

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 28, 2000

Mr. Edgar A. Garcia
Garcia's Metal Refinishing
5010 North Grady Avenue
Tampa, Florida 33614

Re: Facility No.: 0571254-002

Dear Mr. Garcia:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on October 17, 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. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

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): EDGAR A. GARCIA
2. Site Name (For example, plant name or number): GARCIA'S METAL REFINISHING
3. Hazardous Waste Generator Identification Number: N/A
4. Facility Location: 5010 NORTH GRADY AVE Street Address: City: TAMPA County: Hillsborough Zip Code: 33614
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0571254-002

Responsible Official

6. Name and Title of Responsible Official: Name: EDGAR A. GARCIA Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: GARCIA'S METAL REFINISHING Street Address: 5010 NORTH GRADY AVE City: TAMPA County: Hillsborough Zip Code: 33614
8. Responsible Official Telephone Number: Telephone: (813) 879-1195 Fax: () SAME

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): N/A
10. Facility Contact Address: Street Address: City: N/A County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () N/A Fax: () -

Facility Information

I.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)
7/22/2000	New/Existing	NOT IN OPERATING STATUS		
	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

I.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)
NONE	New/Existing	N/A	N/A	N/A
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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
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)

N/A January 25, 1996 N/A 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
(used during initial performance test) | <input checked="" type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input 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 checked="" 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.

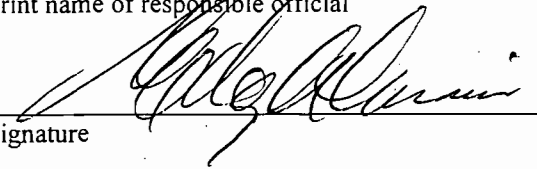
Responsible Official Certification

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.

EDGAR A. GARCIA

Print name of responsible official



Signature

10/11/2000

Date

2ND REQUEST
AS INSTRUCTED by
by MR. MOHAMMAD NOZARI
ENVIRONMENTAL ENGINEER
TAMPA, FL
Ph # (813) 272-5530

EDGAR A. GARCIA
U.S. Army Retired (Owner)

PHONE 879-1195

Garcia's Metal Refinishing

Specializing in Plating and Refinishing of
Decorative Brass, Silver & Copper
Nickel & Chrome Plating

5010 N Grady Ave — Tampa, Florida 33614

Best Available Copy

No 21815



Date issued
S E P T E M B E R

ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

WARNING NOTICE

Name of Party (Company, Person)

Address

Date of alleged violation

Date and time of alleged violation

Alleged violation pursuant to:

Chapter 84-446 Laws of Florida (1981)

(Act) Section 13 Unauthoriz...

(Act) Section 16 Causing or allowing...

(Act) Section 17 Causing water...

(Act) Section 18 Violation...

Chapter 6...

Chapter 6...

Other: 62...

The violations here alleged may not be...

Operation of...

RECEIVED

OCT 17 2000

Bureau of Air Monitoring & Mobile Sources

By copy of this Notice, the responsible party is hereby notified that a violation may have occurred. If substantiated, appropriate action will be taken by the Board of Hillsborough County and the Board of Environmental Protection. This notice does not constitute a violation by itself. You are urged to immediately contact the appropriate agency for a cooperative resolution of the problem.

Because contribution of a violation to the ambient air quality may be significant, the above steps should be taken immediately.

Printed name of responsible party

Printed name of responsible party

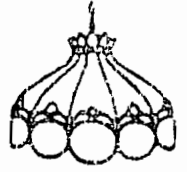
Printed name

Signature

Printed name



Garcia's Metal Refinishing



Specializing in Plating and Refinishing of Decorative Brass, Silver & Copper

5010 N. Grady Ave. — Tampa, Florida 33614

EDGAR A. GARCIA
U.S. Army Retired (Owner)

PHONE 879-1195

ATTN: MR MEHAMMAD NOZARI

9/7/2000

GENERAL PERMITS SECTION

BUREAU OF AIR MONITORING & MOBILE
SOURCES, MISSISSIPPI

DEPARTMENT OF ENVIRONMENTAL PROTECTION;

TO WHOM IT MAY CONCERN;

As I explained to MR MEHAMMAD NOZARI on his visit to my facility, at this time, I AM NOT ENGAGED IN THE OPERATION OF CHROMIUM ELECTROPLATING, DUE TO THE FACT, THAT MY RECTIFIER IS UNDER REPAIR. I AM LOOKING IN A NEAR FUTURE TO HAVE ANOTHER RECTIFIER, SO, THEREFORE I WILL NEED MY DEP AIR PERMIT FOR THE OPERATION, HOWEVER, AS FAR AS NOW I AM NOT CONTEMPLATING TO EVER HAVE THE OPERATION.

