



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 19, 2001

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

Re: Facility No.: 0112358-002

Dear Mr. Sexton:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on November 13, 2001.

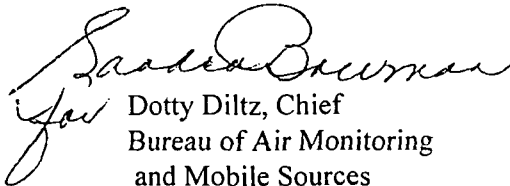
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
NOV 13 2001  
Bureau of Air Monitoring  
& Mobile Sources

**Part III. Notification of Intent to Use General permit**

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

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): 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: 1420 S.W. 28th Avenue City: Pompano Beach County: Broward Zip Code: 33069
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112358-002

**Responsible Official**

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

**Facility Contact (If different from Responsible Official)**

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

**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)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing		N/A	
	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

a = 0.03 mg/dscm  
 b = 0.015 mg/dscm  
 c = alternative standard for multiple tanks under common control

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

Yes       No      N/A

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)
12/16/93	New/Existing	12/16/93	FS/WA	Y
Prior	New/Existing	Prior		
	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<br>(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:

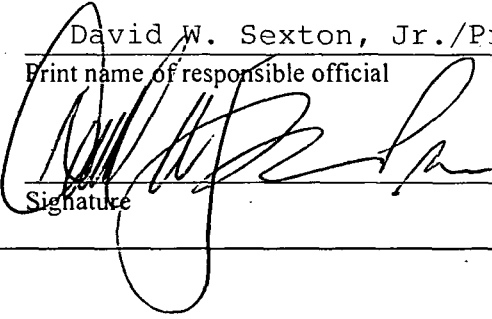
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:  
\_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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

11-7-01  
Date

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

444668 JAN 18 2005

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 112358 7  
CERTIFIED METAL FINISHING INC  
1420 SW 28th Avenue  
POMPANO BEACH, FL 33069

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

Bureau of Air Monitoring  
& Mobile Sources

JAN 20 2005

**RECEIVED**

*Printed on recycled paper.*



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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**

422741 FEB10 2003

Do NOT Remove Label

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 14 2003

RECEIVED

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

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

INVOICE NO.	INVOICE DATE	DESCRIPTION	BALANCE DUE	DISCOUNT	NET AMOUNT
PERMIT '03	12/26/02	AIRS ID# 0112358	50.00		50.00
		Check Number	Check Date		
		006294	2/09/03	50.00	.00
				50.00	50.00

Please Detach and Retain This Portion

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

OFFICIAL USE

7001 0320 0001 7975 6592

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

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0112358

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

PS for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

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

*[Handwritten Signature]* 2-7-03

C. Signature  
 X *[Handwritten Signature]*  Agent  
 Addressee

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

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

4. Restricted Delivery? *(Extra Fee)*  Yes

2 Article Number  
*(Transfer from service label)*

7001 0320 0001 7975 6592



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 •

BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2003

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413848 FEB 6 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 # 0112358 CERTIFIED METAL FINISHING INC DAVID W SEXTON JR 1420 SW 28TH AVENUE POMPANO BEACH FL 33069
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<b>FOR GOVERNMENT USE ONLY</b> Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
---

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

INVOICE NO.	INVOICE DATE	DESCRIPTION	BALANCE DUE	DISCOUNT	NET AMOUNT
TITLE V	1/23/02	AIRS ID 0112358	50.00		50.00
		Check Number	Check Date		
		005101	2/01/02	50.00	.00
					50.00

Please Detach and Retain This Portion

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457726 JAN 9 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**

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112358 7  
CERTIFIED METAL FINISHING INC  
1420 SW 28th Avenue  
POMPANO BEACH, FL 33069

Bureau of Air Mail  
& Mobile Services

JAN 11 2006

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435478 JAN20 2004

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**

~~JAN 23 2004~~  
Bureau of Air Monitoring  
& Noise Sources

AIRS ID# →

Do NOT Remove Label

112358  
DAVID SEXTON  
CERTIFIED METAL FINISHING INC  
1420 SW 28TH AVENUE  
POMPANO BEACH FL 33069

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