

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

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"

TITLÉ V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗆	GOMPLAINT DISCOVERY M	RE-INSPECTION □
TIME IN: 1:45 p.m.	TIME O	UT: 3:15 p.m.	AIRS ID# 103042
TYPE OF FACILITY:	Chromium And	odizing Operation	
FACILITY NAME:	All Aluminum	Finishers, Inc. DATE:	February 18, 1998
FACILITY LOCATION:	4400 34th St. N	l	
RESPONSIBLE OFFICIA	L: Robert Miller	PHONE NUMBER:	(813) 525-3474
to be in compliance v Based on the results compliance discrepan	with DEP Rule 62-213 of the compliance requalities were noted:	irements evaluated during this ins 3.300, Florida Administrative Code airements evaluated during this ins	e (F.A.C.). spection, the following
COMPLIANCE REQUIRE			TION REQUIRED
Did not obtain a Title V Ge	eneral Permit.	The owner or operator of any em can reasonably be expected to em obtain an appropriate permit from Department of Environmental Probegininning construction, modificantinued operation of the emissipursuant to Department rule or st	nit any air pollutant shall in the Department (Florida otection) prior to cation, or initial or ions unit unless exempted
Did not have an O&M Plan	1	The owner or operator of an affect operation and maintenance plan than the compliance date.	
Did not have a start-up, shu (SSM) plan in place, along recordkeeping, on site.	•	The responsible official shall may shutdown, and malfunction plan describes in detail procedures for the equipment during periods of malfunction plan for operating are equipment during periods of start malfunction.	for the facility that coperating and maintaining start-up, shutdown, and maintaining the
The Annual Compliance Certifica DATE OF NEXT INSPECTIC INSPECTION CONDUCTED INSPECTOR'S SIGNATURE	BY:	ly certified and submitted to the inspector Mach T (September 1) Jeff Mocc (Approximate) (Please Print) PHONE NUMBER: Page 1 of 2	798 1s
	•	•	

Revised 10/96

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT DISCOVERY RE-INSPECTION D
TIME IN: 1:45 p.m. TIME C	OUT: 3:15 p.m. AIRS ID#
TYPE OF FACILITY: Chromium An	nodizing Operation
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
to be in compliance with DEP Rule 62-21	quirements evaluated during this inspection, the facility is found 13.300, Florida Administrative Code (F.A.C.). quirements evaluated during this inspection, the following
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 affectd 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 proper DATE OF NEXT INSPECTION:	March 4, 1998 (Approximate)
INSPECTION CONDUCTED BY:	Jeff Morris

Page <u>2</u> of <u>2</u>

Revised 10/96

INSPECTOR'S SIGNATURE:

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):
	All Aluminum Finishers, Inc.
2.	Site Name (For example, plant name or number):
	All Aluminum Finishers, Inc.
3.	Hazardous Waste Generator Identification Number:
•	
4.	Facility Location: Street Address: 4400 34th St. N.
	City: St. Petersburg County: Pinellas Zip Code: 33714
5	Facility Identification Number (DEP Use): 1030422
	1000700

Responsible Official

RECEIVED

DEP Form No. 62-213.900(5) Effective: 6-25-96

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MAR 1 6 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 n	nanager):	
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)

DEP Form No. 62-213.900(5)

Effective: 6-25-96

Applicable Standard Key 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 Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year? Were any hard chromium plating tanks at the facility operating before 12/16/93?

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Yes

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	Applicable Standard Key
PBS = packed-bed scrubber CMP = composite mesh pad PBS/CMP = packed-bed scrubber and composite mesh FS = fume suppressant only FS/WA = fume suppressant with a wetting agent FM = fiber-bed mist eliminator	x = 0.01 mg/dscm y = 45 dynes/cm pad 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	e requirements of section (5) of Part II of this form:
3. Indicate how the facility will fulfill the compliance	<u>.</u>

DEP Form No. 62-213.900(5)

