



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 30, 2000

Mr. Adelino Martius
Jet Air Plating Support, Inc.
14060 Northwest 20 Avenue
Opa-Locka, Florida 33054

Re: Facility No.: 0251018

Dear Mr. Martius:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on February 24, 2000.

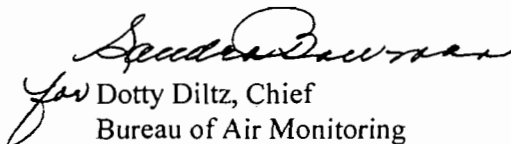
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

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FEB 24 2000

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

Part III. Notification of Intent to Use General permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	JET AIR PLATING SUPPORT INC		
2. Site Name (For example, plant name or number):	N/A.		
3. Hazardous Waste Generator Identification Number:	BEING APPLIED		
4. Facility Location:	Street Address: 140 60 N.W. 20 AVE City: DPA-LOCKA County: MIAMI-DADE Zip Code: 33054.		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251018		

Responsible Official

6. Name and Title of Responsible Official:	Name: ADELINO MARTINS Title: PRESIDENT	
7. Responsible Official Mailing Address:	SAME AS ABOVE Organization/Firm: TET AIR SUPPORT PLATING INC. Street Address: SAME AS ABOVE City: County: Zip Code:	
8. Responsible Official Telephone Number:	Telephone: (305) 688-9713 Fax: (305) 688-2333	

Facility Contact (If different from Responsible Official)

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

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FEB 28 2000

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

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
11/99	New/Existing	12/99	PBS	b.
	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 N/A

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			

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 both 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) N/A.

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

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

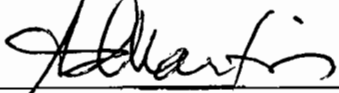
Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

ADELINO MARTINS

Print name of responsible official



Signature

02/24/00

Date

RECEIVED

FEB 24 2000

Air Quality
Management Division

RECEIVED

FEB 28 2000

Bureau of Air Monitoring
& Mobile Sources

ALPHA 
ENGINEERS CORP.



ENVIRONMENTAL ENGINEERS AND CONTRACTORS

1460-N N.W. 107th AVENUE, MIAMI, FLORIDA 33172.
PHONES: (305) 599-1480 / 599-1481 • FAX: (305) 599-1485
E-Mail: alphaeng@classic.msn.com





1460-N N.W. 107th AVENUE, MIAMI, FLORIDA 33172. PHONES: (305) 599-1480 / 599-1481 • FAX: (305) 599-1485 • E-Mail: alphaeng@classic.msn.com

February 24, 2000

Mr. Der-Ming Kuo
Air Pollution Division
DERM
32 SW 2nd. Ave., Miami, FL., 33130

Subject: JetAir Plating Support Inc.

Dear Mr. Kuo: .

Based on our conversation od 2-23-2000, JetAir Plating Support and Alpha Engineers are pleased to submit for you review and approval the following information.

The JetAir Facility is brand new, It has never been in operation, and when we both submitted to DERM pertinent information and DERM forms for the obtention of Industrial waste and air permits several weeks ago, we were not informed that we also had to comply with the FDEP permitting procedure. Please accept our apologies.

The only plating tank that will have an emission control unit is the hard chrome plating tank, containing hexavalent chromic acid and sulfuric acid. The tank has, as previously indicated, a surface area of 18 sq. ft.; it is being operated in the low range of temperature normally associated with such plating tanks, to be more specific at 120^o F.

The emissions will be reduced by the use of fume suppressants and since most of the operations required by the parts being plated will take several hours an unique design is being installed for the exhaust system. The exhaust system will consist of a hood that covers the entire tank surface, air intake is at one end of the tank provided by a 4" diameter hole in the cover, the exhaust to the scrubber is at the opposite end. The exhaust system is connected to a scrubber that uses recirculating water to the spray nozzles as the scrubbing media. The water level in the recirculating storage container is automatically controlled. Normal operations, based on US Filters experience rates the make up water to the system at approximately 0.3 to 0.5 GPM. The water is recirculated and when it is excessively saturated it is bled to the chromic acid sump for treatment at the waste pre-treatment unit and disposal to sewers.

The Scrubber is an U.S. Filter Unit model Simplex™ A1C Fume Scrubber, literature was provided in the DERM's Air application.

page 2

The whole system design is rather unique and conventional calculations methods to estimate the concentration of the systems are difficult to apply.

