



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

May 20, 2003

Mr. Robert Miller  
All Aluminum Finishers, Inc.  
4400-34<sup>th</sup> Street North  
St. Petersburg, Florida 33714

Re: Facility No.: 1030422-002

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 January 10, 2003.

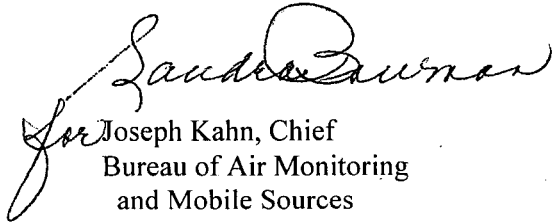
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

called  
Robert Miller  
no response on  
5/29/2003 @ 4:00pm  
6/3, 6, 11 & 13/2003  
no response yet.

RECEIVED

JAN 10 2003

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. See 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):	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 Street North City: St. Petersburg County: Pinellas Zip Code: 33714	
5. Facility Identification Number (DEP Use ONLY - do not fill-in):	1030422-002	

Responsible Official

6. Name and Title of Responsible Official:	Name: Robert Miller Title: President, QC Mgr	
7. Responsible Official Mailing Address:	Organization/Firm: All Aluminum Finishers, Inc. Street Address: 4400 34th Street North City: St. Petersburg County: Pinellas Zip Code: 33714	
8. Responsible Official Telephone Number:	Telephone: (727) 527-6599 Fax: (727) 525-5745 (927) 525-0791	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):		
10. Facility Contact Address:	Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number:	Telephone: ( ) - Fax: ( ) -	

**Facility Information**

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

**HARD CHROMIUM PLATING TANKS**

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			
	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

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)
6/96	New/Existing	6/9/96	FS/WA	45 dynes/cm
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

**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.*

Robert F. Miller Pres.

Print name of responsible official

Robert F. Miller

Signature

1-06-2003

Date

**Bowman, Sandy**

---

**From:** Jeff Morris [jmorris@co.pinellas.fl.us]  
**Sent:** Thursday, November 06, 2003 2:28 PM  
**To:** Bowman, Sandy  
**Subject:** All Aluminum Finishers (1030422)

Hey Sandy,

Based on the inspection on 11/5/03, the facility is closed and the building is vacated. There is no forwarding address. A review of available search engines and the local phone listing indicates the facility is nonexistent.

11/7/2003

## **Bowman, Sandy**

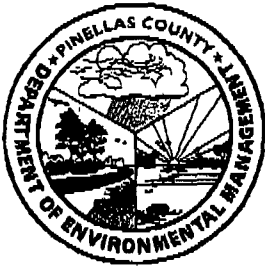
---

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**Sent:** Thursday, November 06, 2003 2:28 PM  
**To:** Bowman, Sandy  
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11/7/2003



# Department of Environmental Management AIR QUALITY DIVISION

RECEIVED

JAN 17 2003

Bureau of Air Monitoring  
& Mobile Sources

300 S. Garden Avenue, Clearwater, FL 33756

Telephone (727) 464-4422

Fax (727) 464-4420

Suncom: 570-4422

DATE:

1/17/03

PAGES(S)

2  
(including fax cover)

TO:

Bruce Thomas  
FDEP, Tallahassee

FAX #:

(850) 922-6979

SUBJECT:

p.22 All Aluminium Finishers  
notification

Bruce

If you have any other questions  
or need more info please  
call

Jeff

Person Sending Fax:

F:\USERS\ENVAM00\WPDOCS\AQ FAX FORM.doc

RECEIVED  
 JAN 17 2003  
 Bureau of Air Monitoring  
 & Mobile Sources

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 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 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)

Please indicate with an "X" the appropriate selection:

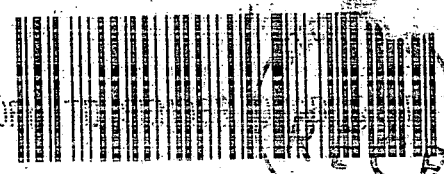
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.  
*Renewal of Title V GP; no other EU's on-site. ya*



MS# 5510 MC Acct # 5521 55207

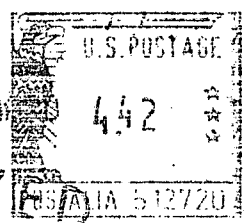
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



RETURN TO

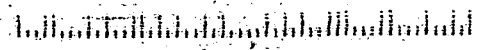
7004 2510 0004 6986 6842



APR 22 2005

AIRS ID# 1030422 3<sup>rd</sup> Cert04 Air Monitoring  
ALL ALUMINUM FINISHERS INC Mobile Sources  
4400 34th Street N  
ST PETERSBURG, FL 33714

