

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

March 27, 2000

Mr. Joe Norris, Jr.  
Norris Precision Manufacturing, Inc.  
4680 110th Avenue North  
Clearwater, Florida 33762

Re: Facility No.: 1030471-001

Dear Mr. Norris:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on March 20, 2000.

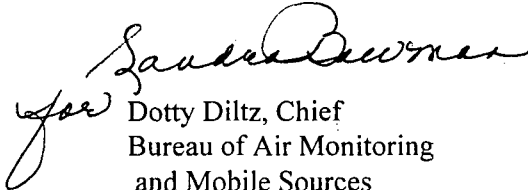
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
MAR 23 2000  
Bureau of Air Monitoring  
& Waste Sources

Part III. Notification of Intent to Use General permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>NORRIS PRECISION MFG., INC.</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: <i>FLD 984181818</i>
4. Facility Location: Street Address: <i>4680 110th AVE NORTH</i> City: <i>CLEARWATER</i> County: <i>PINELLAS</i> Zip Code: <i>33762</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1030471-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>JOE NORRIS, JR.</i> Title: <i>EXECUTIVE V.P.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>NORRIS PRECISION MFG., INC.</i> Street Address: <i>4680 110th AVE NORTH</i> City: <i>CLEARWATER</i> County: <i>PINELLAS</i> Zip Code: <i>33762</i>
8. Responsible Official Telephone Number: Telephone: <i>(727) 572-6330</i> Fax: <i>(727) 572-6216</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>MIKE WORLAND ENGINEERING MGR</i>
10. Facility Contact Address: Street Address: <i>4680 110th AVE NORTH</i> City: <i>CLEARWATER</i> County: <i>PINELLAS</i> Zip Code: <i>33762</i>
11. Facility Contact Telephone Number: Telephone: <i>(727) 572-6330</i> Fax: <i>(727) 572-6216</i>

**Facility Information**

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

**HARD CHROMIUM PLATING TANKS**

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

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

Applicable Standard Key

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

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

Yes  No

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

**DECORATIVE AND ANODIZING TANKS**

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
<del>APR 6 1999</del>	New/Existing			
08-FEB-99	<u>New</u> /Existing	02-APR-99	FS/WA	Y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

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

Applicable Standard Key

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

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

January 25, 1996       January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

The facility will conduct an initial performance test  
 The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above.

4. Equipment Monitoring and Recordkeeping Information

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

- |  |                                     |  |                                     |
|--|-------------------------------------|--|-------------------------------------|
| (a) Equipment maintenance  | <input checked="" type="checkbox"/> | (b) Equipment inspection and repair      | <input checked="" type="checkbox"/> |
| (c) Equipment malfunctions   | <input checked="" type="checkbox"/> | (d) Operation and maintenance checklist  | <input checked="" type="checkbox"/> |
| (e) Instrument calibration<br>(used during initial performance test) | <input type="checkbox"/>            | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |
| (g) Performance test results   | <input checked="" type="checkbox"/> | (h) Equipment monitoring                 | <input checked="" type="checkbox"/> |
| (i) Excess emissions   | <input checked="" type="checkbox"/> | (j) Operating periods                    | <input 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"/> |  |                                     |

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are:
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

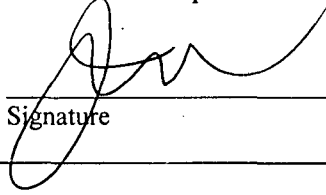
**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

JOE NORRIS JR.

Print name of responsible official



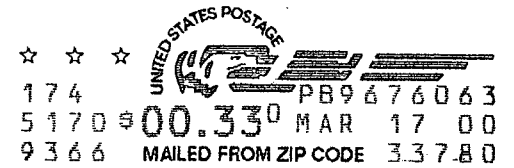
Signature

3-15-00

Date

NORRIS PRECISION MFG., INC  
P.O. Box 1968  
Pinellas Park, FL 33780-1968

ISO 9002  
Certified



GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING  
AND MOBILE SERVICES  
MS-5510  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FL 32399-2400

32399-6542 01



1030471

- (a)
- (c)
- (i)
- (d)
- (f)
- (h)
- (j)



Required

BEST AVAILABLE COPY

Chromium Electroplating and Anodizing Facilities Notification

Facility Name and Location

RECEIVED  
FEB 21 2000  
Bureau of Air Monitoring  
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
*NORRIS PRECISION MFG, INC.*