Alpha is providing you with the following calculated estimates that are conservative when compared to the above design conditions. Reference materials are:

1. Air Pollution Manual- Part II Control Equipment by the American Industrial Hygiene Association.
2. Handbook of Air Pollution - by the U.S. Department of Health, Education and Welfare.
3. Industrial Ventilation - 10th Edition by the American Conference of Governmental Industrial Hygienists.
4. Perry's Chemical Engineers handbook
and other published materials.

The attached Table "Sizes of Air-Borne Particulate (MSA)" list the sulfuric acid mist as 0.5 to 20 microns (μ). No information has been found for chromic acid mist size, but since the chromic acid molecule is totally soluble in the sulfuric acid molecule the mist is a mixture of both.

According to attached graph for the efficiency of the common spray tower with no packing, thus whatever emissions will result will be decreased by at least 40% to a maximum of 92%. The selected scrubber contains the packing, a nozzle spray and a demister before the exhaust, so their efficiency is very high.

From the Industrial Ventilation Handbook by the ACGIH the mist emission from the plating tank operating at 120° F is of medium gassing, the hygienic standard is 0.1 mg/m³.

The scrubber will handle a minimum of 400 scfm. or its equivalent of approximately 15 cu. meters. The duct velocity to the scrubber is estimated at 2000 ft./min. Thus the concentration of chromic acid mist **from the Tables based on the Industrial Ventilation Handbook entering the scrubber** is estimated at 500 Lbs. mist per 1000000 Lbs. of air and vapor.

The air density under normal conditions is 0.0808 lbs. cu.ft. Thus, the scrubber operating 24 hours per day will generate 46,541 Lbs-air/day.

A continuous operation of 24 hours per day will yield an estimated 23 lbs. of mist / day. If the operation of the chromic acid plating tank is estimated and allowed to continue uninterrupted through out the year including holidays, the

page 3

estimated amount of lbs. of Chromic acid entering the scrubber would be 8,395 Lbs./year or 4.2 tons/year.

If the efficiency of the scrubber is estimated at a very low 40 % the chromic acid emissions to the atmosphere is estimated at 2.52 tons/year.

As it was explained to you all of the above calculations are based on the design and conditions that are estimated to represent less conservative conditions than the actual.

You may want to consider the testing of the effluent from the scrubber in order to verify the estimated calculations once the facility starts their operation.

Sincerely,

Alpha Engineers Corp.



