



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 15, 2000

Mr. Bruce Breitzman
Micro Med Machining
10407 North Commerce Parkway
Miramar, Florida 33025

Re: Facility No.: 0112508-001

Dear Mr. Breitzman:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 14, 2000.

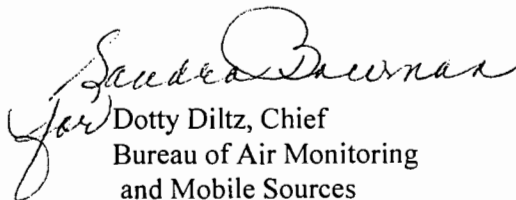
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

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RECEIVED
AUG 14 2000
Bureau of Air Monitoring
& Mobile Sources
MICRO MED MACHINING

August 2, 2000

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Reference: **Micro-Med Machining (MM), Miramar, Florida, Broward County
Halogenated Solvent Degreaser Air General Permit Notification**

To Whom It May Concern:

Please find enclosed an original signed copy of DEP Form No. 62-213.900(4), Part III, Notification of Intent to Use General Permit. The notification is being submitted for a Baron-Blakeslee Model MSR 216 vapor degreaser that we are purchasing and will install by September 30, 2000 to clean parts with trichloroethylene (TCE). To comply with 40 CFR Part 63, Subpart T, MM will implement a control combination (1.0 freeboard and freeboard chiller) and specific work practice standards. Annual solvent emissions from the unit are estimated to be significantly less than 10 tons.

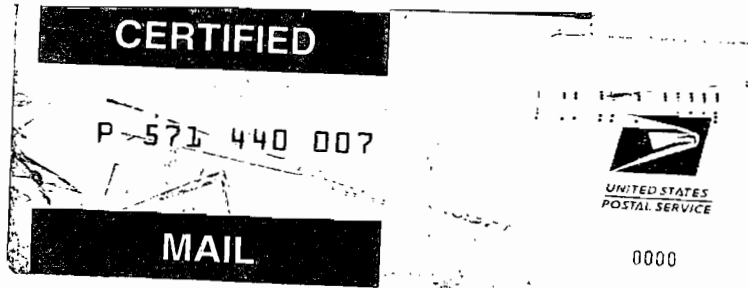
If you have any questions or require additional information, please do not hesitate to contact Mr. Tom Collins, of my staff, at (954) 447-8543.

Sincerely,

Bruce Breitzman
Vice President/General Manager

Enclosure

MICRO MED MACHINING
a division of UTI Corporation
 10407 N. Commerce Pkwy.
 Miramar, FL 33025



U.S. POSTAGE
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 33328
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 AMOUNT
\$3.20
 00078562-08

UNITED STATES
 POSTAL SERVICE
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RECEIPT REQUESTED

General Permits Section
 Bureau of Air Monitoring and Mobile Sources, MS
 MS 5510
 Department of Environmental Protection
 2600 Blair Stone Road
 Tallahassee, FL 32399-2400

D

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

OFFICIAL USE

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

Postmark Here

AIRES ID#0112508

MICRO MED MACHINING
 BRUCE BREITZMAN
 10407 N COMMERCE PARKWAY
 MIRAMAR FL
 33025

PS Form 3800, January 2001 See Reverse for Instructions

9225 9467 1000 0260 1007

HALOGENATED SOLVENT DEGREASERS
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources
AUG 14 2000

RECEIVED

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): UTI Corporation
2. Site Name (For example, plant name or number): Micro Med Machining
3. Hazardous Waste Generator Identification Number: FLR000066928
4. Facility Location: Street Address: 10407 N. Commerce Parkway City: Miramar County: Broward Zip Code: 33025
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112508-001

Responsible Official

6. Name and Title of Responsible Official: Name: Bruce Breitzman Title: V. P. and General Manager
7. Responsible Official Mailing Address: Organization/Firm: Micro Med Machining Street Address: 10407 N. Commerce Parkway City: Miramar County: Broward Zip Code: 33025
8. Responsible Official Telephone Number: Telephone: (954) 447-8543 Fax: (954) 447 - 8702

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Thomas J. Collins Quality Engineer
10. Facility Contact Address: Street Address: 10407 N. Commerce Parkway City: Miramar County: Broward Zip Code: 33025
11. Facility Contact Telephone Number: Telephone: (954) 447-8543 Fax: (954) 447 - 8702

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.

