



0112257

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 12, 1996

Mr. Robert Koppel
Operations Manager
Sun Belt Precision Products, Inc.
900 Southwest 21 Terrace
Fort Lauderdale, Florida 33312

Dear Mr. Koppel:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 26, 1996.

Please note that in November 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

cc: Mr. Robert Wong, Broward County

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

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Sun Belt Precision Products, Inc.
2. Site Name (For example, plant name or number): 5843970
3. Hazardous Waste Generator Identification Number: HM-01111-96
4. Facility Location: Street Address: 900 S.W. 21 Terrace City: Fort Lauderdale County: Broward Zip Code: 33312
5. Facility Identification Number (DEP Use): 0112257

Responsible Official

6. Name and Title of Responsible Official: Robert Koppel Operations Manager
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (954) 792-8070 Fax: (954) 792-3184

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: () -

RECEIVED

AUG 26 1996

Bureau of Air Monitoring
& Mobile Sources

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	_____	_____	_____	_____	_____	_____
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?

[14,000] gallons ~~gallons~~ POUNDS

(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.

Albert Koppel
Signature

8/22/96
Date



Department of Environmental Protection

August 28, 1996

SUN BELT PRECISION PRODUCT, INC.

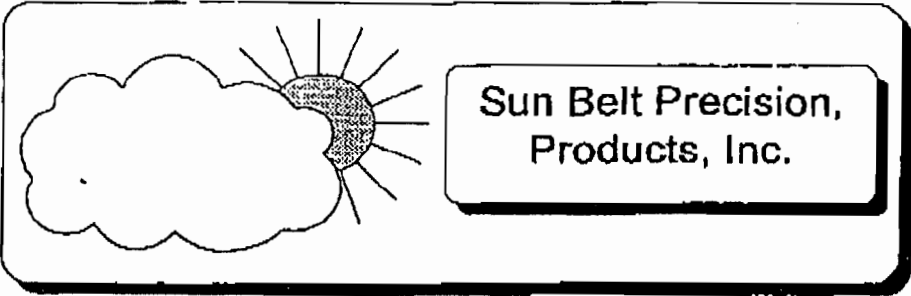
Mr. Robert Koppel was contacted by telephone and informed of the appropriate changes to be made on his application he submitted for a Title V Air General Permit.

It was agreed upon that, at the time of the facility inspection, Mr. Koppel will make the necessary changes in the presence of an inspector. The following changes should be made at that time:

1. Item 3(b) on page 18 of 20; Mr. Koppel indicated that he will meet the requirement by; complying with an alternative solvent emission limit.
2. In the Equipment Monitoring and Recordkeeping Information section, the following item(s) should also be *checked*:

(f), (g), (h), (k), (l).

Alvin C. Williams



Total Pages: <i>Cover + 2</i>	Date: <i>8/28</i> Time: <i>1230</i> am <input checked="" type="radio"/> pm
From: <i>Rob Kopp</i>	To: <i>Alvin Williams</i> Company:
Title:	Title:
Sun Belt Phone: (954) 792-8070	Telephone Number:
Sun Belt Facsimile: (954) 792-3184	Facsimilie Number:

*Corrected paperwork
as requested*

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
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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?

[14,000] ~~12,800~~ 1280 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.

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- meeting an idling emission limit/work practice standards
- meeting the requirements for batch cold cleaning machines

Hazardous Solvent Degreasers Facility Notification

Sun Belt Precision Products, Inc.

Site Name: 5843970

ID#: HM-01111-96

Page 18 of 20

All items are $x < 1.21$ m(2)

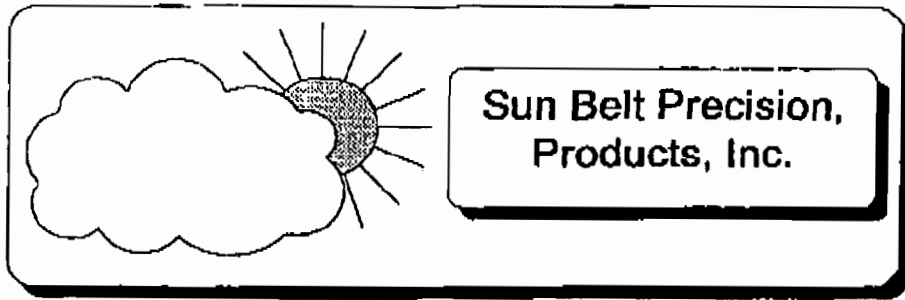
Batch Vapor:

ID# MLR216 purchased: 10/80 installed 02/81

In line: Existing:

ID# TT2004 purchased: 06/89 installed: 01/01/90

ID# TT530RS purchased: 06/90 installed: 01/01/91



Total Pages: <i>Cover + 2</i>	Date: <i>8/28</i> Time: <i>1230</i> am <input checked="" type="radio"/> pm
From: <i>Rob Koppal</i>	To: <i>Alvin Williams</i> Company:
Title:	Title:
Sun Belt Phone: (954) 792-8070	Telephone Number:
Sun Belt Facsimile: (954) 792-3184	Facsimilie Number:

*Corrected paperwork
as requested*

X-Copy

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Batch Cold	_____	_____	_____	_____	_____	_____
In-line						
New	_____	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____	_____

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Hazardous Solvent Degreasers Facility Notification

Sun Belt Precision Products, Inc.
Site Name: 5843970
ID#: HM-01111-96

Page 18 of 20

All items are $x < 1.21 \text{ m}^2$

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In line: Existing:

ID# TT2004 purchased: 06/89 installed: 01/01/90

ID# TT530RS purchased: 06/90 installed: 01/01/91



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

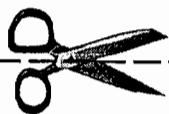
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

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.

RECEIVED

DEC 15 1999

Bureau of Air Monitoring
& Mobile Sources

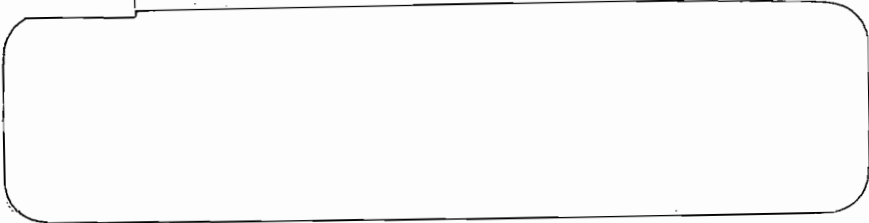
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0112257
SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400
MC5521
BAMMS/BCO
JOEY ROBERTS
5510



32399-2400

ATTEMPTED-NOT KNOWN



POSTAGE
REQUIRED

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

Z 333 613 137

US Postal Service

Receipt for Certified Mail

Mailpiece Coverage Provided

AIRS ID 0112257

SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

PS Form 3800, April 1995

Postage	\$
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 0112257
SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

4a. Article Number

2333 613 137

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

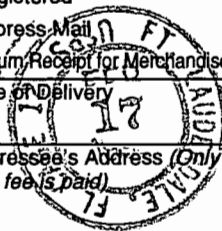
7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 



Thank you for using Return Receipt Service.

Z 333 660 555

1999

US Postal Service
Receipt for Certified Mail

AIRS ID # 0112257

SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

PS Form 3800 April 1995

Postage	\$
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	

Fold at line over top of envelope to

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.
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- 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 # 0112257
SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

4a. Article Number

Z 333 660 555

4b. Service Type

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

7. Date of Delivery

2-26-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *R. Melendez*

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

Thank you for using Return Receipt Service.

1994

102595-97-B-0179

Domestic Return Receipt

P 174 052 244

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

1999

AIRS ID # 0112257

SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

PS Form 3800, April 1995

Postage	\$
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	

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

- SEND**
- 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 # 0112257

SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT. LAUDERDALE FL 33312

4a. Article Number
P 174 052 244

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

7. Date of Delivery
3-4-99

5. Received By: (Print Name)

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

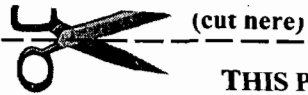
6. Signature: (Addressee or Agent)
X Melendez S. Melendez

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.



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.

TOTAL AMOUNT DUE: \$50.00

✓ 0363296

RECEIVED
MAIL ROOM

MAR - 5 99

Do **NOT** Remove Label

AIRS ID # 0112257
 SUN BELT PRECISION PRODUCTS INC
 ROBERT KOPPEL
 900 SW 21 TERRACE
 FT LAUDERDALE FL 33312

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

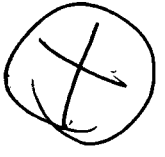
SUN BELT INTERPLEX, INC. DEPT. OF ENVIRONMENTAL PROTECTION	3/3/99	4631
		50.00
CASH - FIRST UNION AIRS ID # 0112257		50.00

RECEIVED
FEB 11 1998
Bureau of Air Monitoring
& Mobile Sources

Revised 01/13/98

**HALOGENATED SOLVENT DEGREASERS
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

ace



AIRS ID#0112257
SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

Do **NOT** Remove Label

Annual Reporting Period: February 2 1997 TO February 2 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete.

