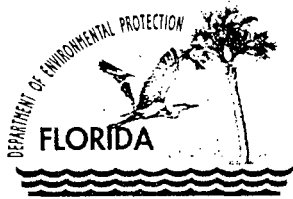


11010359
Inactivated
3/20/2001



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 27, 1997

Ms. Rhonda Walker
International Chrome
36851 Blanton Road
Dade City, Florida 33523

Re: Facility No. 1010359

Dear Ms. Walker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 28, 1997.

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, Florida 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,

be Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

Chromium Electroplating and Anodizing Facilities Notification **RECEIVED**

JUL 26 1997

Facility Name and Location

Bureau of Air Monitoring
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	INTERNATIONAL CHROME
2. Site Name (For example, plant name or number):	SAME
3. Hazardous Waste Generator Identification Number:	—
4. Facility Location: Street Address: City: DADE CITY County: PASCO Zip Code: 33523	36851 BLANTON RD
5. Facility Identification Number (DEP Use):	1010359

Responsible Official

6. Name and Title of Responsible Official:	RHONDA WALKER / OWNER
7. Responsible Official Mailing Address: Organization/Firm: INTERNATIONAL CHROME Street Address: 36851 BLANTON RD. City: DADE CITY County: PASCO Zip Code: 33523	
8. Responsible Official Telephone Number: Telephone: (352) 567-9241 Fax: (352) 523-0409	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	RHONDA WALKER / CO OWNER
10. Facility Contact Address: Street Address: 36851 BLANTON RD City: DADE CITY County: PASCO Zip Code: 33523	
11. Facility Contact Telephone Number: Telephone: (352) 567-9241 Fax: () -	

Facility Information

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

*NO HARD
PLATING*

TANK ID #	HARD DATE PURCHASED	CHROMIUM DATE CNTRL DEVICE INSTALLED	PLATING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)

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)
#1	10/96		FS/WA	Y

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. 1 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 type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> | (j) Operating periods | <input checked="" type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> | | |

Surrender of Existing Air Permit(s)

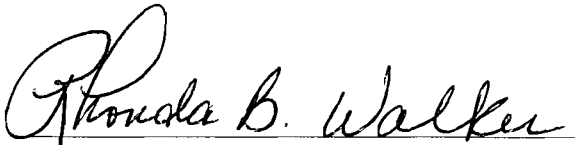
Please indicate with an "X" the appropriate selection:

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


Signature

7-25-97
Date

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1010359 DATE: 6/24/98 TIME IN: 9:50 TIME OUT: 10:45
 FACILITY NAME: INTERNATIONAL CHROME
 FACILITY LOCATION: 36851 BLANTON RD.
DADE CITY, FL 33523

RECEIVED
 JUL 10 1998
 Bureau of Air Sources & Mobile Monitoring

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 type="checkbox"/> Packed Bed Scrubber	<input 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 checked="" 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 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

[Empty box for additional site information]

Rhonda Walker

Name of Responsible Official

Margaret Canoro

Inspector's Name

Margaret Canoro

Inspector's Signature

6/24/98

Date of Inspection

(June '99) Annual

Approximate Date of Next Inspection

Will inspect during initial testing.

✓

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	1010359	DATE:	3-2-99	TIME IN:	1:45	TIME OUT:	2:05
FACILITY NAME:	International Chrome						
FACILITY LOCATION:	36851 Blanton Rd Dade City, FL						

PART I: NOTIFICATION	RECEIVED MAR - 8 1999 Bureau of Air Monitoring & Mobile Sources
(check appropriate box)	
1. Facility notified DARM by 9/1/96 <input type="checkbox"/>	<input type="checkbox"/>
2. New facility notified DARM 30 days prior to startup <input type="checkbox"/>	<input type="checkbox"/>
3. Facility failed to notify DARM to use a general permit <input type="checkbox"/>	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility type(s)/applicable standard indicated on notification form:	
<u>Hard Chromium Plating</u>	
a. Existing Large (0.015 mg/dscm) <input type="checkbox"/>	b. Existing Small (0.03 mg/dscm) <input type="checkbox"/>
c. New (0.015 mg/dscm) <input type="checkbox"/>	d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year) <input type="checkbox"/>
<u>Decorative Chromium Plating/Anodizing</u>	
a. Chromic Acid Bath	Emissions of < 0.01/mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/> Surface tension of ≤ 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <input checked="" type="checkbox"/> <i>May only be selected if a wetting agent is used.</i>
b. Trivalent Chromium Bath	With wetting agent <input type="checkbox"/> Without wetting agent <0.01mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/>
c. Chromium Anodizing	Emissions of <0.01 mg/dscm (4.4x10 ⁻⁶ gr/dscf) <input type="checkbox"/> Surface tension of 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <input type="checkbox"/> <i>May only be selected if a wetting agent is used.</i>

