

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 24, 1996

Mr. R. M. Jones Ace Refinishing 8109 North Nebraska Avenue Tampa, Florida 33604

Dear Mr. Jones:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

Liz Deken Hillsborough County 813/272-5530

Dear Mrs. Deken:

Today, I contacted Ace Refinishing concerning the Title V General Permit Notification Form [DEP Form No. 62-213.900(4)], submitted to the Department for processing. The responsible official (Mr. R. M. Jones) was informed that during his next official inspection he would be required to make the following changes to his application:

ITEM: (a), and (c) under the recordkeeping section on page 22.

Should you have any question please contact me at SC 278-6140 or 904/488-6140

Sincerely,

Alvin C. Williams, Eng I Bureau of Air Monitoring and Mobile Sources

/ACW

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ACE REFINISHING
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
4	Facility I agetical
4.	Street Address: 8109 No. NEBRISKI AVENUE
	Street Address: 8109 No. NEBRISKI AVENUE City: TAMPA County: HILLSBURDUGH Zip Code: 33604
э.	Facility Identification Number (DEP Use):
	057/073
	Deemoneible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	R.M. JONES, OWNER
7	
1.	Responsible Official Mailing Address: Organization/Firm: ACE REFINISHING
	Street Address: 8109 NO. NEBRASKA AVENUE City: TAMPA County: HILLS BOADUGH Zip Code: 33604
	City: TAMPA County: HILLS BURDUGH Zip Code: 3360 4
8	Responsible Official Telephone Number:
U.	Telephone: (8.13) 931 - 5806 Fax: $(-)$
	· · · · · · · · · · · · · · · · · · ·
	Facility Contact (If different from Demonstille Official)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME AS ABOVE # 6
10	Facility Contact Address:
10.	SAME AS ABOVE # 7
	Street Address:
	City: County: Zip Code:
11	Facility Contact Telephone Number: Coal At 1001F # Q
	Facility Contact Telephone Number: SAMC AS 1BOVE # 8 Telephone: () - Fax: () -

RECEIVED

SEP 3 1996

DEP Form No. 62-213.900(5) Effective: 6-25-96 Page 19 of 22

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

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

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 p	otential rectifier capacity greate	er than 60 million ampere-hours per year	?
] Yes	[<u>×</u>] No		
Were any hard chromium pl	ating tanks at the facility operat	ing before 12/16/93?	
[] Yes	[<u>×</u>] No		

DEP Form No. 62-213.900(5)

Effective: 6-25-96

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	NOV. 1986	FEB. 1996	FS/WA	l y
				

<u>Key</u>	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/dscmy = 45 dynes/cm

z = records of bath components (trivalent Cr tanks only)

c = alternative standard for multiple tanks under common control

2.	Indicate the d	ate by which the facility	must meet the requirements of section	(5) of Part II of this form:
	[X]	January 25, 1996	January 25, 1997	
				$x = y^{\frac{1}{2}}$
3.	Indicate how	the facility will fulfill th	e compliance demonstration:	
		The facility will condu	ct an initial performance test	
	(X)		wetting agent to reduce emissions and vision limit in No. 3 above.	vill meet

DEP Form No. 62-213.900(5)

Effective: 6-25-96

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		(b) Equipment inspection and repair						
(c) Equipment malfunctions		(d) Operation and maintenance checklist []						
(e) Instrument calibration		(f) Start-up, shutdown, malfunction plan						
(g) Performance test results		(h) Equipment monitoring						
(i) Excess emissions		(j) Operating periods						
(k) Rectifier capacity		(I) Fume suppressant records						
(m) Purchase records of wetting	g agent components	iX)						
	Surrender of E	Existing Air Permit(s)						
Please indicate with an "X" the	e appropriate selection	:	•					
		mits authorizing operation of the form; specifically, permit number(s)						
No air permits this notification	-	operation of the facility indicated in						
	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								

DEP Form No. 62-213.900(5) Effective: 6-25-96 Margha Mal

R. Michael Jones 12015 Pilot Country Drive Spring Hill, Florida 34610

June 16, 2001

Reference: Chrome Plating Operation



Ms. Dotty Dietz, Chief Bureau of Air Monitoring and Mobile Sources Florida Department of Environmental Protection Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Ms. Dietz:

The purpose of this letter is to respond to your correspondence to Ace Refinishing, 8109 No. Nebraska Ave., Tampa, regarding a Title V air general permit. Please be advised that we ceased all chromium operations in 1999 and sold the equipment and solutions approximately one year ago. Enclosed is a letter that we sent to the Hillsborough County EPC advising them of the situation in September 2000.

If you require any further information, we can be contacted at 813.996.4247.