2. Site Name (For example, plant name or number):

3. Hazardous Waste Generator Identification Number:  
*FLD 984181818*

4. Facility Location: *4680 110th AVE. NORTH*  
Street Address:  
City: *CLEARWATER* County: *PINELLAS* Zip Code: *33762*

5. Facility Identification Number (DEP):

*AIRS 1030471*

Responsible Official

6. Name and Title of Responsible Official:  
*JOE NORRIS, JR. EXECUTIVE V.P.*

7. Responsible Official Mailing Address: *4680 110th AVE. NORTH*  
Organization/Firm: *NORRIS PRECISION MFG, INC*  
Street Address: *4680 110th AVE. NORTH*  
City: *CLEARWATER* County: *PINELLAS* Zip Code: *33762*

8. Responsible Official Telephone Number:  
Telephone: *(727) 572-6330* Fax: *(727) 572-6216*

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  
*MIKE WORLAND, ENGINEERING MGR*

10. Facility Contact Address:  
Street Address: *4680 110th AVE. NORTH*  
City: *CLEARWATER* County: *PINELLAS* Zip Code: *33762*

11. Facility Contact Telephone Number:  
Telephone: *(727) 572-6330* Fax: *(727) 572-6216*



**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)

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)
AJ16	2/8/99			
	08-FEB-99	02-APR-99	FS/WA	Y

Key for Control Device Type

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

Applicable Standard Key

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

2. Indicate the date by which the facility must meet the requirements of section (5) of Part II of this form:

January 25, 1996

January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

The facility will conduct an initial performance test

The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 3 above.

**Equipment Monitoring and Recordkeeping Information**

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

- (a) Equipment maintenance  X
- (b) Equipment inspection and repair
- (c) Equipment malfunctions  X
- (d) Operation and maintenance checklist  X
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan  X
- (g) Performance test results
- (h) Equipment monitoring  X
- (i) Excess emissions  X
- (j) Operating periods  X
- (k) Rectifier capacity
- (l) Fume suppressant records
- (m) Purchase records of wetting agent components

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_
- No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature

Date

2-18-00

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

RECEIVED  
JUL 17 2000  
Bureau of Air Monitoring  
& Mobile Sources  
DATE: 6/16/00

FACILITY NAME: Norris Precision, Inc.  
FACILITY LOCATION: 4680 110th Ave. N.  
Clearwater, FL 33762

Annual Reporting Period: January 3, 2000 TO June 16, 2000

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: \_\_\_\_\_

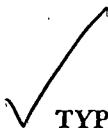
Method used to demonstrate compliance: \_\_\_\_\_

*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: JOE NORRIS JR [Signature] 6/16/00  
Name (Please Print) Signature Date

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

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



TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1030471 TIME IN: 9:35 a.m. TIME OUT: 10:25 a.m.  
 FACILITY NAME: Norris Precision, Inc.  
 FACILITY LOCATION: 4680 110th Ave. N.  
Clearwater, FL 33762

**PART I: NOTIFICATION**

(check appropriate box)

- 1. Facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use a general permit (Facility notified)   
2/18/00

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

**PART III: CONTROL TECHNOLOGY**

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

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

**PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Has the responsible official maintained the following records?

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

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

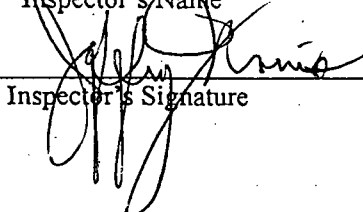
- Purchase records of wetting agent components.  Y  N  N/A
- Records of the date and time that fume suppressants are added to the bath.  Y  N  N/A
- Records of rectifier capacity, if used to determine facility size.  Y  N  N/A
- Records of the total process operating time.  Y  N
- Records identifying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

**PART V: ADDITIONAL SITE INFORMATION**

surface tension = 31.05 dynes/cm  
recorded 6/13/00, recorded once every  
40 hours. Cumulative time = 29.5 hrs.  
Immersion time 4 load @ 30 min/load  
Foam thickness over 1"  
Fume suppressant added last 2/8/00.

Joe Norris, Jr.  
Name of Responsible Official

Jeff Morris  
Inspector's Name

  
Inspector's Signature

6/16/00  
Date of Inspection

12/16/00  
Approximate Date of Next Inspection

VENDOR NO.

