill in) <i>0571072-002</i>			

Responsible Official

6. Name and Title of Responsible Official: Name: <i>William G. Harder</i> Title: <i>V. President</i>			
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: <i>P.O. Box 151466 TAMPA, FL HILLSBOROUGH 33684</i>			
8. Responsible Official Telephone Number: Telephone: <i>(813) 872-0918</i> Fax: <i>(813) 876-6387</i>			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Buddy Harder Environmental Control</i>			
10. Facility Contact Address: Street Address: City: County: Zip Code: <i>4502 W. SOUTH AVE TAMPA, FL HILLSBOROUGH 33614</i>			
11. Facility Contact Telephone Number: Telephone: <i>(813) 872-0918</i> Fax: <i>(813) 876-6387</i>			

**Facility Information**

I.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)
<del>5-8-97</del>	New/Existing	—	—	—
<del>5-8-97</del>	New/Existing	—	—	—
5-8-97	New/Existing	5-8-97	MPS	A
	New/Existing		(See below)	
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

"We only have 1 Tank Being used, two tanks have been Discontinued!!!"

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

WA = wetting agent

mPS = Mosh Pad Preceded by sprayer

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

Yes

No

I.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			
2 tanks	New/Existing	have been Discontinued		
	New/Existing			
	New/Existing			
	New/Existing			

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 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<br>(used during initial performance test) | <input 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 type="checkbox"/>            | (j) Operating periods                    | <input 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 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**

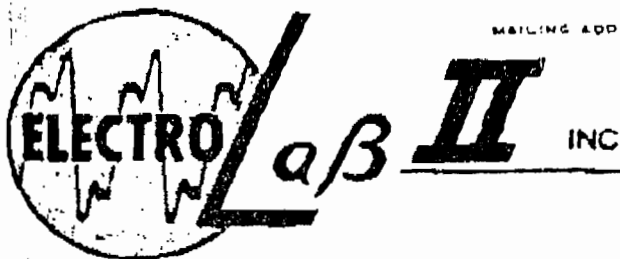
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.*

Buddy Harder  
Print name of responsible official

Buddy Harder  
Signature

10-23-02  
Date



MAILING ADDRESS: 4602 WEST SOUTH AVENUE, TAMPA FLORIDA 33614  
 PHONE 813-8818

RECEIVED  
 NOV 04 2002  
 Bureau of Air Monitoring  
 & Mobile Sources

FACSIMILE COVER SHEET

DATE: 11-1-02

NUMBER OF PAGES: 5 (INCLUDING COVER SHEET)

TO: Rich Butler COMPANY: DEP Air Resource MANG.

FAX NUMBER: 850-922-6979

FROM: Buddy Harder

FAX NUMBER: 813-876-6387

SPECIAL INSTRUCTIONS: "Corrected Signature"

If you have any more issues of  
any kind please call me ASAP so  
we get them corrected

*Thankyou*  
*Buddy Harder*

IF YOU DID NOT RECEIVE THE NUMBER OF PAGES INDICATED ABOVE, PLEASE NOTIFY IMMEDIATELY.



CEI  
10/25/02  
Bureau of Air Monitoring  
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

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): <b>ELECTRO-LAB II INC.</b>			
2. Site Name (For example, plant name or number): <b>(813) 872-0918</b>			
3. Hazardous Waste Generator Identification Number: <b>FLD 004101996</b>			
4. Facility Location:			
Street Address:			
City:		County:	Zip Code:
<b>4502 W. SOUTH AVE TAMPA</b>		<b>HILLSBOROUGH</b>	<b>33614</b>

Responsible Official

6. Name and Title of Responsible Official:			
Name:		Title:	
<b>William G. Harder</b>		<b>V. President</b>	
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:			
City:		County:	Zip Code:
<b>P.O. Box 151466 Tampa, FL</b>		<b>HILLSBOROUGH</b>	<b>33684</b>
8. Responsible Official Telephone Number:			
Telephone: <b>(813) 872-0918</b>		Fax: <b>(813) 876-6387</b>	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
<b>Buddy Harder</b>		<b>Environmental Control</b>	
10. Facility Contact Address:			
Street Address:			
City:		County:	Zip Code:
<b>4502 W. SOUTH AVE TAMPA, FL</b>		<b>HILLSBOROUGH</b>	<b>33614</b>
11. Facility Contact Telephone Number:			
Telephone: <b>(813) 872-0918</b>		Fax: <b>(813) 876-6387</b>	