Sincerely,

R. Michael Jones

R. Michael Jones 12015 Pilot Country Drive Spring Hill, Florida 34610

September 21, 2000

Reference: Chrome Plating Operation

Mr. Mohammad Nozari
C/O Environmental Protection Commission of Hillsborough county
1410 no. 21st Street
Tampa, Florida 33605

Mr. Nozari:

Per your request, the purpose of this letter is to formally advise that I am no longer engaged in the business of chrome plating. The complete operation, including solution, tanks, rectifier and all associated hardware, was transferred to Edgar Garcia this past summer. It is my understanding that he is in the process of setting it up for use in his business, Garcia Metal Refinishing, located in Drew Park.

If you require any further information, I can be contacted at 813.996.4247.

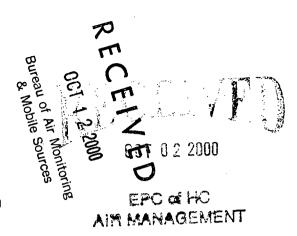
Sincerely,

R. Michael Jones

R. Michael Jones 12015 Pilot Country Drive Spring Hill, Florida 34610

September 21, 2000

Reference: Chrome Plating Operation



Mr. Mohammad Nozari
C/O Environmental Protection Commission
of Hillsborough county
1410 no. 21st Street
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If you require any further information, I can be contacted at 813.996.4247.

Sincerely,

R. Michael Jones

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	AL 💹 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 3:00 PM TI	ME OUT: 3:45	PmAIRS ID#:_0	57/073
TYPE OF FACILITY: Chroniu	M Electro PL	whing	
FACILITY NAME: ACC REFINI	Shing		DATE: 9/22/00
FACILITY LOCATION: 8109 N.		Anl	·
	×1 33604		
RESPONSIBLE OFFICIAL: D.M.		PHONE NUMBE	R: (613) 931-5806
Based on the results of the complication compliance with DEP Rule 62-213	-		facility is found to be in
Based on the results of the complidiscrepancies were noted:	ance requirements evalua	ted during this inspection, the	following compliance
COMPLIANCE REQUIREME	ENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
This Facility Noton	ger Perform		
Chromium Electro	01 1		
CHROMIUM Electro	Plating		
			·
	e e		
COMMENTS: This is a f	2 Project		
		,	
<u></u>			
The Annual Compliance Certification for	m has been properly certi	fied and submitted to the inspe	ector. YES NO
DATE OF NEXT INSPECTION:			
INSPECTION CONDUCTED BY: W	Λ	oproximate) 0 Zarj	
The state of the s		ease Print)	
INSPECTOR'S SIGNATURE: M.A	sozari	PHONE NUMB	SER: (817) 272-5530
	Page 1	_of\	Revised 10/9

Revised 10/96

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL (INS1, INS2, INS3) ✓ COMPLAINT/DISCOVERY (CI) RE-INSPECTION (FUI) □	
	DATE: 9/22/00 TIME IN: 38 PM TIME OUT: 3'49	5 Pm
FACILITY NAME:	ACE Refeirishing	<u> </u>
FACILITY LOCATION:	8109 N. Nebraska And	
	Tampa, X1 33604	·
RESPONSIBLE OFFICIAL	: R.M. Jones PHONE: (815) 931-58	06
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)	Facility Compliance Status: IN	<u> </u>
New facility notified DAR	M 30 days prior to startup (ARMS Data) MNC	
2. Facility failed to notify DA	RM to use a general permit SNC	
	\cdot	
PART II: CLASSIFICATION	N .	
	N ndard indicated on notification form:	
Facility type(s)/applicable star	ndard indicated on notification form:	
Facility type(s)/applicable star Hard Chromium Plating	ndard indicated on notification form:	_ _
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg)	dard indicated on notification form: dscm	<u> </u>
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg/c. New (0.015 mg/dscm)	dard indicated on notification form: dscm	<u> </u>
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg/c. New (0.015 mg/dscm) Decorative Chromium Platin	dard indicated on notification form: dscm	_ _)
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg/c. New (0.015 mg/dscm) Decorative Chromium Platin	dscm) □ b. Existing Small (0.03 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 g/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.	
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg/c. New (0.015 mg/dscm) Decorative Chromium Platin a. Chromic Acid Bath	dscm) b. Existing Small (0.03 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 g/Anodizing Emissions of $\leq 0.01/mg/dscm$ (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. With wetting agent Without wetting agent $\leq 0.01 mg/dscm$ (4.4x10-6 gr/dscf)	
Facility type(s)/applicable star Hard Chromium Plating a. Existing Large (0.015 mg/c. New (0.015 mg/dscm) Decorative Chromium Platin a. Chromic Acid Bath	dscm) □ b. Existing Small (0.03 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) g/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. With wetting agent	

