



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

January 7, 1999

Mr. Joe Arce  
Palm Beach Plating, Inc.  
900 28 Street  
West Palm, Florida 33407

Re: Facility No.: 0990565

Dear Mr. Arce:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on December 29, 1998.

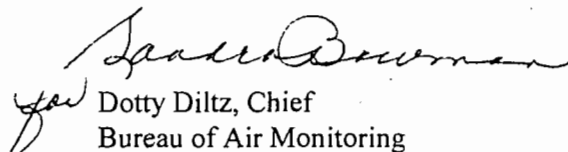
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

*Printed on recycled paper.*

# Chromium Electroplating and Anodizing Facilities Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PALM BEACH PLATING INC		
2. Site Name (For example, plant name or number):	900 28th ST		
3. Hazardous Waste Generator Identification Number:	FLD 982140899		
4. Facility Location:	Street Address: PALM City: WEST PALM County: BEACH Zip Code: 33407		
5. Facility Identification Number (DEP Use):	0990565		

Bureau of Air Monitoring  
& Mobile Sources  
DEC 29 1990  
RECEIVED

## Responsible Official

6. Name and Title of Responsible Official:	JOE & KAREN ARCE, PRES. & V-PRES		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 900 28th ST City: WEST PALM County: PALM BEACH Zip Code: 33407		
8. Responsible Official Telephone Number:	Telephone: (561) 863-5760 Fax: (561) 863-5747		

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	JOE ARCE - OWNER		
10. Facility Contact Address:	Street Address: 900 28th ST City: WEST PALM County: PALM BEACH Zip Code: 33407		
11. Facility Contact Telephone Number:	Telephone: (561) 863-5760 Fax: (561) 863-5747		

**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.

N/A

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

Key for Control Device Type

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

Applicable Standard Key

a = 0.03 mg/dscm  
 b = 0.015 mg/dscm  
 c = alternative standard for multiple tanks  
 under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes                       No

Were any hard chromium plating tanks at the facility operating before 12/16/93?

Yes                       No

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

DECORATIVE AND ANODIZING TANKS				
TANK ID #	DATE PURCHASED	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
#1 SOAP	7/1988		N/A	
#2 RINSE	7/1988		N/A	
#3 NEUTRALIZER	7/1988		N/A	
#4 NEUTRALIZER	7/1988		N/A	
#5 ZINC	7/1988		N/A	
#6 RINSE	7/1988		N/A	
#7 NICKEL	6/98		FS/WA	
#8 BRASS	7/1988		N/A	
#9 COPPER	7/1988		N/A	
#10 COPPER	7/1988		<del>FS/WA</del> N/A	
#11 CHROME	7/96		FS/WA	

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

*OWNER AGREED TO KEEP RECORDS*

**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.*

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature

*11/9/98*  
 \_\_\_\_\_  
 Date

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:05 TIME OUT: 11:50 AIRS ID#: 0990565  
 TYPE OF FACILITY: Decorative chrome plating  
 FACILITY NAME: Palm Beach Plating Inc DATE: 12-2-98  
 FACILITY LOCATION: 900 28th st.  
WPB FL 33407  
 RESPONSIBLE OFFICIAL: Joe or Karen Arce PHONE NUMBER: 863-5760

- 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: Dec 1999  
(Approximate)

INSPECTION CONDUCTED BY: R V Chokshi  
(Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

# CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	0990565	DATE:	12-2-98	TIME IN:	11:05	TIME OUT:	11:50
FACILITY NAME:	Palm Beach Plating Inc						
FACILITY LOCATION:	900 28th St W. P. B, FL 33407						
RESPONSIBLE OFFICIAL:	Joe or Karen AR		PHONE: 863-5760				
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:

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

PART V: ADDITIONAL SITE INFORMATION

Visited again on 12-22-98 to complete  
Compliance inspection Checklist.

RV Chokshi

Inspector's Name

RV Chokshi

Inspector's Signature

[Signature]

12-2-98

Date of Inspection

Dec 1999

Approximate Date of Next Inspection



TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0990 565

TYPE OF FACILITY: Decorative Chrome Plating

FACILITY NAME: Palm Beach Plating DATE: 10/12/80

FACILITY LOCATION: 900 28 St West Palm Beach FL 33407

RESPONSIBLE OFFICIAL: Joe Arce PHONE NUMBER: 863-5760

- 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  
 NOV 13 2000  
 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: 10/01 (Approximate)

INSPECTION CONDUCTED BY: Wm Liebler (Please Print)