Bureau of Air Monitoring  
& Mobile Sources

NOV 04 2002

RECEIVED

FROM: ELECTROLAB  
FDEP

FAX NO.: 8766387  
Fax: 850-922-6979

Nov. 01 2002 03:37PM P3  
Oct 31 '02 10:05 P.03/05

**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**

Machine No.	Type	Date Purchased	Control Device	Standard
	New/Existing			
	New/Existing			
5-8-97	New/Existing	5-8-97	MPS (See below)	A
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

"We only have 1 Tank Being used, two tanks have been discontinued!!!"  
 Key for Control Device Type Applicable Standard Key

- FBS = 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
- WA = wetting agent

**mPS = mesh pad preceded by sprayer**

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**

Machine No.	Type	Date Purchased	Control Device	Standard
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
2 Tanks	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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 both 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
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration   
(used during initial performance test)
- (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

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.*

Bill Harder  
Print name of responsible official

Bill Harder  
Signature

10-23-02  
Date

AIRS ID # 1030506  
-002

P.O. BOX 1135 OLDSMAR, FL 34677-1135  
PHONE: 818-7605 FAX: 818-7593



*Electrochemical And Metallurgical Engineers*

RECEIVED

SEP 14 2005

Bureau of Air Monitoring  
& Mobile Sources

**FACSIMILE COVER SHEET**

DATE: 9-14-05

NUMBER OF PAGES: 3 (INCLUDING COVER SHEET)

TO: Bruce Thomas COMPANY: DEP

FAX NUMBER: 850-922-6979

FROM: Buddy Under

FAX NUMBER: —

SPECIAL INSTRUCTIONS: Copy of paper work you needed.

Thanks for calling back, if you have any  
Questions please call back, we'll be mailing the check  
back to you on 9-15-05



Jeb Bush  
Governor

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Colleen M. Castille  
Secretary

September 8, 2005

Electro-Lab II, Inc.  
369 Douglas Road  
Oldsmar, FK 34677

RECEIVED

SEP 14 2005

Bureau of Air, Water,  
& Mobile Sources

To Whom It May Concern:

~~We are returning your check, #19886, for the following reason:~~

- Not Signed
- Wrong Payee
- Other: FDEP's Air Program states that due to Federal Regulation FDEP can not accept payment until you have been invoiced which will occur in December, 2005.

Please contact me if you have any questions at (850) 245-2458 or Sandy Bowman in the Air Program at (850) 921-9583.

Sincerely,

Ann R. Sullivan  
Accounting Services Supervisor  
Bureau of Finance and Accounting

AS/dw  
cc: Reading File  
Cashier  
Sandy Bowman, MS-5510

**ELECTRO-LAB II, INC.**  
369 DOUGLAS ROAD  
OLDSMAR, FL 34677

THIS CHECK IS IN PAYMENT OF THE FOLLOWING

19888

63-27/631



CHECK  
AMOUNT

PAY *Fifty dollars* <sup>00</sup>/<sub>100</sub> DOLLARS

DATE	TO THE ORDER OF	CHECK NO.	DESCRIPTION	DISCOUNT
<i>8/23</i>	<i>Florida Department of Env. Prot.</i>	<i>19888</i>	<i>Licence-tax</i>	

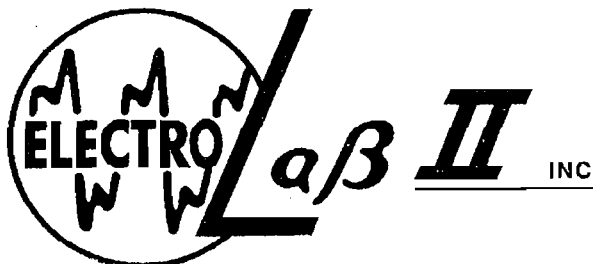
\$ **50.00**

C481

Bank of America  
Bank of America, N.A.