Rolando R. H. Santos, P.E., D.E.E.
Principal

p--79413

cc: JetAir Support Plating



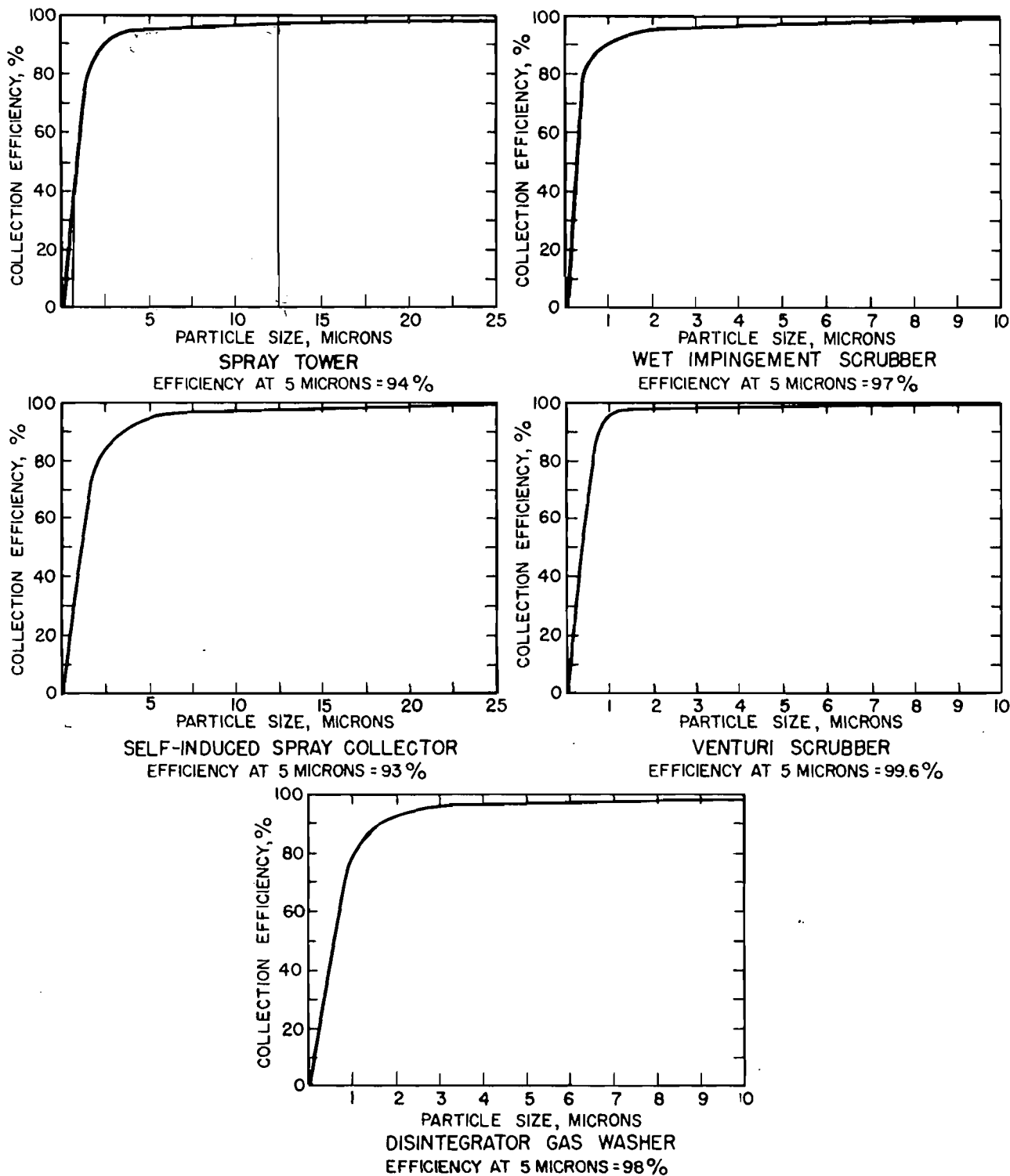
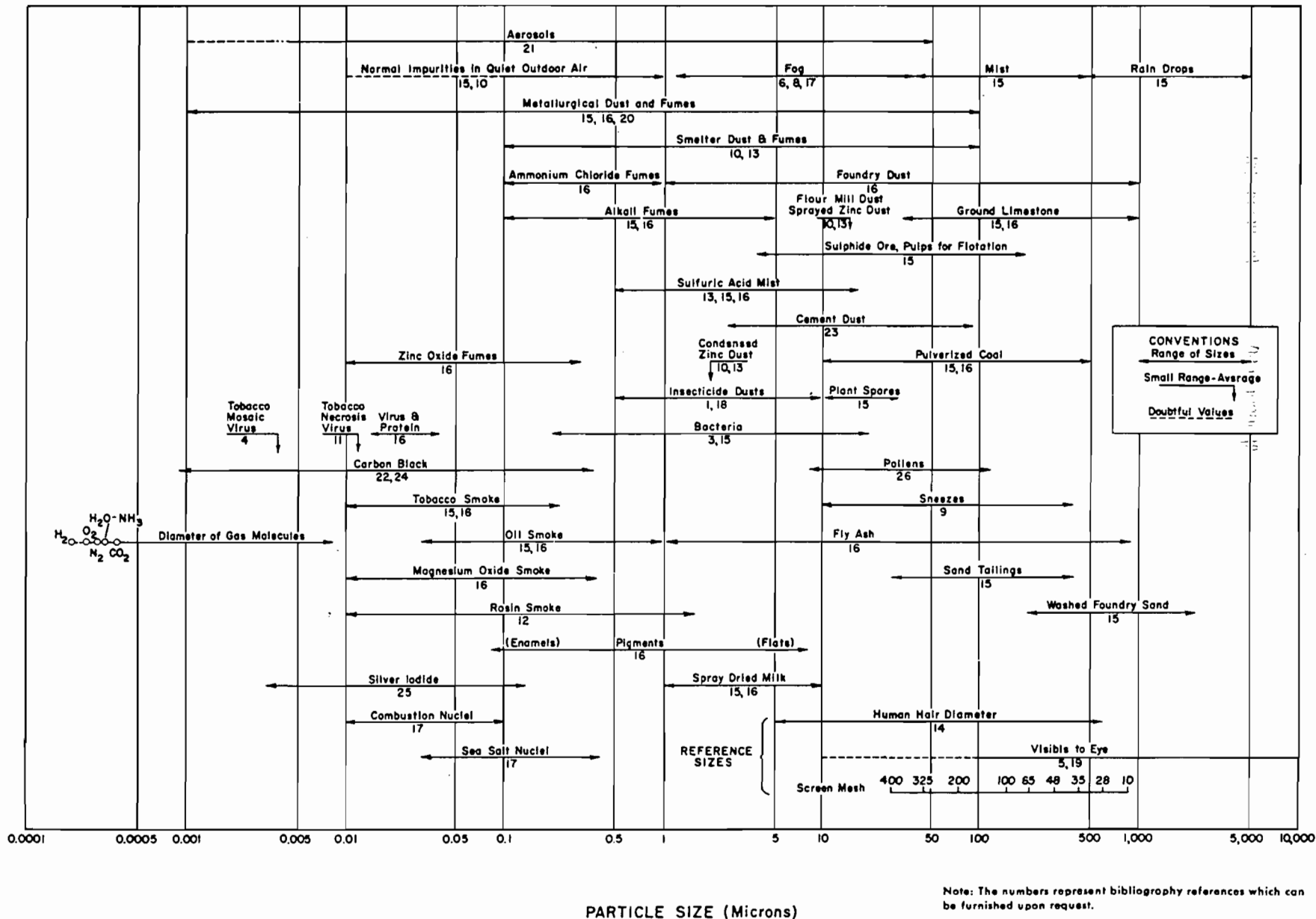


