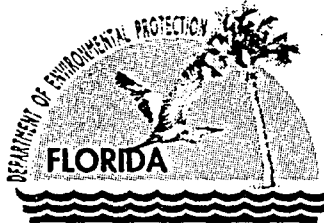


EMISSION FEE DATES 199-2002
SOC REPORTS 2
COMPLIANCE STATUS FN



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 11, 2003

Mr. Michel Fiot
Propulsion Technology
8050 Northwest 31 Street
Miami, Florida 33122

Re: Facility No.: 0250983-002

Dear Mr. Fiot:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on November 10, 2003.

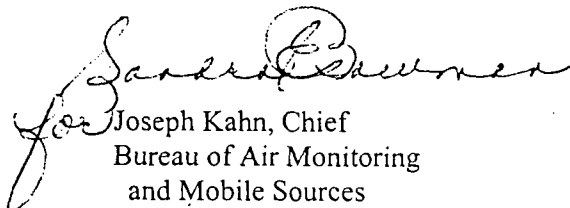
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


for Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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NOV 10 2003

Halogenated Solvent Degreasers Facility Notification

NOV 04 2003

Bureau of Air Monitoring
& Mobile Sources

Facility Name and Location

Air Quality

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Management Division
Propulsion Technology	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	FLD 984187302
4. Facility Location:	
Street Address:	8050 NW 31 St.
City:	Miami
County:	Miami-Dade
Zip Code:	33122
5. Facility Identification Number (DEP Use):	0250983-002

Responsible Official

6. Name and Title of Responsible Official:	Michel Fiot, CFO
7. Responsible Official Mailing Address:	8050 NW 31 Street
Organization/Firm:	
Street Address:	
City:	Miami
County:	Miami-Dade
Zip Code:	33122
8. Responsible Official Telephone Number:	
Telephone:	(305) 592 1044
Fax:	(305) 477-7136

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Ed Buchanan, Quality Manager
10. Facility Contact Address:	8050 NW 31 St,
Street Address:	
City:	Miami
County:	Miami-Dade
Zip Code:	33122
11. Facility Contact Telephone Number:	
Telephone:	(305) 592 1044
Fax:	(305) 477 7136

Facility Information

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

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor						
x < 1.21 m ²	_____	21 NOV 93	_____	RTS-44	10/18/99	10/18/99
x > 1.21 m ²	_____	_____	_____	_____	_____	_____
Batch Cold	_____	_____	_____	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

2. (a) What was the total amount of halogenated solvents purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. (a) Please indicate which of the following halogenated solvents are used at your facility.

perchloroethylene

methylene chloride

trichloroethylene

1,1,1-trichloroethane

carbon tetrachloride

chloroform

(b) The total volume of halogenated solvent emissions shall not exceed 10 tons per year. I choose to meet this requirement by:

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

meeting an idling emission limit/work practice standards

meeting the requirements for batch cold cleaning machines

4. Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

- 1.0 freeboard ratio
- super-heated vapor
- freeboard refrigeration device
- carbon adsorber
- dwell time
- working mode cover
- reduced room draft

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) Purchase receipts for halogenated solvent purchases
- (b) Inspection records
- (c) Temperature monitoring
- (d) Idling emission concentration monitoring
- (e) Instrument calibration
- (f) Dwell time records
- (g) Solvent content records
- (h) Remedial action log
- (i) Control device monitoring
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

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) _____

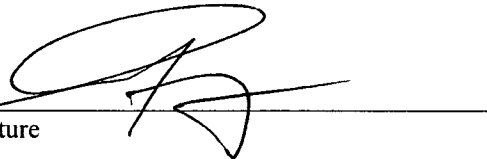
No air permits currently exist for the operation of the facility indicated in this notification form.

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

10-28-2003

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457288 DEC27 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

250983 11
PROPULSION TECHNOLOGY
8855 NW 35th Lane
MIAMI, FL 33122

Bureau of Air Monitoring
& Mobile Sources

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

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

Printed on recycled paper.

 **Propulsion Technology**
SAFRAN Group

8050 NW 31st Street
Miami, FL 33122

SOUTH FLORIDA PDC

FL 330
05 JAN 07 00.39
9430 00.39
2905 MAILED FROM MIAMI, FL 33122

32313+3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443754 DEC272004

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# 250983 11
PROPULSION TECHNO;OGY
8050 NW 31st Street
MIAMI, FL 33172

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

Bureau of Air Monitoring
& Mobile Sources

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DEC 28 2004

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436365 FEB13 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# 250983
MICHEL FIOT
PROPULSION TECHNO;OGY
8050 NW 31ST STREET
MAIMI, FL 33122

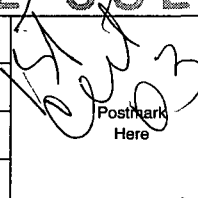
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

FEB 19 2004
Bureau of Air Monitoring
& Mobile Sources

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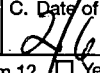
Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

ID# 250983

Total Postage MICHEL FIOT

Sent To PROPULSION TECHNO;OGY
 8050 NW 31ST STREET
 Street, Apt. No., or PO Box No. MAIMI, FL 33122
 City, State, ZIP:

PS Form 3800, June 2002 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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>
<p>1 Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 250983 MICHEL FIOT PROPULSION TECHNO;OGY 8050 NW 31ST STREET MAIMI, FL 33122 </div>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>MIRIE SANTOYO</i> </p>
<p>2 Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> 7003 2260 0003 5650 9332 </div>	<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</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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Bureau of Air Monitoring
& Mobile Sources

FEB 16 2004

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