PART III: CONTROL TECHNOLOGY Control device selected In use? QY QN 1. Composite Mesh Pad 2. Fiber Bed Mist Eliminator QY QN ☐ Packed Bed Scrubber DY PY 3. □Y □N ☐ Packed Bed Scrubber/Composite Mesh Pad ☐ Foam Blanket Fume Suppressant \Box Y $\square N$ ☐ Fume Suppressant w/ Wetting Agent 6. \Box Y ŪΝ Has the facility conducted an initial performance test to establish monitoring parameters? $\Box Y \Box N \Box N/A$ (Not required for sources using a wetting agent or 1-inch foam blanket thickness) PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS Has the responsible official maintained the following records? 1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or

DY ON ON/A

	composite mesh pad)		PY	ПN	□N/A	
2.	Operations and Maintenance Plan (OMP). (app scrubber, fiber-bed mist eliminator, or composite mesh pa	ΟY	□N	□N/A		
3.	Maintenance records for the source, add-on portion equipment (equipment identified, date perform	ΠY	□N			
4.	Records of date of occurrence, duration, cause malfunction of process, add-on pollution contra		ΠY	□N		
5.	Results of all performance tests.		ПY	ПN	□N/A	
6.	Records of monitoring data. (not applicable to triv	valent chromium baths using a wetting agent)	ПY	ПN	□N/A	
	Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and th inlet velocity daily.	e			
	Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Me: Measure the pressure drop across the CMP daily		i		
	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 in				
7.	Purchase records of wetting agent components	3.	ΠY	ПN	□N/A	
8.	Records of the date and time that fume suppre	ssants are added to the bath.	ПY	ΠN	□N/A	
9.	Records of fectifier capacity, if used to determ	ine facility size.	ΩY	ΠN	□N/A	
10	Records of the total process operating time.		ΩY	ח⊓		
11	Records identifying specific periods of excess	s emissions.	ΩY	ΠN		
13/	Startup, Shutdown & Malfunction Plan		ПY	ПN		
		2 of 3	1	Revise	d 07/28/0)(

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		-						
•								
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3 of 3

Mohamniad Mozar!
Inspector's Name

Inspector's Signature

Approximate Date of Next Inspection

ENVIRONMEN		SPECTION RE		LSBOROL	IGH COUNTY			
FACILITY: Ace Refinish			ibbioli of fin	PAGE 1				
FACILITY ADDRESS: 8109 North Nebraska Avenue CITY: Tampa PHONE: (813)931-5806								
MAILING ADDRESS: S	FLA	ZIP: 33604						
INSPECTION DATE: September 22, 2000	TIME IN: 3:00PM	TIME OUT: 3:45PM	INSPECTION CDS		STATUS: In Compliance			
NEDS NUMBER: 05710)73							
SOURCE DESCRIPTIO	N: Chromium I	Electroplating						
CONTACT(S): Mr. R. M	1. Jones							
I visited Ace Refinishin official, Mr. and Mrs. J Mr. Jones told me that Mr. Jones told me he is standard set to date for Mr. Jones told me that and rent this building to	fones. he sold his chrown to cont that metal). he is going to	omium electro inue to do nicl move his oper	oplating to the kel plating (Ni	Garcia's M is a HAP,	Ietal Refinishing. but there is no MACT			
Note1: This is a p2 pro Note2: This facility is accordingly.		omium electroj	plating and AR	tMS must l	oe up dated			
· .								
		e e						
·								
	·							
			•					
	•							
INSPECTED BY:		•			DATE:			
Mohammad Nozari				S	eptember 22, 2000			

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION		COMPLAINT/DISCOVERY	
FACILITY NAME: FACILITY LOCATION:	ATE: 7/22 GCE RA 8109 All	time in: 1 Lenis Val	1:30 TIME OUT: 2:11	<u>5</u>
	Tampa	,FS	33604	
PART I: NOTIFICATION				
(check appropriate box)			<u> </u>	=
 Facility notified DARM by 9/ New facility notified DARM 		tun		
3. Facility failed to notify DAR	• •	•	ם	
3. 1 40111, 141104 to 11041, 2.144				_
PART II: CLASSIFICATION				
Facility type(s)/applicable standa	ard indicated on not	ification form:		
Hard Chromium Plating				
a. Existing Large (0.015 mg/d	scm)	b. Existing Sr	nall (0.03 mg/dscm)	
c. New (0.015 mg/dscm)		(0.03 mg/ds	e Standard for existing facilities scm) using a rolling average of eacity (less than 60 million A-hr/yea	ar)
Decorative Chromium Plating	/Anodizing			
a. Chromic Acid Bath	Emissions of < 0.	01/mg/dscm (4	.4x10 ⁻⁶ gr/dscf)	۵
	Surface tension o		n (3.1x10 ⁻³ lb-f/ft) used	<u> </u>
b. Trivalent Chromium Bath	With wetting age	nt	٠.	
·	Without wetting	agent <0.01mg	/dscm (4.4x10 ⁻⁶ gr/dscf)	
c. Chromium Anodizing	Emissions of <0.0		•	
	Surface tension o			

