



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

June 22, 2001

Mr. Avi Swartzon
Wings Aviation Services, Inc.
Miami International Airport, Bldg 3
Miami, Florida 33159-2032

Dear Mr. Swartzon:

Thank you for your submittal of the Chromium Electroplating and Anodizing Air General Permit Notification Form. The Department received your submittal on June 21.

In reviewing your submittal, it was noted that Wings Aviation Services, Inc. elected to surrender its existing Title V air general permit (AIRS ID 0250750). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/
Enclosure
cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

ENRIQUE SAEZ, P.E.
Chemical Engineering

January 8, 1997

file

0250750

Mr. Ewart L. Anderson P.E.
METROPOLITAN DADE COUNTY DERM
Air Section, 9th floor
33 S.W. 2nd Avenue.
Miami, Fl 33130-6925

Ref.: Notification of Performance Test pursuant 40 CFR Part 63,
Subpart N.

Applicant: WINGS AVIATION SERVICES, Building 3, Miami
International Airport, Miami, Fl 33159-2032

Dear Mr. Anderson:

Please be notified that the referenced test is proposed to be
conducted on February 27, 1997 at 8:00 AM. The contact person at
the site is Mr. Wally Azzam at the Applicant address above. The
telephone number is 876-9500.

The test method to be used is EPA 306A, performed under my direct
supervision.

This shorter than required notice is made to allow ample time for
test equipment repairs should it fail during the test. If the
above schedule present any inconvenience for you, please let me
know.

Sincerely,

Enrique Saez P.E.

**REPORT OF PERFORMANCE TEST
FOR HEXAVALENT CHROMIUM EMISSION**

Date: March 6, 1997

Client: WINGS AVIATION SERVICES, INC

Address: Building 3, Miami International Airport
Miami, Fl 33159-2032
Att.: Wally Azzam, Plant Manager

Process description.-

WINGS AVIATION SERVICES, INC is presently doing business as an aircraft parts repair center at the above location. The facility has three hard chromium electroplating tanks, identified as X0502, X0503 and X0504. Control of hexavalent chromium emission is achieved with two packed bed scrubbers, identified as Control #1 (South) and #2 (North). Tanks X0503 and X0504 emissions are controlled by Control #1 (South) and tank X0502 emission is controlled by Control #2 (North). Both control scrubbers' blowers discharge to the atmosphere through one common stack, where this test was conducted..

Sampling location description:

The two sampling port at the 54" diameter stacks were located 90 degrees to each other, 108" from the point where the two blowers discharges join the stack (last disturbance to the sampling port) and more than 27" to the stack exit. These sampling ports were 3" in diameter to allow the pitot tube and sampling probe to be inserted into the stack.

Description of sampling and analytical procedures.-

The sampling procedure followed was EPA Method 306A. The total chromium catch was analyzed by Precision Environmental Laboratory, Inc., using SM312B Method (Description of this procedure is enclosed with the calculations and raw data).

Test results.-

Hexavalent chromium emission = 0.00096 mg/cu-meter. (Calculations enclosed)

Quality assurance procedure:

The catch bottles and sample bottles were kept in ice, under our custody, until delivered to the Laboratory. The probe, second impinger and hoses, were rinsed three times with NaOH, 0.1 N reagent to recover the complete chromium catch. The total volume of the sample recovered was 1,000.0 ml. The sample was sent for hexavalent chromium analysis. Preparation of standards, calibration procedures and calculation are enclosed with the raw data sheets and laboratory analyses.

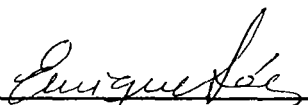
Record of operating conditions during the test.-

The three production electroplating tank were in operation at full load. The scrubbers monitoring instruments, operating parameters, reading during the tests were as follows:

Control system	Differential pressure (Inches of water)	Velocity pressure (Inches of water)
Scrubber #1, (South)	0.85	0.29
Scrubber #2, (North)	1.35	0.45

Test conducted by: Enrique Saez, P.E.
P.O. Box 490372
Key Biscayne, FL 33149

Telephone: (305) 361-2984
Fax: (305) 361-5769

Signature: 

Date: March 7, 1997

NOTIFICATION OF PERFORMANCE TEST
*(This notification is not required if you do not have to
 conduct a performance test under the regulation.)*

Applicable Rule: 40 CFR Part 63, Subpart N—National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks

1. Print or type the following for each plant in which chromium electroplating and/or chromium anodizing operations are performed:

Owner/Operator/Title WINGS AVIATION SERVICES, INC.