*W. G. ...*





P.O. BOX 1135 OLDSMAR, FL 34677-1135  
PHONE: 818-7605 FAX 818-7593

Attn: Bruce Thomas

We at Electro Lab II, Inc. would like to pay \$50.00 for a 2005 permit. We would like to keep it going but keep it inactive until we need it. We have talked about putting in a Chromic Anodize tank only, and we will never be in the Hard Chrome or decorative chrome business again. If and when we start a Chromic anodize we will notify the F.D.E.P. 90 days in advance of starting. Please call if you have any questions.

Please note our mailing address is

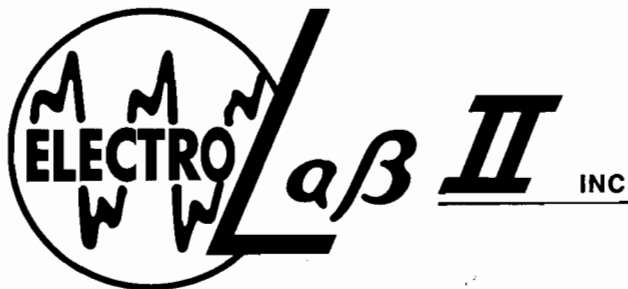
Electro lab II, Inc.  
P.O. Box 1135  
Oldsmar, FL 34677

Our physical address is

Electro Lab II, Inc.  
369 Douglas road  
Oldsmar, FL 34677

Thanks  
Buddy Aude





P.O. BOX 1135 OLDSMAR, FL 34677-1135  
PHONE: 818-7605 FAX 818-7593

Sandy Bowman  
General Permit Section  
Bureau of Air Monitoring Mobile Sources  
Department of Environmental Protection  
Mail Stop 5510  
2600 Blairstone Road  
Tallahassee, FL 32399-2400

February 14, 2004

RE: Electro Lab II Inc. Facility # 0571072 Title V General Permit Relocation

Dear Sandy,

Electro Lab II Inc. is relocating its facility from 4502 West South Ave, Tampa FL 33614 to 369 Douglas Road Oldsmar, FL 34677. This relocation moves our permit from Hillsborough County to Pinellas County. Please send any future correspondence to P.O. Box 1135 Oldsmar, FL 34677.

If there are any questions or comments please contact me at your convenience.

Best Regards

  
John D. Alessandrini  
Chemist

CC Gary Robbins  
Pinellas County EPC  
300 South Gander  
Clearwater, FL 33756

RECEIVED

FEB 24 2004

Bureau of Air Monitoring  
& Mobile Sources

**Bowman, Sandy**

---

**From:** Zhu, Yi  
**Sent:** Thursday, February 26, 2004 1:26 PM  
**To:** Bowman, Sandy  
**Cc:** Thomas, Bruce X.  
**Subject:** RE: Change County

The new ID is 1030506. Please go to ARMS and update the office as soon as you can. Please make sure to save a history record. Thank you.

-----Original Message-----

**From:** Bowman, Sandy  
**Sent:** Tuesday, February 24, 2004 11:06 AM  
**To:** Zhu, Yi  
**Cc:** Thomas, Bruce X.  
**Subject:**

Yi,

The RO for Electro Labs, AIRS ID #0571072 has notified us that he has moved this facility from Hillsborough to Pinellas County. Please let me know the new AIRS ID number when the change is made.

I appreciate it.

Sandy

*Sandy Bowman  
Environmental Consultant  
Division of Air Resource Management  
850/921-9583 or [sandy.bowman@dep.state.fl.us](mailto:sandy.bowman@dep.state.fl.us)*



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 27, 2004

Mr. John D. Alessandrini  
Electro Lab II  
Post Office Box 1135  
Oldsmar, Florida 34677-7593

Dear Mr. Alessandrini:

Thank you for your February 14 letter notifying the department of the relocation of your facility from Hillsborough County to Pinellas County.

This change has been documented in our files and database. Please be advised that your AIRS facility ID number has changed. The new number for Electro Lab II is 1030506.

Please contact me at 850/921-9583 if I can be of further assistance.