PART III: CONTROL TECHNOLOGY				
Control device selected In use?				
1. Composite Mesh Pad				
2. ☐ Fiber Bed Mist Eliminator ☐Y ☐N				
3. ☐ Packed Bed Scrubber ☐Y ☐N				
4.				
5.				
6. ☐ Fume Suppressant w/ Wetting Agent ☑Y □N				
Has the facility conducted an initial performance test to establish moni (Not required for sources using a wetting agent or 1-inch foam blanket thickness)	itoring parameters? QY QN XN/A			
•				
PART IV: RECORDKEEPING AND REPORTING REQUIREME	ENTS			
Has the responsible official maintained the following records?				
 Quarterly inspection records for add-on air pollution control device equipment. (applicable only to a facility using a packed bed scrubber, fiber-bed composite mesh pad) 	· · · · · · · · · · · · · · · · · · ·			
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)				
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).				
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.				
5. Results of all performance tests.	AVAZ NO YO			
6. Records of monitoring data. (not applicable to trivalent chromium baths using	g a wetting agent) QY QN QN/A			
Composite Mesh Pad Packed Bed Scru Measure the pressure drop across the Measure the pressure drop across the CMP daily.				
Fiber-Bed Mist Eliminator Packed Bed Scru Measure the pressure drop across the FBME Measure the pressure drop across the American device daily.	abber/Composite Mesh Pad he CMP daily.			
	nt w/ Wetting Agent nsion at the appropriate interval.			
7. Purchase records of wetting agent components.	AND NO YA			
8. Records of the date and time that fume suppressants are added to t	he bath. Y ON ON/A			
9. Records of rectifier capacity, if used to determine facility size.	OY ON XINA			
10. Records of the total process operating time.	NO Y			
11. Records identifying specific periods of excess emissions.	ND YM			
12. Startup, Shutdown & Malfunction Plan	MO VIX			

Rendent- no mist 1	visible
Rancient- no mist s foaming delluseds avaibable	le
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. •	
·	
R.M. Jones	
Name of Responsible Official	7/2/07
Bruce M. King Inspector's Name	Date of Inspection
Bruce M. Kim	X/man
Inspector's Signature	Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

54 维拉拉拉斯

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: $\frac{1:30}{30}$ TIME OUT: $\frac{2:15}{30}$	AIRS ID#: 057/073
TYPE OF FACILITY: Chromum Electo	aplating
FACILITY NAME: ACE Referencher	5 DATE: 7/22/97
FACILITY LOCATION: 8109 N. N. Cloras	so due
Tampa, FL 33	604
RESPONSIBLE OFFICIAL: K. Ch. Jones	PHONE NUMBER: <u>813-93/-5806</u>
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	·
	<u> </u>
COMMENTS:	•
	·
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: X	year
	proximate)
INSPECTION CONDUCTED BA: OLOGO	ease Print)
K. Mat	PHONE NUMBER: 813-272-5-5-30
INSPECTOR'S SIGNATURE: LMUL IIII	PHUNE NUMBER: 010 & 12 3 3 30
Page 1	of . Revised 10/96

AIRS ID#: 05-71073

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AIR QUALITY GENERAL PERMIT CHROMIUM ELECTROPLATING/ ANNUAL COMPLIANCE CERTIFICATION FORM & Mobile Sources FACILITY NAME: FACILITY LOCATION: X(O) ____19*96* to Annual Reporting Period: 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. 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 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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:

^{*}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.