Affected Machines	Date Initially Purchased From Manufacturer	Machine Classification (circle one)	Date Control Device Installed (if none, enter N/A)
Batch Vapor (solvent-air interface area)			
$x \leq 1.21 \text{ m}^2$	8/00	NEW/EXISTING	8/00
$x > 1.21 \text{ m}^2$	_____	NEW/EXISTING	_____
Batch Cold	_____	NEW/EXISTING	_____
In-line	_____	NEW/EXISTING	_____

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

[N/A] gallons New Machine

(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

[X] 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 (choose one):

[] complying with an alternative solvent emission limit

[X] implementing a control device combination/work practice standards

[] meeting an idling emission limit/work practice standards

OR

[] meeting the requirements for **batch cold cleaning machines**

4. If you choose to implement a control device combination, please select the appropriate controls from the list provided below. Indicate with an "X" all controls that apply to your facility. (Refer to paragraph (5)(c)1.-4.).

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1.0 freeboard ratio | <input type="checkbox"/> carbon adsorber |
| <input type="checkbox"/> dwell time | <input type="checkbox"/> reduced room draft |
| <input type="checkbox"/> working mode cover | <input type="checkbox"/> super-heated vapor |
| <input checked="" type="checkbox"/> freeboard refrigeration device | |

5. 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:

ALL FACILITIES

- | | |
|--|-------------------------------------|
| (a) Estimates of monthly halogenated solvent consumption | <input checked="" type="checkbox"/> |
| (b) Inspection records | <input checked="" type="checkbox"/> |
| (h) Remedial action log | <input checked="" type="checkbox"/> |
| (e) Instrument calibration | <input checked="" type="checkbox"/> |
| (g) Solvent content records | <input checked="" type="checkbox"/> |

FOR FACILITIES USING CONTROL COMBINATIONS

- | | |
|-------------------------------|-------------------------------------|
| (c) Temperature monitoring | <input checked="" type="checkbox"/> |
| (f) Dwell time records | <input type="checkbox"/> |
| (i) Control device monitoring | <input type="checkbox"/> |

FOR FACILITIES MEETING EMISSION STANDARDS

- | | |
|---|--------------------------|
| (j) Log of solvent additions and removals | <input type="checkbox"/> |
| (d) Idling emission concentration monitoring | <input type="checkbox"/> |
| (k) Monthly emissions calculations | <input type="checkbox"/> |
| (l) Rolling 3-month average emissions calculations* | <input type="checkbox"/> |
| (m) Cleaning capacity calculations* | <input type="checkbox"/> |

* Only for facilities meeting the alternative emission limitation standards*

6. 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.

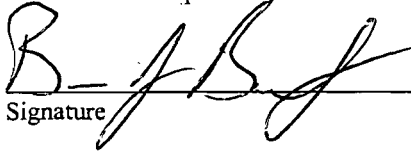
Responsible Official Certification

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.

Bruce J Breitzman

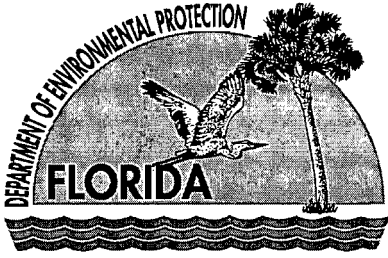
Print name of responsible official



Signature

8/11/00

Date



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 3/11/2003

TO: Ms. JOLIE ZAK

PHONE: 773-254-2406

FAX: 773-254-6661

FROM: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: MICHO-MEO

CC: _____

Total number of pages including cover sheet: 5

Message

Ms. Zak

Please contact me if there are any questions.