Sincerely,

Sandy Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/

cc: Jeff Morris, Pinellas County

## Bowman, Sandy

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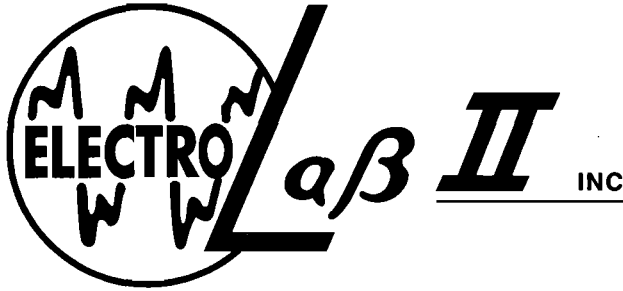
**From:** Gary Robbins [grobbins@co.pinellas.fl.us]  
**Sent:** Tuesday, June 15, 2004 9:59 AM  
**To:** Bowman, Sandy  
**Subject:** Electro Lab II

Electro Lab II was located in Hillsborough County under 0571072. They notified DEP of moving to Pinellas in a 2/14/04 letter. DEP acknowledged the move in a 2/27/04 letter and reassigned the facility number as 1030506.

Does the permit number remain 0571072-002-AG until a new permit is issued?

The facility did not install the chromium tanks, and it appears they may not ever install them. They do have nickel and cadmium plating.

Airs IO # 1030506



P.O. BOX 1135 OLDSMAR, FL 34677-1135  
PHONE: 818-7605 FAX 818-7593

RECEIVED  
AUG 29 2007  
Bureau of Air Quality  
& Mobile Sources

Attn: Dick Dibble  
Department of Environmental Protection  
Air General Permit Program

We at Electro Lab II Inc. have not had any hard chrome in our building in about 6 or 7 years.  
At no point in time have we ever had a decorative chrome or chromic anodize tank in our building.  
The hard chrome was discontinued in our old location in Tampa at 4502 W. South Ave. approx  
6 to 7 years ago. At this location of 369 Douglas rd in Oldsmar Fl, we have never had any of the  
three types of chrome tanks. We only kept our permit open in the event we might sometime in  
the future decide to start one or more of the processes we would be partially ready to start.  
At this time we would like to inactivate our air permit for the lack of needing it at our facility.  
If you have any questions please call and Thanks for your help in this matter.

Sincerely,

A handwritten signature in black ink that reads "Buddy Harder". The signature is written in a cursive, somewhat stylized script.

Buddy Harder  
Vice President  
Electro Lab II, Inc.



P.O. BOX 1135  
OLDSMAR, FL 34677-1135

TAMPA FL 336

27 AUG 07 PM 8 T

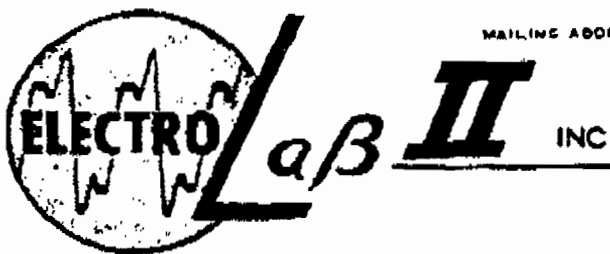


Attn: Dickson E. Pibble  
Air General Permit Program  
Bureau of Air Monitoring and Mobile Sources  
2600 Blair Stone road, MS 5510  
Tallahassee, FL 32399-2400

32399+6542



32399-2400



MAILING ADDRESS: 4802 WEST SOUTH AVENUE, TAMPA, FLORIDA 33614

PHONE 872-0818

**RECEIVED**  
 NOV 15 2002  
 Bureau of Air Monitoring  
 & Mobile Sources

FACSIMILE COVER SHEET

DATE: 11-15-02

NUMBER OF PAGES: 2 (INCLUDING COVER SHEET)

TO: Rick Butler COMPANY: DEP

FAX NUMBER: 850-921-6979 - 922-6979

FROM: Grady Harder

FAX NUMBER: 876-6387

SPECIAL INSTRUCTIONS: Revised Signature

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF YOU DID NOT RECEIVE THE NUMBER OF PAGES INDICATED ABOVE, PLEASE NOTIFY IMMEDIATELY.

