



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

September 25, 1996

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): <i>ACE REFINISHING</i>
2. Site Name (For example, plant name or number): —
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>8109 NO. NEBRASKA AVENUE</i> City: <i>TAMPA</i> County: <i>HILLSBOROUGH</i> Zip Code: <i>33604</i>
5. Facility Identification Number (DEP Use): <i>05171043</i>

Responsible Official

6. Name and Title of Responsible Official: <i>R. M. JONES, OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>ACE REFINISHING</i> Street Address: <i>8109 NO. NEBRASKA AVENUE</i> City: <i>TAMPA</i> County: <i>HILLSBOROUGH</i> Zip Code: <i>33604</i>
8. Responsible Official Telephone Number: Telephone: <i>(813) 931-5806</i> Fax: () - - -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME AS ABOVE # 6</i>
10. Facility Contact Address: Street Address: <i>SAME AS ABOVE # 7</i> City: County: Zip Code:
11. Facility Contact Telephone Number: <i>SAME AS ABOVE # 8</i> Telephone: () - - - Fax: () - - -

RECEIVED

SEP 3 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

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

NOT APPLICABLE

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	NOV. 1986	FEB. 1996	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. 3 above.

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Equipment maintenance
- (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
- (l) Fume suppressant records
- (m) Purchase records of wetting agent components

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

08/28/96
Date

Mailed
08/29/96


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

June 16, 2001

Reference: Chrome Plating Operation

RECEIVED
JUN 02 2001
Bureau of Air Monitoring
& Mobile Sources

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

057/1073

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

Bureau of Air Monitoring
& Mobile Sources
OCT 12 2000
RECEIVED
02 2000
EPC of HC
AIR MANAGEMENT

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

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>3:00 PM</u>	TIME OUT: <u>3:45 PM</u>	AIRS ID#: <u>0571073</u>
TYPE OF FACILITY: <u>Chromium Electroplating</u>		
FACILITY NAME: <u>Ace Refinishing</u>	DATE: <u>9/22/00</u>	
FACILITY LOCATION: <u>8109 N. Nebraska Ave</u> <u>Tampa, FL 33604</u>		
RESPONSIBLE OFFICIAL: <u>P.M. Jones</u>	PHONE NUMBER: <u>(813) 931-5806</u>	

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

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>This Facility no longer perform</u>	
<u>Chromium Electroplating</u>	

COMMENTS: This is a P2 Project

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

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: <u>057/073</u>	DATE: <u>9/22/00</u>	TIME IN: <u>3:00 PM</u>	TIME OUT: <u>3:45 PM</u>
FACILITY NAME: <u>ACE Refinishing</u>			
FACILITY LOCATION: <u>8109 N. Nebraska Ave</u> <u>Tampa, FL 33604</u>			
RESPONSIBLE OFFICIAL: <u>R.M. Jones</u>		PHONE: <u>(813) 931-5806</u>	
CONTACT NAME: _____		PHONE: _____	

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN
 1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC
 2. Facility failed to notify DARM to use a general permit SNC

PART II: CLASSIFICATION

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

a. Existing Large (0.015 mg/dscm)	<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"/>

Decorative Chromium Plating/Anodizing

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

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 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

<p>Composite Mesh Pad Measure the pressure drop across the CMP daily.</p> <p>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</p> <p>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</p>	<p>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</p> <p>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</p> <p>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</p>
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- 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

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Ace Refinishing			PAGE 1 OF 1	
FACILITY ADDRESS: 8109 North Nebraska Avenue			CITY: Tampa	
			PHONE: (813)931-5806	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33604
INSPECTION DATE: September 22, 2000	TIME IN: 3:00PM	TIME OUT: 3:45PM	INSPECTION TYPE: CDS	STATUS: In Compliance
NEDS NUMBER: 0571073				
SOURCE DESCRIPTION: Chromium Electroplating				
CONTACT(S): Mr. R. M. Jones				

I visited Ace Refinishing Electro Plating for the annual inspection. We met with the responsible official, Mr. and Mrs. Jones.