Effective: 6-25-96

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 requir	ed to be kept on-site i	n accordance with the req	uirements	of this ge	neral permit:
(a) Equipment maintenance		(b) Equipment inspection	n and repai	ir	لنكا
(c) Equipment malfunctions		(d) Operation and maintenance checklist		[X]	
(e) Instrument calibration		(f) Start-up, shutdown, r	nalfunctio	n plan	
(g) Performance test results		(h) Equipment monitorin	ng .	لكا	
(i) Excess emissions	[*]	(j) Operating periods			
(k) Rectifier capacity		(l) Fume suppressant rec	cords	LX	
(m) Purchase records of wetting	g agent components	<u>~</u>			
	Surrender of E	Existing Air Permit(s)			
Please indicate with an "X" the	appropriate selection	:			
		mits authorizing operation form; specifically, permit			
No air permits currently exist for the operation of the facility indicated in this notification form.				·	
Responsible Official Certification					
this notification. I hereby statements made in this n maintain the air pollutan comply with all terms and	y certify, based on info otification are true, a t emissions units and d conditions of this ge	as defined in Part II of th ormation and belief forme ccurate and complete. Fu air pollution control equip neral permit as set forth in	d after rea arther, I ag oment desc n Part II o	sonable in tree to operibed about this noti	nquiry, that the erate and ove so as to fication form.
I will promptly notify the					
Signature	Res. G.C. M.		2 - / Date	17-9	&

DEP Form No. 62-213.900(5) Effective: 6-25-96

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CHROMIUM ELECTROPLATING/ANODIZING AIR QUALITY GENERAL PERMIT

MAR 1.6 1998

ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring

<u> </u>			& Mobile Sources
FACILITY NAME: ALLA	luminum F	inishers, Inc	
FACILITY LOCATION: 4400	34th St. N.		
St. Pe	tersburg, F	L 33714	<u>. </u>
Annual Reporting Period: Februar	y (8) 19	97 TO February	ary 18, 1998
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.2)		· ·	_
If NO, complete the following:			
#1. Term or condition of the general permit t	hat has not been in contin	uous compliance during the re	porting period stated above:
Did not submit	a Title I	General Permis	t Notification
Exact period of non-compliance: from	February 18, 19	97 to Febru	ary 18, 1998
			ssions unit nt Shall obtain the ironmental Protestic
#2. Term or condition of the general permit t	hat has not been in contin	uous compliance during the re	porting period stated above:
	· •		performed pring equipment, uary 18, 1998
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	The owner/o Subject to the Maintain all Affected sou Control device	perator of an of eprovisions of maintenance perce, the add-one, and monito	the permit shall erformed on the air pollution ring equipment.
As the responsible official, I hereby certify, be made in this notification are true, accurate as	ased on information and b		
RESPONSIBLE OFFICIAL: Robart Nam	F MilleR Br e (Please Print)	Signature	1/2 Rs. 2-18-98 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.

AIRS ID#:	

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

MAR 1,6 1995

& 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 operation 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.
#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- an 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
Method used to demonstrate compliance: this part of the notification form. Shall prepare an operation and maintenance plan to implemented no later than the compliance date
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 Prixs. But 7 July Pay 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.

AIRS ID#:	
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RECERTIFIED

CHROMIUM ELECTROPLATING/ANODIZING AIR QUALITY GENERAL PERMIT

MAR 1 6 1998

ANNUAL COMPLIANCE CERTIFICATION FORM 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 have a Start-up shutdown malfunction Plan in Place and deviation reports Exact period of non-compliance: 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 Method used to demonstrate compliance: Malfunction planing luding records of actions are inconsistent with operation/maintenance actions are inconsistent with operation/maintenance #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 Method used to demonstrate compliance: of excess emissions.
· · · · · · · · · · · · · · · · · · ·
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: Nober

^{*}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 A	luminum F	finish ers	Tnc. DAT	TE: 12/3/98
facility location: 4400				•
	Petersburg			
Annual Reporting Period: Februa	ary 18,	19 98 TO	December	3, 1998
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	• •	·	ria de la companya de	DEP Rule
If NO, complete the following:		·		
#1. Term or condition of the general permit	that has not been in con	tinuous compliance	during the reporting po	eriod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		· ==		
				ÅV.
#2. Term or condition of the general permit	that has not been in con	tinuous compliance	during the reporting po	eriod stated above:
Exact period of non-compliance: from		to		<u> </u>
Action(s) taken to achieve compliance:	. ·			<u> </u>
Method used to demonstrate compliance:	. ,			**************************************
		·		
As the responsible official, I hereby certify, made in this notification are true, accurate t		d belief formed afte	r reasonable inquiry, th	hat the statements
RESPONSIBLE OFFICIAL: RoherT Name Name Name Name Name Name Name Name	F Miller Res me (Please Print)	Bolist +	Signature Shes	12-3-98 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