Revised 01/13/98

AIRS ID#: 057/073

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

_	ANNUALCO	JMII LIANCE CE	—————	JANI	
R 1 810	CE REFINISHING M JONES 09 N NEBRASKA AVENU MPA FL 33604	i الــــــــــــــــــــــــــــــــــــ			1998
Annual Reporting Period:	01/0/97	Do <u>NOT</u> Remov	/ /	Bureau of Air & Mobile S	Monitoring ources
Based on each term or con 62-213.300, Florida Admir If NO, complete the follow #1. Term or condition of t	nistrative Code (F.A.C	.), during the period c	overed by this statement	Yes	□no
Exact period of non-compl Action(s) taken to achieve Method used to demonstra	compliance:		to		
#2. Term or condition of t					riod stated above:
Exact period of non-compl Action(s) taken to achieve Method used to demonstra	compliance:		to		
As the responsible official, made in this notification at RESPONSIBLE OFFICI	re true, accurate and c		RIMAnox	onable inquiry, th	at the statements Ol/30/98 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢	COMPLAINT/I	DISCOVERY	RE-INSPECTION
TIME IN: / . (0-7)	TIME OUT: 2	. 45	AIRS ID#:	571073
TYPE OF FACILITY: Ch	romium Elect	roplati	n	
FACILITY NAME: PAC	E Referesher	<u>i</u>	<u> </u>	DATE: 5/12/97
FACILITY LOCATION: X	109 N. Nuls	usk a	die	<u> </u>
	onica, FL	33605		
RESPONSIBLE OFFICIAL:	K.M. Janes		PHONE NUMBER:	713-931-5806
	the compliance requirements Rule 62-213.300, Florida Adr			cility is found to be in
Based on the results of discrepancies were note	the compliance requirements	evaluated during	this inspection, the fo	llowing compliance
COMPLIANCE REQU	UIREMENT/PROBLE	M FC	LLOW-UP ACT	ON REQUIRED
				PKC
			Q _U	Say of S
				Silve Solitoria Solitoria
COMMENTS:		<u> </u>		
The Annual Compliance Certific	ation form has been properly	certified and sub	omitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTIO	N:	1-year	-	
	P	(Approximate)		
INSPECTION CONDUCTED	BY: Bruce	M. (Dlages Dring)	XING	•
INSPECTOR'S SIGNATURE:	Bruge M Kin	(Please Print)	/ _PHONE NUMBER	<u>:813 - 272-5536.</u>
	Pag	eof		Revised 10/96

CHROMIUM ELECTROPLATING/ANODIZING TITLE V GENERAL PERMIT

	COMPLIANCE IN	SPECTION C	CHECKLIST	Gay P	L
TYPE OF INSPECTION:	ANNUAL		COMPLAIN	IT/DISĆÓVĘRY	139 . (
	RE-INSPECTION	o`		Sur Onin	, 2 _{7%}
AIRS ID#: <u>() 571073</u>	DATE: 5/12/98	_ TIME IN:	1:00	TIME OUT: 🗷	2:45
FACILITY NAME:	ACE RILL	nushin	Li		

FACILITY LOCATION:

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 $(3.1 \times 10^{-3} \text{ lb-f/ft})$ 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) Emissions of <0.01 mg/dscm (4.4x10⁻⁶ gr/dscf) c. Chromium Anodizing 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?				
selected In use? 1.				
2. ☐ Fiber Bed Mist Eliminator ☐Y ☐N				
3. ☐ Packed Bed Scrubber ☐Y ☐N				
4. ☐ Packed Bed Scrubber/Composite Mesh Pad ☐Y ☐N				
5.				
6. ☐ Fume Suppressant w/ Wetting Agent ✓ Y ☐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)	□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)	AVA .			
 Operations and Maintenance Plan (OMP). (applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad) 	OY ON ANA			
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).				
 3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). 4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. 				
5. Results of all performance tests.	DY ON TANA			
6. Records of monitoring data. (not applicable to trivalent chromium baths using a wetting agent)	ANNE NO YO			
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 Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the FBME Measure the pressure drop across the CMP daily. and the upstream device daily.				
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval. Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.				
7. Purchase records of wetting agent components.	DY ON DANA			
8. Records of the date and time that fume suppressants are added to the bath.	AND NO YE			
9. Records of rectifier capacity, if used to determine facility size.	DY ON DONA			
10. Records of the total process operating time.	DA DAN			
11. Records identifying specific periods of excess emissions.	DY PY WHY			
12 Startup Shutdown & Malfunction Plan	ADY DN			

PART V: ADDITIONAL SITE INFORMATION
Associate have log for aperating times. Unit resed way lettle octral parts Chamed 30 sec to 1 minute
Arraned 30 sec to 1 minute
Has not purchased wettering agent since 96. Has used 12 tablets since
since 96. Has used 12 tablets since
3/2/96 - Has 150 naver remaining
attached one Surface tension test
Negults:
Will evelule operating times on the Test lay.
Tutlag.
Our strike
R. M. Jones Name of Responsible Official

