

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 23, 1999

Mr. Robert Tennison  
Rebel Gun Refinishing  
111 North Main Street  
Wildwood, Florida 34785

Re: Facility No.: 1190032

Dear Mr. Tennison:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on July 20, 1999.

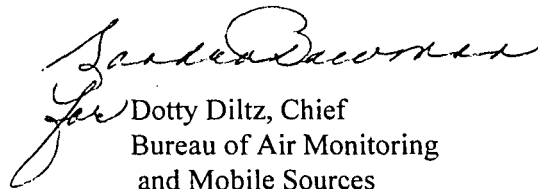
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Printed on recycled paper.

119 0032

p20

(b) Under column Unit Class, New should be circled.

p21

(l) Fume suppressant records required. Should be marked.

(m) If using wetting agent, then Purchase records of wetting agent components is required. Should be marked

(g) Not required. Should be marked out and initialed.

p22

Responsible official sign and date for changes made.

CHROMIUM ELECTROPLATING AND ANODIZING  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUL 20 1999  
Bureau of Air Monitoring  
& Mobile 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>Rebel Gun Refinishing</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: <i>CESQG</i>
4. Facility Location: Street Address: <i>111 N. Main St.</i> City: <i>Wildwood</i> County: <i>Sumter</i> Zip Code: <i>34785</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1190032</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Robert Tennison / Charles Destin / Kenneth Samaniego</i> Title: <i>Co-Owners / Partners</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Rebel Gun Refinishing</i> Street Address: <i>111 N. Main St.</i> City: <i>Wildwood</i> County: <i>Sumter</i> Zip Code: <i>34785</i>
8. Responsible Official Telephone Number: Telephone: <i>(352) 330-0268</i> Fax: ( ) -

Facility Contact (If different from Responsible Official)

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

**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)
<del>1/1/98</del>	New/Existing	<del>1/1/98</del>	<del>FS</del>	
	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)
1/1/98	New/Existing	1/1/98	FS	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 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 type="checkbox"/>            |
| (m) Purchase records of wetting agent components                     | <input 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.

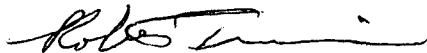
**Responsible Official Certification**

*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.*

ROBERT JEHISON

Print name of responsible official



Signature

7-13-99

Date

✓ 7/1/98 - Change of Ownership

CHROMIUM ELECTROPLATING/ANODIZING  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED  
JUL 20 1999  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL   
RE-INSPECTION

COMPLAINT/DISCOVER

AIRS ID#: 1190032 DATE: 7/13/99 TIME IN: 10:30 TIME OUT: 11:30  
FACILITY NAME: Rebel Gun Refinishing  
FACILITY LOCATION: 111 N. Main St.  
Wildwood, FL 34785

**PART I: NOTIFICATION**  
(check appropriate box)  
1. Facility notified DARM by 9/1/96   
2. New facility notified DARM 30 days prior to startup   
3. Facility failed to notify DARM to use a general permit

**PART II: CLASSIFICATION**  
Facility type(s)/applicable standard indicated on notification form:  
Hard Chromium Plating  
a. Existing Large (0.015 mg/dscm)  b. Existing Small (0.03 mg/dscm)   
c. New (0.015 mg/dscm)  d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)   
Decorative Chromium Plating/Anodizing  
a. Chromic Acid Bath Emissions of < 0.01/mg/dscm (4.4x10<sup>-6</sup> gr/dscf)   
Surface tension of ≤ 45 dynes/cm (3.1x10<sup>-3</sup> lb-f/ft)   
*May only be selected if a wetting agent is used.*  
b. Trivalent Chromium Bath With wetting agent   
Without wetting agent < 0.01mg/dscm (4.4x10<sup>-6</sup> gr/dscf)   
c. Chromium Anodizing Emissions of < 0.01 mg/dscm (4.4x10<sup>-6</sup> gr/dscf)   
Surface tension of 45 dynes/cm (3.1x10<sup>-3</sup> 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 checked="" 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)*

*Could not determine*

**PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS**

Has the responsible official maintained the following records?

