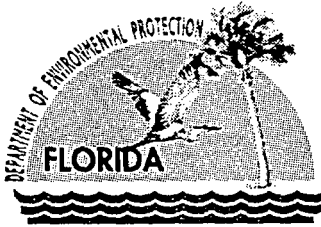


Henry Buxton



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

March 18, 1999

Mr. Raphael Elkayam  
Propulsion Technology Corporation  
8050 Northwest 31 Street  
Miami, Florida 33122

Re: Facility No.: 0250983

Dear Mr. Elkayam:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on March 3, 1999.

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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

0250983

p18

2(a) Add # of gals of trichloroethylene purchased  
in past 12 months.

p19

4. Super-heated vapor is required in  
control device combination. Should  
be marked.

(b)(7)(i) Required. Should be marked.

p20

Responsible official sign and date  
for changes made.

3/10/99

Spoke to Don Kellis and he stated  
that the facility has not purchased  
any trichloroethylene because it  
is a new facility. He also stated that  
the degreaser uses a super-heated  
vapor for cleaning.

Halogenated Solvent Degreasers Facility Notification

Facility Name and Location

RECEIVED

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
*Propulsion Technology Corp*

2. Site Name (For example, plant name or number):  
*Westpoint Business Park*

3. Hazardous Waste Generator Identification Number:

4. Facility Location:  
 Street Address: *8855 NW 35 Lane*  
 City: *Miami* County: *Miami-Dade* Zip Code: *33172*

5. Facility Identification Number (USE CAREFULLY):  
*0250983*

MAR - 1 1999  
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:  
*Raphael Elkayam President*

7. Responsible Official Mailing Address: *8050 NW 31 Street, Miami, FL 33122*  
 Organization/Firm: *Propulsion Technology Corp*  
 Street Address: *8050 NW 31 Street*  
 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):  
*Don Kellis Plant Operations Manager*

10. Facility Contact Address: *8050 NW 31 Street, Miami FL 33122*  
 Street Address: *8050 NW 31 Street*  
 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 <sup>2</sup>						
x > 1.21 m <sup>2</sup>	<u>1</u>	<u>3/1/99</u>	<u>3/1/99</u>			
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.*

*Rafael Elkayem*  
\_\_\_\_\_  
Signature

*2/22/99*  
\_\_\_\_\_  
Date

# HALOGENATED SOLVENT DEGREASERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

**TYPE OF INSPECTION:** ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)

AIRS ID#: <u>0250983</u>	DATE: <u>9/13/00</u>	TIME IN: <u>1:30pm</u>	TIME OUT: <u>2:25pm</u>
FACILITY NAME: <u>Propulsion Technology Corporation</u>			
FACILITY LOCATION: <u>8855 NW 35 Lane</u>			
<u>Miami, FL 33172</u>			
RESPONSIBLE OFFICIAL: <u>Raphael Elkayan</u>		PHONE: <u>(305) 471-6400</u>	
CONTACT NAME: _____		PHONE: _____	

Bureau of Air Pollution  
 & Mobile Sources  
 CEC 1  
 CE 1  
 EDY

### PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN

1. New facility notified DARM 30 days prior to startup <input type="checkbox"/>	(ARMS Data)	MNC <input type="checkbox"/>
2. Facility failed to notify DARM to use general permit <input type="checkbox"/>		SNC <input type="checkbox"/>

3. Halogenated solvent used at facility:

perchloroethylene <input type="checkbox"/>	methylene chloride <input type="checkbox"/>
trichloroethylene <input checked="" type="checkbox"/>	1,1,1-trichloroethane <input type="checkbox"/>
carbon tetrachloride <input type="checkbox"/>	chloroform <input type="checkbox"/>

4. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable:

Batch Vapor, $x \leq 1.21 \text{ m}^2$ <input type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input checked="" type="checkbox"/>	Existing In-line <input type="checkbox"/>	

### PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, $x \leq 1.21 \text{ m}^2$ <input type="checkbox"/>	New In-line <input type="checkbox"/>	Batch Cold (immersion) <input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$ <input checked="" 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:

1. 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?  Y  N
2. Maintain a freeboard ratio of 0.75 or greater?  Y  N
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 0.9 m/min. (3 ft/sec) or less?  Y  N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?  Y  N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11 ft/min) or less?  Y  N
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/min (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  N/A