Figure 6-7. Grade efficiency curves for wet scrubbers.

SIZES OF AIR-BORNE PARTICULATES (M.S.A.)



Note: The numbers represent bibliography references which can be furnished upon request.

**CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

RECEIVED
 Bureau of Air Monitoring
 09/20/00 12:50 PM

✓ TYPE OF INSPECTION: ANNUAL (INS1, INS2, INS3) COMPLAINT/ DISCOVERY (CI)
 RE-INSPECTION (FUI)

AIRS ID#: 0251018 DATE: 9/15/00 TIME IN: 10:55am TIME OUT: 12:50pm
 FACILITY NAME: Jetair Support Plating
 FACILITY LOCATION: 14000 NW 20 Ave
Opa Locka, FL 33054
 RESPONSIBLE OFFICIAL: Adelino Martins PHONE: (305) 488-9913
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN

1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC
 2. Facility failed to notify DARM to use a general permit SNC

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.

9/25/00
 DFG

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
- 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 <u>daily</u> .
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 N/A

PART V: ADDITIONAL SITE INFORMATION

Exceedance Form - send one to Mr. Martinis

Deborah Griner
Inspector's Name
Deborah Griner
Inspector's Signature

9/15/00
Date of Inspection
9/01
Approximate Date of Next Inspection



DARM Home | ASGP Home | Facilities | Inspections | Reports |

Chromium Electroplating/Anodizing Inspection

General Information

JET AIR PLATING SUPPORT INC

14060 NW 20TH AVENUE
OPA LOCKA 33054

0251018

INSPECTION TYPE: ANNUAL INSPECTION (INS2)

INSPECTOR: FERNANDEZ_CV (FERNANDEZ_CV)

DATE: 9/12/2003

TIME IN: 3:10 PM

TIME OUT: 3:30 PM

RESPONSIBLE OFFICIAL: FELIX PEREZ

PHONE: 305-688-9713

9/2003

CONTACT:

PHONE:

In Compliance: <input checked="" type="radio"/>	Minor Non-Compliance: <input type="radio"/>	Significant Non-Compliance: <input type="radio"/>
---	---	---

ADDITIONAL SITE INFORMATION:

Facility is out of business.

INSPECTION STATUS: Complete

Inspection Checklist

- | | | | |
|---|---|---|--|
| <input type="button" value="Notification"/> | <input type="button" value="Classification"/> | <input type="button" value="Control Tech"/> | <input type="button" value="Recordkeeping"/> |
|---|---|---|--|

Part I: Notification

1. Facility notified DARM by 9/1/1996:
2. New facility notified DARM 30 days prior to startup:
3. Facility failed to notify DARM to use general permit:

*1/22/2007
 Morpeltos Barros
 stated Chromium
 facility out of business 9/12/2003
 sandy printed copy
 for file from ASGP*

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:55am TIME OUT: 11:25am AIRS ID#: 0250018
 TYPE OF FACILITY: Hard Chrome Electroplating
 FACILITY NAME: JetAir Support Plating
 FACILITY LOCATION: 1406D NW 20 Ave
 Opa Locka, FL 33054
 RESPONSIBLE OFFICIAL: Adelino Martins PHONE NUMBER: (305) 372-9913

DATE: 9/15/00
 Bureau of Air Quality
& Mobile Sources
 OCT 20 11 2

- 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
/	

COMMENTS: Initial Performance test being conducted at time of inspection. Pictures taken. All required forms in order. Understands recordkeeping requirements.