I EXPLAINED MR NOZARI, THAT IN ABOUT 10 YEARS THAT I HAVE HAD MY BUSINESS, NEVER ASKED IN FORMER AND FROM THIS PERMIT FOR THE PERMIT, OTHER THAN IF I HAD HAVE KNOWN ABOUT IT, I WOULD HAVE THIS TAKEN CARE OF, AT THIS TIME.

Edgar A. Garcia
Garcia's Metal Refinishing

CHROMIUM ELECTROPLATING/ANODIZING
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

0571254

AIRS ID#: None DATE: Aug 15-00 TIME IN: 10:Am TIME OUT: 11:15Am
 FACILITY NAME: Garcia's Metal Refinishing
 FACILITY LOCATION: 5010 North Grady Ave
Tampa, FL 33614
 RESPONSIBLE OFFICIAL: Edgar A. Garcia PHONE: (813) 879-1195
 CONTACT NAME: _____ PHONE: _____

Bureau of Air
 & Mobile Sources
 Monitoring
 1000
 MNC
 SNC

PART I: NOTIFICATION

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

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 ≤ 0.01 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 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?

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 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 type="checkbox"/> N/A						
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input type="checkbox"/> Y <input type="checkbox"/> N						
4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment.	<input type="checkbox"/> Y <input type="checkbox"/> N						
5. Results of all performance tests.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
<table border="0"> <tr> <td>Composite Mesh Pad Measure the pressure drop across the CMP daily.</td> <td>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</td> </tr> <tr> <td>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</td> <td>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</td> </tr> <tr> <td>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</td> <td>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</td> </tr> </table>	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.	
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 type="checkbox"/> N/A						
8. Records of the date and time that fume suppressants are added to the bath.	<input 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 type="checkbox"/> N/A						
10. Records of the total process operating time.	<input type="checkbox"/> Y <input type="checkbox"/> N						
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input type="checkbox"/> N						
12. Startup, Shutdown & Malfunction Plan	<input type="checkbox"/> Y <input type="checkbox"/> N						

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Mohammad Nozari
Inspector's Name

Aug 16, 2000
Date of Inspection

M. Nozari
Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Garcia's Metal Refinishing			PAGE 1 OF 1	
FACILITY ADDRESS: 5010 North Grady Avenue			CITY: Tampa PHONE: (813)879-1195	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33614
INSPECTION DATE: August 11,2000	TIME IN: 10:00AM	TIME OUT: 11:15AM	INSPECTION TYPE: CDS	STATUS: In Compliance
NEDS NUMBER: No Permit Number				
SOURCE DESCRIPTION: Chromium Electroplating				
CONTACT(S): Edgar A. Garcia				

Roger Zhu and I visited Garcia Metal Refinishing Electro Plating to carry a warning notice and I met with the responsible official; Mr. Garcia he said he did not know if he is required to obtain a permit.

The facility is classified as a decorative chromium-plating source and requires submitting Form 62-213.900(5), to obtain a Title V General Permit.

The facility also operates a Copper, gold, silver, and nickel – plating operation (Ni is a HAP, but there is no MACT standard set to date).

Odors were noticed around the chrome tank. The chrome tank was not in operation today.

The ARM database was reached to make sure that this facility does not have any permit. The result was there is not a Title V General Permit for this facility.

The warning notice number # 21814 was issued but has not been mailed to the permittee pending your approval.

The Responsible Official submitted the notification form to Department of Environmental Protection on September 8, 2000.

INSPECTED BY: Mohammad Nozari	DATE: August 11, 2000
----------------------------------	--------------------------

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:AM TIME OUT: 11:15 AM AIRS ID#: _____
 TYPE OF FACILITY: Chromium Electroplating
 FACILITY NAME: Garcia's Metal Refinishing DATE: Aug 15, 2000
 FACILITY LOCATION: 5010 North Grady Ave
Tampa, FL 33614
 RESPONSIBLE OFFICIAL: Edgar A. Garcia PHONE NUMBER: (813) 879-1195

- 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: _____
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

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

CHROMIUM ELECTROPLATING/ANODIZING

adg

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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

DSM1254-001

AIRS ID#: None DATE: Aug 11, 2000 TIME IN: 10:AM TIME OUT: 11:15 AM
 FACILITY NAME: Garcia's Metal Refinishing
 FACILITY LOCATION: 5010 North Grady Ave
Tampa, FL 33614
 RESPONSIBLE OFFICIAL: Edgar A. Garcia PHONE: (813) 879-1195
 CONTACT NAME: " PHONE: "

PART I: NOTIFICATION

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

PART II: CLASSIFICATION

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

a. Existing Large (0.015 mg/dscm) 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 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

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Garcia's Metal Refinishing			PAGE 1 OF 1	
FACILITY ADDRESS: 5010 North Grady Avenue			CITY: Tampa PHONE: (813)879-1195	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33614
INSPECTION DATE: August 11,2000	TIME IN: 10:00AM	TIME OUT: 11:15AM	INSPECTION TYPE: CDS	STATUS: In Compliance
NEDS NUMBER: No Permit Number				
SOURCE DESCRIPTION: Chromium Electroplating				
CONTACT(S): Edgar A. Garcia				

I visited Garcia Metal Refinishing Electro Plating to verify that if this facility has a Title V general Permit or not.