Rick

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper

TRANSMISSION VERIFICATION REPORT

TIME : 03/11/2003 10:31
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER. # : BROG2J568046

DATE, TIME 03/11 10:28
FAX NO./NAME 617732546661
DURATION 00:02:57
PAGE(S) 06
RESULT OK
MODE STANDARD
ECM



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 3/11/2003

TO: Ms. JOLIE ZAK

PHONE: 773-254-2406

FAX: 773-254-6661

FROM: RIEK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: MICHO-MEO

CC: _____

Total number of pages including cover sheet: 5

Message
04 7 11



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 handling label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

ID# 112508
BRUCE BREITZMAN
MICRO MED MACHINING
10407 N COMMERCE PARKWAY
MIRAMAR, FL 33025

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

Bureau of Air Monitoring
& Mobile Sources

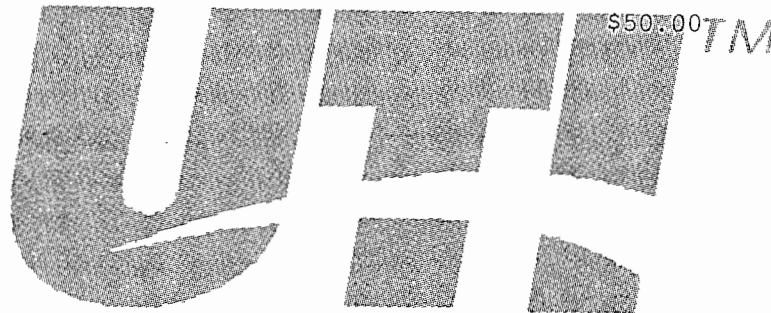
MAR 4 2004

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SPECTRUM MANUFACTURING, INC.

Check# 75065

2/23/2004 112508

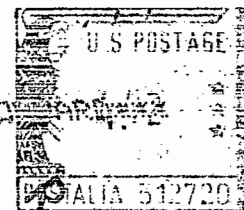


\$50.00 \$0.00 \$50.00

DEPARTMENT OF ENVIRONMENTAL PROTECTION

MS# 6510 MC Acct # 6694-5527

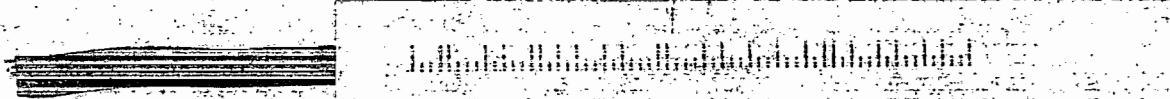
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



AIRS 2508 3rd Cert04
MICRO MACHINING
10407 N Commerce Parkway
MIRAMAR, FL

Handwritten signature/initials

RECEIVED
APR 20 2005
Bureau of Air Monitoring
& Mobile Sources



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# 112508 3rd Cert04
 MICRO MED MACHINING
 10407 N Commerce Parkway
 MIRAMAR, FL 33025

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

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

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7004 2510 0002 3939 8276

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)
 For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here

AIRS ID# 112508 3rd Cert04
 MICRO MED MACHINING
 10407 N Commerce Parkway
 MIRAMAR, FL 33025

PS Form 3800, June 2002

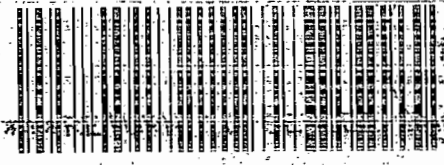
See reverse for instructions

7004 2510 0002 3939 8276

MS# 551 MC Acct # 557

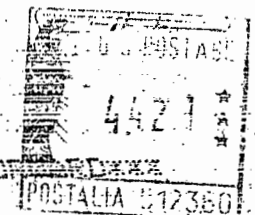
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7004 2510 0002 3939 7750

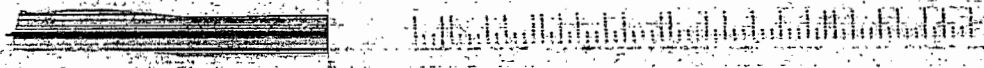
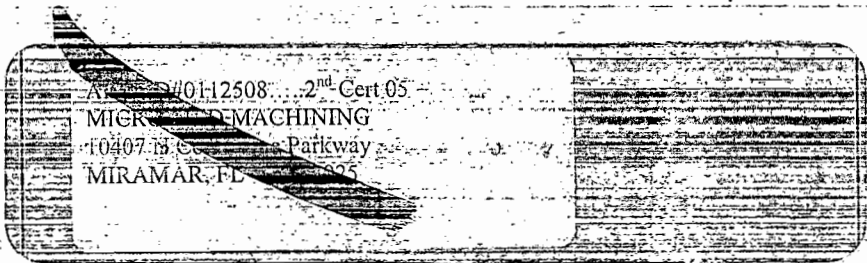
POB