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

DATE OF NEXT INSPECTION: 3/2001 (Approximate)

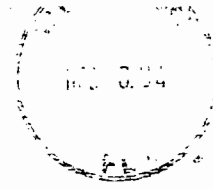
INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: *Debora Griner* PHONE NUMBER: (305) 372-6936

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

Det # 521

RETURNED TO SENDER
FORWARD ORDER EXPIRED

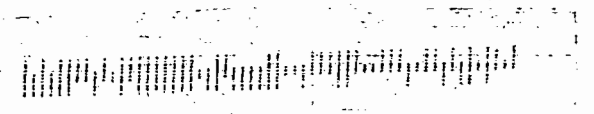
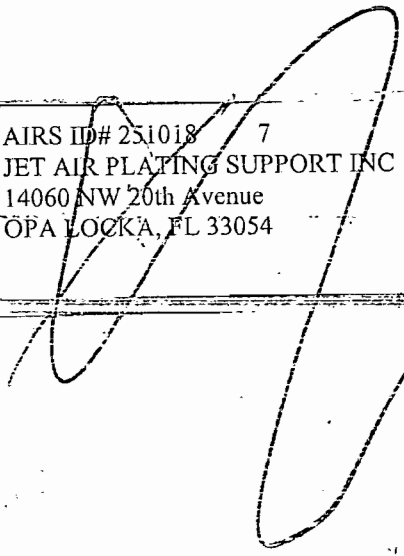


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MUSTANG 510024

FOE

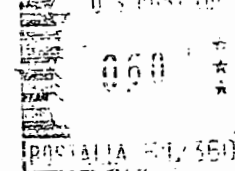
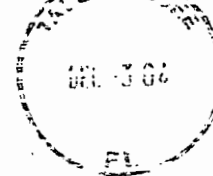
Bureau of Air Monitoring
& Mobile Sources
DEC 21 2004
RECEIVED

AIRS ID# 251018 7
JET AIR PLATING SUPPORT INC
14060 NW 20th Avenue
OPA LOCKA, FL 33054



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

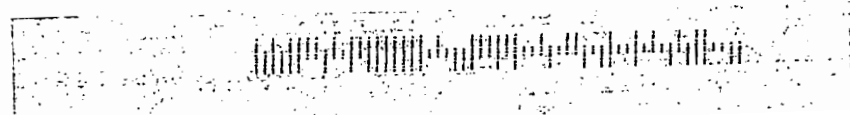
Acct #5521



RETURNED TO SENDER
FORWARD ORDER EXPIRES

RECEIVED
DEC 14 2004
Bureau of Air Monitoring
& Mobile Sources

AIRS ID# 251018 7
JET AIR PLATING SUPPORT INC
14060 NW 20th Avenue
OPA LOCKA, FL 33054



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:
 TRACK ID # 251018
 JET AIR PLATING SUPPORT INC
 ADELINO MARTIUS
 14060 NW 20TH AVENUE
 OPA LOCKA, FL 33054

2. Article Number
 (Transfer from service label)

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
 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

7003 0500 0004 0144 4756

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7003 0500 0004 0144 4756

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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

TRACK ID # 251018
 JET AIR PLATING SUPPORT INC
 ADELINO MARTIUS
 14060 NW 20TH AVENUE
 OPA LOCKA, FL 33054
 #0251018

PS Form 3800, June 2002

303
 WNW
 Postman
 Mark

6510

6521

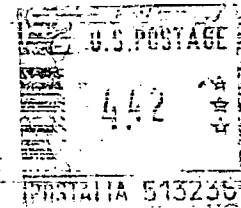
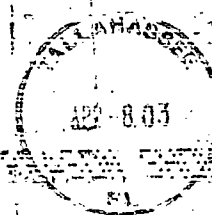
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



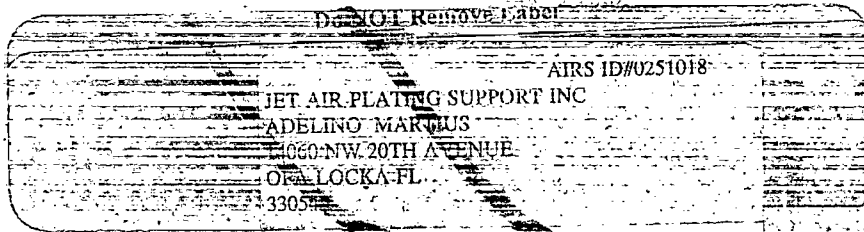
7000 1670 0013 3109 2046

MC5521

BAMMS/BCO
JOEY ROBERTS
5510



DO NOT REMOVE LABEL

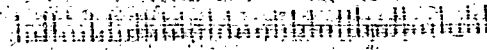


AIRS ID#0251018

JET AIR PLATING SUPPORT INC
ADELINO MARQUEZ
1060 NW 20TH AVENUE
OPA LOCKA FL
33055

RECEIVED
10/03
AIRS ID#0251018

32399-2400



SENDER'S INFORMATION **SECTION ON DELIVERY**

- Complete item 4 if return address 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.

(Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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

1. Article Addressed to:

AIRS ID#0251018

JET AIR PLATING SUPPORT INC
ADELINO MARTIUS
14060 NW 20TH AVENUE
OPA LOCKA FL
33054

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

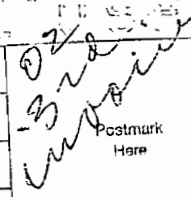
2. Article Number (Copy from service label)

140001670001331092046

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 1670 0013 3109 2046

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

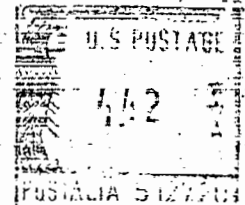
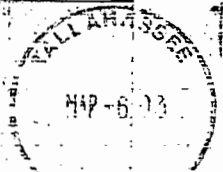
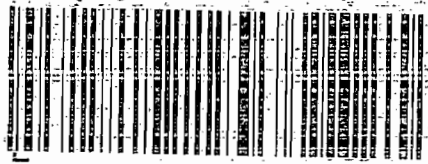
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pc	

AIRS ID#0251018

Sent To **JET AIR PLATING SUPPORT INC**
 Street, Apt. **ADELINO MARTIUS**
14060 NW 20TH AVENUE
 City, State, **OPA LOCKA FL**
33054

CERTIFIED MAIL

MS# 5510 MC Acct # 5521



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

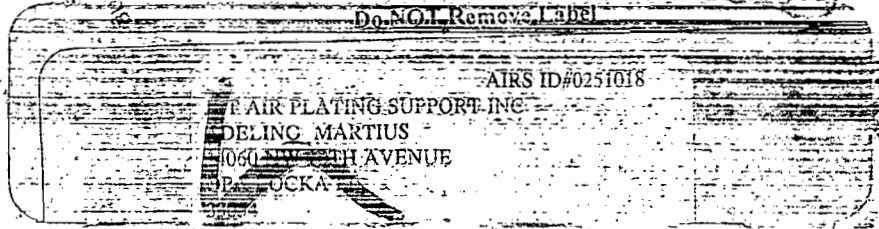
RETURN TO SENDER FOR REASON SHOWN

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
APR 6 1993
MIB

[Handwritten scribbles and signatures]

FORWARDED



NAME
1st Notice 3-11
2nd Notice
Return 3-26

Do NOT Remove Label

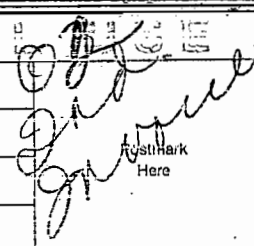
AIRS ID#0251018

AIR PLATING SUPPORT INC
DELING MARTIUS
1060 ... AVENUE
... UCKA

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
1. Article Addressed to:	D. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0251018</p> <p>JET AIR PLATING SUPPORT INC ADELINO MARTIUS 14060 NW 20TH AVENUE OPA LOCKA FL 33054</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>	
2. Article Number (Transfer from service label)	3. Service Type	
	<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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001	7001 0320 0001 7975 4499	102595-02-M-1540

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

OFFICIAL USE

Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

AIRS ID#0251018

JET AIR PLATING SUPPORT INC
ADELINO MARTIUS
14060 NW 20TH AVENUE
OPA LOCKA FL
33054

PS Form 3800, January 2001. See Reverse for Instructions.

7001 0320 0001 7975 4499

CERTIFIED MAIL

MS# 550 MIC Acct# 5524

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



7001 0320 0001 7976 7154



U.S. POSTAGE
442
POSTAL # 511112

*REASON CHANGED
Returned to sender
if address is not correct
Do not remove label*

Do NOT Remove Label

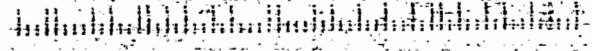
JET AIR PLATING SUPPORT INC
ADELINO MARTIUS
14960 NW 20TH AVENUE
OPA LOCKA FL
33054

