

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 10, 2000

Mr. Terry W. Hunter
Business Group Manager
Aircraft Jet Engine Component Repair Facility
10313 North Commerce Parkway
Miramar, Florida 33023

Re: Facility No.: 0112482

Dear Mr. Hunter:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on March 7, 2000.

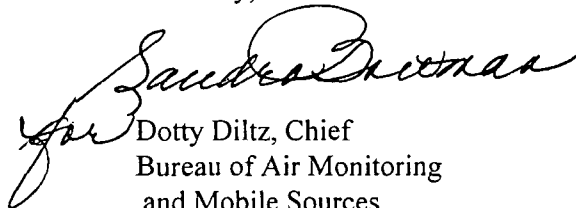
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR - 7 2000
Bureau of Air Monitoring
& Mobile Sources

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): PRAXAIR SURFACE TECHNOLOGIES, INC.
2. Site Name (For example, plant name or number): AIRCRAFT JET ENGINE COMPONENT REPAIR FACILITY
3. Hazardous Waste Generator Identification Number: APPLIED FOR, NOT RECEIVED
4. Facility Location: Street Address: 10313 NORTH COMMERCE PARKWAY City: MIRAMAR County: BROWARD Zip Code: 33023
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112482

Responsible Official

6. Name and Title of Responsible Official: Name: Terry W. Hunter Title: Business Group Manager
7. Responsible Official Mailing Address: Organization/Firm: Praxair Surface Technologies Street Address: 6400 NW 72nd Avenue City: Miami County: BROWARD Zip Code: 33166
8. Responsible Official Telephone Number: Telephone: (305) 894-8508 Fax: (305) 894-8539

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Russ Yenior, Senior Project Engineer
10. Facility Contact Address: Street Address: 6400 NW 72nd Avenue City: Miami County: BROWARD Zip Code: 33166
11. Facility Contact Telephone Number: Telephone: (305) 894-8508 Fax: (305) 894-8539

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)
T26 – Dec. 1999	New	May 2000	CMP	c *
T27 – Dec. 1999	New	May 2000	CMP	c *
	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
 * Limit = 0.015 mg/dscm (from T26 + T27)

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

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CMP = composite mesh pad
PBS/CMP = packed-bed scrubber and composite mesh pad
FS = fume suppressant only
FS/WA = fume suppressant with a wetting agent
FM = fiber-bed mist eliminator
WA = wetting agent

Applicable Standard Key

x = 0.01 mg/dscm
y = 45 dynes/cm
z = records of bath components
(trivalent Cr tanks only)
c = alternative standard for multiple tanks
under common control

2. Indicate the date by which the facility must meet the requirements of paragraph (5) of Part II:
(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

January 25, 1996 January 25, 1997 UPON STARTUP

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 checked="" type="checkbox"/> | (j) Operating periods | <input type="checkbox"/> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input 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.

TERRY W HUNTER
Print name of responsible official

Terry W Hunter
Signature

MARCH 6/00
Date

Instructions for Completing Part III of Notification Form

The Chromium Electroplating and Anodizing Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III, of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the chromium electroplating or anodizing facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.
10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

