



*Pat Grant*

# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

October 29, 1998

Mr. Arthur Scornavacca  
Micro Semi P.P.C.  
7516 Central Industrial Drive  
Riviera Beach, Florida 33404

Re: Facility No.: 0990559

Dear Mr. Scornavacca:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 5, 1998.

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

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

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

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

Sincerely,

*Dotty Diltz*  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

0990559

P19

(f) Required

(h) Required

(l) Required

(k) Required

BEST AVAILABLE COPY

**Halogenated Solvent Degreasers Facility Notification**

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Micro Semi P.P.C.
2. Site Name (For example, plant name or number):	Micro Semi P.P.C.
3. Hazardous Waste Generator Identification Number:	7302003104
4. Facility Location: Street Address: City:	7576 Central Industrial Drive, Riviera Beach, Palm Beach Zip Code: 33407

RECEIVED  
001 - 51770  
Bureau of Air Monitoring  
& Mobile Sources

AIRSID # 0990559

**Responsible Official**

6. Name and Title of Responsible Official:	Arthur Scornavacca General Manager
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Same County: Zip Code:
8. Responsible Official Telephone Number: Telephone:	(561) 842-0305 Fax: (561) 848-1607

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager):	Lloyd R. Browder Maint Manager
10. Facility Contact Address: Street Address: City:	Same County: Zip Code:
11. Facility Contact Telephone Number: Telephone:	(561) 842-0305 Fax: (561) 848-1607

**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	<i>Mod# L-400R</i>					
x < 1.21 m <sup>2</sup>	<i>Set# 3-7791-87</i>					
x > 1.21 m <sup>2</sup>						
Batch Cold						
In-line						
New						
Existing						

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

*1977*  gallons

*1999*

(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.*

*Arthur J. Freeman VP - Gen. Mgr.*  
 \_\_\_\_\_  
 Signature

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

✓

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:30 TIME OUT: 3:45 AIRS ID#: 0990559  
 TYPE OF FACILITY: HALOGENATED SOLVENT DEGREASERS  
 FACILITY NAME: MICRO Semi PPC Inc DATE: \_\_\_\_\_  
 FACILITY LOCATION: 7516 Central Industrial Drive  
Riviera Beach, FL 33404  
 RESPONSIBLE OFFICIAL: L. Ray Browder PHONE NUMBER: 848-9606

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED  
 OCT 15 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: \_\_\_\_\_

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

DATE OF NEXT INSPECTION: Sept 1999  
(Approximate)

INSPECTION CONDUCTED BY: R. V. Chokshi  
(Please Print)

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

APR 15

# HALOGENATED SOLVENT DEGREASERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: \_\_\_\_\_ DATE: 9-3-98 TIME IN: 2:30 TIME OUT: 3:45  
 FACILITY NAME: Micso semi PPC Inc  
 FACILITY LOCATION: 7516 Central Industrial Drive  
Riviera Beach, FL 33404  
L. RAY BROWDER 848-9606

### PART I: NOTIFICATION

(check appropriate boxes)

- Facility notified DARM by 9/1/96
- Facility notified DARM 30 days prior to starting up
- Facility failed to notify DARM to use a general permit  *Helped them fill out Notification form.*
- Halogenated solvent used at the facility:
 

perchloroethylene	<input type="checkbox"/>	methyl chloride	<input checked="" type="checkbox"/>
trichloroethylene	<input type="checkbox"/>	1,1,1-trichloroethane	<input type="checkbox"/>
carbon tetrachloride	<input type="checkbox"/>	chloroform	<input type="checkbox"/>
- Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable. *All two*

Batch Vapor, x<1.21 m <sup>2</sup>	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, x>1.21 m <sup>2</sup>	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

### PART II: CLASSIFICATION

- Indicate the machine type(s) observed at the facility: *They have two vapour degreasers - see Part VI*

Batch Vapor, x<1.21 m <sup>2</sup>	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, x>1.21 m <sup>2</sup>	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

### PART III: GENERAL CONTROL REQUIREMENTS

**A. Batch Vapor and In-Line Machines**  
Does the facility:

- Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification?   **NO**
- Maintain a freeboard ratio of 0.75 or greater?   **NO**



3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/sec)?  Y  N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?  Y  N  N/A
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?  Y  N  N/A
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover.  Y  N  N/A
7. Have each machine equipped with --
- a. a device to shut off sump heat if the solvent level drops to the heater coils?  Y  N
  - b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?  Y  N
  - c. a primary condenser?  Y  N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?  Y  N

**B. Batch Cold Cleaning Machines**

Does the facility:

1. Collect and store all waste solvent in closed containers?  Y  N
2. Use a flexible hose or flushing device only within the freeboard area?  Y  N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?  Y  N
4. Maintain the solvent level inside the machine at or below the fill line?  Y  N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?  Y  N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*)  Y  N  N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open?  Y  N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?  Y  N

*Remote Reservoir Type Only --*

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.  Y  N

*Immersion Type Only --*

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal.  Y  N

**PART IV: PROCESS VENT CONTROLS** (*not applicable to batch cold cleaning machines*)

Facility chose to meet requirements using:

control device combination / work practice standards

- alternative solvent emission limit (*proceed to Part V*)
- idling emission limit / work practice standards (*proceed to Part V*)

**A. Batch Vapor Machines,  $x \leq 1.21m^2$**

control comb. selected		In use		
<input checked="" type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	freeboard refrig. device / working mode cover	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	freeboard refrig. device / reduced room draft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	freeboard refrig. device / dwell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Batch Vapor Machines,  $x > 1.21m^2$**

control comb. selected		In use		
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Existing In-Line Machines**

control comb. selected		In use		
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/>	<input type="checkbox"/>	

**D. New In-Line Machines**

control comb. selected		In use	
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/>	<input type="checkbox"/>

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official maintained the following:

- 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment?  Y  N  A
- 2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93.  Y  N  A
- 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight)  Y  N  A
- 4. Estimates of annual solvent consumption for each machine?  Y  N  A
- 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)  Y  N  N/A
- 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)  Y  N  N/A
- 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)  Y  N  N/A
- 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?  Y  N  N/A
- 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit)  Y  N  N/A
- 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit)  Y  N  N/A
- 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)  Y  N  N/A

**PART VI: ADDITIONAL SITE INFORMATION**

1. Helped them fill out Notification form.

2. They have two vapour degreasers, one of the two, they do not use very often, however, this one has solvent in it. therefore we consider these two as working degreasers.