33714 32399/2400  
33714 3791



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID# 1030422 3<sup>rd</sup> Cert04  
 ALL ALUMINUM FINISHERS INC  
 4400 34th Street N  
 ST PETERSBURG, FL 33714

2. Article Number  
 (Transfer from service label)

7004 2510 0004 6986 6842

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:  Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

<b>U.S. Postal Service</b>																
<b>CERTIFIED MAIL RECEIPT</b>																
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>																
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>																
<b>OFFICIAL USE</b>																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Postage</td> <td style="width: 10%;">\$</td> <td style="width: 50%;"></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			<b>Total</b>			<p>Postmark Here</p>
Postage	\$															
Certified Fee																
Return Receipt Fee (Endorsement Required)																
Restricted Delivery Fee (Endorsement Required)																
<b>Total</b>																
<p>Sent To: AIRS ID# 1030422 3<sup>rd</sup> Cert04                  ALL ALUMINUM FINISHERS INC                  4400 34th Street N                  City, S: ST PETERSBURG, FL 33714</p>																
PS Form 3811, August 2001 See Reverse for Instructions																

7004 2510 0004 6986 6842

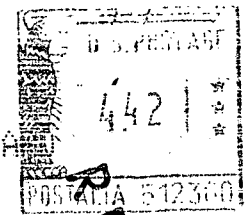
MS# 6510 MC Acct # 5571

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

**CERTIFIED MAIL**



7004 2510 0002 3939 4865



*INACTIVE*

AIRS ID#1.03042e+006.....2<sup>nd</sup> Cert 05  
ALL ALUMINUM FINISHERS INC  
4400 34th Street N  
ST PETERSBURG, FL 33714

**RECEIVED**  
MAR 11 2005  
E-mail All Monitoring  
& Mobile Sources

33714+33714+2400

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">1030422</p> <p>AIRS ID# 1.03042e+006.....2<sup>nd</sup> Cert 05            ALL ALUMINUM FINISHERS INC            4400 34th Street N            ST PETERSBURG, FL 33714</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>2. Article Number - (Transfer from service label)</p> <p style="text-align: center;">7004 2510 0002-3939 4865</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>102595-02-M-1540</p>	<p>PS Form 3800</p>

7004 2510 0002 3939 4865

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here  1030422-002
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	AIRS ID# 1.03042e+006.....2 <sup>nd</sup> Cert 05
Street, Apt. No., or PO Box No.	ALL ALUMINUM FINISHERS INC
City, State, ZIP+	4400 34th Street N ST PETERSBURG, FL 33714
PS Form 3800	

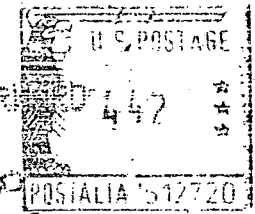
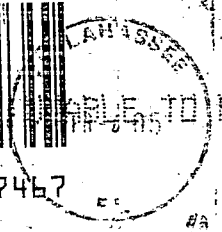
**CERTIFIED MAIL**

MS# 5510 MC Acct # 5521

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



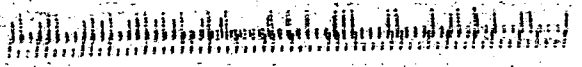
7003 0500 0004 0144 7467



AIRS ID# 1030422 1stC  
ALL ALUMINUM FINISHERS INC  
4400 34th Street N  
ST PETERSBURG, FL 33714

RECEIVED  
FEB 10 2005  
Bureau of Air Mails  
& Mobile Sources

32399-2400



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID# 1030422 1stC  
 ALL ALUMINUM FINISHERS INC  
 4400 34th Street N  
 ST PETERSBURG, FL 33714

2. Article Number

(transfer from service label)

7003 0500 0004 0144 7467

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-11-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

AIRS ID# 1030422 1stC  
 ALL ALUMINUM FINISHERS INC  
 4400 34th Street N  
 ST PETERSBURG, FL 33714

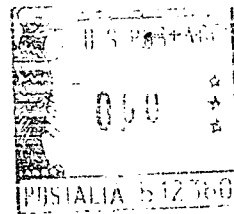
PS Form 3800, June 2002

See Reverse for Instructions

7003 0500 0004 0144 7467

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

*Acct #5521*



**FORWARDING  
TIME EXPIRED**

*Handwritten initials/signature*

**RECEIVED**

**DEC 9 2004**

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID# 1030422 7  
ALL ALUMINUM FINISHES INC  
4400 34th Street N  
ST PETERSBURG, FL 33714