1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
2. Operations and Maintenance Plan (OMP). <i>(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description).	<input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N <input type="checkbox"/> N/A						
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Composite Mesh Pad</b>                      Measure the pressure drop across the CMP daily.                 </td> <td style="width: 50%; vertical-align: top;"> <b>Packed Bed Scrubber</b>                      Measure the pressure drop across the PBS and the inlet velocity daily.                 </td> </tr> <tr> <td style="vertical-align: top;"> <b>Fiber-Bed Mist Eliminator</b>                      Measure the pressure drop across the FBME and the upstream device daily.                 </td> <td style="vertical-align: top;"> <b>Packed Bed Scrubber/Composite Mesh Pad</b>                      Measure the pressure drop across the CMP daily.                 </td> </tr> <tr> <td style="vertical-align: top;"> <b>Foam Blanket Fume Suppressant</b>                      Measure the foam blanket thickness at the appropriate interval.                 </td> <td style="vertical-align: top;"> <b>Fume Suppressant w/ Wetting Agent</b>                      Measure the surface tension at the appropriate interval.                 </td> </tr> </table>	<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.	
<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.						
7. Purchase records of wetting agent components.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A						
8. Records of the date and time that fume suppressants are added to the bath.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
9. Records of rectifier capacity, if used to determine facility size.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A						
10. Records of the total process operating time.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
11. Records identifying specific periods of excess emissions.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
12. Startup, Shutdown & Malfunction Plan	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						



**PART V: ADDITIONAL SITE INFORMATION**

Chrome tank not operating at time of inspection. 55 gal. drum used as "tank."

Fume Suppressant tablets on hand - purchased prior to change of ownership.

No performance test conducted yet.

Notification completed.

Robert Tennison  
Name of Responsible Official

Margaret Cangro  
Inspector's Name

Margaret Cangro  
Inspector's Signature

7/13/99  
Date of Inspection

for performance test  
Approximate Date of Next Inspection

7004 2510 0002 3939 4919

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Sent To AIRS ID#1.19003e+006.....2<sup>nd</sup> Cert 05  
 REBEL GUN REFINISHING  
 Street, Apt. 1 or PO Box N 111 N Main Street  
 City, State, Z WILDWOOD, FL 34785

PS Form 380

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:  
1190032

AIRS ID#1.19003e+006.....2<sup>nd</sup> Cert 05  
 REBEL GUN REFINISHING  
 111 N Main Street  
 WILDWOOD, FL 34785

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Beverly Brown  Addressee

B. Received by (Printed Name) Beverly Brown C. Date of Delivery 3/4/05

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 4919

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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

MAR 7 2005

MAR 7 2005

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7003 0500 0004 0144 8648

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Restricted Delivery Fee (Endorsement Required)		
Total AIRS ID# 1190032 1stC		
REBEL GUN REFINISHING		
Sent	111 N Main Street	
Street or PO	WILDWOOD, FL 34785	
City, State, ZIP+4		

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# 1190032 1stC  
 REBEL GUN REFINISHING  
 111 N Main Street  
 WILDWOOD, FL 34785

2. Article Number  
*(Transfer from service label)*

7003 0500 0004 0144 8648

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Beverly Bran*  Agent  
 Addressee

B. Received by (Printed Name)  
*Beverly Bran*

C. Date of Delivery  
*2/7/05*

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



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USPS  
Permit No. G-10

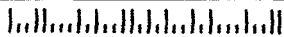
• Sender: Please print your name, address, and ZIP+4 in this box

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2399 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

du Of Air Monitor  
Mobile Source

FEB 19 2005

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*Receipt*  
Postmark  
Here  
*Jul-Sep 04*

To AIRS ID # 1190032001AG 7

REBEL GUN REFINISHING  
111 N Main Street  
WILDWOOD, 34785

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 # 1190032001AG 7  
REBEL GUN REFINISHING  
111 N Main Street  
WILDWOOD, 34785

2 Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*x Beverly Bran*  Addressee

B. Received by (Printed Name) *Beverly Bran* C. Date of Delivery *6/15/04*

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 9973

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USPS  
Permit No. G-10

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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

JUN 21 2001

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total</b>	AIRS ID # 1190032	
<b>Recipient</b>	REBEL GUN REFINISHING	
	ROBERT TENNISON	
<b>Street</b>	111 N MAIN STREET	
<b>City, State, Zip</b>	WILDWOOD FL 34785	
PS Form 3800, February 2000 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery 2/19/01</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 1190032</p> <p>REBEL GUN REFINISHING ROBERT TENNISON 111 N MAIN STREET WILDWOOD FL 34785</p>	<p>C. Signature <i>Robert Tennison</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>2. Article Number <i>(Copy from service label)</i> 7000 0600 0026 4127 3303</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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	



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

*[Handwritten Signature]*  
Postmark  
Here

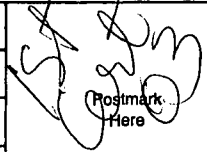
AIRS ID#1190032

Sent To:	REBEL GUN REFINISHING
Street, or P.O.:	ROBERT TENNISON 111 N MAIN STREET
City, St:	WILDWOOD FL 34785
PS Form	Instructions

7003 0500 0004 0144 4350

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Restricted Delivery Fee (Endorsement Required)		