- 1.a. If the hard chromium plating tank was initially purchased from the manufacturer on or before December 16, 1993, it is an **EXISTING** unit. If it was initially purchased from the manufacturer after December 16, 1993, it is a **NEW** unit. For each such tank located at the facility, enter the date the tank was purchased from the manufacturer in the dd-mm-yy format (for example, 01-JAN-95). If you do not know the exact date of purchase, but can verify that it was before December 16, 1993, enter 16-DEC-93. Indicate whether the unit is classified as new or existing. In column 3, enter the date the control device was installed on the tank in the dd-mm-yy format. In column 4, enter the type of control device associated with that tank, using the key for control devices located immediately below this table (for example, PBS for a packed-bed scrubber). In the far right column, enter the type of applicable emission limitation standard for that tank (for example, 0.03 mg/dscm), using the applicable standard key located immediately below this table. Complete the table for all tanks located at the facility. Up to ten hard chromium plating tanks may be entered across this table. If more than ten tanks are located on-site, submit additional copies of this page of the form as needed to characterize all equipment. Also, indicate with an "X" whether or not the facility's cumulative potential rectifier capacity exceeds 60 million ampere-hours per year.
- 1.b. If the decorative chromium plating or anodizing tank was initially purchased from the manufacturer on or before December 16, 1993, it is an **EXISTING** unit. If it was initially purchased from the manufacturer after December 16, 1993, it is a **NEW** unit. For each such tank located at your facility, enter the date the tank was purchased from the manufacturer in the dd-mm-yy format (e.g., 01-JAN-95). If you do not know the exact date of purchase, but can verify that it was before December 16, 1993, enter 16-DEC-93. Indicate whether the unit is classified as new or existing. In column 3, enter the date the control device was installed on the tank in the dd-mm-yy format. In column 4, enter the type of control device associated with that tank, using the key for control devices located immediately below this table (e.g., PBS for a packed-bed scrubber). In the far right column, enter the type of applicable emission limitation standard for that tank (e.g., 0.01 mg/dscm), using the applicable standard key located immediately below this table. Complete the table for all tanks located at the facility. Up to ten chromium decorative plating and/or anodizing tanks may be entered across this table. If more than ten tanks are located on-site, submit additional copies of this page of the form as needed to characterize all equipment.
2. Based upon the information provided in Part II of this notification form, indicate with an "X" the date by which the facility must meet the emission control requirements.
3. Indicate with an "X" how the facility will fulfill the compliance demonstration required by this permit.

Equipment Monitoring and Recordkeeping Information

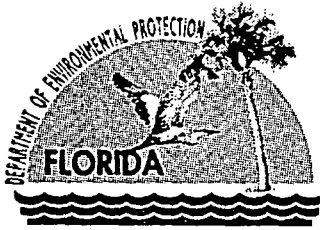
6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a general permit. Indicate whether the responsible official surrenders such permit(s), listing the permit numbers, or whether no such permit(s) exist with an "X".

Responsible Official Certification

This statement must be both printed and signed by the person named on page 19, Field 6, of this form.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 23, 2000

Mr. Terry W. Hunter
Business Group Manager
Praxair Surface Technologies, Inc.
6400 Northwest 72 Avenue
Miami, Florida 33166

Dear Mr. Hunter:

We have received the Air General Permit Notification Form for Praxair's new Aircraft Jet Engine Component Repair Facility located in Miramar, Florida. The general permit is intended to be used for two hard chromium electroplating tanks. After reviewing the documentation you provided, we have identified two issues that you should be aware of:

1. You are requesting that "startup" of Tanks T26 and T27, the two tanks whose emissions are subject to the chromium MACT standards, be considered to be 45 days after the first test parts are plated in the tanks. Startup is defined at 40 CFR § 63.2 as "the setting in operation of an affected source for any purpose." Therefore, as soon as parts are plated in the tanks for any reason, including testing and debugging the system, the facility has "started up" for compliance purposes. This does not mean that the facility must be meeting the chromium emission standards when the first parts are plated, but it must have suitable control equipment in place and operating. The facility then has 180 days to complete the performance test and establish operating parameters for the control device(s). As stated in Part II, Section 13(a) of the Chromium Electroplating General Permit Notification Form, the Department must be notified in writing 60 days prior to the performance test so that we may have an observer present during the test if we so choose.
2. The flow diagrams for Tanks T26 and T27 show each tank's emissions being routed through a single meshpad "prefilter" before converging and entering the main control device, designated Scrubber #2. The documentation states that "the prefilter is not necessary to meet stack outlet emission limits because the performance of the air pollution control device (Scrubber #2) is high enough to accomplish this by itself." During the initial performance test, the facility must take one of two approaches:
 - (a) If operating parameters will only be established for Scrubber #2, then the test must be conducted with the prefilters removed or bypassed.