Arthur Scornavacca

Name of Responsible Official

9-10-98

R V Chokshi

Inspector's Name

9-3-98

Date of Inspection

R.V. Chokshi

Inspector's Signature

Sept 1999

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY  
TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0990559  
 TYPE OF FACILITY: Halogenated Solvent Degreasers  
 FACILITY NAME: Micro Semi PBC Inc DATE: 10/12/00  
 FACILITY LOCATION: 7516 Central Industrial Dr Riviere Beach  
33404  
 RESPONSIBLE OFFICIAL: L. Ray Browder PHONE NUMBER: 848-9606

- 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
Degreaser has been removed -	
entire facility	to close
Next few months	RECEIVED NOV 13 2000 Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: None  
(Approximate)

INSPECTION CONDUCTED BY: L. R. Liebler  
(Please Print)

INSPECTOR'S SIGNATURE: L. R. Liebler PHONE NUMBER: 305-3070

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

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

**OFFICIAL USE**

Postage	\$	<i>Rec'd Oct 03 Mar 04</i> <small>Postmark Here</small>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Pcs: 11 70990559001AG

Sent To: MICRO SEMI P.B.L.

Street, Ap or PO Box: 7516 CENTRAL INDUSTRIAL CIRCLE

City, State: RIVIERA BEACH, FL 33404

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 3230

**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:

11 70990559001AG  
 MICRO SEMI P.B.L.  
 ARTHUR SCORNAVACCA  
 7516 CENTRAL INDUSTRIAL CIRCLE  
 RIVIERA BEACH, FL 33404

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

**X**

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

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

3. Service Type

<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.

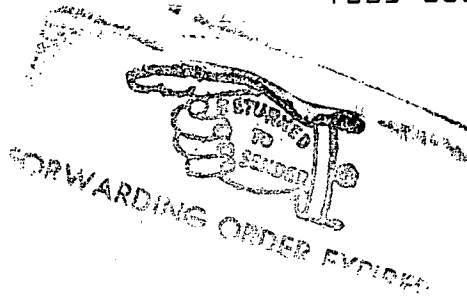
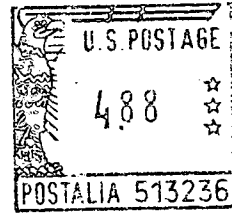
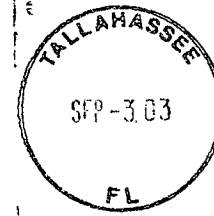
4. Restricted Delivery? (Extra Fee)  Yes

7003 0500 0004 0144 3230

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400



7003 0500 0004 0144 3230



RECEIVED

SEP 9 2003

Bureau of Air Monitoring  
& Mobile Sources

*WAB*

11 099055900TAG  
MICRO SEMI P.B.L.  
ARTHUR SCORNAVACCA  
7516 CENTRAL INDUSTRIAL CIRCLE  
RIVIERA BEACH, FL 33404

Z 333 660 649

1999

US Postal Service  
**Receipt for Certified Mail**

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

AIRS ID # 0990559

MICRO SEMI P.P.C.  
ARTHUR SCORNAVACCA  
7516 CENTRAL INDUSTRIAL CIRCLE  
RIVIERA BEACH FL 33404

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	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990559

MICRO SEMI P.P.C.  
ARTHUR SCORNAVACCA  
7516 CENTRAL INDUSTRIAL CIRCLE  
RIVIERA BEACH FL 33404

4a. Article Number

7333660649

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

Feb 2-16

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Janne Meyer*

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389861

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  
MAIL ROOM  
DEC 20 99

Do **NOT** Remove Label

AIRS ID # 0990559

MICRO SEMI P.P.C.  
ARTHUR SCORNAVACCA  
7516 CENTRAL INDUSTRIAL CIRCLE  
RIVIERA BEACH FL 33404

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

MICROSEMI PPC, INC. 7516 CENTRAL INDUSTRIAL BLVD., Riviera Beach, Florida 33404			CHECK NO. VENDOR	005151	
INVOICE NUMBER	INVOICE DATE	REF. NUMBER	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
RENEWAL-12-99	12-10-99		50.00	0.00	50.00
1 1999	5151	<b>TOTALS</b>	GROSS AMOUNT		NET AMOUNT 50.00



**MICROSEMI PPC, INC.**  
3680 Investment Lane, Riviera Beach, FL 33404

CHECK NO. 003001  
VENDOR 0564

003001

INVOICE NUMBER	INVOICE DATE	REF. NUMBER	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
0990559	1/08/99		50.00	.00	50.00
<b>TOTALS</b>			GROSS AMOUNT 50.00		NET AMOUNT 50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360943

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 # 0990559

MICRO SEMI P.P.C.  
ARTHUR SCORNAVACCA  
7516 CENTRAL INDUSTRIAL CIRCLE  
RIVIERA BEACH FL 33404

RECEIVED  
MAIL ROOM  
FEB 18 99

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