INSPECTOR'S SIGNATURE: Wm Liebler PHONE NUMBER: 355 3070

# CHROMIUM ELECTROPLATING/ANODIZING

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>0990565</u>	DATE:	<u>11/10/00</u>	TIME IN:	_____	TIME OUT:	_____
FACILITY NAME:	<u>Palm Beach Plating, Inc.</u>						
FACILITY LOCATION:	<u>900 28<sup>th</sup> Street</u> <u>West Palm Beach, FL 33407</u>						
RESPONSIBLE OFFICIAL:	<u>Joe / KAREN ARCE</u>	PHONE:	<u>863 - 5760</u>				
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:

#### 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 $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)                                                                 | <input type="checkbox"/>            |
|                            | Surface tension of $\leq 45$ dynes/cm ( $3.1 \times 10^{-3}$ lb-f/ft)<br><i>May only be selected if a wetting agent is used.</i> | <input type="checkbox"/>            |
| b. Trivalent Chromium Bath | With wetting agent                                                                                                               | <input checked="" type="checkbox"/> |
|                            | Without wetting agent $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)                                                        | <input type="checkbox"/>            |
| c. Chromium Anodizing      | Emissions of $\leq 0.01$ mg/dscm ( $4.4 \times 10^{-6}$ gr/dscf)                                                                 | <input type="checkbox"/>            |
|                            | Surface tension of $\leq 45$ dynes/cm ( $3.1 \times 10^{-3}$ lb-f/ft)<br><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.  Composite Mesh Pad  Y  N
- 2.  Fiber Bed Mist Eliminator  Y  N
- 3.  Packed Bed Scrubber  Y  N
- 4.  Packed Bed Scrubber/Composite Mesh Pad  Y  N
- 5.  Foam Blanket Fume Suppressant  Y  N
- 6.  Fume Suppressant w/ Wetting Agent  Y  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. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)*  Y  N  N/A
- 2. 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
- 3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).  Y  N  N/A
- 4. 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
- 5. Results of all performance tests.  Y  N  N/A
- 6. 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.

**Fiber-Bed Mist Eliminator**

Measure the pressure drop across the FBME and the upstream device daily.

**Foam Blanket Fume Suppressant**

Measure the foam blanket thickness at the appropriate interval.

**Packed Bed Scrubber**

Measure the pressure drop across the PBS and the inlet velocity daily.

**Packed Bed Scrubber/Composite Mesh Pad**

Measure the pressure drop across the CMP daily.

**Fume Suppressant w/ Wetting Agent**

Measure the surface tension at the appropriate interval.

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

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

in Lieder

~~Jeffrey Diaz~~

Inspector's Name

~~Jeffrey Diaz~~  
Inspector's Signature

10/10/00

Date of Inspection

10/01

Approximate Date of Next Inspection

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse, so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b>	
1. Article Addressed to:  AIRS ID# 571164 1stC RUSCH INDUSTRIES OF TAMPA INC 4613 N Hesperides Street TAMPA, FL 33614	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7003 0500 0004 0144 7238		

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

To AIRS ID# 571164 1stC  
 RUSCH INDUSTRIES OF TAMPA INC  
 4613 N Hesperides Street  
 TAMPA, FL 33614

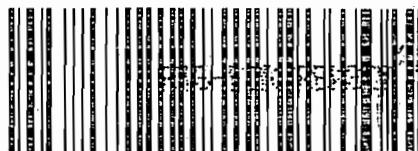
PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 7238

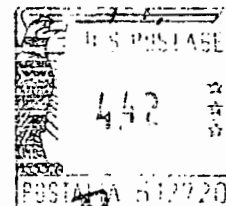
**CERTIFIED MAIL**

MS# 5510 MC Acct # 5521

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



7003 0500 0004 0144 7238



*1-4-05  
M. J. ...*

**NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD**



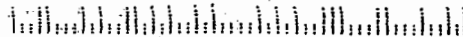
Bureau of Air Mail & Mobile Services

**FEB 10 2005**

**RECEIVED**

AIRS ID# 57164 1stC  
RUSCH INDUSTRIES OF TAMPA INC  
4613 N Hesperides Street  
TAMPA, FL 33614

2400



MS# 5510 MC Acct # 5529

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

**CERTIFIED MAIL**



7004 2510 0004 6986 5512



**UNCLAIMED**  
3/18  
3/24  
4/2

**UNCLAIMED**  
BUREAU OF ALL MONITORING & ANALYSIS SOURCES  
APR 7 2005  
**RECEIVED**

AIRS ID#0990565.....2nd Cert 05  
PALM BEACH PLATING  
900 28th Street  
WEST PALM BEACH, FL 33407