R.M. Jones	
Name of Responsible Official	/ / -
Bruce M. King	5/12/98
Inspector's Name	Date of Inspection
Knue MKm2.	ly.
Inspector/s Signature	Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	DMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9'30 AM TIME OUT: 10.	:45 AM AIRS ID#: 571073
TYPE OF FACILITY: CHROMIUM ELECT	ROPLATING
FACILITY NAME: ACE REFINISHING	
FACILITY LOCATION: 8109 N. NEBRAS	KA AVE
TAMPA, FL 33	3604
RESPONSIBLE OFFICIAL: R. M. JONES	PHONE NUMBER: (813) 931- 5806
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of the compliance requirements eva discrepancies were noted:	duated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED .
	Be m
· · · · · · · · · · · · · · · · · · ·	œa o
	CT 1 1 1999 Of Air Monitor Mobile Sources
·	Air air
	Monit
	Monitoring Sources
	-
	·
COMMENTS:	·
The Annual Compliance Certification form has been properly ce	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	ear
•	Approximate)
INSPECTION CONDUCTED BY: Wohamma	(Please Print)
INSPECTOR'S SIGNATURE: M. NOROW	PHONE NUMBER: (813) 272-5530
Page_	_of Revised 10/96

571073

CHROMIUM PLATING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ACE KEFINISHING	DATE: 09/28/99
EACHTEVIOCATION 8109 N. NEBRASKA AVE	-/-/-
FACILITY NAME: ACE REFINISHING FACILITY LOCATION: 8109 N. NEBRASKA AVE TEMPA, FL 33604	
Annual Reporting Period: 5/12/ 1998 TO 9/28/	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	•
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ing period stated above:
Exact period of non-compliance: fromto	Mobilis Mobilis
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	E IVE
#2. Term or condition of the general permit that has not been in continuous compliance during the report	lacksquare
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u> </u>
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiring made in this notification are true, accurate and complete. Further, my annual consumption of perchloroupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	ethylene solvent, based

Name (Please Print)

^{*}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.

RECEIVED OF ALL MONIES SOURCES

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION) X	(COMPL	AINT/DISCOVER`		
AIRS ID#: 57/073 FACILITY NAME: FACILITY LOCATION:	DATE: 7/28 ACE RE 8109 N TAMPA	199 TIME II FINIS I. NEG , FL	N: <u>9:30 HM</u> HHNG BRASKA 33600	7_ time out: _1 AVE	10.45 p	1 <u>m</u> — — — — — — — — — — — — — — — — — — —
PART I: NOTIFICATION						
(check appropriate box) 1. Facility notified DARM b 2. New facility notified DAR 3. Facility failed to notify Da	UM 30 days prior to s	7		* (Bureau of Air Mon. & Mobile Sourc	0CI 1 1 1
PART II: CLASSIFICATIO)N				ior mo	<u> </u>
Facility type(s)/applicable sta	ındard indicated on r	notification fo	rm:		·	
a. Existing Large (0.015 m c. New (0.015 mg/dscm)	g/dscm)	d. Altern (0.03 r	ng/dscm) using	mg/dscm) for existing facilit a rolling average of than 60 million A-	f	
Decorative Chromium Plat	ing/Anodizing	,				
a. Chromic Acid Bath	Emissions of <	< 0.01/mg/dsc	m (4.4x10 ⁻⁶ gr/c	iscf)		
	Surface tension May only be select	n of ≤ 45 dyr ted if a wetting as	nes/cm (3.1x10 ⁻³ gent is used.	lb-f/ft)	Æ	

May only be selected if a wetting agent is used.

Without wetting agent <0.01mg/dscm (4.4x10⁻⁶ gr/dscf)

Emissions of <0.01 mg/dscm (4.4x10⁻⁶ gr/dscf)

Surface tension of 45 dynes/cm (3.1x10⁻³ lb-f/ft)

