



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 2, 1996

Mr. Robert M. Wilson
President
Wizard's Custom Guns and
Refinishing, Inc.
1203 Southwest 12 Street, Suite G
Ocala, Florida 34474

0830113

Dear Mr. Wilson:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on September 12, 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: Mr. Louis Nichols, Central District

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

WIZARD'S CUSTOM GUNS & REFINISHING INC.

#1(a) should be no hard chrome tanks operating →
check "no" in last question.

#1(b) control device should read "FS/WA".

Equipment Monitoring & Recordkeeping Info:

Delete (b) & (d)

Add (c), (f), (h), (i), and (j)

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Wizard's Custom Guns and Refinishing INC.		
2. Site Name (For example, plant name or number):	Ditto		
3. Hazardous Waste Generator Identification Number:	Have not been given one		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	1203 SW 12th St Suite B.	Ocala	MARION 34474
5. Facility Identification Number (DEP Use):	0830113		

Responsible Official

6. Name and Title of Responsible Official:	Robert M. Wilson President		
7. Responsible Official Mailing Address:	P.O. Box 608 St Marion 32134 or -		
Organization/Firm:	Wizard's Custom Guns + Refinishing Inc.		
Street Address:	1203 SW 12th St. Suite B.		
City:	County:	Zip Code:	
Ocala	MARION	34474	
8. Responsible Official Telephone Number:	Telephone: (352) 368-0542 Fax: (352) 622-9999		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	President - Robert M. Wilson		
10. Facility Contact Address:	Street Address: 1203 SW 12th St Suite B.		
City:	County:	Zip Code:	
Ocala	MARION	34474	
11. Facility Contact Telephone Number:	Telephone: (352) 622-9109 Fax: (352) 622-9999 352		

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SEP 12 1990

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)
11	1/95	1/95	FS	
	N/A			

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

Rebel Gov Refining inc opened ^{IN} this Building
 from 6-84 TO 11-94 - I purchased new
 equipment in 1-95 to Dec plate Gov's
 we did not start plating til 4-95
 we have a 225 Gal tank

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)
D01	1/95	1/95	FS	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.

✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

AIRS UPDATED
 DATE 8-3-99
 BY Re

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0830113 DATE: _____ TIME IN: _____ TIME OUT: _____

FACILITY NAME: Wizard Custom Gun + Refinishing

FACILITY LOCATION: ~~1203 SW 12th St. Ste. 6~~ 3650 NE 25th St.
Ocala, FL

RESPONSIBLE OFFICIAL: Ron Wilson PHONE: _____

CONTACT NAME: _____ PHONE: _____

Div. of Air Monitoring
 & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form: may 19

Not doing Chromium Plating anymore
(equipment chemical on site not in use)

Hard Chromium Plating

a. Existing Large (0.015 mg/dscm) b. Existing Small (0.03 mg/dscm)

c. New (0.015 mg/dscm) d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.

b. Trivalent Chromium Bath With wetting agent
 Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)

c. Chromium Anodizing Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.

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 checked="" type="checkbox"/> Foam Blanket Fume Suppressant	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <i>stopped June 6, 1999</i>
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?

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

[Empty box for additional site information]

Randall Cunningham
Inspector's Name
Randall Cunningham
Inspector's Signature

8-2-1999
Date of Inspection
8-2000
Approximate Date of Next Inspection

AIRS ID#: 0830113

ACC

Revised 10/10/96

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

FACILITY NAME: <u>Wizards Custom Guns</u>	DATE: _____
FACILITY LOCATION: <u>1203 SE 12th St.</u>	
<u>Ocala, FL 34474</u>	

Annual Reporting Period: July 1998 TO July 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: _____

#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: Robert Wilsoo [Signature] 8-2-99
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:30 TIME OUT: 1:45 AIRS ID#: 0830113
 TYPE OF FACILITY: Chromium Plating
 FACILITY NAME: Wizards Custom Gun DATE: 8-2-99
 FACILITY LOCATION: 1203 SW 72th St. Ste. G
Ocala, FL 34474
 RESPONSIBLE OFFICIAL: Ron Wilson PHONE NUMBER: 352-622-9109

- 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:
In Compliance (No longer Chroming)

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

DATE OF NEXT INSPECTION: 8-2000 (Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)