	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
AIRS ID#: 1030422 FACILITY NAME: FACILITY LOCATION:	4400	34th 5	TIME OUT: 2:53pin Finishers, Inc. St. N.	
PART I: NOTIFICATION				
(check appropriate box)				
1. Facility notified DARM by 9)/1/96			
2. New facility notified DARM	30 days prior to star	tụp		
3. Facility failed to notify DAR	M to use a general pe	ermit	· 🗹	
PART II: CLASSIFICATION	<u></u>			
Facility type(s)/applicable stand	ard indicated on noti	fication form:		
Hard Chromium Plating				
a. Existing Large (0.015 mg/d	lscm)	b. Existing Sm	all (0.03 mg/dscm)	
c. New (0.015 mg/dscm)		(0.03 mg/ds	Standard for existing facilities cm) using a rolling average of acity (less than 60 million A-hr/year)	
Decorative Chromium Platin	g/Anodizing		•	
a. Chromic Acid Bath	Emissions of < 0.0	01/mg/dscm (4.	4x10 ⁻⁶ gr/dscf)	
	Surface tension of May only be selected if	$\frac{1}{2} \leq 45$ dynes/cm for wetting agent is t	1 (3.1x10 ⁻³ 1b-f/ft) used.	<u> </u>
b. Trivalent Chromium Bath	With wetting ager	nt		
	Without wetting a	gent <0.01mg/c	lscm (4.4×10 ⁻⁶ gr/dscf)	- .
c. Chromium Anodizing	Emissions of <0.0	1 mg/dscm (4.4	×10 ⁻⁶ gr/dscf)	
	Surface tension of May only be selected if	•	•	Ð

PA	RT III:	CONTROL TECHNOLOGY				
	Control dev selected			use?		
1.		Composite Mesh Pad		□N		
2.		Fiber Bed Mist Eliminator	ΩY	□N		1
3.		Packed Bed Scrubber	ΩY	ПN		
4.		Packed Bed Scrubber/Composite Mesh	Pad □Y	□N		
5.		Foam Blanket Fume Suppressant	ΩY	□N		
6.		Fume Suppressant w/ Wetting Agent	\mathbf{v}_{Y}	□N		
Ha	s the fac	cility conducted an initial performance test for sources using a wetting agent or 1-inch foam bl	st to establisl	n monitoring parameters?	OY ON	IMN/A
PAI	RT IV:	RECORDKEEPING AND REPORTIN	VC REQUII	REMENTS		
		ponsible official maintained the followi				
		•				
	equipme	ly inspection records for add-on air pollu ent. (applicable only to a facility using a packed b mesh pad)			OY ON	⊠N/A
2.	Operation of the contract of t	ons and Maintenance Plan (OMP). (applications and Maintenance Plan (OMP). (applications and miss eliminator, or composite mesh pad)	able only to a fo	cility using a packed bed	OY ON	MN/A
3.	Mainter equipme	nance records for the source, add-on polluent (equipment identified, date performed	ition control l, description	devices, and monitoring	ory □n	
4.		of date of occurrence, duration, cause, astion of process, add-on pollution control			ØY □N	
5.	Results	of all performance tests.			ØY □N	□N/A
6.	Records	of monitoring data. (not applicable to trivalent	ıt chromium bat	hs using a wetting agent)	QY ON	□N/A
	Meas	sure the pressure drop across the	Packed Bed Measure the pre- inlet velocity da	ssure drop across the PBS and the		
	Meas			Scrubber/Composite Me ssure drop across the CMP daily.	sh Pad	
	Meas	m Blanket Fume Suppressant sure the foam blanket thickness at the opriate interval.	Fume Suppi Measure the surf	ressant w/ Wetting Agent face tension at the appropriate inter	val.	
7.	Purchase	e records of wetting agent components.			ØY □N	□N/A
		of the date and time that fume suppressa	ints are adde	d to the bath.	ory □n	□N/A
		of rectifier capacity, if used to determine			OY ON	⊠Ń/A
		of the total process operating time.			MD AE	
		identifying specific periods of excess en	uissions.		OY ON	M N/A
12. Startun Shutdown & Malfunction Plan						