3340417629

**SENDER - COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID#0990565.....2<sup>nd</sup> Cert 05  
 PALM BEACH PLATING  
 900 28th Street  
 WEST PALM BEACH, FL 33407

2. Article Number

(Transfer from service history)

7004 2510 0004 6986 5517

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Form 3811, 11/01/00 U.S. Postal Service Return Receipt

102505-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only - No Insurance Coverage Provided)  
 For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

AIRS ID#0990565.....2<sup>nd</sup> Cert 05  
 PALM BEACH PLATING  
 900 28th Street  
 WEST PALM BEACH, FL 33407

PS Form 3800, 11/01/00 U.S. Postal Service See Reverse for Instructions

7004 2510 0004 6986 5517



Department of Environmental Protection  
Licenses and Permits

Air Permit Operating Fee

2/6/2007

50.00

Checking BOA

AIRS ID #990565

50.00

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

468727 FEB 8 2007

*LAST SUBMITTED:  
12/29/98  
PERMIT EXPIRED:  
1/5/04*

Do NOT Remove Label

*DID NOT CONTACT*

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

AIRS ID#990565  
PALM BEACH PLATING  
900 28th Street  
WEST PALM BEACH, FLORIDA  
33407

FEB 12 2007

Bureau of Air Monitoring  
& Mobile Sources

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

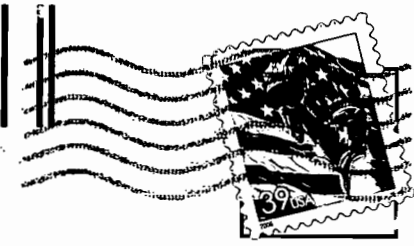
*JOE ARCE (561) 863-5760*

PALM BEACH PLATING INC.  
900 28TH STREET  
WEST PALM BEACH, FL 33407

WEST PALM BEACH

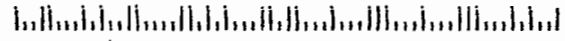
FL 33407

06 FEB 2007 PM



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315+3070 8099



-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

458735 FEB 8 2016

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

990565 7  
PALM BEACH PLATING  
900 28th Street  
WEST PALM BEACH, FL 33407

Bureau of Air Mail  
& Mobile Services  
FEB 08 2016

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

**FOR GOVERNMENT USE ONLY**  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

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**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees \$</b>	

**Sent To** AIRS ID# 990565 3<sup>rd</sup> Cert04  
PALM BEACH PLATING

**Street, Apt. 1 or PO Box N** 900 28th Street  
**City, State, Z** WEST PALM BEACH, FL 33407

PS Form 3811, August 2004

7004 2510 0002 3939 9747

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

AIRS ID# 990565 3<sup>rd</sup> Cert04  
PALM BEACH PLATING  
900 28th Street  
WEST PALM BEACH, FL 33407

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*[Signature]*

B. Received by (Printed Name) C. Date of Delivery

*[Name]* 4/11

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

3. Service Type

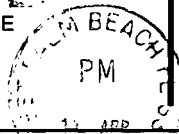
Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number  
(Transfer from service label)

7004 2510 0002 3939 9747

UNITED STATES POSTAL SERVICE



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

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

DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

APR 13 2005

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

7004 2510 0002 3938 7041

PS: See back of envelope for instructions

7004 2510 0002 3938 7041

Se: AIRS ID# 990565 1stC  
 PALM BEACH PLATING  
 Str: 900 28th Street  
 or: WEST PALM BEACH, FL 33407  
 City:

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

AIRS ID# 990565 1stC  
 PALM BEACH PLATING  
 900 28th Street  
 WEST PALM BEACH, FL 33407

2 Article Number  
*(Transfer from service label)*

7004 2510 0002 3938 7041

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*[Signature]*

B. Received by (*Printed Name*) C. Date of Delivery

*[Name]* 2/7

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

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE



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

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

DAP/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

dup of All in  
& Mobile Source

FEB 16 2005

CEIVE



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437900 MAR 25 2004

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

ID# 990565  
JOE ARCE  
PALM BEACH PLATING  
900 28TH STREET  
WEST PALM BEACH, FL 33407

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

**RECEIVED**  
APR 1 2004  
Bureau of Air Monitoring  
& Mobile Sources



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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	<i>2nd Cx</i> Postmark Here <i>2003</i>
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage		AIRS ID # 990565
Sent To		
JOE ARCE		
PALM BEACH PLATING		
900 28TH STREET		
WEST PALM BEACH, FL 33407		
<small>Street, Apt. No., or PO Box No.</small>		
<small>City, State, ZIP</small>		