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 type="checkbox"/> Packed Bed Scrubber	<input 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 checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" 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) Started 7/20/98

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 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
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

Sample O&M plan left.
Annual Compl. Cert left

Rhonda Walker

Name of Responsible Official

MARGARET CANERO

Inspector's Name

Margaret Canero

Inspector's Signature

3-2-99

Date of Inspection

June 1999

Approximate Date of Next Inspection

AIRS ID#: 1010359

ACE *

D.E.P. Revised 10/10/96 MAR 12 1999

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

Southwest District Tampa

Southwest District Tampa

FACILITY NAME: International Chrome DATE: 3/2/99
FACILITY LOCATION: 36851 Blanton Rd
Dade City, FL

Annual Reporting Period: 3-1-1998 TO 3-2-1999

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. [X] 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:

Initial performance test

Exact period of non-compliance: from 3-1-98 to 7-20-98

Action(s) taken to achieve compliance: Testing started

Method used to demonstrate compliance: log of test reports

#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: _____

RECEIVED MAR 19 1999 Bureau of Air Monitoring & Mobile Sources

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: Rhonda Walker Rhonda B Walker 3/2/99
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#: 1010359

Acc

Revised 10/10/96

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

Precision Custom

FACILITY NAME: <u>(International) Chrome</u>	DATE: <u>3/7/00</u>
FACILITY LOCATION: <u>36851 Blanton Rd.</u>	
<u>Dade City, FL 33523</u>	

Annual Reporting Period: 3-3-1999 TO 3-7-2000

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: _____

RECEIVED
MAR 17 2000
Bureau of Air Monitoring
& Mobile Sources

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: Rhonda Walker Rhonda B Walker 3/7/00

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.

✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1010359 DATE: 3/7/00 TIME IN: 10:25 TIME OUT: 10:55
 FACILITY NAME: Precision Custom International Chrome
 FACILITY LOCATION: 36851 Blanton Rd.
Dade City, FL 33523

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 (4.4×10^{-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 < 0.01mg/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.

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 type="checkbox"/> Packed Bed Scrubber	<input 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 checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N Protab 1000

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

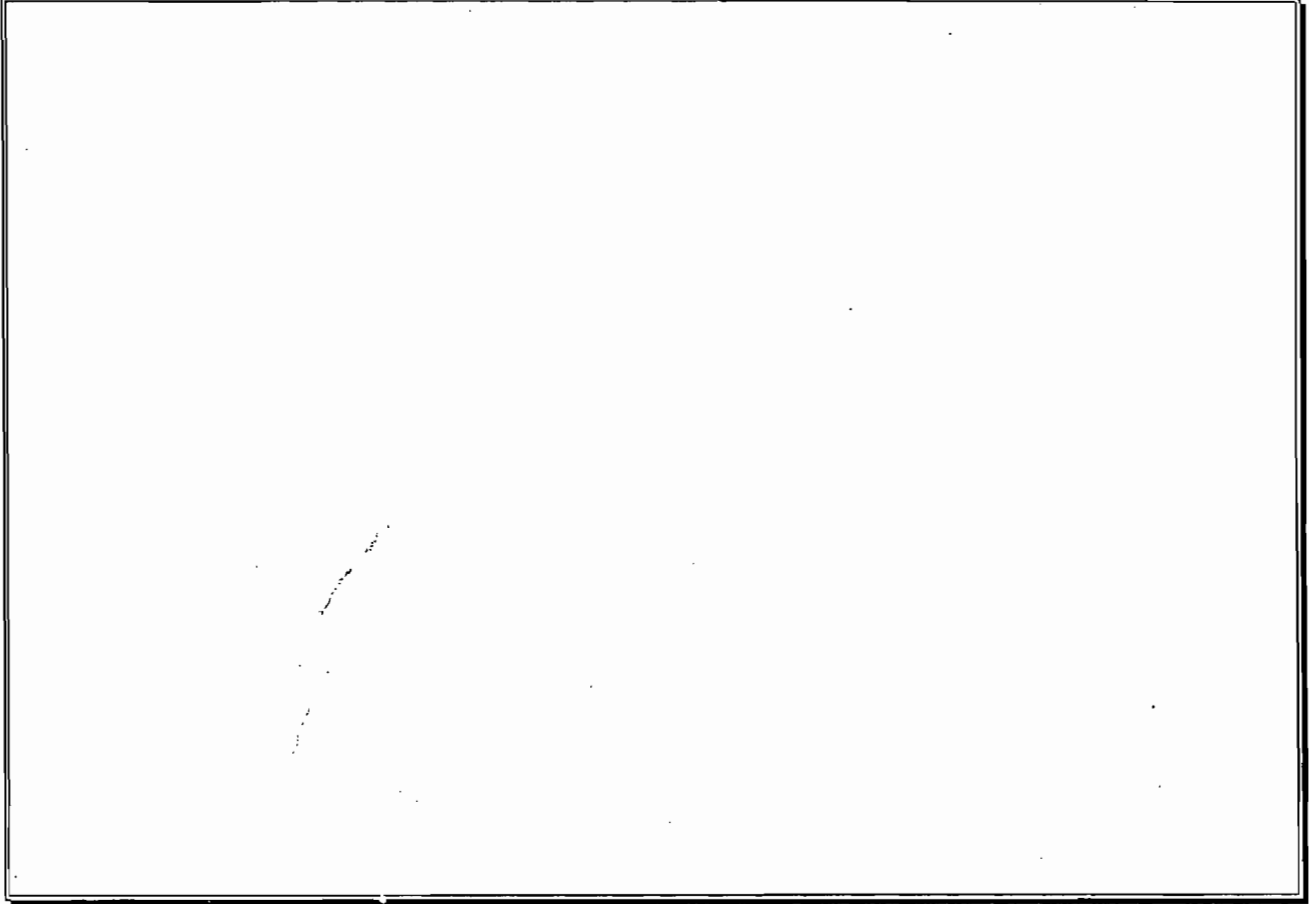
Has the responsible official maintained the following records?