Mr. Jones told me that he sold his chromium electroplating to the Garcia's Metal Refinishing.

Mr. Jones told me he is going to continue to do nickel plating (Ni is a HAP, but there is no MACT standard set to date for that metal).

Mr. Jones told me that he is going to move his operation from here to his house in the near future and rent this building to another pawnshop.

Note1: This is a p2 project.

Note2: This facility is closed for chromium electroplating and ARMS must be up dated accordingly.

INSPECTED BY: Mohammad Nozari		DATE: September 22, 2000	
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✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0571073 DATE: 7/22 TIME IN: 1:30 TIME OUT: 2:15
 FACILITY NAME: ACE Refinishing
 FACILITY LOCATION: 3109 NW Nebraska Ave
Tampa, FL 33604

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 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)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Results of all performance tests.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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.
7. Purchase records of wetting agent components.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8. Records of the date and time that fume suppressants are added to the bath.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
9. Records of rectifier capacity, if used to determine facility size.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
10. Records of the total process operating time.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
11. Records identifying specific periods of excess emissions.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
12. Startup, Shutdown & Malfunction Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

PART V: ADDITIONAL SITE INFORMATION

*Remnant - no mist visible
foaming
all records available*

R.M. Jones

Name of Responsible Official

Bruce M. King

Inspector's Name

Bruce M. King

Inspector's Signature

7/22/97

Date of Inspection

X 1 year

Approximate Date of Next Inspection

✓

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:30 TIME OUT: 2:15 AIRS ID#: 0571073
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: ACE Refinishing DATE: 7/22/97
 FACILITY LOCATION: 8109 N. Nebraska Ave
Tampa, FL 33604
 RESPONSIBLE OFFICIAL: R. M. Jones PHONE NUMBER: 813-931-5806

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: _____

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

DATE OF NEXT INSPECTION: x 1 year
(Approximate)

INSPECTION CONDUCTED BY: Bruce M. King
(Please Print)

INSPECTOR'S SIGNATURE: Bruce M. King PHONE NUMBER: 813-272-5530

AIRS ID#: 0571073

RECEIVED
acc
Revised 10/10/96
AUG 11 1997

AIR QUALITY GENERAL PERMIT
CHROMIUM ELECTROPLATING/ ANODIZING ANNUAL COMPLIANCE CERTIFICATION FORM
Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: ACE Refreshing DATE: 7/22/97
FACILITY LOCATION: 8109 N. Nebraska Ave
Tempa, FL 33604

Annual Reporting Period: 8/28/96 1996 TO 7/22 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

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

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

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

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: R. M. Jones *R. M. Jones* 07/22/97
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

AIRS ID#: 0571073

Revised 01/13/98

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

ACE REFINISHING R M JONES 8109 N NEBRASKA AVENUE TAMPA FL 33604	AIRS ID#0571073
--	-----------------

RECEIVED

FEB 3 1998

Do **NOT** Remove Label

Bureau of Air Monitoring
& Mobile Sources

Annual Reporting Period: 01/01/97 19 TO 12/31/97 19

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:

R.M. JONES
Name (Please Print)

[Signature]
Signature

01/30/98
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/DISCOVERY RE-INSPECTION

TIME IN: 1:00 TIME OUT: 2:45 AIRS ID#: 0571073
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: ACE Refinishing DATE: 5/12/98
 FACILITY LOCATION: 8109 N. Nebraska Ave
Tampa, FL 33605
 RESPONSIBLE OFFICIAL: R.M. Jones PHONE NUMBER: 813-931-5806

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 JUN 15 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 year
 (Approximate)

INSPECTION CONDUCTED BY: Bruce M. King
 (Please Print)

INSPECTOR'S SIGNATURE: Bruce M King PHONE NUMBER: 813-272-5531

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

RECEIVED
JUN 15 1998
Bureau of Air Quality
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISORDER
RE-INSPECTION

AIRS ID#: 0571073 DATE: 5/12/98 TIME IN: 1:00 TIME OUT: 2:45
 FACILITY NAME: ACE Refinishing
 FACILITY LOCATION: 7109 N. Melbourne Ave
Tampa, FL 33604

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 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)

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 N/A
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N N/A
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

Composite Mesh Pad Measure the pressure drop across the CMP daily.	Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.
Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.	Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.
Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.	Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.