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

Justician's Signature

12/3/98 Date of Inspection

6/3/99

Approximate Date of Next Inspection

AIRS ID#: 1036422

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

FACILITY NAME:	All Aluminum F	inishers DATE: 6/10/99
FACILITY LOCATION:	4400 34th St.	N.
	St. Petersburg, 1	FL 33714
Annual Reporting Period: Decem	ber 10, 1999 TO	June 10, 1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		
If NO, complete the following:		
#1. Term or condition of the general permi	that has not been in continuous comp	pliance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		300 2 6
#2. Term or condition of the general permit	that has not been in continuous comp	pliance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		the state of the s
Method used to demonstrate compliance:	-	
As the responsible official, I hereby certify, made in this notification are true, accurate		sed after reasonable inquiry, that the statements
RESPONSIBLE OFFICIAL: Robert	me (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

	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: 103042		OSp.m. TIME OUT: 1; i	` II
FACILITY NAME:	AII	Aluminum Finish	iers
FACILITY LOCATION:	4400	34th St.N.	
·· · ·	3t, P.	etersburg, FL3371	4
PART I: NOTIFICATION			
(check appropriate box)			m
Facility notified DARM by	9/1/96	٥	Burger 2
New facility notified DARN	1 30 days prior to startup		& Mail Company
3. Facility failed to notify DAI	RM to use a general permi	t (Facility motified of	obile 7.2
			Sur On
PART II: CLASSIFICATION			ces
Facility type(s)/applicable stand	dard indicated on notificat	tion form:	<u>a</u> a
Hard Chromium Plating			
a. Existing Large (0.015 mg/	dscm) 🗆 b. H	Existing Small (0.03 mg/dscm)	
c. New (0.015 mg/dscm)	(1	Alternative Standard for existing facilities 0.03 mg/dscm) using a rolling average of ectifier capacity (less than 60 million A-hi	
Decorative Chromium Platin	g/Anodizing		
a. Chromic Acid Bath	Emissions of < 0.01/m	ng/dscm (4.4x10 ⁻⁶ gr/dscf)	
	Surface tension of ≤ 4 May only be selected if a we	45 dynes/cm (3.1×10 ⁻³ lb-f/ft) etting agent is used.	
b. Trivalent Chromium Bath	With wetting agent		
		t <0.01mg/dscm (4.4x10 ⁻⁶ gr/dscf)	D .
c. Chromium Anodizing		g/dscm (4.4x10 ⁻⁶ gr/dscf)	α,
	Surface tension of 45 of May only be selected if a we	dynes/cm (3.1×10 ⁻³ lb-f/ft) etting agent is used.	22/

DADT III. CONTROL TECHNOLOGY	
PART III: CONTROL TECHNOLOGY	
Control device selected In use?	
1. ☐ Composite Mesh Pad ☐Y ☐N	
2.	•
3. □ Packed Bed Scrubber □Y □N	
4. ☐ Packed Bed Scrubber/Composite Mesh Pad ☐Y ☐N	•
5.	
6. ☑ Fume Suppressant w/ Wetting Agent ☑Y □N	
Has the facility conducted an initial performance test to establish monitoring parameters (Not required for sources using a wetting agent or 1-inch foam blanket thickness)	AVAE NO YO
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 eliminatar, or composite mesh pad)	ands no to
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)	DY DN DYNA
 Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). 	g dy on
 Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. 	A DN
5. Results of all performance tests.	BY ON ON/A
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	ey on on/a
Composite Mesh Pad Measure the pressure drop across the CMP daily. Packed Bed Scrubber Measure the pressure drop across the PBS and inlet velocity daily.	the
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily. Packed Bed Scrubber/Composite Measure the pressure drop across the CMP daily.	
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval. Fume Suppressant w/ Wetting Ag Measure the surface tension at the appropriate	
7. Purchase records of wetting agent components.	DY ON ON/A
8. Records of the date and time that fume suppressants are added to the bath.	EY ON ON/A
9. Records of rectifier capacity, if used to determine facility size.	
10. Records of the total process operating time.	DY ON
11. Records identifying specific periods of excess emissions.	
12. Startup, Shutdown & Malfunction Plan	MY ON