- 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 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



Rhonda Walker
Name of Responsible Official

Margaret Cangro
Inspector's Name

Margaret Cangro
Inspector's Signature

3/7/00
Date of Inspection

March 2001
Approximate Date of Next Inspection

✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1010359 DATE: 6/18/97 TIME IN: 9:20A TIME OUT: 11:15A
 FACILITY NAME: INTERNATIONAL CHROME
 FACILITY LOCATION: 36851 BLANTON RD.
DADE CITY FL 33523

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 (4.4×10^{-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 < 0.01mg/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.

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 type="checkbox"/> Packed Bed Scrubber	<input 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 checked="" type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters?
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

~~to conduct tests in the lab this time~~ Y N N/A

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 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
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

Rectifier: Aldonex Ultimate
Model B-212-50C
Serial # 2023791
5000 amp

Rhonda Walker

~~Deton's Booth Crews~~

Name of Responsible Official

Margaret Canpro

Inspector's Name

Margaret Canpro

Inspector's Signature

6/18/97

Date of Inspection

July '97

Approximate Date of Next Inspection

No 7880

Metex Spray Stop HF

MacDermid Inc
Waterbury Conn

Allied Plating Lennie or John
800 / 432-8692



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363866

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
MAR 11 99



Do NOT Remove Label

AIRS ID # 1010359
 INTERNATIONAL CHROME
 RHONDA WALKER
 36851 BLANTON ROAD
 DADE CITY FL 33523

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392844

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
MAR - 2 2000

RECEIVED
MAIL ROOM
FEB 29 00

Do NOT Remove Label

AIRS ID # 1010359
 INTERNATIONAL CHROME
 RHONDA WALKER
 36851 BLANTON ROAD
 DADE CITY FL 33523

Bureau of Air Mail
 & Money Orders
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273

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

2

AIRS ID 1010359
INTERNATIONAL CHROME RHONDA WALKER 36851 BLANTON ROAD DADE CITY FL 33523

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 26 1998

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: RHONDA B. WALKER Rhonda B. Walker 2-19-98
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

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

303433

Do NOT Remove Label

AIRS ID 1010359
INTERNATIONAL CHROME RHONDA WALKER 36851 BLANTON ROAD DADE CITY FL 33523

RECEIVED
MAIL ROOM
FEB 24

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B10
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