Street Address Building 3, Miami International Airport

City Miami State FL Zip Code 33159-2032

Plant Name WINGS AVIATION SERVICES, INC.

Plant Phone Number (305) 876-9500

Plant Contact/Title Mr. Walid Azzam, Manager

Plant Address (if different than owner/operator's):

Street Address _____

City _____ State _____ Zip Code _____

2. Complete the following table. If additional lines are needed, make copies of this page.

Type of control technique	Control System ID #	ID # of tank ducted to control system	Type of tank	Date of performance test
Packed-bed Scrubber	1 (South)	X0503	Hard chrome	2/27/97
		X0504	Hard chrome	
Packed-bed Scrubber	2 (North)	X0502	Hard chrome	2/27/97

NOTIFICATION OF PERFORMANCE TEST (continued)

EXAMPLE RESPONSE:

Type of control technique	Control System ID #	ID # of tank ducted to control system	Type of tank	Date of performance test
Composite mesh-pad system	10	1	Hard chrome plating	5/15/97
		2	Hard chrome plating	
		3	Hard chrome plating	
Packed-bed scrubber	11	4	Hard chrome plating	5/18/97
		5	Hard chrome plating	
Wetting agent fume suppressant	N/A	6	Chrome anodizing	none required

NOTIFICATION OF COMPLIANCE STATUS (continued)

3. Complete the following table for each control technique used. If additional lines are needed, make copies of this page

Control system ID #	Tank ID #(s)	Range of site-specific operating parameter values ¹			
		Pressure drop	Velocity pressure	Surface tension	Foam blanket thickness
#1 (South)	X0503				
	X0504	0.85" H ₂ O	0.29" H ₂ O	NA	NA
#2 (North)	X0502	1.35 "	0.45 "	NA	NA

¹If the applicable monitoring and reporting requirements to demonstrate continuous compliance differ from those in 40 CFR Part 63, subpart N, attach a description. Parameter value ranges are established through initial performance testing and are those that correspond to emissions at or below the level of the standard(s).

EXAMPLE RESPONSE:

Control system ID #	Tank ID #(s)	Range of site-specific operating parameter values ¹			
		Pressure drop	Velocity pressure	Surface tension	Foam blanket thickness
10	1	7 in. w.c. ± 1 in.	N/A	N/A	N/A
N/A	2	N/A	N/A	≤45 dynes/cm	N/A
N/A	3	N/A	N/A	N/A	≥1 inch

4. Complete the following if hard chromium electroplating tanks are operated (check the box(es) that apply):

- The maximum cumulative potential rectifier capacity of the hard chromium electroplating tanks is greater than or equal to 60 million amp-hr/yr. This was determined by taking the sum of the total installed rectifier capacity (amperes) multiplied by 8,400 hours/yr and by 0.7 for each tank.
- The maximum cumulative potential rectifier capacity of the hard chromium electroplating tanks is less than 60 million amp-hr/yr. This was determined by taking the sum of the total installed rectifier capacity (amperes) multiplied by 8,400 hours/yr and by 0.7 for each tank.
- Records show that the facility's previous annual actual rectifier capacity of the hard chromium electroplating tanks was less than 60 million amp-hr/yr. If so, submit the records that support this rectifier capacity for any 12-month period preceding the compliance date, or submit a description of how operations will change to meet this rectifier capacity limit. For new sources, the capacity can be thru projected for the first 12-month period of tank operation.

NOTIFICATION OF COMPLIANCE STATUS

Applicable Rule: 40 CFR Part 63, Subpart N--National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks

1. Print or type the following for each plant in which chromium electroplating and/or chromium anodizing operations are performed.

Owner/Operator/Title WINGS AVIATION SERVICES, INC.

Street Address Bldg 3, Maimi International Airport

City Miami State FL Zip Code 33159-2032

Plant Name WING AVIATION SERVICES, INC.

Plant Phone Number (305) 876-9500

Plant Contact/Title Mr. Walid Azzam, Manager

Plant Address (if different than owner/operator's):

Street Address _____

City _____ State _____ Zip Code _____

2. Complete the following table. If additional lines are needed, make copies of this page.

Tank ID #	Type of tank	Applicable emission limit	Type of control technique	Control system ID #	Method to determine compliance ¹	Test method followed	Type and quantity of HAP emitted ²
0503	Hard Chr.	0.03	PBS	1	Perf. test	EPA306A	Cr 0.00096 mg/dscm
0504	"	"	"	1	" "	"	Cr 0.00096 "
0502	"	"	"	2	" "	"	Cr 0.00096 "

¹If a performance test was conducted, submit the test report containing the elements required by 40 CFR 63.344(a).