INSPECTOR'S SIGNATURE: Randall C. Cunningham PHONE NUMBER: 407-893-3333

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: _____	DATE: _____
FACILITY LOCATION: _____	

Annual Reporting Period: _____ 19__ TO _____ 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. Further, my annual consumption of perchloroethylene solvent, based upon 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: _____

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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: WIZARDS CUSTOM GUNS DATE: 9/22/98 FACILITY LOCATION: 1203 SE 12TH ST Ocala, FL 34474

Annual Reporting Period: SEPT 1997 TO SEPT 1998

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 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: RONALD E. WILSON Signature: Ronald E. Wilson Date: 9/22/98

RECEIVED OCT - 7 1998 Bureau of Air Monitoring & Mobile Sources

*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.

✓

~~0830113~~

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0830113 DATE: 3/25/97 TIME IN: 1015 TIME OUT: 1050
 FACILITY NAME: Wizard's Custom Guns & Refinishing
 FACILITY LOCATION: 1203 S.W. 12th St. Ste G
Ocala, Fl. 34474

PART I: NOTIFICATION

(check appropriate box)

1. Facility notified DARM by 9/1/96
 2. New facility notified DARM 30 days prior to startup 9/12/96
 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 checked="" type="checkbox"/> Foam Blanket Fume Suppressant	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

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

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

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

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

PART V: ADDITIONAL SITE INFORMATION

chromium bath
2' x 1'
tank was covered
while not in use.

McGean-Rohco Inc.
Econo-Chrome S
UN-1463

20 gallons oil generated in 2 years

Is amp meter required?
send regulations.

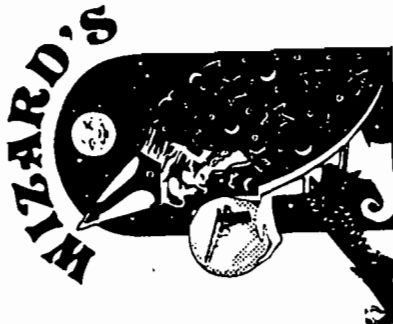
Robert Wilson/owner
Name of Responsible Official

Todd Sanchez
Inspector's Name

Todd Sanchez
Inspector's Signature

3/25/97
Date of Inspection

Approximate Date of Next Inspection



**Custom Guns
& Refinishing**

"We Do Magic With Your Guns"

Robert Wilson
Ron Wilson
Owners
(904) 622-9109
1203 S.W. 12th St.
Suite C
Ocala, FL 34474

#1(a) should be no hard chrome tanks operating →
check "no" in last question.

#1(b) control device should read "FS/WA".

Equipment Monitoring & Recordkeeping Info:

Delete (b) & (d)

Add (c), (f), (h), (i), and (j)

1:40 PM 1145

UPWARD CLEANERS
3435 N. PINE AVE

Letter Pertaining to Wizard's Custom Gun & Refinishing

Todd Sanchez arrives at Wizard's Custom Gun & Refinishing
10:15 A.M. on 3/25/97

Todd Sanchez spoke with Robert Wilson, owner of chromium electroplating/anodizing store. I had Mr. Wilson's notification, DEP form No. 62-213.900(5), so that he would write the appropriate corrections as stated by Sandy Bowman. Mr. Wilson did all of the corrections except for the question asking if there had been any hard chrome tanks operating before 12/16/93. He stated that the previous owner of the business had used hard chrome tanks at this site from 6/84 to 11/94. He also stated that the previous owners had very poor house keeping habits and that they had been dumping their wastes in the back of the shop. He showed me pictures of the back wall of the premises. These pictures showed the back wall as being stained with some kind of chemical. He also stated that an environmental engineering company had done tests on the soil previous to Mr. Wilson's take over of the property and that they had discovered soil contamination. He also stated that he had other tests done on the soil and that the level of contamination had not gotten worse since he had owned the property. I also saw pictures of the soil and it looked contaminated with some kind of chemical. He then took me outside to see what the property looked like now. I only saw a small amount of stains left on the building and did not see any obvious soil contamination from the surface.

After we go back inside of his shop, he says that the reason he does not want to change his answer is that he would then be saying that there was never a hard chrome tank operated in the shop and that any contamination from the previous owner would then be blamed on him. He stated that he did not want to be liable for someone else's contamination.