VENDOR NAME

Department of Environmental Protection

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
02/25/05	Plating operations permit renewal			**\$50.00
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
02/25/05	61287			**\$50.00

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 FINANCE & ACCOUNTING REVENUE  
 2005 MAR 14 AM 7:35

**ISO 9002 Registered**  
**NORRIS PRECISION MFG., INC.**  
 4680 - 110th AVENUE NORTH  
 CLEARWATER, FLORIDA 33762



ARES I.D. #  
 1030471

61287

02/25/05      61287      \$50.00  
 DATE              CHECK NO.      CHECK AMOUNT

PAY **\*\*Exactly\*\*\*50\*\*dollars and\*\*no\*\*cents\*\***

TO THE ORDER OF  
 Dept. of Environmental Protection  
 Title V General Permits office  
 Bureau of Air Monitoring & Mobile Sources MS5510  
 2600 Blair Stone Rd.  
 Tallahassee, FL 32399-2400

  
 AUTHORIZED SIGNATURE





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435583 JAN22 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

9F030471  
JOE NORRIS  
NORRIS PRECISION MFG INC  
4680 110TH AVENUE NORTH  
CLEARWATER FL 33762

RECEIVED  
JAN 26 2004  
Bureau of Air Mobility  
& Mobile Support

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444820 JAN21 2005

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

AIRS ID# 1030471 7  
NORRIS PRECISION MFG INC  
4680 110th Ave North  
CLEARWATER, FL 33762

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420432 DEC 9 2002

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#1030471
NORRIS PRECISION MFG INC JOE NORRIS JR 4680 110TH AVENUE NORTH CLEARWATER FL 33762

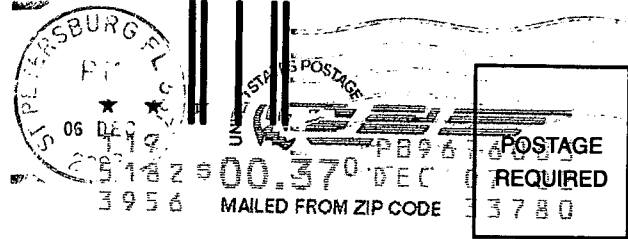
EX  
AD

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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RECEIVED  
 DEC 11 2002  
 Bureau of Air Monitoring  
 & Mobile Sources

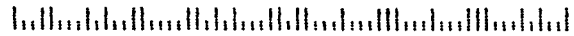
<b>NORRIS PRECISION MFG., INC.</b>		VENDOR NO.		VENDOR NAME	
				55663	
Dept. of Environmental Protection					
TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT	
12/06/02	AIRS ID # 1030471			**\$50.00	
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT	
12/06/02	55663			**\$50.00	

ISO 9002  
Certified



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

32315+3070 93



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 1030471	
Total Post NORRIS PRECISION MFG INC	
Recipient's JOE NORRIS JR	
Street, Apt. 4680 110TH AVENUE NORTH	
City, State, ZIP 33762	
PS Form 3800, February 2000 See Reverse for Instructions	

SENDER: COMPLETE	DELIVERY
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOR P.D. AT DOTTED LINE	
<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) _____</p> <p>B. Date of Delivery <u>2/11</u></p> <p>C. Signature <u>Edward Alston</u></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 1030471</p> <p>NORRIS PRECISION MFG INC JOE NORRIS JR 4680 110TH AVENUE NORTH CLEARWATER FL 33762</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p><u>7000 0600 0026 4128 6358</u></p> <p>2. Article Number (Copy from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 401040

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**

DEC 29 2000  
Bureau of Air Monitoring  
& Mobile Source Control

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

12-27-00

Do NOT Remove Label

AIRS ID # 1030471
NORRIS PRECISION MFG INC JOE NORRIS JR 4680 110TH AVENUE NORTH CLEARWATER FL 33762

<b>NORRIS PRECISION MFG., INC.</b>					<b>50469</b>
		VENDOR NO.	VENDOR NAME		
		T00128	DEPARTMENT OF ENVIRONMENTAL PR		
TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT	
12/14/2000	AIRS ID # 1030471	50.00	0.00	50.00	
		TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT	
CHECK DATE	CHECK NO.	50.00	0.00	50.00	
12/21/2000	50469				

**NORRIS PRECISION MFG, INC.**

P.O. BOX 1968  
PINELLAS PARK, FL 33780-1968

ISO 9002  
Certified

UNITED STATES POSTAGE  
☆☆☆  
136 PB9676063  
5191 00.33 DEC 22 00  
3769 MAILED FROM ZIP CODE 33780

32315+3070

