

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

October 20, 2006

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

Re: Facility No.: 0112358-003

Dear Mr. Sexton, Jr.:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 18, 2006.

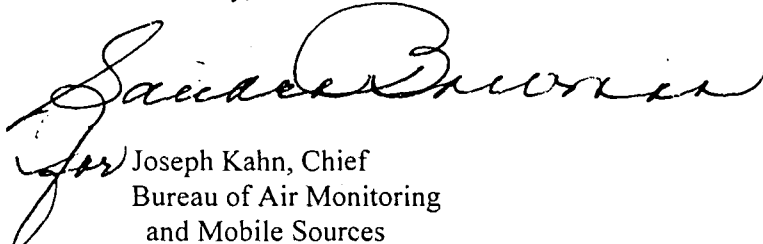
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Clifton Bittle, Broward County

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY.....

EMISSION FEE DATES 196-2005.....

SOC REPORTS. 6.....

COMP. STATUS - SNC MNC 6/29/2006

SOCR - Statement of Compliance
Report

Inspr Brewer Co - CB

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 18 2006
DEP-62-213.900(5)

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):	CERTIFIED METAL FINISHING, INC.
2. Site Name (For example, plant name or number):	N/A
3. Hazardous Waste Generator Identification Number:	FLD980728828
4. Facility Location: Street Address: City: Pompano Beach County: Broward Zip Code: 33069	1420 SW 28 AVENUE
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112358-003

Responsible Official

6. Name and Title of Responsible Official: Name: DAVID W. SEXTON, JR. Title: OWNER/PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: CERTIFIED METAL FINISHING, INC. Street Address: 1420 SW 28 AVENUE City: Pompano Beach County: Broward Zip Code: 33069
8. Responsible Official Telephone Number: Telephone: (954) 979-0707 Fax: (954) 979-4158

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	LAWRENCE S. KAUFFMAN, GENERAL MANAGER
10. Facility Contact Address: Street Address: 1420 SW 28 AVENUE City: Pompano Beach County: Broward Zip Code: 33069	
11. Facility Contact Telephone Number: Telephone: (954) 979-0707 Fax: (954) 979-4158	

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			

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 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

N/A

200-822-110

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

Yes No

N/A

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)
12/16/93	New/Existing	12/16/93	FS/WA	Y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	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 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 type="checkbox"/> |
| (e) Instrument calibration
(used during initial performance test) | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input checked="" type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input checked="" type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> | | |

5. Surrender of Existing DEP Air Permit(s) *N/A*

Please indicate with an "X" the appropriate selection: *N/A*

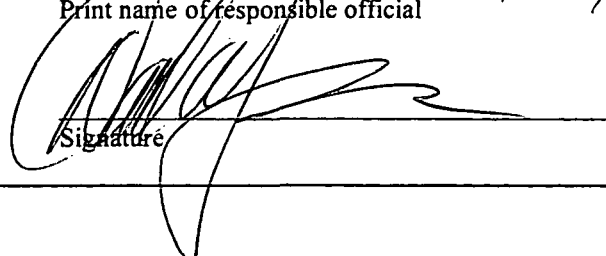
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

DAVID, W. SEXTON, JR. / PRESIDENT
Print name of responsible official


Signature

9/14/06
Date

CERTIFIED METAL FINISHING, Inc.

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

INVOICE NO.	INVOICE DATE	DESCRIPTION	BALANCE DUE	DISCOUNT	NET AMOUNT
ANNUAL FEE	1/01/07	AIRS ID 0112358	50.00		50.00
			Check Number 9709	Check Date 1/03/07	
			50.00	.00	50.00

Please Detach and Retain This Portion

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466850 JAN 8 2007

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 0112358
 CERTIFIED METAL FINISHING INC
 1420 SW 28th Avenue
 POMPANO BEACH, FLORIDA 33069

Bureau of Air Monitoring
& Mobile Sources

JAN 10 2007

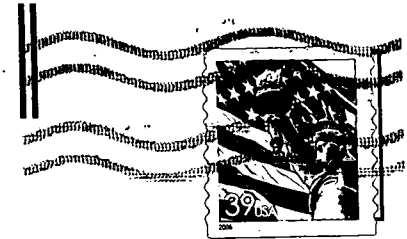
FLAIR ACCT. CODE 372020350013755010000
 BENEFITTING OBJECT CODE 002000
 BENEFITTING CATEGORY 000200

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

CERTIFIED METAL FINISHING, INC.
1420 S.W. 28TH AVENUE
POMPANO BEACH, FL 33069-4311
BRWD: (954) 979-0707 • DADE: (305) 944-6892

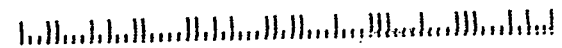
SOUTH FLORIDA PDC

FL 330-2 L
04 JAN 2007 PM



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

32315+3070 B099



CERTIFIED METAL FINISHING INC.

1420 S.W. 28th AVENUE
POMPANO BEACH, FLORIDA 33069-4811

SOUTH FLORIDA PDC

FL 3304T
15 SEP 2006 PM



Air General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+6542