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

Mr. Terry W. Hunter
March 23, 2000
Page Two

- (b) If the prefilters cannot be removed or bypassed, then operating parameters must be established for those devices, as well as for Scrubber #2, during the initial performance test.

We appreciate your timely submittal of the General Permit Notification Form. If you have any questions, please contact Ms. Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us.

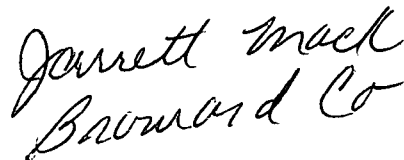
Sincerely,



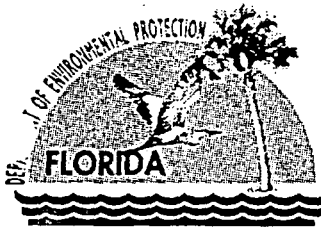
Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/ep

cc: Sandy Bowman
Marcelo Barros, Dade County DERM



Garrett Mack
Broward Co



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 23, 2000

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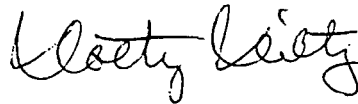
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Mr. Terry W. Hunter
March 23, 2000
Page Two

- (b) If the prefilters cannot be removed or bypassed, then operating parameters must be established for those devices, as well as for Scrubber #2, during the initial performance test.

We appreciate your timely submittal of the General permit Notification Form. If you have any questions, please contact Ms. Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us.

Sincerely,



Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/EP

cc: Sandy Bowman
Jarrett Mack, Broward County



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

April 10, 2000

Mr. Terry W. Hunter
Business Group Manager
Aircraft Jet Engine Component Repair Facility
10313 North Commerce Parkway
Miramar, Florida 33023

Re: Facility No.: 0112482

Dear Mr. Hunter:

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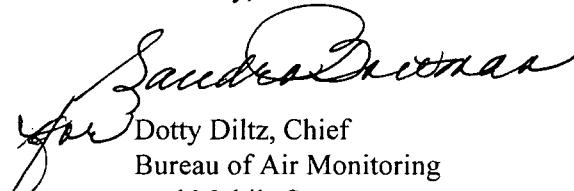
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Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

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. John Coppola, Broward County

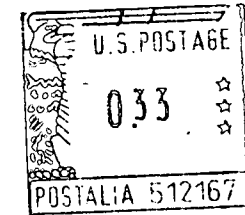
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

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

MC5521

BAMMS/BCO
JUEY ROBERTS
5510

Unclaimed
RECEIVED
AUG - 3 2000
Bureau of Air Monitoring
& Mobile Sources



MR. HERRY W HUNTER
BUSINESS GROUP MANAGER
AIRCRAFT JET ENGINE COMPONENT REPAIR FACILITY
10313 NORTH COMMERCE PARKWAY
MIRAMAR FL 33023

MAIL SERVICE PROBLEM REPORT

DATE _____ INITIALS _____
ROUTE NO. _____

MOVED LEFT NO FORWARD
 ATTEMPTED NOT KNOWN
 NO MAIL RECEPACLE
 NO SUCH NUMBER
 REFUSED
 UNCLAIMED

RETURN TO SENDER

MAIL SERVICE PROBLEM REPORT

DATE _____ INITIALS _____
ROUTE NO. _____

ATTEMPTED NOT KNOWN
 MOVED LEFT NO FORWARD
 NO MAIL RECEPACLE
 NO SUCH NUMBER
 REFUSED
 UNCLAIMED

RETURN TO SENDER





Praxair Surface Technologies, Inc.
10301 North Commerce Parkway
Miramar, FL 33025

Sandy

October 5, 2001

RECEIVED
OCT 12 2001
Bureau of Air Monitoring
& Mobile Sources

Dotty Diltz
Department of Environmental Protection
Bureau of Air Monitoring
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Dear Dotty Diltz:

On March 23, 2000 we received a letter from your office acknowledging receipt of Praxair Surface Technologies Air General Permit Notification. In the letter we are to notify your office prior to completion of stack testing on our chromium electroplating tanks. We have scheduled stack testing for December 7, 2001. I've included a copy of your letter for your reference. If you have any questions please feel free to contact me at 954.447.0476.