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

PART V: ADDITIONAL SITE INFORMATION

Does not have log for operating times.
Unit used very little. Oiled parts
drained 30 sec to 1 minute

Has not purchased wetting agent
since 96. Has used 12 tablets since
3/2/96. Has 150+ tablet remaining
attached are Surface tension test
results.

Will include operating times
Test log.

RECEIVED
MAY 15 1998
Bureau of Air Monitoring
& Mobile Sources

R. M. Jones
Name of Responsible Official

Bruce M. King
Inspector's Name

Bruce M. King
Inspector's Signature

5/12/98
Date of Inspection

1 yr.
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:30 AM TIME OUT: 10:45 AM AIRS ID#: 571073
 TYPE OF FACILITY: CHROMIUM ELECTROPLATING
 FACILITY NAME: ACE REFINISHING DATE: 9/28/99
 FACILITY LOCATION: 8109 N. NEBRASKA AVE
TAMPA, FL 33604
 RESPONSIBLE OFFICIAL: R. M. JONES PHONE NUMBER: (813) 931-5806

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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COMMENTS:

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

DATE OF NEXT INSPECTION: 1 year
 (Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
 (Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

AIRS ID#: 571073

ACC

Revised 10/10/96

CHROMIUM PLATING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ACE REFINISHING DATE: 09/28/99
 FACILITY LOCATION: 8109 N. NEBRASKA AVE
TAMPA, FL 33604

Annual Reporting Period: 5/12/ 1998 TO 9/28/ 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. 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: _____

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

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

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: R. M. JONES [Signature] 09/28/99
 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.

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

RECEIVED
OCT 11 1999
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 571073 DATE: 9/28/99 TIME IN: 9:30 AM TIME OUT: 10:45 AM
 FACILITY NAME: ACE REFINISHING
 FACILITY LOCATION: 8109 N. NEBRASKA AVE
TAMPA, FL 33604

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 (check appropriate box)

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Bureau of Air Monitoring
& Mobile Sources

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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"/>

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	Surface tension of ≤ 45 dynes/cm (3.1x10 ⁻³ lb-f/ft) <i>May only be selected if a wetting agent is used.</i>	<input checked="" type="checkbox"/>
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"/>
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Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
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- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N N/A
- 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]

R.M. Jones
Name of Responsible Official

Mohammad Nozari
Inspector's Name

M. Nozari
Inspector's Signature

9/28/99
Date of Inspection

1 year
Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Ace Refinishing			PAGE 1 OF 1	
FACILITY ADDRESS: 8109 North Nebraska Avenue			CITY: Tampa PHONE: (813)931-5806	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33604
INSPECTION DATE: September 28, 1999	TIME IN: 9:30AM	TIME OUT: 10:45AM	INSPECTION TYPE: CDS	STATUS: In Compliance
NEDS NUMBER: 0571073				
SOURCE DESCRIPTION: Chromium Electroplating				
CONTACT(S): Mr. R. M. Jones				

I visited Ace Refinishing Electro Plating for the annual inspection. We met with the responsible official, Mr. and Mrs. Jones.

The facility is classified as a decorative chromium-plating source. Each plating operation took approximately 1 minute. The owner tests the surface tension every 30 day. The record showed that the last 30 day test was performed on July 1, 1999, and the surface tension was 42 (<45 dynes/cm). By the rule, the surface tension measurement can be conducted every 40 – hour of tank operation until an exceedance occurs.