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

AIRS ID # 990565

JOE ARCE  
 PALM BEACH PLATING  
 900 28TH STREET  
 WEST PALM BEACH, FL 33407

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

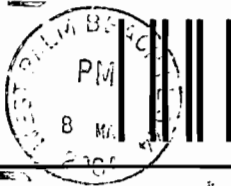
3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE



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

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

DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

By Air Monitoring  
Mobile Sources

MAR 10 2004

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

*Receipt (May)*  
10/03-04  
Postmark Here

Total Pc 7      0990565001AG  
 Sent To PALM BEACH PLATING  
 Street, Apt. or PO Box: JOE ARCE  
 900 28TH STREET  
 City, State: WEST PALM BEACH, FL 33407

PS Form 3800, June 2002      See Reverse for Instructions

7003 0500 0004 0144 3216

**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 - 0990565001AG  
 PALM BEACH PLATING  
 JOE ARCE  
 900 28TH STREET  
 WEST PALM BEACH, FL 33407

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

9/9

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

7003 0500 0004 0144 3216

UNITED STATES POSTAL SERVICE



CONQUER  
CYSTIC

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

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

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

FIBROSIS  
RECEIVED  
SEP 11 2003  
Mobile Air Monitor  
Mobile Source



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OFFICIAL USE

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

Postmark  
Here

ID# 990565  
**JOE ARCE**

3 PALM BEACH PLATING  
 900 28TH STREET  
 WEST PALM BEACH, FL 33407

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1 Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ID# 990565            JOE ARCE            PALM BEACH PLATING            900 28TH STREET            WEST PALM BEACH, FL 33407         </div>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right; margin-right: 50px;"><i>[Signature]</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>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>
<p>2 Article Number (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">7003 2260 0003 5650 8342</div>

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

RECEIVED



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

**OFFICIAL USE**

7001 0320 0001 7976 0827

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0990565	
PALM BEACH PLATING JOE ARCE 900 28TH STREET WEST PALM BEACH FL 33407	

PS Form 3811, July 1999 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 0990565

PALM BEACH PLATING  
 JOE ARCE  
 900 28TH STREET  
 WEST PALM BEACH FL  
 33407

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery 7/8
C. Signature X <i>[Signature]</i>	<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
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? <i>(Extra Fee)</i>	<input type="checkbox"/> Yes

2. Article Number *(Copy from service label)*  
 7001 0320 0001 7976 0827

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

7000 0520 0220 9373 1630

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark  
Here

Recip AIRS ID # 0990565  
 PALM BEACH PLATING  
 Street, JOE ARCE  
 900 28TH STREET  
 City, S WEST PALM BEACH FL  
 33407  
 PS Fo Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p style="text-align: right;">2/9</p> <p>C. Signature</p> <p>X <i>Kevin Rojas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0990565</p> <p>           PALM BEACH PLATING            JOE ARCE            900 28TH STREET            WEST PALM BEACH FL            33407         </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>
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.2em;">7000 0520 0220 9373 1630</p>	
<p>PS Form 3811, July 1999</p>	<p>Domestic Return Receipt 102595-99-M-1789</p>



Z 210 661 261

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990565

PALM BEACH PLATING

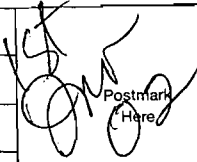
JOE ARCE


900 28TH STREET

WEST PALM BEACH FL 33407

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL U.S.	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
1 PALM BEACH PLATING JOE ARCE St 900 28TH STREET WEST PALM BEACH FL 33407 AIRS ID#0990565	
PS Form 3800, January 2001	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2/7</u> C. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1 Article Addressed to:  <div style="text-align: right;">AIRS ID#0990565</div> PALM BEACH PLATING JOE ARCE 900 28TH STREET WEST PALM BEACH FL 33407	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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7001 0320 0001 7976 4610

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2300 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2003

RECEIVED





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: \$75.00**

Do **NOT** Remove Label

AIRS ID # 0990565  
PALM BEACH PLATING  
JOE ARCE  
900 28TH STREET  
WEST PALM BEACH FL 33407

416361 MAY 1 2002  
RECEIVED  
MAY 3 2002  
Bureau of Air Monitoring  
& Mobile Sources  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO:  
Fund: 20-2-035001  
Obj.: 002273

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE CHECK 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

422724 FEB 10 2003

Do NOT Remove Label

AIRS ID#0990565

PALM BEACH PLATING  
 JOE ARCE  
 900 28TH STREET  
 WEST PALM BEACH FL  
 33407

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273

Bureau of Air Monitoring  
Mobile Sources

RECEIVED  
FEB 14 2003

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 0990565

PALM BEACH PLATING  
 JOE ARCE  
 900 28TH STREET  
 WEST PALM BEACH FL 33407

2. Article Number (Copy from service label)

2210 661 260

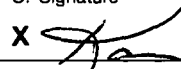
**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