**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.*

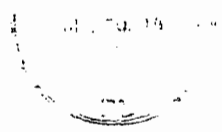
~~Buddy Harder~~ W. G. HARDER VP  
Print name of responsible official

~~Buddy Harder~~ W. G. Harder 10-23-02  
Signature Date



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2000 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

*Acct # 5521*



958 300

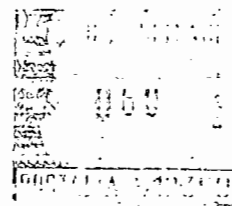
IPRATA 18 31002

**RECEIVED**  
MAY 17 2000  
BUREAU OF AIR MONITORING  
& NOISE SOURCES

AIRS ID# 1030506  
ELECTRO LAB II INC  
4502 W South Ave  
TAMPA, FL 33614

STATE  
DEPT  
MS 551  
2000 BLAINSTONE ROAD  
TALLAHASSEE FL 32309-2400

Acct # 5521



AIR MAIL 1330506  
ELECTRO LAB, INC.  
4502 W South Ave  
TAMPA, FL 33614

RECEIVED  
DEC 3 2008  
ELECTRO LAB, INC.  
4502 W SOUTH AVE  
TAMPA, FL 33614

RECEIVED



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

September 29, 2005

Mr. W. G. Hardee  
Electro-Lab II, Inc.  
Post Office Box 1135  
Oldsmar, Florida 34677

Re: Facility No.: 1030506

Dear Mr. Hardee:

The Bureau of Air Monitoring and Mobile Sources recently received your check (#19888) in the amount of \$50 in payment of your Title V General Permit fee.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

A handwritten signature in black ink, appearing to read "BTH", is written over a horizontal line.

Bruce Thomas, P.E.  
Mobile Source Control Section  
Bureau of Air Monitoring  
and Mobile Sources

BT/jw

Enclosure

*"More Protection, Less Process"*

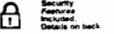
*Printed on recycled paper.*

**ELECTRO-LAB II, INC.**  
369 DOUGLAS ROAD  
OLDSMAR, FL 34677

THIS CHECK IS IN PAYMENT OF THE FOLLOWING

19888

63-27/631



Security Features Included. Details on back.

PAY *Fifty dollars* <sup>00</sup>/<sub>100</sub> DOLLARS

CHECK AMOUNT

DATE	TO THE ORDER OF	CHECK NO.	DESCRIPTION	DISCOUNT
8/23	Florida Department of Env. Prot.	19888	Licence-tax	

\$ 50 00

C481

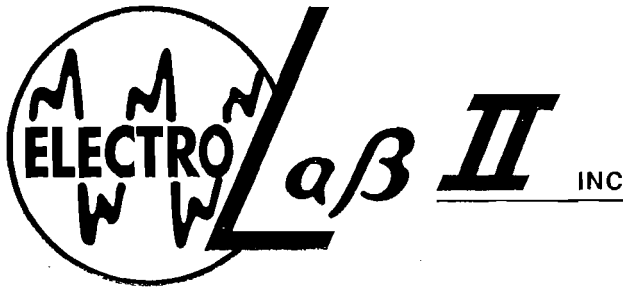
AIRS ID # 1030506

**Bank of America**  
Bank of America, N.A.

*W. G. Anderson*

MP





P.O. BOX 1135 OLDSMAR, FL 34677-1135  
PHONE: 818-7605 FAX 818-7593

RECEIVED

SEP 19 2005

Bureau of Air Monitoring  
& Mobile Sources

Attn: Bruce Thomas

We at Electro Lab II, Inc. would like to pay \$50.00 for a 2005 permit. We would like to keep it going but keep it inactive until we need it. We have talked about putting in a Chromic Anodize tank only, and we will never be in the Hard Chrome or decorative chrome business again. If and when we start a Chromic anodize we will notify the F.D.E.P. 90 days in advance of starting. Please call if you have any questions.