DADT W.	ADDITIONAL	CTTT	INFORMATION
PARI V:	ANDITIONAL	DILL	INFORMATION

chromic acid anodize 6/3/99 = 34.31 dynes/cm

Temperature 26°C

SG(specific gravity) = 1.12 47-Dpops

yellow chromate on

Bureau of Air Monitoring Sources

12/10/99 Approximate Date of Next Inspection





CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL COMPLAINT DISCOVERY RE-INSPECTION	ब
AIRS 1D#: 103042	2 TIME IN: 1:45 p.m. TIME OUT: 3:15 p.	<u>m. </u>
FACILITY NAME:	All Aluminum Finishers, Inc.	
FACILITY LOCATION:	4400 34th St.N.	
-	St. Petersburg, FL 33714	
PART I: NOTIFICATION		
(check appropriate box)		
Facility notified DARM by	9/1/96	
New facility notified DARM	,	
3. Facility failed to notify DAI	M to use a general permit	
DAMES OF TOOMSON		
PART II: CLASSIFICATION		
	dard indicated on notification form:	ļ
Hard Chromium Plating		
a. Existing Large (0.015 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 Platin	g/Anodizing	
a. Chromic Acid Bath	Emissions of $< 0.01/mg/dscm (4.4x10^{-6} gr/dscf)$	ם ·
	Surface tension of \leq 45 dynes/cm (3.1x10 ⁻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 (4.4x10 ⁻⁶ gr/dscf)	D .
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf)	ם _,
1	Surface tension of 45 dynes/cm (3.1x10 ⁻³ lb-f/ft)	図

PART	m: (CONTROL TECHNOLOGY				
	ol devi lected	ce	Ţn.	use?		
1.		Composite Mesh Pad	ΩY			
2.		Fiber Bed Mist Eliminator	ΩY	ПИ		
3.		Packed Bed Scrubber	ΩY	ΠN		
4.		Packed Bed Scrubber/Composite Mesh Pad	ΩY	ПИ		
5.		Foam Blanket Fume Suppressant	ΠY	ΠN		
6.		Fume Suppressant w/ Wetting Agent	ŒΥ	ΠN		
Has th	ne fac	ility conducted an initial performance test to for sources using a wetting agent or 1-inch foam blanke	establisl et thickness	h monitoring parameters?	ОУ ОМ	MN/A
<u> </u>	***				· i	·
		RECORDKEEPING AND REPORTING				
Has the	e rcs	ponsible official maintained the following	records?	•		
equ	uipme	ly inspection records for add-on air pollution ent. (applicable only to a facility using a packed bed to mesh pad)			ОУ ОМ	™/A
		ons and Maintenance Plan (OMP). (applicable liber-bed mist eliminator, or composite mesh pad)	only to a f	acility using a packed bed	OY ON	⊠N/A
		nance records for the source, add-on pollutio ent (equipment identified, date performed, d			DY QN	
		of date of occurrence, duration, cause, and extion of process, add-on pollution control dev			OY W	
II .		of all performance tests. (has never had new facility) of monitoring data. (not applicable to trivalent ch	/ Oxiso	covered)	OY QU	□N/A □N/A
	Mea	sure the pressure drop across the Mea		d Scrubber essure drop across the PBS and the aily.	:	
	Mea			d Scrubber/Composite M essure drop across the CMP daily.		٠
	Mea			pressant w/ Wetting Agen reface tension at the appropriate int		
7. Purchase records of wetting agent components.		MY ON	□N/A			
8. Re				MY ON	□N/A	
			DY DN	MINA		
10. R	ecord	s of the total process operating time.			DY N	
11. Records identifying specific periods of excess emissions.						
			DY WN			

PART V: ADDITIONAL SITE INFORMATION

- Surface tension 45 dynes/cm
- Newfacility
- Notification
- Notification of Compliance Status
 - No Oam Plan
 - Mo 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	2/17/98
Inspector's Name	Date of Inspection
Jahren Morris	3/3/98
Inshedtor's Signature	Approximate Date of Next Inspection