I met with the responsible official; Mr. Garcia he said he did not know if he is required to obtain a permit.

The facility is classified as a decorative chromium-plating source and requires to submit Form 62-213.900(5), to obtain a Title V General Permit.

The facility also operates a Copper, gold, silver, and nickel – plating operation (Ni is a HAP, but there is no MACT standard set to date).

Odors were noticed around the chrome tank. The chrome tank was not in operation today.

The ARM database was reached to make sure that this facility does not have a permit. The result was there is not a Title V General Permit for this facility.

The warning notice number # 21814 was issued but has not been mailed to the permittee pending approval.

INSPECTED BY: Mohammad Nozari	DATE: August 11, 2000
----------------------------------	--------------------------

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/ DISCOVERY RE-INSPECTION

TIME IN: <u>10: AM</u>	TIME OUT: <u>11:15 AM</u>	AIRS ID#: <u> </u>
TYPE OF FACILITY: <u>Chromium Electroplating</u>		
FACILITY NAME: <u>Garcia's Metal Refinishers</u>		DATE: <u>Aug. 11, 2000</u>
FACILITY LOCATION: <u>5010 North Grady Ave</u> <u>Tampa, FL 33614</u>		
RESPONSIBLE OFFICIAL: <u>Edgar A. Garcia</u>		PHONE NUMBER: <u>(813) 879-1195</u>

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>NEEDS PERMIT</u>	<u>SUBMIT NOTIFICATION FORM.</u>

COMMENTS:

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

DATE OF NEXT INSPECTION:
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

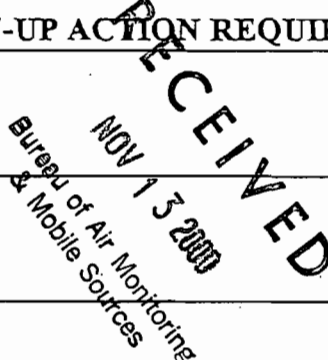
INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9: Am TIME OUT: 10: Am AIRS ID#: 0571254-001
 TYPE OF FACILITY: Chromium ElectroPlating
 FACILITY NAME: Garcia's Metal Refinishing DATE: 10-23-00
 FACILITY LOCATION: 5010 N. Grady Ave
Tampa, FL 33614
 RESPONSIBLE OFFICIAL: Edgar Garcia PHONE NUMBER: 879-495

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>the facility is NOT IN</u>	
<u>Operation. the first Request for</u>	
<u>Permit was Denied. y gave</u>	
<u>him a new form to complete.</u>	

COMMENTS:

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

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozar
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozar PHONE NUMBER: 272-5538

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0571254 DATE: 10-23-00 TIME IN: 9: Am TIME OUT: 10: Am
FACILITY NAME: Garcia's Metal Refinishing
FACILITY LOCATION: 5010 North Grady Ave
Tampa, FL 33614
RESPONSIBLE OFFICIAL: Edgar Garcia PHONE: 879-1195
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

Facility Compliance Status: IN

1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC
2. Facility failed to notify DARM to use a general permit SNC

PART II: CLASSIFICATION

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

Hard Chromium Plating

- a. Existing Large (0.015 mg/dscm) 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 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?

- | | |
|---|--|
| 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 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 type="checkbox"/> N/A |
| 3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Results of all performance tests. | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Records of monitoring data. <i>(not applicable to trivalent chromium baths using a wetting agent)</i> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

Composite Mesh Pad

Measure the pressure drop across the CMP daily.

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. | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Records of the date and time that fume suppressants are added to the bath. | <input 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 type="checkbox"/> N/A |
| 10. Records of the total process operating time. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 11. Records identifying specific periods of excess emissions. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 12. Startup, Shutdown & Malfunction Plan | <input type="checkbox"/> Y <input type="checkbox"/> N |

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

Mohammad Nozani
Inspector's Name

10-23-00
Date of Inspection

M. Nozani
Inspector's Signature

—
Approximate Date of Next Inspection

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for Registered Mail.
- 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: 0371254-002
MR. EDGAR A. GARCIA
GARCIA'S METAL REFINISHING
5010 NORTH GADSDEN AVENUE
TAMPA, FLORIDA 33614