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MAR 15 2005

Bureau of Air Monitoring
& Mobile Sources



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- 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#0112508.....2nd Cert 05
 MICRO MED MACHINING
 10407 N Commerce Parkway
 MIRAMAR, FL 33025

2. Article Number

7004 2510 0002 3939 7750

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature:

X

Agent

Addressee

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:

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery (Extra Fee):

Yes

Domestic Return Receipt

102595-02 M-1540

US Postal Service

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

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

Postmark Here

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

AIRS ID#0112508.....2nd Cert 05
 MICRO MED MACHINING
 10407 N Commerce Parkway
 MIRAMAR, FL 33025

PS Form 3800

7004 2510 0002 3939 7750

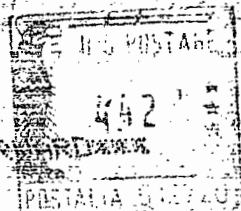
MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7003 0500 0004 0144 8334



MIRAS ID# 112508 FstC
MICROFILM MACHINING
10407 N. Commercial Parkway
MIRAMAR, FL 33025

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FEB 11 2005
Bureau of Air Monitoring
& Mobile Sources

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# 112508 1stC
 MICRO MED MACHINING
 10407 N Commerce Parkway
 MIRAMAR, FL 33025

2. Article Number

7003 0500 0004 0144 8334

(Transfer from service tag)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
- Addressee

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

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

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

AIRS ID# 112508 1stC
 MICRO MED MACHINING
 10407 N Commerce Parkway
 MIRAMAR, FL 33025

PS Form 3800, June 2002

7003 0500 0004 0144 8334

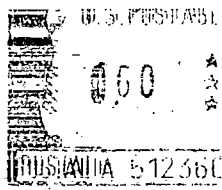
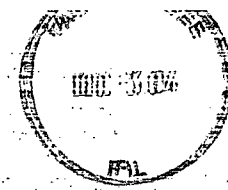
Postmark Here

STATE OF
DEPARTMENT
MS 5510
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

Acct #5521



ATTEMPTED
DELIVERY,
NO RESPONSE



RECEIVED

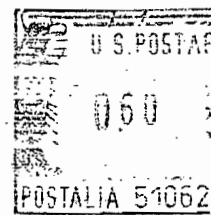
JAN 6 2005

Bureau of Air Monitoring
& Mobile Sources

AIRS# 112508 11
MICRO-MED MACHINING
10407 N Commerce Parkway
MIRAMAR, FL 33025

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

Acct # 45321



ATTEMPTED
DELIVERY,
NO RESPONSE

RECEIVED
JAN 7 2005
Bureau of Air Monitoring
& Mobile Sources

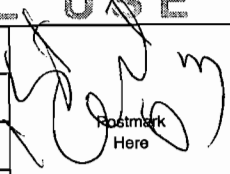
AIRS ID# 112508 11
MICRO-MED MACHINING
10407 N Commerce Parkway
MIRAMAR, FL 33025

7003 2260 0003 5650 7680

U.S. Postal Service™
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OFFICIAL USE

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
ID# 112508		
To BRUCE BREITZMAN		
Sent MICRO MED MACHINING		
10407 N COMMERCE PARKWAY		
Street or P.O. Box MIRAMAR, FL 33025		
City		

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:

ID# 112508
 BRUCE BREITZMAN
 MICRO MED MACHINING
 10407 N COMMERCE PARKWAY
 MIRAMAR, FL 33025
 WHEELING, IL 60090

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 7680

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 M. Botzoc Addressee

B. Received by (Printed Name) C. Date of Delivery
 M. Botzoc 2-17-04

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

102595-02-M-1540

UNITED STATES POSTAL SERVICE



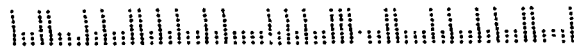
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 27 2004
Bureau of Air Monitoring
& Mobile Sources