²If the compliance procedures of 40 CFR 63.344(e) are being followed, attach the calculations needed to support the emission limit expressed in mg/hr.

EXAMPLE RESPONSE:

Tank ID #	Type of tank	Applicable emission limit	Type of control technique	Control system ID #	Method to determine compliance ¹	Test method followed	Type and quantity of HAP emitted ²
1	Hard chrome plating	0.015 mg/dscm	Composite mesh-pod system	10	Performance test	EPA Method 306	Cr 0.009 mg/dscm
2	Chrome anodizing	45 dynes/cm	Wetting agent fume suppressant	N/A	Surface tension measurement	EPA Method 306B	Cr 40 dynes/cm
3	Decorative chrome plating	0.01 mg/dscm	Foam blanket	N/A	Performance test	EPA Method 306A	Cr 0.005 mg/dscm



0250750

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 25, 1996

Mr. Avi Swartzon
President
Wings Aviation Services, Inc.
Building 3
Miami International Airport
Miami, Florida 33159-2032

Dear Mr. Swartzon:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 3, 1996.

Please note that in November 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. Ewart Anderson, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Wings Aviation Services, Inc.		
2. Site Name (For example, plant name or number):	Wings Aviation Services, Inc.		
3. Hazardous Waste Generator Identification Number:	FLD 001 673 391		
4. Facility Location:	Building 3		
Street Address:	Miami International Airport		
City:	Miami	County:	Dade
		Zip Code:	33159-2032
5. Facility Identification Number (DEP Use):	0250750		

Responsible Official

6. Name and Title of Responsible Official:	Avi Swartzon, President		
7. Responsible Official Mailing Address:	Organization/Firm: SAME		
Street Address:	SAME		
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:	Telephone: (305) 876 - 9500		
	Fax: (305) 876 - 9600		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Wally Azzam		
10. Facility Contact Address:	Street Address: Same		
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:	Telephone: (305) 876 - 9500		
	Fax: (305) 876 - 9600		

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SEP 3 1996

Bureau of Air Monitoring
& Mobile Sources

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)
X-0502	16 Dec 93	16 Dec 93	PBS	a
X-0503	16 Dec 93	16 Dec 93	PBS	a
X-0504	16 Dec 93	16 Dec 93	PBS	a
X-0505	16 Dec 93	16 Dec 93	PBS	a

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

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

Were any hard chromium plating tanks at the facility operating before 12/16/93?

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				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
x-0500	16 Dec 93	16 Dec 93	PBS	a

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

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 section (5) of Part II of this form:

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. 3 above.

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 | <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 type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) AP-00198-95.

No 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.

Am. Sufu
Signature President

08-28-96
Date

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:30 pm TIME OUT: 3:25 pm AIRS ID#: 0250750
 TYPE OF FACILITY: Wings Aviation / Chromium Electroplating Anode
 FACILITY NAME: Wings Aviation DATE: _____
 FACILITY LOCATION: Bldg. 3 Miami International Airport
Miami, Fl.
 RESPONSIBLE OFFICIAL: Avi SWARTZON PHONE NUMBER: 876-9500

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>No record of total operating time</i>	<i>Will need to maintain said record on-site.</i>

COMMENTS: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: August 1998
(Approximate)

INSPECTION CONDUCTED BY: Rosana Rivera
(Please Print)

INSPECTOR'S SIGNATURE: Rosana Rivera PHONE NUMBER: 372-6942

AIRS ID#: 0250750

Revised 10/10/96

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

all

FACILITY NAME: Wings Aviation DATE: 8.8.97
 FACILITY LOCATION: M.I.A. Bldg. 3
Miami, FL

Annual Reporting Period: January 1996 TO December 1996

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:

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Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: AUG 22 1997
 Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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: AVI SWARTZON *Avi Swartzon* 8-8-97
 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#: _____

Revised 01/13/98
acc ✓

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

AIRS ID#0250750
WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL 33159-2032

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JAN 23 1998

Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

Annual Reporting Period: JANUARY 1, 1997 TO DECEMBER 31, 1997

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:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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: Avi SWARTZON [Signature] 1-19-97
Name (Please Print) Signature President 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.

acc ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

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FEB 11 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0250750
WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL 33159-2032

Do NOT Remove Label

Annual Reporting Period: JANUARY 1, 1997 TO December 31, 1997

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:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Avi SWARTZON Avi Swartzon 1-13-98
Name (Please Print) Signature *president* 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.