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

CHROM	IIUM ELECTROPLATING/ANODIZING TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLIANCE INSPECTION CHECKLIST COMPLIANT/DISCOVERY	P.C.	67/0
	NNUAL COMPLAINT/DISCOVERY LE-INSPECTION	1 2 /S	
	E-INSPECTION G	S. Mo	, •
AIRS 10#: 1030 422	TIME IN: 10:17am TIME OUT: 11:000	'W' & S	
FACILITY NAME:	All Aluminum Finishers		
FACILITY LOCATION:	4400 34th St. N.		
-	St. Petersburg, FL 33714		
	<u> </u>		
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 DAR	M to use a general permit		
PART II: CLASSIFICATION			
Facility type(s)/applicable stand	ard indicated on notification form:	·	
Hard Chromium Plating			
a. Existing Large (0.015 mg/c	lscm) 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 Platin	g/Anodizing		
a. Chromic Acid Bath	Emissions of $< 0.01/mg/dscm (4.4x10^{-6} gr/dscf)$		
	Surface tension of ≤ 45 dynes/cm $(3.1 \times 10^{-3} \text{ lb-f/ft})$ May only be selected if a wetting agent is used.		
b. Trivalent Chromium Bath	With wetting agent		
·	Without wetting agent <0.01mg/dscm (4.4x10 ⁻⁶ gr/dscf)	a .	
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf)		
	Surface tension of 45 dynes/cm $(3.1 \times 10^{-3} \text{ lb-f/ft})$ May only be selected if a wetting agent is used.	☑	

PART III: CONTROL TECHNOLOGY Control device selected In use? 1. ☐ Composite Mesh Pad ☐ Fiber Bed Mist Eliminator OY ON DY DN ☐ Packed Bed Scrubber DY DN Packed Bed Scrubber/Composite Mesh Pad DY DN 5. ☐ Foam Blanket Fume Suppressant MY ON 6. ☐ Fume Suppressant w/ Wetting Agent Has the facility conducted an initial performance test to establish monitoring parameters? $\Box Y$ $\Box N$ $\Box N/A$ (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. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or DY DN MN/A composite mesh pad) 2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed ☑N/A \Box Y \Box N scrubber, fiber-bed mist eliminator, or composite mesh pad) 3. Maintenance records for the source, add-on pollution control devices, and monitoring MY ON equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each DAY DN malfunction of process, add-on pollution control device, and monitoring equipment. MY ON □N/A 5. Results of all performance tests. DY ON ON/A 6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent) Composite Mesh Pad Packed Bed Scrubber Measure the pressure drop across the Measure the pressure drop across the PBS and the CMP daily. inlet velocity daily. Fiber-Bed Mist Eliminator Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily. and the upstream device daily. Foam Blanket Fume Suppressant Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval Measure the foam blanket thickness at the appropriate interval. MY ON ON/A 7. Purchase records of wetting agent components. DY ON ON/A 8. Records of the date and time that fume suppressants are added to the bath. DY DN DN/A 9. Records of rectifier capacity, if used to determine facility size. MY ON 10. Records of the total process operating time. MY DN 11. Records identifying specific periods of excess emissions. MY DN

12. Startup, Shutdown & Malfunction Plan

PART V: ADDITIONAL SITE INFORMATION	
, .	
Robert Miller Name of Responsible Official	
Inspector's Mame Inspector's Signature Date of Inspector's Signature Approximate Date of Inspector's Signature	199

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
61.9B				
47.28	Postage Certified Fee	\$	Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7000 0600	ROBER	LUMINUM FINISH T MILLER TH STREET NOR		
	PS Form 3800, February 2	2000	See Reverse for Instructions	

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PLACE STICKER AT TOP OF ENVELOPE				
SENDER: COMPLETE THIS SECTION	COMPERTE THIS OF THE 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee By Is delivery address different from item 12 Yes			
1. Article Addressed to: AIRS ID # 1030422 ALUMINUM FINISHERS INC BERT MILLER 0 34TH STREET NORTH PETERSBURG FL	-B. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
14	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.			
200006000002641286198	4. Restricted Delivery? (Extra Fee) ☐ Yes			
Article Number (Copy from service label)	the fight strong the control of			
PS Form 3811, July 1999 Domestic Ret	urn Receipt . 102595-00-M-0952			