4/4

C. Signature

X  Agent AddresseeD. Is delivery address different from item 1?  YesIf 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

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

7000 0600 0026 4126 1652

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To:	AIRS ID # 0990565	
Rec	PALM BEACH PLATING	
	JOE ARCE	
Stre	900 28TH STREET	
City	WEST PALM BEACH FL 33407	

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

**SENDER: COMPLETE THIS SECTION**      **SECTION ON DELIVERY**

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

1. Article Addressed to:

AIRS ID # 0990565:

PALM BEACH PLATING  
 JOE ARCE  
 900 28TH STREET  
 WEST PALM BEACH FL 33407

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

3/5

C. Signature

*[Signature]*       Agent  
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)       Yes

2. Article Number (Copy from service label)  
 70000600002641261652

7000 0600 0026 7825 5266

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

[Redacted area]

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

AIRS ID # 0990565

PALM BEACH PLATING  
JOE ARCE  
900 28TH STREET  
WEST PALM BEACH FL 33407

Postmark Here  
[Redacted]

PS Form 3800, February 2000

See Reverse for Instructions

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

**SENDER:** CC [Redacted]

**ON 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 # 0990565

PALM BEACH PLATING  
JOE ARCE  
900 28TH STREET  
WEST PALM BEACH FL 33407

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b> <i>Joe Arce</i>	2-9
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

7000 0600 0026 7825 5266

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



# Best Available Copy

<b>U.S. Postal Service</b>									
<b>CERTIFIED MAIL RECEIPT</b>									
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
OFFICIAL USE									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee <small>(Endorsement Required)</small></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee <small>(Endorsement Required)</small></td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee <small>(Endorsement Required)</small>		Restricted Delivery Fee <small>(Endorsement Required)</small>		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee <small>(Endorsement Required)</small>									
Restricted Delivery Fee <small>(Endorsement Required)</small>									
Total Postage: AIRS ID # 0990565									
Sent To: PALM BEACH PLATING JOE ARCE 900 28TH STREET WEST PALM BEACH FL 33407									
PS Form 3800, January 2001 <span style="float: right;">See Reverse for Instructions</span>									

7001 0320 0001 7975 8022

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: right; margin-right: 50px;">AIRS ID # 0990565</p> <p>PALM BEACH PLATING                  JOE ARCE                  900 28TH STREET                  WEST PALM BEACH FL                  33407</p>	<p style="text-align: center; font-size: 0.7em; margin-bottom: 0;">PLACE STICKER AT TOP OF ENVELOPE</p> <p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i></td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td>C. Signature</td> <td style="text-align: center;">4/4</td> </tr> <tr> <td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <input type="checkbox"/> Yes  <input type="checkbox"/> No                 </td> </tr> </table> <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? <i>(Extra Fee)</i>    <input type="checkbox"/> Yes</p>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	C. Signature	4/4	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery						
C. Signature	4/4						
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No						
2. Article Number <i>(Copy from sender's label)</i> 7001 0320 0001 7975 8022							
PS Form 3811, July 1999 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span>							

TITLE V AIR GENERAL PERMITS

Licenses and Permits

PALM BEACH PLATING AIRS ID# 0990565

\*\*\*\*\*50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407649 APR 11 2001

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED  
APR 16 2001  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0990565

PALM BEACH PLATING  
JOE ARCE  
900 28TH STREET  
WEST PALM BEACH FL 33407

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Z 333 667 050

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990565

PALM BEACH PLATING  
JOE ARCE  
900 28TH STREET  
WEST PALM BEACH FL 33407

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 0990565  
PALM BEACH PLATING  
JOE ARCE  
900 28TH STREET  
WEST PALM BEACH FL 33407

2. Article Number (Copy from service label)

Z 333 667 050

**COMPLETE THIS SECTION ON DELIVERY**

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

2/14

C. Signature

- Agent
- Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

WASTE DISPOSAL

PALM BEACH PLATIN AIRS ID# 0990565

\*\*\*\*\*50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392608

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 # 0990565

PALM BEACH PLATING  
JOE ARCE  
900 28TH STREET  
WEST PALM BEACH FL 33407

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

RECEIVED  
MAIL ROOM  
FEB 24 00

Z 210 662 397

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

Sent to

AIRS ID # 0990565

PALM BEACH PLATING  
JOE ARCE  
900 28TH STREET  
WEST PALM BEACH FL 33407

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	