With wetting agent

b. Trivalent Chromium Bath

c. Chromium Anodizing

PART III: CONTROL TECHNOLOGY			
Control device	I		
selected 1.	In use?	•	
2.	□Y □N		
3. Description Packed Bed Scrubber	OY ON		
4. Packed Bed Scrubber/Composite Mesh Pad	OY ON		ļ
5.	□Y □N		
6.	XY □N		
Has the facility conducted an initial performance test to each (Not required for sources using a wetting agent or 1-inch foam blanket		ИО УП	□N/A
PART IV: RECORDKEEPING AND REPORTING R	REQUIREMENTS	•	
Has the responsible official maintained the following re			
 Quarterly inspection records for add-on air pollution equipment. (applicable only to a facility using a packed bed sc. composite mesh pad) 	· · · · · · · · · · · · · · · · · · ·	OY, ON	M)N/A
 Operations and Maintenance Plan (OMP). (applicable of scrubber, fiber-bed mist eliminator, or composite mesh pad) 	only to a facility using a packed bed	MY ON	A (
 Maintenance records for the source, add-on pollution equipment (equipment identified, date performed, des 		OÝ ON	WAN
 Records of date of occurrence, duration, cause, and comalfunction of process, add-on pollution control devi 		אם/צם	NYA
5. Results of all performance tests.	•	DAY ON	□N/A
6. Records of monitoring data. (not applicable to trivalent chro	omium baths using a wetting agent)	OÝ ON	□N/A
Measure the pressure drop across the Measure the press	ked Bed Scrubber sure drop across the PBS and the velocity daily.		
Fiber-Bed Mist Eliminator Pacl Measure the pressure drop across the FBME Measure the pres and the upstream device daily.	ked Bed Scrubber/Composite Me sure drop across the CMP daily.	sh Pad	
	ne Suppressant w/ Wetting Agent ure the surface tension at the appropriate inte		
7. Purchase records of wetting agent components.		OY/ON	DN/A
8. Records of the date and time that fume suppressants	are added to the bath.	ZY ON	□N/A
9. Records of rectifier capacity, if used to determine fac-	ility size.	ØY ON	□N/A
10. Records of the total process operating time.		OY ON	NIAV
11. Records identifying specific periods of excess emissi	ons.	OY/ON	NIAV
12. Startup, Shutdown & Malfunction Plan		ØY ON	

PART V: ADDITIONAL SITE INF	ORMATION		
		·	
·	·		
			·
R.M. Jones Name of Responsible Officia Mohammad Noza	•	9/28/99	
Inspector's Name Inspector's Signature		Date of Inspection Year Approximate Date of Next Insp	pection

			<u> </u>	
ENVIRONMENTAL PR	INSPECTION REP		SROROUGH (COUNTY
FACILITY: Ace Refinishing		SOION OF THEE	PAGE 1	
FACILITY ADDRESS: 8109 North N	Jebraska Avenue		CITY: Tar	
				813)931-5806
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33604
INSPECTION DATE: TIME IN:		INSPECTIO		STATUS:
September 28,1999 9:30AM	10:45AM	CDS	S	In Compliance
NEDS NUMBER: 0571073				·
SOURCE DESCRIPTION: Chromiun	n Electroplating			
CONTACT(S): Mr. R. M. Jones				
I visited Ace Refinishing Electro P official, Mr. and Mrs. Jones. The facility is classified as a decora approximately 1 minute. The owner the last 30 day test was performed By the rule, the surface tension me until an exceedance occurs. A wetting agent is used for emission tank to keep the surface tension below average of 43 drops wetting agent of There are two (2) rectifiers at the some The facility also operates a gold - I no MACT standard set to date). Now was not in operation today. The owner told us he had added no recycles chrome rinse water back in the surface tension below.	ative chromium-per tests the surface on July 1, 1999, assurement can be on control. The or low 45 dynes/cm has been used. It it each rectifier be a odors were notice of chrome to the c	plating source tension ever and the surface conducted ever wher told me to the submitted has the capacited plating oped around the promic acid between the capacited plating oped around the promic acid between the capacited plating oped around the promic acid between the capacited plating open to the plating open to the promic acid between the capacited plating open to the capacited plating ope	Each platicy 30 day. To tension were 40 – he that wetting ed test resurity of 300 a teration (N) e chrome tath over the	ing operation took The record showed that Yas 42 (<45 dynes/cm). Our of tank operation g agent is added to the lts showed that an mp. i is a HAP, but there is ank. Tank chrome tank
INSPECTED BY: Mohammad Nozari			S	DATE: eptember 28,1999



0360621

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 # 0571073

ACE REFINISHING R M JONES 8109 N NEBRASKA AVENUE TAMPA FL 33604 LEB | 2 88

WAIL ROOM RECEIVED FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



261242

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

RECEIVED MAIL ROOM

FEB 24 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0571073

ACE REFINISHING R M JONES 8109 N NEBRASKA AVENUE TAMPA FL 33604 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

303078

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 FEB 19 98

Do NOT Remove Label

AIRS ID 0571073

ACE REFINISHING R M JONES 8109 N NEBRASKA AVENUE **TAMPA FL 33604**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

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 # 0571073 ACE REFINISHING R M JONES

8109 N NEBRASKA AVENUE TAMPA FL 33604

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

SENDER: COMPLETE THIS SECTION	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. 1. Article Addressed to: AIRS ID # 0990538 5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415	A. Received by (Please Print Clearly) B. Date of Detvery C. Signature Agent Addressee Addressee Addressee If YES, enter delivery address below: No FEB 2 8 2000 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) 2. Article Number (Copy from service label) PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to