01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

425741 MAR 14 2003

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0112508
 MICRO MED MACHINING
 BRUCE BREITZMAN
 10407 N COMMERCE PARKWAY
 MIRAMAR FL
 33025

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

Bureau of Air Monitoring
& Mobile Sources

MAR 17 2003

RECEIVED

DEPARTMENT OF ENVIRONMENTAL PROTECTION

41987

VENDOR

NO. 040591

OUR REF. NO.	YOUR INV. NO.	INV. DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
AP361471	AIRS ID 0112508	3/10/2003	50.00	50.00	0.00

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

7001 0320 0001 7976 2883

OFFICIAL USE

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

[Handwritten Signature]
 Postmark Here

AIRS ID#0112508

Sent To **MICRO MED MACHINING**
BRUCE BREITZMAN
 Street, Apt. No., or PO Box No. **10407 N COMMERCE PARKWAY**
 City, State, ZIP+4 **MIRAMAR FL 33025**

PS Form 3800, Jan 2001

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#0112508

MICRO MED MACHINING
BRUCE BREITZMAN
10407 N COMMERCE PARKWAY
MIRAMAR FL
33025

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
 C. Signature *[Handwritten 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
 (Transfer from service label)

7001 0320 0001 7976 2883

UNITED STATES POSTAL SERVICE



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

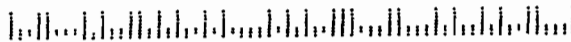
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
Mobile Sources

MAR 13 2003

RECEIVED



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

7000 0600 0026 7825 6997

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

Postmark
Here

To AIRS ID # 0112508
Rec MICRO MED MACHINING
 BRUCE BREITZMAN
 Street 10407 N COMMERCE PARKWAY
 City MIRAMAR FL 33025

PS Form 3800, February 2000 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 # 0112508
 MICRO MED MACHINING
 BRUCE BREITZMAN
 10407 N COMMERCE PARKWAY
 MIRAMAR FL 33025

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X *Wendy Blongos* 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

2. Article Number (Copy from service label)
 7000 0600 0026 7825 6997



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414348 FEB21 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

RECEIVED
FEB 22 2002
Bureau of Air Monitoring
& Mobile Sources

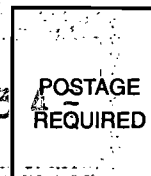
Do NOT Remove Label

AIRS ID # 0112508
MICRO MED MACHINING
BRUCE BREITZMAN
10407 N COMMERCE PARKWAY
MIRAMAR FL
33025

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

VENDOR		DEPARTMENT OF ENVIROMENTAL PROTECTION		40063	NO. 038709	
OUR REF. NO.	YOUR INV. NO.	INV. DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	
AP302671	Title V Air2001 AIRS ID# 0112508	2/18/02	50.00	50.00	0.00	

MICRO MED MACHINING
A Division of UTI Corporation
10407 N. Commerce Pkwy
Miramar, FL 33025
Tel: (954) 447-8543 Fax: (954) 447-8702



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

32315+3070 93



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405659 FEB20 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 # 0112508
MICRO MED MACHINING
BRUCE BREITZMAN
10407 N COMMERCE PARKWAY
MIRAMAR FL 33025

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

DOR DEPARTMENT OF ENVIROMENTAL PROTECTION		37068		NO. 036653	
OUR REF. NO.	YOUR INV. NO.	INV. DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
AP234421	Title V Air	12/13/00	50.00	50.00	0.00

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

7000 0520 0020 9373 0244

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		
AIRS ID # 0112508		
MICRO MED MACHINING		
Recipient	BRUCE BREITZMAN	(filler)
10407 N COMMERCE PARKWAY		
Street	MIRAMAR FL	
33025		
City, State		

PS Form 3800, February 2000 See Reverse for Instructions

<p>PLACE STICKER AT TOP OF MAILPIECE</p> <p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>AIRS ID # 0112508</p> <p>MICRO MED MACHINING BRUCE BREITZMAN 10407 N COMMERCE PARKWAY MIRAMAR FL 33025</p>		<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>Hayden Dominguez</p> <p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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>2. Article Number (Copy from service label)</p> <p>70000520002093730244</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	