A wetting agent is used for emission control. The owner told me that wetting agent is added to the tank to keep the surface tension below 45 dynes/cm. The submitted test results showed that an average of 43 drops wetting agent has been used.

There are two (2) rectifiers at the site each rectifier has the capacity of 300 amp.

The facility also operates a gold - Plating and nickel – plating operation (Ni is a HAP, but there is no MACT standard set to date). No odors were noticed around the chrome tank. Tank chrome tank was not in operation today.

The owner told us he had added no chrome to the chromic acid bath over the 10 years (the recycles chrome rinse water back into the 55 gallon drum chrome tank)

INSPECTED BY: Mohammad Nozari	DATE: September 28, 1999
----------------------------------	-----------------------------

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

66 91 83J
MAIL ROOM
RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303078

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
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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393576

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

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

AIRS ID # 0571073

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

RECEIVED
MAIL ROOM
MAR 16 00

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 0571073

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

4a. Article Number
2333613151

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
02-14-98

5. Received By: (Print Name)

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

6. Sign
X
PS For.

Return Receipt Service.

Z 333 613 151

US Postal Service
Receipt for Certified Mail
AIRS ID 0571073
ACE REFINISHING
R M JONES
8109 N NEBRASKA AVENUE
TAMPA FL 33604

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

PS Form 3800, April 1995

Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571073

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

4a. Article Number

2 333 660 381

4b. Service Type

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

7. Date of Delivery

X 2/16/99

5. Received By: (Print Name)

X *[Signature]*

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 381

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

AIRS ID # 0571073

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

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	

1999

Fold at line over top of envelope to

SENDER: 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%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td>C. Signature</td> <td style="text-align: right;">2/12/00</td> </tr> <tr> <td><input checked="" type="checkbox"/> X</td> <td> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	C. Signature	2/12/00	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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C. Signature	2/12/00										
<input checked="" type="checkbox"/> X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee										
D. Is delivery address different from item 1? If YES, enter delivery address below:											
<input type="checkbox"/> Yes <input type="checkbox"/> No											
1. Article Addressed to: <div style="text-align: right; margin-right: 50px;">AIRS ID # 0571073</div> ACE REFINISHING M JONES 09 N NEBRASKA AVENUE TAMPA FL 33604 <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">2 333 667 436</div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.										
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes										
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789											

2 333 667 436
2000

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage AIRS ID # 0571073

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

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

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) <i>R M Jones</i>	B. Date of Delivery <i>6/14/01</i>
<p>1. Article Addressed to:</p> <p>7 AIRS ID # 0571073001AG R M JONES ACE REFINISHING 8109 N NEBRASKA AVENUE TAMPA FL 33604</p>	<p>C. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label) <i>Z 210 662 500</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>PS Form 3811, July 1999</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>	

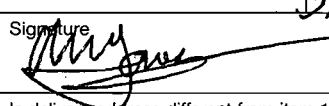
Z 210 662 500

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	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION BEFORE DELIVERY		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. Received by <i>(Please Print Clearly)</i> B. Date of Delivery 3/9/08</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0571073</p> <p>ACE REFINISHING R.M. JONES 8109 N NEBRASKA AVENUE TAMPA FL 33604</p>		<p>C. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
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		<p>3. Service Type</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>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>	
<p>2. Article Number <i>(Copy from service label)</i> 2210662390</p>			
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-99-M-1789	

Fold at line over top of envelope to the right of the return address

SENDER

- Complete items 1 and/or 2 for additional services.
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- 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#: 0571073

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

4a. Article Number
P 265 302 164

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/18/97

5. Received by: (Print Name)
R.M. Jones

6. Signature: (Addressee or Agent)
R.M. Jones

X

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

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 265 302 164

US Postal Service
Receipt for Certified Mail

AIRS ID#: 0571073

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

Postage	\$
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 <i>2/14/97</i>	

PS Form 3800, April 1995