While doing my inspection Mr. Wilson informed me that his shop has the capability of doing both hard chromium plating and decorative chromium plating/anodizing. This made me unsure if he had filled out the correct section on the notification form or if indeed he needed to fill out both sections. If you could check into this matter it would be greatly appreciated.

Mr. Wilson would not resign form until he receives a letter from the Department of Environmental Protection stating that it is OK to answer no to this question even though a hard chrome tank had operated at this site for the stated time period.

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Wizard's Custom Guns and Refinishing INC.		
2. Site Name (For example, plant name or number):	Ditto		
3. Hazardous Waste Generator Identification Number:	Have not been given one		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	1203 SW 12 th St Suite G.	Ocala	Marion 34474
5. Facility Identification Number (DEP Use):	0850113		

Responsible Official

6. Name and Title of Responsible Official:	Robert M. Wilson President		
7. Responsible Official Mailing Address:	P.O. Box 608 24 miles 32134 or -		
Organization/Firm:	Wizard's Custom Guns + Refinishing Inc.		
Street Address:	1203 SW 12 th St. Suite G.		
City:	County:	Zip Code:	
Ocala	Marion	34474	
8. Responsible Official Telephone Number:			
Telephone:	(352) 368-0542	Fax:	(352) 622-9999

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	President - Robert M. Wilson		
10. Facility Contact Address:			
Street Address:	1203 SW 12 th St Suite G.		
City:	County:	Zip Code:	
Ocala	Marion	34474	
11. Facility Contact Telephone Number:			
Telephone:	(352) 622-9109	Fax:	(352) 622-9999

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SEP 12 1990

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)
#1	1/95	1/95	FS	
	N/A			

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

Rebel Gov Refinishing inc operated ⁱⁿ this Building
 from 6-84 TO 11-94 - I purchased new
 Equipment in 1-95 to Dec plate Gov's
 we didn't start plating til 4-95
 we have a 225 Gal Tank -

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.

TANK ID #	DECORATIVE DATE PURCHASED	AND DATE CNTRL DEVICE INSTALLED	ANODIZING CONTROL DEVICE (see key)	TANKS APPLICABLE STANDARD (see key)
D01	1/95	1/95	FS/WA 2-25-97	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 | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair | <input checked="" type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> W 3-25-97 | (d) Operation and maintenance checklist | <input checked="" type="checkbox"/> W 3-25-97 |
| (e) Instrument calibration | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> W 3-25-97 |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input checked="" type="checkbox"/> W 3-25-97 |
| (i) Excess emissions | <input checked="" type="checkbox"/> W 3-25-97 | (j) Operating periods | <input checked="" type="checkbox"/> W 3-25-97 |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> | | |

Surrender of Existing Air Permit(s)


Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) W 3-25-97 N/A
- 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

9-4-96
 Date

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:45 TIME OUT: 1:30 AIRS ID#: 0830113
 TYPE OF FACILITY: Chromium Plating
 FACILITY NAME: Wizard's Custom Gun DATE: 9/22/98
 FACILITY LOCATION: 1203 SW 12th St. Ste 6
Ocala Fl. 34474
 RESPONSIBLE OFFICIAL: Ron Wilson PHONE NUMBER: _____

- 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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 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: 9/99
 (Approximate)

INSPECTION CONDUCTED BY: SAADIA QURESHI
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 893-3333

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

✓
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 Bureau of Air Monitoring
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0830113 DATE: 9/22/98 TIME IN: 12:45 TIME OUT: 1:30
 FACILITY NAME: Wizard's Custom Gun + Refinishing
 FACILITY LOCATION: 1203 SW 12th St. Ste. 6
Ocala FL.
 RESPONSIBLE OFFICIAL: Ron Wilson PHONE: _____
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form: uses 50# over 3 years

Hard Chromium Plating

a. Existing Large (0.015 mg/dscm) b. Existing Small (0.03 mg/dscm)
 c. New (0.015 mg/dscm) d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)

~~Decorative Chromium Plating/Anodizing~~

a. Chromic Acid Bath Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.

b. Trivalent Chromium Bath With wetting agent
 Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)

c. Chromium Anodizing Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
 Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.