Please note our mailing address is

Electro lab II, Inc.  
P.O. Box 1135  
Oldsmar, FL 34677

Our physical address is

Electro Lab II, Inc.  
369 Douglas road  
Oldsmar, FL 34677

Thanks  
Buddy Sander



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420910 DEC20 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**

Do **NOT** Remove Label

AIRS ID#0571072
ELECTRO LAB II INC WILLIAM G HARDER PO BOX 151466 TAMPA FL 33684

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

Bureau of Air Monitoring  
& Mobile Sources  
DEC 27 2002



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434319 DEC15 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

571072
RONALD CENTERS ELECTRO LAB II INC 4502 W SOUTH AVENUE TAMPA FL 33614

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

Bureau of Air Monitoring  
& Mobile Sources  
DEC 17 2003

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466244 DEC 18 2006

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID 1030506  
 ELECTRO LAB II INC  
 369 Douglas Road  
 OLDSMAR, FLORIDA 34677

Bureau of Air Monitoring & Mobile Sources

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.

DEC 19 2006

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459466 MAR 12 2006

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

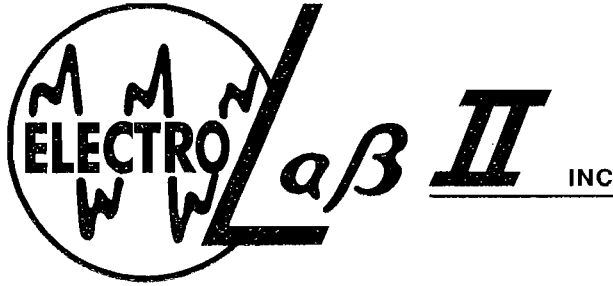
AIRS ID# 1030506 1st  
 ELECTRO LAB II INC  
 369 Douglas Road  
 OLDSMAR, FL 34677

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.

RECEIVED  
 MAR 03 2006  
 Bureau of Air Monitoring & Mobile Sources



P.O. BOX 1135 OLDSMAR, FL 34677-1135  
PHONE: 818-7605 FAX 818-7593

December 14, 2006

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

RE: Electro Lab II Inc. Facility # 0571072 Title V General Permit

Enclosed is payment of \$ 50.00 of the annual operation fee as required under Section 403.0872, Florida

Statutes (F.S.). This fee is being paid to maintain eligibility for the Title V Air General Permit, Rule 62-

213,300(3)(b), FAC.

Best Regards

John D. Alessandrini  
Chemist





- 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# 1030506 3<sup>rd</sup> Cert04  
 ELECTRO LAB II INC  
 4502 W South Ave  
 TAMPA, FL 33614

Signature \_\_\_\_\_

1. Amount \_\_\_\_\_

2. Received by (Printed name) \_\_\_\_\_

3. Is delivery address different from item 1?  YES  NO  
 If YES, enter delivery address below.

4. Delivery Type:  Certified Mail  Registered Mail  Insured Mail  Registered Mail (Form 3800)

7004 2510 0004 1901 1859

6599 986 6599  
 7004 2510 0004 1901 1859

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Registered Mail Fee (Endorsement Required)	

Postmark Here

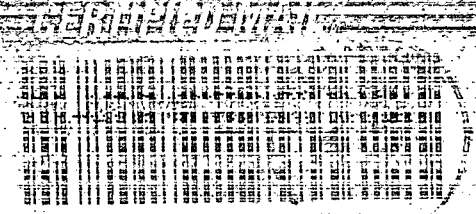
AIRS ID# 1030506 3<sup>rd</sup> Cert04  
 ELECTRO LAB II INC  
 4502 W South Ave  
 TAMPA, FL 33614

See Reverse for Instructions

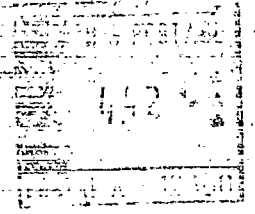
09 01 00

ADD ADD #

Department of Environmental Protection  
2500 Blair Stone Rd  
Tallahassee FL 32399-2400



7004 2500 0002 3757 4864

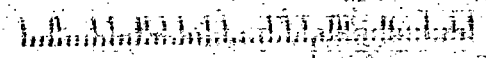


1030506

AIRS 10/15/00 10:00 AM 09 ELECTRO-LAB II INC 4502 W South Ave TAMPA, FL 33614	[Illegible text and markings]
--	-------------------------------