*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  N/A

**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,  $x \leq 1.21 \text{ m}^2$**

control comb.  
selected

In use

- |                          |  |                          |                          |                          |
|--------------------------|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | working mode cover / 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 / 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 type="checkbox"/> | freeboard refrig. device / working mode cover                | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <input type="checkbox"/> | freeboard refrig. device / reduced room draft                | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <input type="checkbox"/> | freeboard refrig. device / 1.0 freeboard ratio               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <input type="checkbox"/> | freeboard refrig. device / dwell                             | <input type="checkbox"/> | <input 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,  $x > 1.21 \text{ m}^2$**

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 checked="" type="checkbox"/> | freeboard refrig. device / superheated vapor / working mode cover   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 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. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 3. Halogenated solvent content for each solvent used? (exempt if <5% by weight)   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Estimates of annual solvent consumption for each machine?  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 5. Dates of solvent additions and amounts added to each machine? (applicable only to those using an alternative emission limit)   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Idling emissions limit tests, including values obtained during the initial performance test? (applicable only to those using an idling emissions limit)                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 7. All control device and parameter monitoring? (applicable only to batch vapor and in-line machines)   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 9. Monthly emissions calculations (applicable only to those using an alternative or idling emission limit)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 10. 3-month rolling average emissions calculations? (applicable only to those using an alternative emission limit)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 11. Cleaning capacity calculations? (applicable only to those using an alternative emission limit without a solvent-air interface)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART VI: ADDITIONAL SITE INFORMATION**

5c6c  
5c6a  
5c6g

Working - mode cover - monthly  
 FBR device - temp. } Trichloroethylene 189°F / 87°C, 57°F or 14°C  
 Superheated vapor } weekly } BP allowable  
 189°F / 87°C, 199°F or 93°C

Deborah Griner  
 Inspector's Name  
 Deborah G.  
 Inspector's Signature

9/13/2000  
 Date of Inspection  
 9/2001  
 Approximate Date of Next Inspection



**TITLE V AIR QUALITY GENERAL PERMIT  
FIELD NOTICE OF VIOLATION**



Miami-Dade County Department of  
Environmental Resources Management  
33 S.W. 2<sup>nd</sup> Ave. Suite 900  
Miami, FL 33130-1540  
(305)372-6925 (305)372-6954 fax

FACILITY OWNER/COMPANY NAME Propulsion Technology Corp.  
 SITE NAME: same as above AIRS ID# 0250983  
 FACILITY LOCATION 8855 NW 35 Lane  
 TYPE OF FACILITY: Halogenated Solvent Degreaser  
 RESPONSIBLE OFFICIAL: Raphael Elkayam PHONE NUMBER: (305)592-1044

**YOU ARE HEREBY NOTIFIED** that on 9/13/00 the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE, CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
5(c)3	Install + maintain a hoist capable of moving parts at a speed of 11 ft/minute or less.	Verify the hoist speed. Begin recordkeeping	10/13/00 30 days
5(c)(6) + 6(b)(1)	<del>Not</del> monitoring the control parameters: Working Mode Cover, Freeboard Refrigeration Device, + Superheated Vapor.	Begin monitoring and recordkeeping	10/13/00 30 days

**ADDITIONAL INFORMATION:**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

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

Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.  
Director

By (please print): Deborah Griner  
 Section: Air Facilities Date: 9/13/00  
 Signature: [Signature]

Received By (please print): Donald F. Kellis  
 Title: Facility Contact Date: 9/13/00  
 Signature: [Signature]

Sandy-

12/12/00

Here are some  
inspections that were  
pending recordkeeping,  
etc. Please call me  
at (305) 372-6936 if  
you have any questions.

Thanks,  
Debbie

*file*

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Propulsion Technology Corp **RECEIVED** DATE: 9/13/00  
 FACILITY LOCATION: 8855 NW 35 Lane  
Miami, FL 33172  
 OCT 23 2000  
 Air Quality Management Division 9 2000

Annual Reporting Period: 9 19 99 TO 9 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DER 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:

Monitoring + Recordkeeping needs to be initiated

Exact period of non-compliance: from 9/99 to 9/2000

Action(s) taken to achieve compliance: Begin Recordkeeping + monitoring.

Method used to demonstrate compliance: Recordkeeping Forms.

#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. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Raphael Ekayam [Signature] 9-15-00  
 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.