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
705	OFFICIAL USE	Ī	
_ _			
7976	Postage S		
2	Certified Fee		
-7	Return Receipt Fee (Endorsement Required)		
1000	Restricted Delivery Fee (Endorsement Required)		
20	Total Postag AIRS ID#1030422		
<u> </u>	Sent To ALL ALUMINUM FINISHERS INC ROBERT MILLER]	
	Street, Apt. No. 4400 34TH STREET NORTH	┨	
	or PO Box No. ST PETERSBURG FL		
7007	City, State, Zif 33714	1	
1	PS Form 3800		

ENDER: COMPLETE THIS SECTION	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.	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different front ifen 1? Yes If YES, enter delivery address below:
AIRS ID#1030422 ALL ALUMINUM FINISHERS INC ROBERT MILLER 4400 34TH STREET NORTH ST PETERSBURG FL 33714	3. Se vice Type Certified Mail

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 • No. 10 PROCESS PRINT OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
5532				
7825	Postage Certified Fee	\$		
7 9500	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
0600	ALL ALUMINUM FI	AIRS ID # 103		
7000	4400 34TH STREET ST PETERSBURG FI		ise for Instructions	

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete am 4 if Réstricted 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. 	A. Received by (Please Print Clearly) B. Date of Deliv C. Signature Agent Address	
Article Addressed to:	B—Is delivery address different from item 1?	
AIRS ID # 1030422 ALL ALUMINUM FINISHERS INC ROBERT MILLER 4400 34TH STREET NORTH	·	
ST PETERSBURG FL 33714	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label)	825 5532	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-17	
	turn neceipt 102595-99-W-1	

Annua .	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
4.1.5	OFFIAL MOF
Į <u>m</u>	OFFICIAL USE
75	Postage \$ 000 a a filter
7976	Certified Fee Postmark
{	Return Receipt Fee (Endorsement Required)
0007	Restricted Delivery Fee (Endorsement Required)
밅	Total P 7 AIRS ID# 1030422001AG
03	Sent To ALL ALUMINUM FINISHERS INC
1	Street, A
7007	or PO Bc 4400 34TH STREET NORTH
7	City, Stat ST PETERSBURG FL 33714
1	PS Form 3800; January 2001 See Reverse for Instructions

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,	A. Signature X. K. C. C. C. Date of Delivery B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1 Article Addressed to: 7 AIRS ID# 1030422001AG ALL ALUMINUM FINISHERS INC	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
ROBERT MILLER 4400 34TH STREET NORTH ST PETERSBURG FL 33714	3. Service Type Certified Mail
7000 0320 000 17976 3415 2 Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, August 2001 Domestic Ret	turn Receipt 102595-02-M-1540

Sender: Please print your name, address, and ZIP+4-in this stox

 Sender: Please print your name, address, and ZIP+4-in this stox

 Bur. Of AIR MONITORING & MOBILE SOURCES OF MODITORING MAIL STATION 5510
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

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

DEC 14 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

0357992

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JAN 21 99

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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422470 FEB 32003

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AIRS ID#1030422

ALL ALUMINUM FINISHERS INC

ROBERT MILLER
4400 34TH STREET NORTH
ST PETERSBURG FL
33714

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



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414130 FEB142882

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

TOTAL AMOUNT DUE: \$3

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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



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405003 FEB 9 2001

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TOTAL AMOUNT DUE: \$50.00

219101 P2

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

	ALL ALUMINUM FINISHES, INC. 10-90 4400 34TH STREET N., (U.S. 19), UNIT E	7241
	ST. PETERSBURG, FL 33714 PHONE 813-525-3474 April 9 19 98 5	63-751/631 00491
PAY TO THE ORDER OF	eflept of Environmental Service \$ 50 %	n de la companya de l
Fre	THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS	S Socially features are included. Denails on back.
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ange Tanimung Tanimung	Faulity # 1030422 Janaj W. Willie	M ^o

Secretary in the low of the state of the sta

MAIL ROOM
APR 14 98

First Union National Bank
Of Florida
Pinellas Park, Florida
24 Hour Information Service



4400 34th Street North, Unit E St. Petersburg, FL 33714





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Sitle V Deneral Permits Office

Bureau of air Monitouring and Mabil Sources M5-5510

Mept of Invironmental Services

2600 - Blair Stone Road

Jalla Laosee, It 32399-2400

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