Sincerely,

Russell A. Yenor
Senior Process Engineer

cc: Jarrett Mack, Broward DPEP

file
0112482



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 23, 2000

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

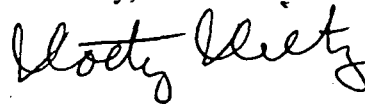
Printed on recycled paper.

Mr. Terry W. Hunter
March 23, 2000
Page Two

- (b) If the prefilters cannot be removed or bypassed, then operating parameters must be established for those devices, as well as for Scrubber #2, during the initial performance test.

We appreciate your timely submittal of the General Permit Notification Form. If you have any questions, please contact Ms. Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us.

Sincerely,



Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/ep

cc: Sandy Bowman
Marcelo Barros, Dade County DERM

Praxair Surface Technologies, Inc.
10301 North Commerce Parkway
Miramar, FL 33029

January 30, 2004

Department of Environmental Protection
Tallahassee, FL 32399-2400

The following is to submit changes to our records for Title V Air General Permit 112482. In order to effectively receive continue communication from DEP, please change the mailing address and name of business manager. The new mailing address for Praxair Surface Technologies is as follows:

Praxair Surface Technologies
Attn: Charles Henson
10301 North Commerce Parkway
Miramar, Florida 33029

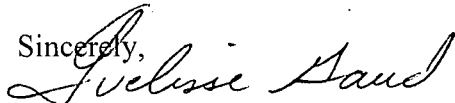
Contact persons:

Charles Henson – Business Manager
Tel: 954-624-3168
Ivelisse Gaud – Lab Manager
Tel: 954-624-3166

0112482
2/18/04 - Mr. Henson
CONFIRMED He
IS NOW RO
B

Thanks for your cooperation.

Sincerely,



Ivelisse Gaud
Lab Manager
E-mail: Ivelisse_Gaud@praxair.com

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)		

Postmark
Here

ID# 112482

Total Pos TERRY HUNTER

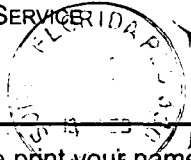
Sent To PRAXAIR -AIRCRAFT JET ENG
 COMPONENT REPR

Street, Apt. or PO Box 6400 NW 72ND AVENUE
 City, State, MIAMI, FL 33166

PS Form 3800, June 2002 See Reverse for Instructions

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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 112482 TERRY HUNTER PRAXAIR -AIRCRAFT JET ENG COMPONENT REPR 6400 NW 72ND AVENUE MIAMI, FL 33166 </div>	<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 style="text-align: right; margin-right: 50px;">2-2</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 (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5650 7697 </div>	

UNITED STATES POSTAL SERVICE

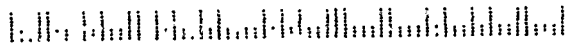


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 16 2004
Bureau of Air Monitoring
& Mobile Sources





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. 435975 FEB 4 2004

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

112482
TERRY HUNTER
PRAXAIR - AIRCRAFT JET ENG
COMPONENT REPR
6400 NW 72ND AVENUE
MIAMI FL 33166

~~X~~
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 12958
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Monitoring
& Noise Sources