AIRS ID # 0571073

ACE REFINISHING R M JONES 8109 N NEBRASKA AVENUE TAMPA FL 33604

	Ochanica i de	1
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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 vecard to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write *Return Receipt Requested* on the mailpiece below the article.	ice does not	I also wish to rectollowing service extra fee): 1. Address: 2. Restricte	s (for an ee's Address
The Return Receipt will show to whom the article was delivered a delivered.	ind the date	Consult postmas	•
Ace refinishing R M Jones 8109 N Nebraska avenue TAMPA FL 33604	4b. Service Registere Express Return Rec7. Date of Do	Type od Mail ceipt for Merchandise	Certified Insured
5. Received By: (Print Name) 6. Sigi		e's Address (Only	if requested
PS For.			ceir

US Postal Service	613 151
Receipt for Cer	
ACE REFINISHING R M JONES 8109 N NEBRASKA A TAMPA FL 33604	AIRS ID 0571073 VENUE
Postage	\$
Certified Fee	
Special Delivery Fee	
Special Delivery Fee Restricted Delivery Fee	
<u> </u>	
Restricted Delivery Fee Return Receipt Showing to	
Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom,	\$

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 card to you. ■Attach this form to the front of the mailpiece, or on the back if space permit. ■Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
	3. Article Addressed to:	4a. Article N		æ
completed	AIRS ID # 0571073	$\frac{2}{3}$	33660381	Return
Ē	ACE REFINISHING	4b. Service		ğ
	R M JONES	☐ Registere	ed Z Certified	g .
SS	8109 N NEBRASKA AVENUE	Express I	Mail 🔲 Insured	sing
Ĕ	TAMPA FL_33604	☐ Return Red	ceipt for Merchandise 🔲 COD	
IN ADDRESS	·	7. Date of De	2/16/99	you for
RETURN	5. Received By: (Print-Name)	8. Äddressee and fee is	e's Addreśs (Only if requested paid)	Thank
your I	6. Signature: (Addressee or Agent)			
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-	PS Form 3811 , December 1994	·	Domestic Return Receipt	

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	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation	Provide	d.
R M 8109	E REFINISHING JONES ON NEBRASKA AVEI IPA FL 33604		ID # 0571073
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

ot adolavna to dot 19.	VO O STILL TO NO NC TREATMENT NO NC DEFINERA
 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 # 0571073 CE REFINISHING M JONES	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
09 N NEBRASKA AVENUE 1MPA FL 33604 Z 333 667 436	3. Service Type Certified Mail
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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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
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
Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$
TOTAL Postage & Fees \$

SENDER: COMPLETE THIS SECTION	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. Article Addressed to: 	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:
7 AIRS ID # 0571073001AG R M JONES ACE REFINISHING 8109 N NEBRASKA AVENUE TAMPA FL 33604	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) Z 2 10 662 500	
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

Z 210 662 500 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) 7 AIRS ID # 0571073001AG R M JONES ACE REFINISHING 8109 N NEBRASKA AVENUE TAMPA FL 33604 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

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 # 0571073 ACE REFINISHING R M JONES 8109 N NEBRASKA AVENUE TAMPA FL 33604 AIRS ID # 0571073 ACE REFINISHING R M JONES 8109 N NEBRASKA AVENUE TAMPA FL 33604 3. Service Type A Received by (Please Print Clearly) B Dafe of Delivery 3	ge over top of enve	
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 # 0571073 ACE REFINISHING R M JONES 8109 N NEBRASKA AVENUE TAMPA FL 33604 3. Service Type A Certified Mail	SENDER: COMPLETE V	MPLETE THIS SECTION ON DELIVERY
2 Article Number (Copy from service label) 2210 662 370	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 # 0571073 ACE REFINISHING R MJONES 8109 N NEBRASKA AVENUE	C. Signature Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Acertified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2210662390		4. Restricted Delivery? (Extra Fee) *
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	2 Article Number (Copy from service label) 221066237	
	PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

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on the reverse side?	Ot adolanua to dot land autility possible. "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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. "Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.	can return this e does not e number. d the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
your RETURN ADDRESS completed	AIRS ID#: 0571073 AGE REFINISHING R.M.JONES 8109 N NEBRASKA AVENUE TAMPA FL 33604 5. Received by: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of De	Type ed Certified Mail Insured Delivery Selivery Delivery	Thank you for using Return Re
s	PS Form 3811 , December 1994		Domestic Return Receipt	, .)

ą,	565	305	154	
	al Service pt for (Certif	ied Mai	il
R M JON	INISHING ES EBRASKA	3	#: 0571073 JE	3
Postage		\$		•
Certified F	ee			
Special D	elivery Fee			
Restricted	Delivery Fee	,		
	ceipt Showin			
	ept Showing to ressee's Address			
TOTAL PO	ostage & Fee	s \$		
Return Rec Whom & Date, & Add TOTAL Po Postmark	or Date			

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