(Postmark Here)

Total ID# 1190032

Sent: **ROBERT TENNISON**  
**REBEL GUN REFINISHING**

Street or PO: **111 N MAIN STREET**

City: **WILDWOOD, FL 34785**

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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:

ID# 1190032  
**ROBERT TENNISON**  
**REBEL GUN REFINISHING**  
**111 N MAIN STREET**  
**WILDWOOD, FL 34785**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **KENNETH SAMANIAS** C. Date of Delivery **2/6/04**

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

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)  Yes

2. Article Number (Transfer) **7003 0500 0004 0144 4350**

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 •

Bureau of Air Monitoring

FEB 9 2004

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



2 333 667 059

US Postal Service  
**Receipt for Certified Mail**

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

AIRS ID # 1190032

REBEL GUN REFINISHING  
ROBERT TENNISON  
111 N MAIN STREET  
WILDWOOD FL 34785

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 # 1190032

REBEL GUN REFINISHING  
ROBERT TENNISON  
111 N MAIN STREET  
WILDWOOD FL 34785

**COMPLETE THIS SECTION ON DELIVERY**

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

2/14

C. Signature

X *[Signature]*  Agent  Addressee

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

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)

2333 667 059



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423766 FEB26 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**

**RECEIVED**  
FEB 28 2003  
Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#1190032
REBEL GUN REFINISHING ROBERT TENNISON 111 N MAIN STREET WILDWOOD FL 34785

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

435974 FEB 4 2004

**TOTAL AMOUNT DUE: \$50.00**

**RECEIVED**  
FEB 9 2004  
Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

1190032 ROBERT TENNISON REBEL GUN REFINISHING 111 N MAIN STREET WILDWOOD FL 34785
---

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

448388 MAR 4 2005

RECEIVED  
MAR 7 2005  
Bureau of Air Monitoring & Mobile Sources

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 1190032 1stC REBEL GUN REFINISHING 111 N Main Street WILDWOOD, FL 34785
---

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

Printed on recycled paper.

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.

458953 FEB 13 2006

FEB 15 2006

Bureau of Air Monitoring & Mobile Sources

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 1190032 1st REBEL GUN REFINISHING 111 N Main Street WILDWOOD, FL 34785
--

<b>FLAIR ACCT. CODE 372020350013755010000</b> <b>BENEFITTING OBJECT CODE 002000</b> <b>BENEFITTING CATEGORY 000200</b>
--

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413692 JAN31 2002

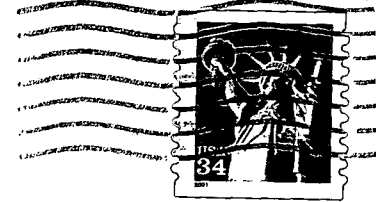
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

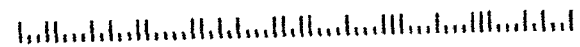
Do **NOT** Remove Label

AIRS ID # 1190032  
REBEL GUN REFINISHING  
ROBERT TENNISON  
111 N MAIN STREET  
WILDWOOD FL  
34785

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



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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405661 FEB 20 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**

Do NOT Remove Label

AIRS ID # 1190032
REBEL GUN REFINISHING ROBERT TENNISON 111 N MAIN STREET WILDWOOD FL 34785

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392263

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 # 1190032
REBEL GUN REFINISHING ROBERT TENNISON 111 N MAIN STREET WILDWOOD FL 34785

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

RECEIVED  
MAIL ROOM  
FEB 17 2001



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.

1190027

468673 FEB 7 2007

TOTAL AMOUNT DUE: \$50.00

2/14/07  
~~CALLER~~  
CALLED & LEFT MESSAGE

Do NOT Remove Label

PERMIT  
EXPIRES  
8/20/2004

AIRS ID#1190032  
REBEL GUN REFINISHING  
111 N Main Street  
WILDWOOD, FLORIDA 34785

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

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

NEW OWNER - (352) 330-~~0268~~ 0268

KEVNY

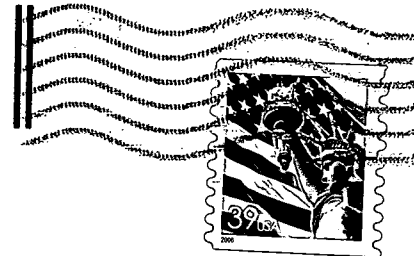
Printed on recycled paper.

rebelgun968@earthlink.net



REBEL GUN REFINISHING  
111 N Main St  
Wildwood, FL 34785  
www.rebelgunrefinishing.com

MID FLORIDA POST OFFICE  
FL 327  
05 FEB 2007 PM



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Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

323153070 8099