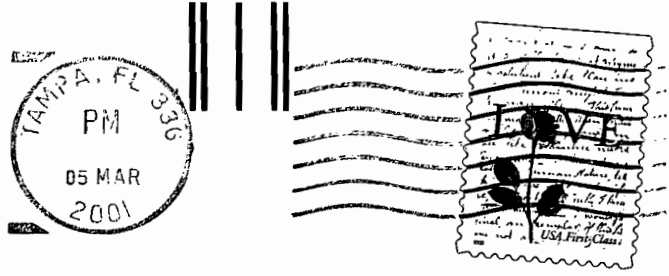
406984 MAR 7 2001

Do NOT Remove Label

AIRS ID # 1010359
INTERNATIONAL CHROME <i>PRECISION</i> RHONDA WALKER <i>JAMES R. Booth</i> 36851 BLANTON ROAD DADE CITY FL 33523

RECEIVED
MAR - 9 2001
Bureau of Air Monitoring
& Mobile Sources

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

32315X3070



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

OFFICIAL USE

7001 0320 0001 7975 9340

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

Postmark Here
revert

Sent To **7** AIRS ID # 1010359
 Street, or PO Box **RHONDA WALKER**
PRECISION CUSTOM CHROME
 City, State **36851 BLANTON ROAD**
DADE CITY FL 33523

PS Form 3811, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

7 AIRS ID # 1010359
RHONDA WALKER
PRECISION CUSTOM CHROME
36851 BLANTON ROAD
DADE CITY FL 33523

COMPLETE THIS SECTION ON DELIVERY

A. Received by (<i>Please Print Clearly</i>)	B. Date of Delivery
C. Signature	
X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

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

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

7001 0320 0001 7975 9340

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

7000 0600 0026 4126 1683

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

Recip: INTERNATIONAL CHROME AIRS ID # 1010359
 Stree: RHONDA WALKER
 City: 36851 BLANTON ROAD
 DADE CITY FL 33523

PS Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

AIRS ID # 1010359

INTERNATIONAL CHROME
 RHONDA WALKER
 36851 BLANTON ROAD
 DADE CITY FL 33523

A. Received by (Please Print Clearly) _____ B. Date of Delivery 3-5-01

C. Signature
 x Patricia H. Adams Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0026 4126 1683

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

Z 333 613 221

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID 1010359

INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

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	

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 1010359

INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

4a. Article Number

Z 333613221

4b. Service Type

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

7. Date of Delivery

2-17-98

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *Rhonda Walker*

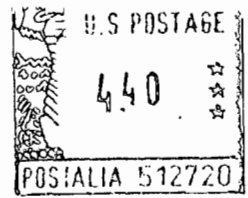
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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



7001 0320 0001 7975 9340



RECEIVED
MAY 15 2002
Bureau of Air Monitoring
& Mobile Sources

Notified
7-12
4-22
427

RETURNED TO SENDER
UNCLAIMED

7 AIRS ID # 1010359
RHONDA WALKER
PRECISION CUSTOM CHROME
36851 BLANTON ROAD
DADE CITY FL 33523

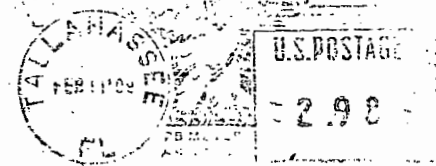
1/54
mailout

Sandy or Marnie
please issue ID#
This place failed
to notify last year
Thanks.
Rasik

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

MS# 5510
37550301000

CERTIFIED

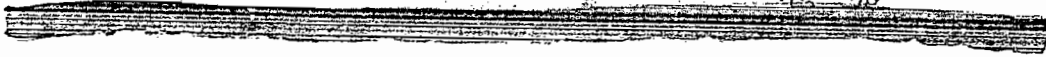


- Not Deliverable As Addressed
- Unable To Forward
- Mailed In Error
- Mailed In Error - No Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Vacant
- No Such Number
- No Mail Receipts
- Forwarding Order Expired
- Forwarding Order Expired - No Mail Receipts
- No Such Number
- No Such Street
- Attempted - Not Known
- Unclaimed Refused
- Moved, Left No Address
- Unable To Forward
- Not Deliverable As Addressed

INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

AIR MAIL
1010839

Notified
2-13-99
2-19
2-28
RECEIVED
MAR - 8 1999
Bureau of Air Monitoring
& Mobile Source



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):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1010359

INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

4a. Article Number
Z 333 660 665

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 665

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 1010359

INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

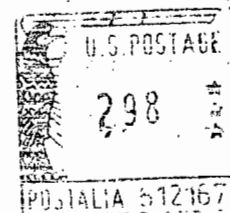
PS Form 3800, April 1995

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	

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

CERTIFIED

Z 210 662 393



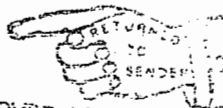
MAIL

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 17 2000

MC5521

BAMMS/BCO
JOEY ROBERTS
5510



- MOVED, LEFT NO ADDRESS
- FORWARDING ORDER EXPIRED
- ATTEMPTED NOT KNOWN
- UNCLAIMED REFUSED
- SUCH STREET
- SUCH NUMBER
- INSUFFICIENT ADDRESS

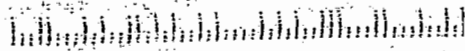
AIRS ID # 1010359

INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

Notified
2/26
3/2
3/13/00

CA

2400



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

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

C. Signature Agent
 Addressee

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

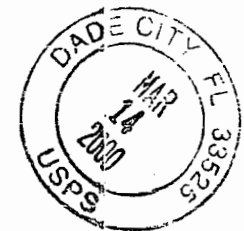
1. Article Addressed to:

 AIRS ID # 1010359
 INTERNATIONAL CHROME
 RHONDA WALKER
 36851 BLANTON ROAD
 DADE CITY FL 33523

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)
Z 210 662 393



Z 210 662 393

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to
 INTERNATIONAL CHROME AIRS ID # 1010359
 RHONDA WALKER
 36851 BLANTON ROAD
 DADE CITY FL 33523

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 3811, April 1995

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

AC5521

BAMMS/BCO
JOEY ROBERTS
5510

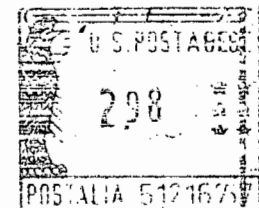
AIRS ID # 1010359

INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

CERTIFIED

Z 333 667 037

MAIL



- MOVED, LEFT NO ADDRESS
- FORWARDING ORDER EXPIRED
- ATTEMPTED NOT KNOWN
- UNCLAIMED REFUSED
- NO SUCH STREET
- NO SUCH NUMBER
- INSUFFICIENT ADDRESS

Name Notified
1st Notice 2-12 EA
2nd Notice 2/17
Return 2/27/00

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 # 1010359

INTERNATIONAL CHROME
 RHONDA WALKER
 36851 BLANTON ROAD
 DADE CITY FL 33523

2. Article Number (Copy from service label)

Z 333 667 037

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

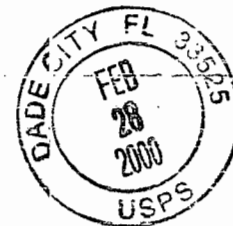
A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes



Z 333 667 037

US Postal Service
Receipt for Certified Mail 2000
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 AIRS ID # 1010359

INTERNATIONAL CHROME
 RHONDA WALKER
 36851 BLANTON ROAD
 DADE CITY FL 33523

15+

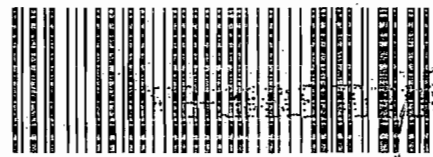
PS Form 3800, April 1995

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	

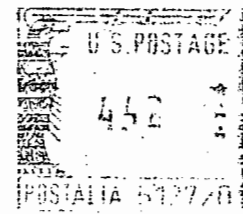
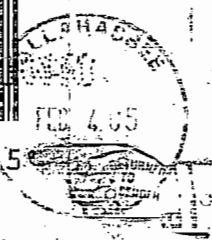
MS# 5519 MC Acct # 5521

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

PRECISION CUSTOM CHROME



7004 2510 0002 3939 4445



AIRS ID# 1010359 1stC
PRECISION CUSTOM CHROME
36851 Blanton Road
DADE CITY, FL 33523

- Undeliverable as Addressed
- Moved, Left No Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- No Recipient
- Deceased
- Vacant

RECEIVED

FEB 14 2005

Bureau of Air Monitoring
& Mobile Sources

33523+251000239394445

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>AIRS ID# 1010359 1stC PRECISION CUSTOM CHROME 36851 Blanton Road DADE CITY, FL 33523</p> </div> <p>2. Article Number (transfer from service label)</p>	<p>A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</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</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3939 4445</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