RESPONSIBLE OFFICIAL: Robert Koppel *Rob Koppel* 2/4/98
Name (Please Print) Signature Date

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302127

~~302004~~

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#0112257
SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

RECEIVED
MAIL ROOM

FEB -9

Bureau of Air Monitoring
& Mobile Sources

FEB 11 1998

RECEIVED

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259243 ✓

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

RECEIVED
MAIL ROOM

JAN 29 97 **TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0112257
SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550-304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32309-2400

Z 210 662 886

MAIL



RECEIVED
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TALLAHASSEE, FL
JUN 18 2001

[Handwritten signature]

RECEIVED

JUN 18 2001

Bureau of Air Monitoring
& Mobile Sources

11 AIRS ID # 0112257001AG
ROBERT KOPPEL
SUN BELT PRECISION PRODUCTS INC
900 SW 21 TERRACE
FT LAUDERDALE FL 33312

SEND

TE 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:

11 AIRS ID # 0112257001AG
 ROBERT KOPPEL
 SUN-BELT PRECISION PRODUCTS INC
 900 SW 21 TERRACE
 FT LAUDERDALE FL 33312

Z 210 662 886

2. Article Number (Copy from service label)

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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 210 662 886

US Postal Service
Receipt for Certified Mail

11 AIRS ID # 0112257001AG
 ROBERT KOPPEL
 SUN-BELT PRECISION PRODUCTS INC
 900 SW 21 TERRACE
 FT LAUDERDALE FL 33312

PS Form 3800, April 1995

Postage	\$
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	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

37550301000
2529 1R MS#5S10
BAMMS
JOEY ROBERTS

CERTIFIED

Z 333 667 231

MAIL

Buy
Air Mail
Mobile Sources

AIRS ID # 0112257

SUN-BELT-PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 2ND TERRACE
FT LAUDERDALE FL 33312

RECEIVED
FEB 17 1990
MAIL ROOM
U.S. POSTAGE
298
POSTALIA 512167

RECEIVED

DIVISION OF AIR
RESOURCES MANAGEMENT

Handwritten initials and date: *KWD EP 2/2/90*

- 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 # 0112257

SUN BELT PRECISION PRODUCTS INC
 ROBERT KOPPEL
 900 SW 21 TERRACE
 FT LAUDERDALE FL 33312

A: Received by (Please Print Clearly)	B: Date of Delivery
C: Signature	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
D: Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	

3: Service Type

<input 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 (Copy from service label)

Z 333 667 231

Z 333 667 231

US Postal Service
Receipt for Certified Mail
 AIRS ID # 0112257
 SUN BELT PRECISION PRODUCTS INC
 ROBERT KOPPEL
 900 SW 21 TERRACE
 FT LAUDERDALE FL 33312

Postage	\$
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	

PS Form 3800, April 1995

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

Z-210-663-118

MAIL

AIRSID# 0112257
SUNBELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT LAUDERDALE FL 33312



RECEIVED
12/15
H/3/00
Bureau of Air Monitoring
& Mobile Sources
MAR 17 2000



SENDER 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 # 0112257
 SUN BELT PRECISION PRODUCTS INC
 ROBERT KOPPEL
 900 SW 21 TERRACE
 FT LAUDERDALE FL 33312

7 210 663 118

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) *Robert Koppel* B. Date of Delivery
 C. Signature *Robert Koppel* 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 No

7 210 663 118

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage

AIRS ID # 0112257
 SUN BELT PRECISION PRODUCTS INC
 ROBERT KOPPEL
 900 SW 21 TERRACE
 FT LAUDERDALE FL 33312

PS Form 3800 April 1995

Postage	\$
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	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

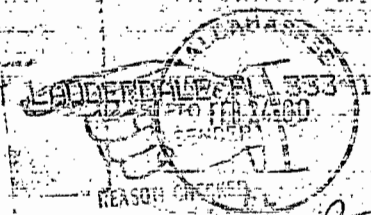
7 210 662 355

MAIL

AC5521

BAMMS/BCO
JOEY ROBERTS
5510

AIRS ID # 0112257
SUN BELT PRECISION PRODUCTS INC
ROBERT KOPPEL
900 SW 21 TERRACE
FT. LAUDERDALE FL 33312



U.S. POSTAGE
296
POSTALIA 512964

REASON FOR RETURN
Unclaimed _____
Attempted - not enough _____
Insufficient Address _____
No such street number _____
No such office in state _____
Do not re-mail in this country _____

RTS

Bureau of Air Monitoring
& Mobile Sources

JAN - 3 2008

RECEIVED

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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112257

SUN BELT PRECISION PRODUCTS INC
 ROBERT KOPPEL
 900 SW 21 TERRACE
 FT LAUDERDALE FL 33312

4a. Article Number
2210662356

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-92 8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

2210662356

2.00

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to:

AIRS ID # 0112257

SUN BELT PRECISION PRODUCTS INC
 ROBERT KOPPEL
 900 SW 21 TERRACE
 FT LAUDERDALE FL 33312

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	