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 checked="" type="checkbox"/> Foam Blanket Fume Suppressant	<input checked="" 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?

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>	<i>NO</i>	<i>NO</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).			<input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

- only used 50# of chromium over last 3 years
- keeps record of how much is used / plating
- uses foam blanket fine suppressant
- keeps record of time in operation
(6 min / gun)

IN compliance

Saadia Qureshi

Inspector's Name

Saadia Qureshi

Inspector's Signature

9/22/98

Date of Inspection

9/99

Approximate Date of Next Inspection

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 07-Sep-1999 08:36am

From: Randall Cunningham ORL 407/894
CUNNINGHAM_R@a1.deporl.dep.state.fl.us

Dept:

Tel No:

To: Sandy Bowman TAL 850/921-9583 (BOWMAN_S@A1)

Subject: Re: Status of #0830113

Hello Sandy!

Last I talked to them the equipment was still on site and they were trying to sell it. So for now I'm sure they want to remain active. I will stay in contact with to inform them of their options once the equipment is sold.

--Randall Cunningham
Central District

file

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 18-Feb-2000 04:33pm

From: Randall Cunningham ORL 407/894
CUNNINGHAM_R@a1.deporl.dep.state.fl.us

Dept:

Tel No:

To: Sandy Bowman TAL

(BOWMAN_S@A1)

Subject: Plating

Hello!!

I have a facility 0830113 Wizard Gun, who last year quit plating but still had the equipment on site. I called them today and they have sold the equipment. Do I still need to inspect them since there is nothing on site for me to see. Thanks for your help.

--Randall Cunningham
Central District

✓

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 2-22-00
BY RE

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0830113 0830108 DATE: 2/18/00 TIME IN: N/A TIME OUT: N/A
FACILITY NAME: Wizard's Custom Gun and ~~Re~~ Refinishing
FACILITY LOCATION: 1203 SW - 12th St,
Ocala, FL
RESPONSIBLE OFFICIAL: Robert Wilson PHONE: 352-622-9999
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use a general permit

PART II: CLASSIFICATION No plating since May 1999

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

Hard Chromium Plating Sold Equipment to Space Coast Plating

a. Existing Large (0.015 mg/dscm) b. Existing Small (0.03 mg/dscm)
c. New (0.015 mg/dscm) d. Alternative Standard for existing facilities
(0.03 mg/dscm) using a rolling average of
rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

a. Chromic Acid Bath Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.

b. Trivalent Chromium Bath With wetting agent
Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)

c. Chromium Anodizing Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.

Bureau of Air Monitoring & Mobile Sources

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MAR - 2 2000

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>
---	--

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

PART V: ADDITIONAL SITE INFORMATION

Quit Plating in May 1999

Inspection in August 1999 trying sell equipment for plating

Called Facility February 2000 equipment sold to Space Coast Plating

Randall Cunningham

Inspector's Name

Rdall C

Inspector's Signature

N/A Phone Call

Date of Inspection

N/A

Approximate Date of Next Inspection

all

Revised 01/13/98

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

Bureau of Air Monitoring
& Mobile Sources

MAR 03 1998

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②

WIZARD'S CUSTOM GUNS AND
REFINISHING IC
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474
AIRS ID 0830113

Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO December 31 1997

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: Robert M. Wilson Robert M. Wilson 2-18-98
Name (Please Print) Signature Date

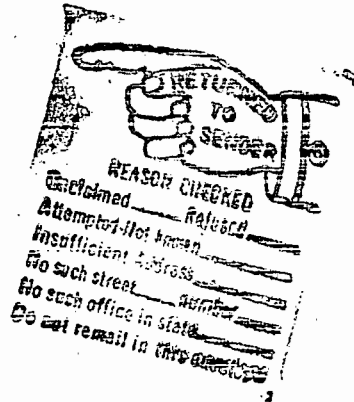
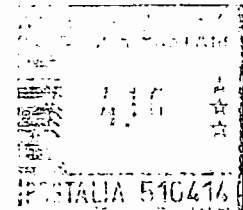
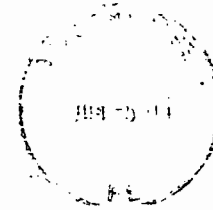
*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