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CHROMIUM ELECTROPLATING/ANODIZING

1997

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250750 DATE: 8-8-97 TIME IN: 2:30pm TIME OUT: 3:25pm
FACILITY NAME: Wings Aviation
FACILITY LOCATION: Bldg. 3 Miami International Airport
Miami, FL.

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 DARM to use a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

- a. Existing Large (0.015 mg/dscm)
- 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 Plating/Anodizing

- a. Chromic Acid Bath Emissions of <0.01/mg/dscm (4.4x10⁻⁶ gr/dscf)
Surface tension of ≤ 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)
- c. Chromium Anodizing Emissions of <0.01 mg/dscm (4.4x10⁻⁶ gr/dscf)
Surface tension of 45 dynes/cm (3.1x10⁻³ lb-f/ft)
May only be selected if a wetting agent is used.

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input checked="" type="checkbox"/> Packed Bed Scrubber	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N 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?

- 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 composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N N/A
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad 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 Agent Measure the surface tension at the appropriate interval.

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N N/A
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

- No malfunctions of equipment nor any excessive emissions occurred during previous year.
- Scrubber system is working continuously (24 hrs./day). Two scrubbers on site.

Aui Swartzon
Name of Responsible Official

Rosana Rivera
Inspector's Name

8-8-97
Date of Inspection

Rosana Rivera
Inspector's Signature

8-98
Approximate Date of Next Inspection

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355563

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

RECEIVED
MAIL ROOM
DEC 29 98

Do NOT Remove Label

AIRS ID # 0250750 ✓
WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL 33159-2032

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

REFERENCE NO.	DESCRIPTION	INVOICE DATE	US DOLLAR AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
AIRS ID#0250750		11/1/98	50.00		50.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNT TAKEN	CHECK AMOUNT
12/11/98	8913	DEPARTMRNT OF ENVIROMENTAL PRO		\$50.0

✓

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 250750 DATE: 12/15/98 TIME IN: 12:50 pm TIME OUT: 2:30 pm
 FACILITY NAME: Wings Aviation
 FACILITY LOCATION: Bldg. 3 Miami International Airport
Miami, FL
 RESPONSIBLE OFFICIAL: Ari Swartzon PHONE: 876-9500
 CONTACT NAME: _____ PHONE: _____

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JAN 15 1999

Bureau of Air Monitoring
& Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

- a. Existing Large (0.015 mg/dscm)
- 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 Plating/Anodizing

- a. Chromic Acid Bath
 - Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 - Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
 - May only be selected if a wetting agent is used.*
- b. Trivalent Chromium Bath
 - With wetting agent
 - Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
- c. Chromium Anodizing
 - Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 - Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
 - May only be selected if a wetting agent is used.*

ARMS
12/22/98
(MB)

(MB)
12/28/98

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input checked="" type="checkbox"/> Packed Bed Scrubber	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N 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. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
5. Results of all performance tests.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
<table border="0"> <tr> <td>Composite Mesh Pad Measure the pressure drop across the CMP daily.</td> <td>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</td> </tr> <tr> <td>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</td> <td>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</td> </tr> <tr> <td>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</td> <td>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</td> </tr> </table>	Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.	Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad 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 Agent Measure the surface tension at the appropriate interval.	
Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.						
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad 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 Agent Measure the surface tension at the appropriate interval.						
7. Purchase records of wetting agent components.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
8. Records of the date and time that fume suppressants are added to the bath.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
9. Records of rectifier capacity, if used to determine facility size.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
10. Records of the total process operating time.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
12. Startup, Shutdown & Malfunction Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						

NA

PART V: ADDITIONAL SITE INFORMATION

Anodizing tank not in use. Awaiting waste-treatment permit.