AIRS ID#0251018

Ret 16

RECEIVED
FEB 23 2001
U.S. AIR MAIL
Mobile Sta

3333544444 06



SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0251018</p> <p>JET AIR PLATING SUPPORT INC ADELINO MARTIUS 14060 NW 20TH AVENUE <i>4821</i> OPA LOCKA FL <i>NW 1280</i> 33054</p>	<p>C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>2. Article Number <i>(Transfer from service label)</i></p>	<p>3. Service Type <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>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>7001 0320 0001 7976 7154</p>	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee <i>(Endorsement Required)</i>	
Restricted Delivery Fee <i>(Endorsement Required)</i>	
Total Postage	

AIRS ID#0251018

Postmark Here

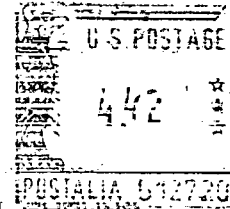
Sent To: JET AIR PLATING SUPPORT INC
ADELINO MARTIUS
Street, Apt. No. or P.O. Box No.: 14060 NW 20TH AVENUE
City, State, ZIP: OPA LOCKA FL 33054

PS Form 3800

7001 0320 0001 7976 7154

MS# 5510 MC Acct # 5521

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



POSTNET barcode and the text "FOR READLINE SHOWING"

FORWARDED
DELIVERED TO ADDRESSEE
3/16/04

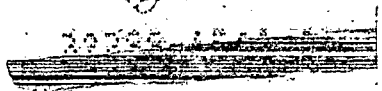
5405

RECEIVED

MAR 22 2004

Bureau of Monitoring
& Analytical Services

ADRS ID # 251018
ADELINO MARTIUS
JET AIR PLATING SUPPORT INC
14060 NW 20TH AVENUE
OPA LOCKA FL 33054



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Signature: <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
AIRS ID # 251018 ADELINO MARTIUS JET AIR PLATING SUPPORT INC 14050 NW 20TH AVENUE OPA LOCKA, FL 33054		3. Service Type <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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	
7003 0500 0004 0144 9997			

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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here
 2nd CT
 7003

AIRS ID # 251018
 ADELINO MARTIUS
 JET AIR PLATING SUPPORT INC
 14060 NW 20TH AVENUE
 OPA LOCKA, FL 33054

PS Form 3800, June 2002

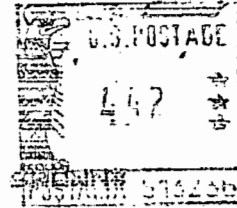
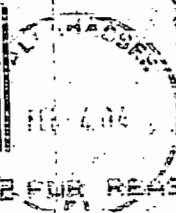
7003 0500 0004 0144 9997

5510

5521

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED MAIL



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

AC5521

BAMMS/BCG
JOEY ROBERTS
5510

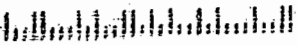
Handwritten: JOE ROBERTS

Handwritten: FORWARD ORDER

Bureau of Air Mail Inspection
& Mobile Services
Return to: [illegible]
FEB 20 2004

RECEIVED

ID#251016
ADELINO MARTIUS
JET AIR PLATING SUPPORT INC
14060 NW 20TH AVENUE
OPA LOCKA, FL 33054



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ID# 251018 ADELINO MARTIUS JET AIR PLATING SUPPORT INC 14060 NW 20TH AVENUE OPA LOCKA, FL 33054	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	7003 2260 0003 5650 9462	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

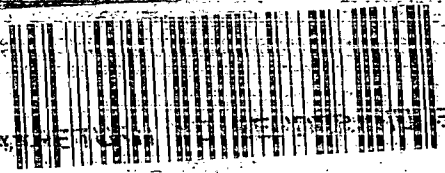
7003 2260 0003 5650 9462

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 \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & ID# 251018	
Sent To ADELINO MARTIUS	
JET AIR PLATING SUPPORT INC	
Street, Apt. No., or PO Box No. 14060 NW 20TH AVENUE	
City, State, Zip+4 OPA LOCKA, FL 33054	
PS Form 3800, June 2002 See Reverse for Instructions	

MS# 5510 MC Acct # 5321

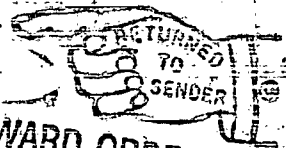
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

GENERAL MAIL



7004 2510 0002 3939 4766

1427
512360



FORWARD ORDER EXPIRES

AIKS ID#0251018...2nd Cert 05
JET AIR-PLATING SUPPORT INC
14060 NW 20th Avenue
OPA LOCKA, FL 33054