7004 2510 0002 3939 4445

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)	
<p>Total f AIRS ID# 1010359 1stC PRECISION CUSTOM CHROME Sent To 36851 Blanton Road Street, or PO B DADE CITY, FL 33523 City, St</p>	
<p>PS Form 3800, June 2002 See Reverse for Instructions</p>	

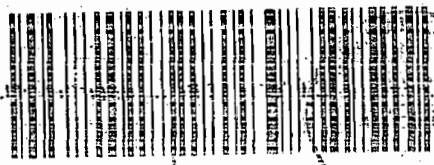
MS# 5510 MC Acct # 5527

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



- Undeliverable as Addressed
- Moved, Left No Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- No Recipient
- Deceased
- Other

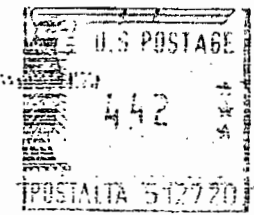
CERTIFIED MAIL



7004 2510 0004 6986 6828

AIRS ID# 1010359 3rd Cert04
PRECISION CUSTOM CHROME
36851 Blanton Road
DADE CITY, FL 33523

Bureau of
& M...



RECEIVED
APR 18 2005

33523+2400 4000

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.

Article Addressed to:

AIRS ID# 1010359 3rd Cert04
 PRECISION CUSTOM CHROME
 36851 Blanton Road
 DADE CITY, FL 33523

2. Article Number
 (Transfer from service label)

7004 2510 0004 6986 6828

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

PS Form 3811, August 2001

Domestic Return Receipt

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

7004 2510 0004 6986 6828

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

Postmark Here

To: AIRS ID# 1010359 3rd Cert04
 Sent: PRECISION CUSTOM CHROME
 36851 Blanton Road
 Street or PO: DADE CITY, FL 33523
 City:

PS Form 3800, June 2002

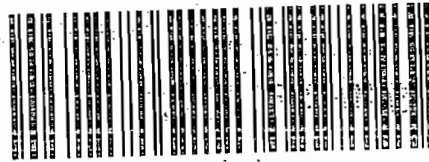
See Reverse for Instructions

5510

5521

MS# _____ MC Acct# _____

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



7001 1140 0001 7556 3203

POSTAGE

442

A 51720

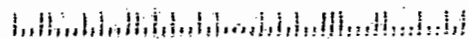


- Undeliverable as Addressed
- Moved, Left No Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- No Postoffice
- Incorrect

MARKS ID # 1010559
PRECISION CUSTOM CHROME
JAMES BOOTH
36851 BLANTON ROAD
DADE CITY, FL 33523

RECEIVED
Bureau of Air Monitoring
& Toxic Sources
APR 12 2004

32399/2400



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 AIRS ID # 1010359
 PRECISION CUSTOM CHROME
 JAMES BOOTH
 36851 BLANTON ROAD
 DADE CITY, FL 33523

2. Article Number (Ita) **7001 1140 0001 7556 3203**

PS Form 3811, August 2001

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

Domestic Return Receipt

102595-02-M-1540

7001 1140 0001 7556 3203

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

OFFICIAL USE

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

Booth
03
 Postmark Here

Total Post AIRS ID # 1010359
Sent To PRECISION CUSTOM CHROME
 JAMES BOOTH
 36851 BLANTON ROAD
 Street, Apt. or PO Box DADE CITY, FL 33523
 City, State, #1010359

PS Form 3800, January 2001 See Reverse for Instructions

MS# 5543 MC Acct # 654 (435) (645) 114

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

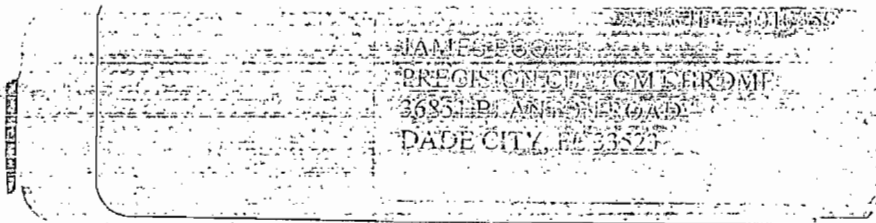
CERTIFIED MAIL



7003 0500 0004 0144 8051



POSTNET



3685 2342 2223 2324 2470

RECEIVED
MAR 9 2004
BUREAU OF ENVIRONMENTAL PROTECTION
U.S. DEPARTMENT OF AGRICULTURE
NOT DELIVERABLE AS ADDRESSED
Unable To Forward
 Insufficient Address
 Moved, Not At Address
 Unclaimed Refused
 Attempted - Not Known
 No Such Street Vacant
 No Such Number
 No Mail Recipient
 Box Closed