Debora Griner
Inspector's Name

Debora Griner
Inspector's Signature

12/15/98
Date of Inspection

12/99
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:50 pm TIME OUT: 2:30 pm AIRS ID#: 250750
 TYPE OF FACILITY: Hard Chromium Electroplating
 FACILITY NAME: Wings Aviation DATE: 12/15/98
 FACILITY LOCATION: Bldg 3, Miami International Airport
Miami, FL
 RESPONSIBLE OFFICIAL: Avi Swarthyon PHONE NUMBER: (305) 876-7800

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

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 JAN 15 1999
 Bureau of Air Monitoring
 & Mobile Sources

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 DEC 15 1998
 Air Quality
 Management Division

COMMENTS: Facility + equipment satisfactory. Work areas are well organized + good housekeeping practices are performed

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 12/99

(Approximate)

INSPECTION CONDUCTED BY: Debora Griner

(Please Print)

INSPECTOR'S SIGNATURE: Debora Griner PHONE NUMBER: (305) 372-0925

AIRS ID#: 250750

ACC

Revised 10/10/96

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

FACILITY NAME: Wings Aviation RECEIVED DATE: 12/15/98
 FACILITY LOCATION: Bldg 3, MIA
Miami, FL
 JAN 15 1999
 Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period: 8 1997 TO 8 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:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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: AVI SWARTZON *Avi Swartzon* 12-15-98
 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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 302059

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Feb-9 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250750
WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL 33159-2032

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
ORG.375501010 00		1/15/98	50.00		50.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNT TAKEN	CHECK AMOUNT
1/23/98	7345	DEPARTMRNT OF ENVIROMENTAL PRO		\$50.00

7 333 613 141

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

AIRS ID 0250750

WINGS AVIATION SERVICES INC

AVI SWARTZON

MIAMI INTERNATIONAL AIRPORT BLDG 3

MIAMI FL 33159-2032

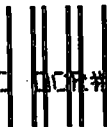
PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$

Postmark or Date

UNITED STATES POSTAL SERVICE

F&DC MIAMI, FL 02/18/98 00:10 DCR# .1



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 16510
2600 BLUMM STONE ROAD
TALLAHASSEE, FLORIDA 32358-2400

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250750

WINGS AVIATION SERVICES INC
 AVI SWARTZON
 MIAMI INTERNATIONAL AIRPORT BLDG.3
 MIAMI FL 33159-2032

4a. Article Number

2333 613141

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

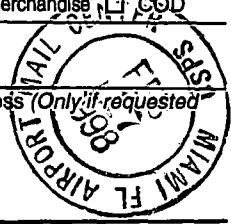
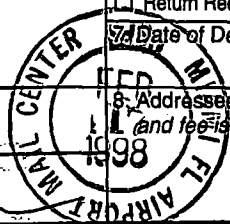
7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X



Thank you for using Return Receipt Service

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:

7 AIRS ID # 0250750001AG
 AVI SWARTZON
 WINGS AVIATION SERVICES INC
 MIAMI INTERNATIONAL AIRPORT BLDG
 3
 MIAMI FL 33159-2032

2. Article Number (Copy from service label)

2210 662 495

COMPLETE THIS SECTION ON DELIVERY

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

122402 03 Mbps. 5/11

C. Signature

~~X~~ RECEIVED

Agent
 Addressee

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

JUN 13 2001

Bureau of Air Monitoring
 & Mobile Sources

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

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 SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Z 210 662 495

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

7 AIRS ID # 0250750001AG
AVI SWARTZON
WINGS AVIATION SERVICES INC
MIAMI INTERNATIONAL AIRPORT BLDG
3
MIAMI FL 33159-2032

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$

Postmark or Date

PS Form 3800, April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403360

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

1-22-01 pd

Do **NOT** Remove Label

AIRS ID # 0250750
WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL 33159-2032

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

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JAN 22 01

012483

RISE #	RISE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
		Title V Air General	12/15/00	50.00		50.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNT TAKEN	CHECK AMOUNT
12/22/00	012483	DEPARTMENT OF ENVIRONMENTAL		\$50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

2599.24

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. ✓

RECEIVED
MAIL ROOM

FEB -6 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250750
WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL 33159-2032

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

005632

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
010197		1/1/97	50.00		50.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
1/24/97	5632	DEPARTMENT OF ENVIRONMENTAL		\$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓

0391469

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

RECEIVED
MAIL ROOM
JAN 25 00

Do **NOT** Remove Label

AIRS ID # 0250750
WINGS AVIATION SERVICES INC
AVI SWARTZON
MIAMI INTERNATIONAL AIRPORT BLDG 3
MIAMI FL 33159-2032

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

010646

REFERENCE NO.	DESCRIPTION	DATE	AMOUNT	DISCOUNT	AMOUNT PAID
AIRS ID # 0250		1/1/00	50.00		50.00

CHECK DATE	CHECK NO.	PAYEE	CHECK AMOUNT
1/7/00	010646	DEPARTMRNT OF ENVIROMENTAL PRO	\$50.00