CERTIFIED

Z 210 662 502

MAIL



*FOR
616*

RECEIVED
JUN 11 2001
Bureau of Air Monitoring
& Mobile Sources

7 AIRS ID: 0830113001AG
ROBERT M WILSON
WIZARD'S CUSTOM GUNS, AND
REFINISHING
1203 S W 12TH STREET SUITE G
GADSDEN ALA FL 34474

SENDER - COMPLETE THIS SECTION

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

1. Article Addressed to:

7 AIRS ID # 0830113001AG
 ROBERT M WILSON
 WIZARD'S CUSTOM GUNS AND
 REFINISHING
 1203 SW 12TH STREET SUITE G
 OCALA FL 34474

2. Article Number (Copy from service label)

210 662 502

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

- Agent
- Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-99-M-1789

210 662 502

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

7 AIRS ID # 0830113001AG
 ROBERT M WILSON
 WIZARD'S CUSTOM GUNS AND
 REFINISHING
 1203 SW 12TH STREET SUITE G
 OCALA FL 34474

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 0392267

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 # 0830113
WIZARD'S CUSTOM GUNS AND
REFINISHING
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

RECEIVED
MAIL ROOM
FEB 17 00

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

Z 333 667 201

US Postal Service
Receipt for Certified Mail

AIRS ID # 0830113

WIZARD'S CUSTOM GUNS AND
REFINISHING
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

PS Form 3800, April 1995

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	

SENDER: COMPLETE

Fold at line over top of envelope to

RECEIVER: COMPLETE 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 # 0830113
WIZARD'S CUSTOM GUNS AND
REFINISHING
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

Z 333 667 201

2. Article Number (Copy from service label)

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

C. Signature

X

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362942 ✓

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 # 0830113
WIZARD'S CUSTOM GUNS AND
REFINISHING
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

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

RECEIVED
MAIL ROOM
MAR - 2 2009

P. 174 052 643

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0830113

WIZARD'S CUSTOM GUNS AND
REFINISHING
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

PS Form 3800, April 1995

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	

Fold at line over top of envelope to

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.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

AIRS ID # 0830113
WIZARD'S CUSTOM GUNS AND
REFINISHING
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

4a. Article Number

P174052643

4b. Service Type

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

7. Date of Delivery

2-27-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Robert M Wilson

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 418

1999

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0830113

WIZARD'S CUSTOM GUNS AND
REFINISHING
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0830113

WIZARD'S CUSTOM GUNS AND
REFINISHING
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

4a. Article Number
Z 333613418

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)

7. Date of Delivery
APR 21 1999

6. Signature: (Addressee or Agent)

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

Thank you for using Return Receipt Service.

P 174 052 009

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID#: 0830113
WIZARD'S CUSTOM GUN'S AND REFINISHING
IC
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

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	2/17/97

Fold at line over top of envelope to

SENDER'S RETURN ADDRESS

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0830113
WIZARD'S CUSTOM GUN'S AND REFINISHING
IC
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

4a. Article Number
P174 052 009

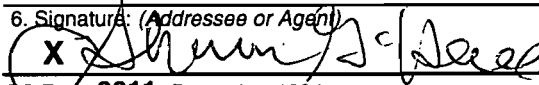
4b. Service Type

Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

7. Date of Delivery
2/18/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)


PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262303 ✓

Please 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

MAR -3 97

Do **NOT** Remove Label

AIRS ID# 0830113
WIZARD'S CUSTOM GUN'S AND REFINISHING
INC
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

303961

Do NOT Remove Label

AIRS ID 0830113
WIZARD'S CUSTOM GUNS AND
REFINISHING IC
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

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

RECEIVED
MAIL ROOM
FEB 27 2009

Z 333 613 155

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID 0830113

WIZARD'S CUSTOM GUNS AND
REFINISHING IC
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

PS Form 3800, April 1995

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

Is your RETURN A

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 0830113
WIZARD'S CUSTOM GUNS AND
REFINISHING IC
ROBERT M WILSON
1203 SW 12TH STREET SUITE G
OCALA FL 34474

Handwritten: *suite 3*

4a. Article Number

Handwritten: *Z 333 613 155*

4b. Service Type

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

7. Date of Delivery

Handwritten: *9/2-17*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Handwritten signature: *X Sharon Deep*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.