FEB 9 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420802 DEC18 2002

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

mutama

TOTAL AMOUNT DUE: \$50.00



Do **NOT** Remove Label

<p>AIRS ID#0112482 PRAXAIR -AIRCRAFT ENG COMPONENT REP TERRY W HUNTER 6400 NW 72ND AVENUE MIAMI FL 33166</p>

Bureau of Air Traffic Control
& Mobile

DEC 20 2002

VED

<p>FOR GOVERNMENT USE ONLY Org.: 37550101000 Fund: 20-2-03500 Obj.: 002273</p>

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

7000 0600 0026 7825 6799

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

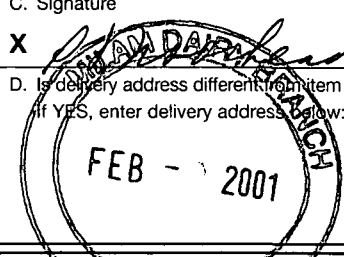
To: AIRS ID # 0112482
 PRAXAIR -AIRCRAFT JET ENG COMPONENT

Re: REPR

Sin: TERRY W HUNTER

Cit: 6400 NW 72ND AVENUE
 MIAMI FL 33166

PS Form 3800, February 2000 See Reverse for Instructions

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. 	<table style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly) MOORHEAD</td> <td style="width: 50%;">B. Date of Delivery 2/9/01</td> </tr> <tr> <td colspan="2">C. Signature X <i>[Signature]</i></td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly) MOORHEAD	B. Date of Delivery 2/9/01	C. Signature X <i>[Signature]</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly) MOORHEAD	B. Date of Delivery 2/9/01						
C. Signature X <i>[Signature]</i>							
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: <div style="text-align: right; margin-right: 50px;">AIRS ID # 0112482</div> PRAXAIR -AIRCRAFT JET ENG COMPONENT REPR TERRY W HUNTER 6400 NW 72ND AVENUE MIAMI FL 33166	<div style="text-align: center;">  </div>						
2. Article Number (Copy from service label) 7000 0600 0026 7825 6799	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, July 1999 Domestic Return Receipt 102595-99-M-1789							

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406594 MAR 1 2001

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 # 0112482
PRAXAIR -AIRCRAFT JET ENG COMPONENT
REPR
TERRY W HUNTER
6400 NW 72ND AVENUE
MIAMI FL 33166

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

REC
MAR - 5 2001
Department of Monitoring
and Assessment
Contract

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

E008 8003
52TH 4125
9200 0026
7000 0600 0026

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

----- AIRS ID # 0112482

PRAXAIR -AIRCRAFT COMPONET REPAIR
TERRY W HUNTER
6400 NW 72ND AVENUE
MIAMI FL 33166

Reverse for Instructions

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

<p>SENDER'S USE ONLY</p> <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 style="text-align: right;">AIRS ID # 0112482</p> <p>PRAXAIR -AIRCRAFT COMPONET REPAIR TERRY W HUNTER 6400 NW 72ND AVENUE MIAMI FL 33166</p> <p>2. Article Number (Copy from service label) <u>7000 0600 0026 4125 8003</u></p>	<p style="text-align: center;">SECTION ON DELIVERY</p> <p>A. Received by (Please Print Clearly) <u>MOORHEAD</u> B. Date of Delivery <u>3-5-01</u></p> <p>C. Signature <u>xp Moorhead</u> <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>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>
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PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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)		

Postmark
Here

AIRS ID# 112482 1stC
 PRAXAIR -AIRCRAFT JET ENG
 COMPONENT REPR
 10313 N Commerce Pkwy
 MIRAMAR, FL 33023

PS Form 3800, June 2002 See Reverse for Instructions

8488 0144 0004 0500 7003

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X David L. Henderson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>DAVID L. HENDERSON</i></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>1 Article Addressed to:</p> <p>AIRS ID# 112482 1stC PRAXAIR -AIRCRAFT JET ENG COMPONENT REPR 10313 N Commerce Pkwy MIRAMAR, FL 33023</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2 Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7003 0500 0004 0144 8488

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.

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 0810
2009 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2400

RECEIVED
FEB 21 2005