4a. Article Number 0000
7099340014495960

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
10/13/05

5. Received By: (Print Name)
EDGAR A. GARCIA

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

6. Signature (Addressee or Agent)
[Signature]

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

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

RECEIVED
OCT 16 2000

• Print your name, address, and ZIP Code in this box •

Bureau of Air Monitoring
& Mobile Sources

FLORIDA DEPARTMENT OF
TRANSPORTATION
BUREAU OF AIR MONITORING
& MOBILE SOURCES
3900 UNIVERSITY BLVD
TALLAHASSEE, FLORIDA 32310-3000

3303/9996



7004 2510 0002 3939 9501

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

AIRS ID# 571254 3rd Cert04
 Sent To GARCIA'S METAL REFINISHING
 Street, Apt. 7 or PO Box N 5010 North Grady Avenue
 City, State, Z TAMPA, FL 33614

PS Form 380

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.

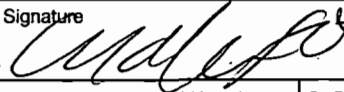
1 Article Addressed to:

AIRS ID# 571254 3rd Cert04
 GARCIA'S METAL REFINISHING
 5010 North Grady Avenue
 TAMPA, FL 33614

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 9501

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 4/17

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

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 •

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

Bureau of Air
& Mobile
Source
Monitoring

APR 18 2005

RECEIVED

6031



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

450190 APR 12 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#0571254.....2nd Cert 05
GARCIA'S METAL REFINISHING
5010 North Grady Avenue
TAMPA, FL 33614

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

Printed on recycled paper.

RECEIVED
APR 5 2005
Bureau of Air Monitoring
& Mobile Sources

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7003 2260 0003 E000 T595 242 2417

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

Postmark Here
[Handwritten signature]

ID# 571254

Sent To: EDGAR GARCIA
Street, or PO Box: GARCIA'S METAL REFINISHING
City, State, ZIP+4: TAMPA, FL 33614

PS Form 3800, September 2002



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436754 FEB23 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# 571254
EDGAR GARCIA
GARCIA'S METAL REFINISHING
5010 NORTH GRADY AVENUE
TAMPA, FL 33614

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

RECEIVED
FEB 27 2004
Bureau of Air Monitoring
Mobile Sources

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To: AIRS ID#0571254.....2nd Cert 05
 GARCIA'S METAL REFINISHING
 Street, or PO Box: 5010 North Grady Avenue
 City, State: TAMPA, FL 33614

PS Form 3811, August 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1 Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AIRS ID#0571254.....2nd Cert 05 GARCIA'S METAL REFINISHING 5010 North Grady Avenue TAMPA, FL 33614 </div>	<p>A. Signature</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; margin-right: 50px;">3/4</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>

2 Article Number: 7004 2510 0002 3939 0997

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

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

Bureau of Air Monitoring
& Mobile Sources

MAR 15 2005

RECEIVED



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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

AIRS ID# 571254 1stC

Sent To GARCIA'S METAL REFINISHING

Street, Apt. No., or PO Box No. 5010 North Grady Avenue

City, State, ZIP TAMPA, FL 33614

PS Form 3800

571254 3938 7195
7004 2510 0002 0151

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# 571254 1stC
 GARCIA'S METAL REFINISHING
 5010 North Grady Avenue
 TAMPA, FL 33614

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 2/1

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 3938 7195

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE



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

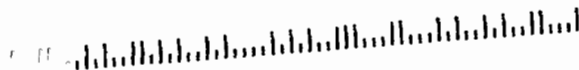
• Sender: Please print your name, address, and ZIP+4 in this box •

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

BUREAU OF AIR MAIL

FEB 11 2003

FCFIV





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423058 FEB17 2003

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#0571254
GARCIA'S METAL REFINISHING
EDGAR A GARCIA
5010 NORTH GRADY AVENUE
TAMPA FL
33614

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

Bureau of
FEB 19 2003
X

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

7000 2870 0000 7027 5692

OFFICIAL USE

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

Postmark
 Here

Total Po

AIRS ID#0571254

Sent To GARCIA'S METAL REFINISHING
 EDGAR A GARCIA
 5010 NORTH GRADY AVENUE
Street, A TAMPA FL
 33614
City, Sta

PS Form 3800, May 2000

uctions

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

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

AIRS ID#0571254
 GARCIA'S METAL REFINISHING
 EDGAR A GARCIA
 5010 NORTH GRADY AVENUE
 TAMPA FL
 33614

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

7000 2870 0000 7027 5692

2. Article Number (Copy from service label)

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 STOP 1000
2600 BLAIR HAVEN ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED

32399+2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401895

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 # 0571254

GARCIA'S METAL REFINISHING
EDGAR A GARCIA
5010 NORTH GRADY AVENUE
TAMPA FL 33614

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

1-5-01 pd

RECEIVED
MAIL ROOM
JAN-5 01