PLACE STICKER AT TOP OF ENVELOPE TO ELIGIBLE FOR TRACKING 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:

PRECIS ID # 1010359

JAMES BOOTH
 PRECISION CUSTOM CHROME
 36851 BLANTON ROAD
 DADE CITY, FL 33523

2. Article Number
(Transfer from service)

7003 0500 0004 0144 8051

PS Form 3811, August 2001 Domestic Return Receipt

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

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7003 0500 0004 0144 8051

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)	

2nd Cx
Postmark Here
2003

Total Post PRECIS ID # 1010359

Sent To: JAMES BOOTH
 Precision Custom Chrome
 36851 Blanton Road
 Dade City, FL 33523

PS Form 3800, June 2002

See Reverse for Instructions

CERTIFIED MAIL

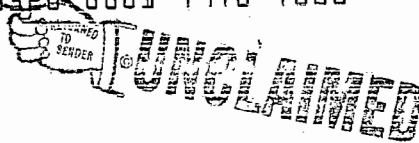
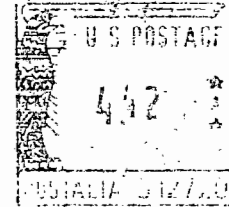
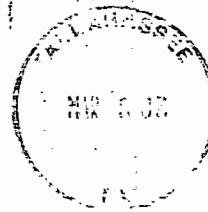
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

5510

5521



7001 0320 0001 7976 7666



Do NOT Remove Label

AIRS ID#1010359

PRECISION CUSTOM CHROME
JAMES RAY BOOTH
36851 BLANTON ROAD
DADE CITY FL
33523

NAME

Notified

1st Notice

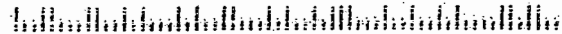
3-8

2nd Notice

3/13

3/24

32522+2208 36



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#1010359

PRECISION CUSTOM CHROME
 JAMES RAY BOOTH
 36851 BLANTON ROAD
 DADE CITY FL
 33523

2. Article Number

(transfer from service la

7001 0320 0001 7976 7666

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL USE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

[Handwritten Signature]

AIRS ID#1010359

PRECISION CUSTOM CHROME
 JAMES RAY BOOTH
 36851 BLANTON ROAD
 DADE CITY FL
 33523

See Reverse for Instructions

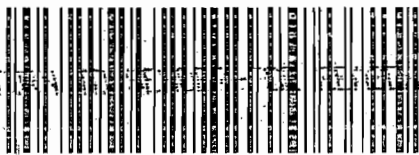
7001 0320 0001 7976 7666

5510

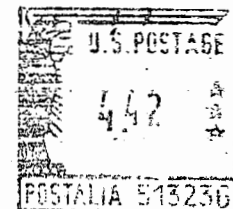
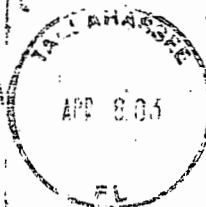
5521

CERTIFIED MAIL

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



7000 1670 0013 3108 8872



AC5521

BAMMS/BCO
JOEY ROBERTS
5510

BUSINESS FIRST NAME **Price**

DO NOT REMOVE THIS LABEL

AIRS ID#1010359

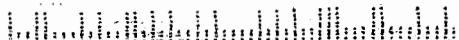
PRECISION CUSTOM CHROME
JAMES RAY BOOTH
36851 BLANTON ROAD
DADE CITY FL
33523

PRECISION CUSTOM CHROME
RETURN TO SENDER
PRECISION CUSTOM PLATING
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

Bureau of Air Mailing
& Mobile Services

APR 15 2005

33523+2204 88



- 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 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

1. Article Addressed to:

AIRS ID#1010359

PRECISION CUSTOM CHROME
JAMES RAY BOOTH
36851 BLANTON ROAD
DADE CITY FL
33523

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

70001670001331088872

2. Article Number
(Transfer from service label)

7000 1670 0013 3108 8872

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	<div style="font-size: 2em; font-family: cursive;">020</div> <div style="font-size: 2em; font-family: cursive;">3</div> <div style="font-size: 1.5em; font-family: cursive;">J.R. Booth</div>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#1010359	
PRECISION CUSTOM CHROME	
JAMES RAY BOOTH	
36851 BLANTON ROAD	
DADE CITY FL	
33523	
PS Form 3811, May 2000 See Reverse for Instructions	