RECEIVED  
 ENVIRONMENTAL PROTECTION  
 DEPARTMENT  
 TALLAHASSEE, FL  
 10/15/00

14+64-23-337-2400



- iii Complete items 1, 2, and 4. Also complete item 4 if Restricted Delivery is desired.
- ii Print your name and address on the reverse so that we can return the card to you.
- ii Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article received on:

AIRS ID#1.03051e+006.....2<sup>nd</sup> Cert 05  
 ELECTRO LAB II INC  
 4502 W South Ave  
 TAMPA, FL 33614

A. Signature  Agent  Addressee

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

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

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

F. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

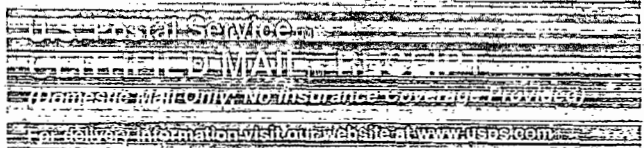
7004 2510 0002 9999 4914

PS Form 3877, February 2004

Domestic Return Receipt

102695-02-01-1e-0

PEN EBEE EDD DTSS TUNE



Postage	\$
Certified Fee	
Return Receipt Fee (Enclosure Required)	
Restricted Delivery Fee (Enclosure Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark  
Here

AIRS ID#1.03051e+006.....2<sup>nd</sup> Cert 05  
 ELECTRO LAB II INC  
 4502 W South Ave  
 TAMPA, FL 33614

AAS#

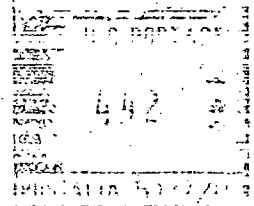


ARC Acct #

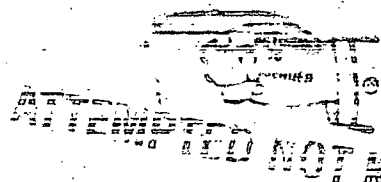
USA  
POSTAGE  
PAID

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

7003 0500 0004 0144 2443



*W*



PAID BY AIR MAIL  
D. M. ...

RECEIVED

RECEIVED

AIRS ID# 1020506 1stC  
ELECTRO LAB H INC  
4502 W South Ave  
TAMPA, FL 33614

Vertical text on the right edge of the page, possibly a barcode or tracking information.

- Complete items 1, 2, and 5. Also complete item 4 if Restricted Delivery is chosen.
- Print your name and address on this reverse so that we can return the card to you.
- Attach this card to the back of the manila envelope or on the front if space permits.

Article Addressed to:  
 AIRS ID# 1030506 1stC  
 ELECTRO LAB II INC  
 4502 W South Ave  
 TAMPA, FL 33614

A. Signature \_\_\_\_\_  
 Agent  
 Addressee

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

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below: \_\_\_\_\_

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

4. Restricted Delivery? (Extra Fee)  Yes

Article Number  
 (Transfer from box)

7003 0500 0004 0144 7443

PS Form 3811, August 2007

Domestic Return Receipt

10305 02 11 15 AM

7003 0500 0004 0144 7443

**USPS Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only - Item Restricted to First-Class Mail®)  
 For more information, visit our website at www.usps.com

**OFFICIAL USE**

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

Postmark  
 Here

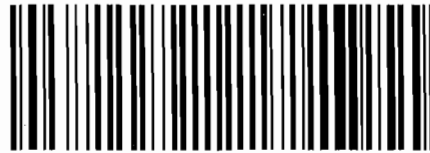
AIRS ID# 1030506 1stC  
 Recipient: ELECTRO LAB II INC  
 4502 W South Ave  
 Tampa, FL 33614

PS Form 3811, June 2007

See Reverse for Instructions



P.O. BOX 1135  
OLDSMAR, FL 34677-1135



7005 3110 0001 0205 1277

*Title V Air General Permits  
Receipts  
P.O. Box 3070  
Tallahassee, FL 32315-3070*

32315+3070-70 8099