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 1 1985

FOE
3/9/85

33054+4142 05

COMPLETE THIS SECTION ON DELIVERY

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#0251018.....2nd Cert 05
 JET AIR PLATING SUPPORT INC
 14060 NW 20th Avenue
 OPA LOCKA, FL 33054

2. Article Number: **7004 2510 0002 3939 4766**
(Transfer from service) Domestic Return Receipt

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature 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

PS Form 3811, February 2004 102595-02-M-1540

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
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

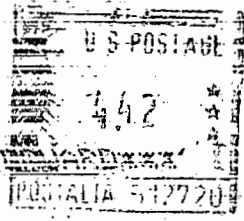
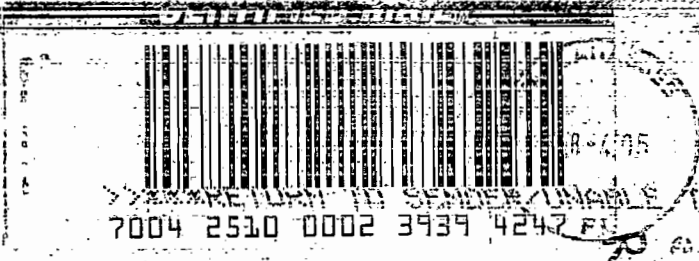
Sent To: AIRS ID#0251018.....2nd Cert 05
 JET AIR PLATING SUPPORT INC
 Street, Apt. 1 or PO Box N: 14060 NW 20th Avenue
 City, State, Z: OPA LOCKA, FL 33054

PS Form 3800

7004 2510 0002 3939 4766

MS# 6040 MC Acct # 6521

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



UNCLASIFIED
DATE 11/10/05 BY SP8/STW/STW

RECEIVED
MAR 10 2005
Bu. & MOBILE SERVICES
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

2/7/05
2-20

AIRS ID# 251018-1stC
JET AIR PLATING SUPPORT INC
14000 NW 20th Avenue
Ocala, FL 32067



PLEASE BREAK APOUR ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS TO BE REOPENED

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# 251118711C
JET AIR PRINTING SUPPORT INC
14060 NW 20th Avenue
OPA LOCKA, FL 3054

7004 2510 0002 3939 4247

2. Article Number
(Transfer from service label)

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 G.O.D.

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

OFFICIAL USE

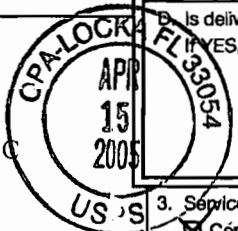
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: AIRS ID# 251018 3rd Cert04
JET AIR PLATING SUPPORT INC
Street, Apt. No. or PO Box No: 14060 NW 20th Avenue
City, State, Zip: OPA LOCKA, FL 33054

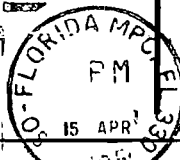
PS Form 3800

7004 2510 0002 3939 9167

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p>AIRS ID# 251018 3rd Cert04 JET AIR PLATING SUPPORT INC 14060 NW 20th Avenue OPA LOCKA, FL 33054</p>	<p>A. Signature </p> <p style="text-align: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Alex Lewis</p> <p>C. Date of Delivery 4/15/05</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>3. Service Type <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7004 2510 0002 3939 9167</p>



UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32390-2400

Bureau of Air Monitoring
& Mobile Sources

APR 18 2005

RECEIVED



JETAIR SUPPORT PLATING, INC.

1548

DEPARTMENT OF ENVIRONMENTAL PROTECTION
12/13/2001 Bill #ID#0251018

1/11/2002

50.00

AIRS ID# 0251018

Checking - First Union

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413308 JAN18 2002

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0251018
JET AIR PLATING SUPPORT INC
ADELINO MARTIUS
14060 NW 20TH AVENUE
OPA LOCKA FL
33054

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

JETAIR SUPPORT PLATING, INC.

MIAMI-DADE COUNTY

12/01/2000

Bill #

12/14/2000

806

50.00

Checking - First Union

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400674

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

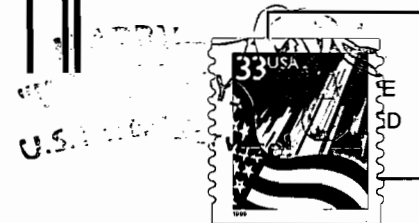
TOTAL AMOUNT DUE: \$50.00 ✓

Do NOT Remove Label

AIRS ID # 0251018

JET AIR PLATING SUPPORT INC
ADELINO MARTIUS
14060 NW 20TH AVENUE
OPA LOCKA FL 33054

RECEIVED
MAIL ROOM
DEC 21 00
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



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