MS# 5510 MC Acct # 5521

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

RECEIVED

MAR 06 2003

Bureau of Air Monitoring
& Mobile Sources



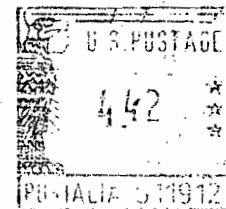
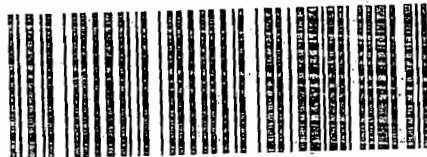
JAMES
36851 BLAIR ST
DADE CITY FL
33523

- MOVED LEFT NO ADDRESS
- ATTEMPTED - NOT KNOWN
- UNCLAIMED - REFUSED
- NO SUCH STREET
- NO SUCH NUMBER
- INSUFFICIENT ADDRESS
- NOT DELIVERABLE AS
ADDRESSED UNABLE TO FORWARD



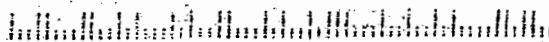
7000 2870 0000 7027 6057

CERTIFIED MAIL



DATE 3/7
 1st Notice 3/7
 2nd Notice 3/12
 RETURN 4/22

33523+2208



POSTAGE WILL BE PAID BY ADDRESSEE PERMIT NO. 1000 TALLAHASSEE, FL 32301-1000

PLEASE STICK LABEL TOP OF ENVELOPE
TO THE HIGH END OF THE ADDRESS
TO THE HIGH END OF THE ADDRESS

COMPLETE THIS SECTION ON DELIVERY

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

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

C. Signature _____
 Addressee Agent

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

1. Article Addressed to:
 AIRS ID#1010359
 PRECISION CUSTOM CHROME
 JAMES RAY BOOTH
 36851 BLANTON ROAD
 DADE CITY FL
 33523

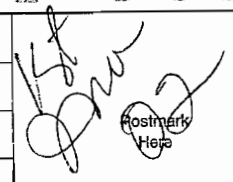
3. Service Type-
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

7000 2870 0000 7027 6057
 2. Article Number (Copy from service label)

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

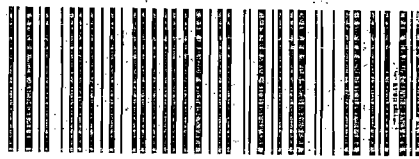
Postage	\$ _____	 Rosmary Here
Certified Fee	_____	
Return Receipt Fee (Endorsement Required)	_____	
Restricted Delivery Fee (Endorsement Required)	_____	

Total Postage _____ AIRS ID#1010359
 Sent To: PRECISION CUSTOM CHROME
 JAMES RAY BOOTH
 36851 BLANTON ROAD
 Street, Apt. No. DADE CITY FL
 33523
 City, State, ZIP

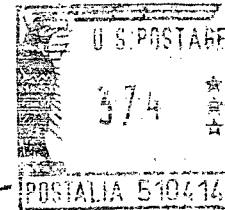
7000 2870 0000 7027 6057

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

CERTIFIED MAIL

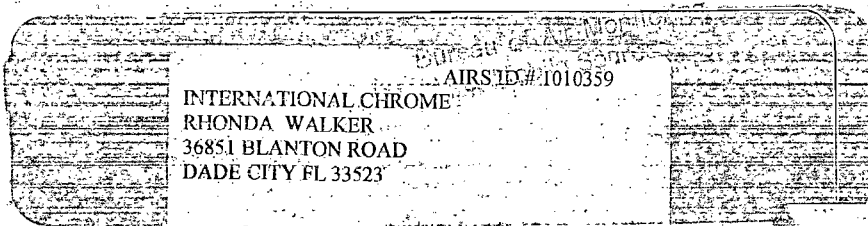


7000 0600 0026 7825 5235



RECEIVED

FEB 27 2001



- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed - No Order
- Returned For Better Address

Notified
2-10-01
2/20
2/25

333 2022 368 2440

- 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 # 1010359

INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

- Agent
- Addressee

D. Is delivery address different from item 1? if YES, enter delivery address below:

- Yes
- No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number (Copy from service label)

7000 0600 0026 7825 5235

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 0600 0026 7825 5235

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

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

AIRS ID # 1010359

INTERNATIONAL CHROME
RHONDA WALKER
36851 BLANTON ROAD
DADE CITY FL 33523