*Mail top 2  
copies to  
DERM*

TRIKLONE ® LE  
ICI GENERAL CHEMICALS  
SDS ID: 42354Replaces 10/30/95  
Printed 10/11/96

## SECTION 1 CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

ICI Americas Inc.  
Concord Plaza, 3411 Silverside Rd.  
P.O. Box 15391  
Wilmington, Delaware 19850ICI Operator (24 hr.): (302) 887-3000  
Medical Emergency (24 hr.): (800) 228-5635 Extension 181  
Chemical Emergency (24 hr.) Involving Transportation  
Spills, Leaks, Fires, Accidents: (800) 424-9300

Material name: TRIKLONE ® LE

RECEIVED

MAR - 1 1999

Bureau of Air Monitoring  
& Mobile Sources

## SECTION 2 COMPOSITION / INFORMATION ON INGREDIENTS

INGREDIENTS	%	OSHA PEL
Trichloroethylene, stabilized (CAS 79-01-6)	100	100 ppm

Ingredients not precisely identified are proprietary or nonhazardous.  
Values are not product specifications.

## SECTION 3 PHYSICAL DATA

Boiling point: 188.4° F, 86.9° C  
Vapor pressure (mmHg at 20° C): 59  
Vapor density (air = 1): 4.54  
Solubility in water: Insoluble  
pH: Not applicable  
Specific gravity: 1.46  
% Volatile by volume: 100  
Appearance and odor: Colorless liquid with ether-like odor

## SECTION 4 FIRE AND EXPLOSION HAZARD DATA

Flash point (and method): Does not flash by standard methods  
Autoignition temp.: 770° F, 410° C  
Flammable limits (STP): 8 - 10.5%

## Extinguishing media:

Not applicable. Use media suitable for surrounding fire. Use water spray to cool fire-exposed containers.

## Special fire fighting protective equipment:

Self-contained breathing apparatus with full facepiece and protective clothing if involved in a fire of other materials.

TRIKLONE • LE  
ICI GENERAL CHEMICALS  
SDS ID: 42354

Replaces 10/30/95

Printed 10/11/96

---

SECTION 4 FIRE AND EXPLOSION HAZARD DATA (Cont.)

---

Unusual fire and explosion hazards:

Trichloroethylene can be ignited with high-intensity sources of heat, such as some sparks and flames, or at high temperatures and pressures. This can occur at concentrations in air of about 8-10.5%.

---

SECTION 5 REACTIVITY DATA

---

Stability:

Stable under normal conditions. Avoid contact with aluminum equipment such as tanks, pumps and fittings. Aluminum-catalyzed decomposition gas can rupture confined areas in the equipment with explosive force.

Incompatibility (materials to avoid):

May react violently with alkali and alkaline earth metals such as sodium, potassium and barium. Avoid mixing with caustic soda, caustic potash, or oxidizing materials.

Hazardous decomposition products:

Thermal decomposition: hydrogen chloride and traces of phosgene  
Chemical decomposition: hydrogen chloride

Hazardous polymerization:

Will not occur.

---

SECTION 6 HEALTH HAZARD ASSESSMENT

---

General:

This health hazard assessment is based on information from current literature.

Ingestion:

The acute oral LD50 in rat is reported to be 4.9 - 7.0 g/kg. Relative to other materials, a single dose of this product is practically nontoxic by ingestion. Swallowing an excessive amount can cause gastrointestinal disturbances and central nervous system depression.

Eye contact:

This material is severely irritating in rabbit eye studies; a similar degree of irritation will probably occur after human eye contact with liquid. Vapors will induce eye irritation.

Skin contact:

This material is moderately irritating in rabbit dermal irritation studies. Irritation can develop following repeated and/or prolonged contact with human skin. Prolonged skin exposure to the liquid material may result in skin defatting and severe dermatitis. Confinement of this material on the skin increases skin injury and can result in chemical burns.



TRIKLONE • LE  
ICI GENERAL CHEMICALS  
DS ID: 42354

Replaces 10/30/95  
Printed 10/11/96

---

**SECTION 6 HEALTH HAZARD ASSESSMENT (Cont.)**

---

**Skin absorption:**

Systemically toxic concentrations are unlikely to be absorbed through the intact skin of man; however, systemically toxic concentrations may occur following absorption through damaged skin. They include liver and kidney injury.

**Inhalation:**

Following exposure to vapors and aerosols, this material can produce central nervous system depression. High atmospheric concentrations can result in eye, nasal and respiratory tract irritation, and cardiac sensitization to circulating epinephrine-like compounds can result in sudden fatal cardiac arrhythmias. At high concentrations which induce anaesthesia, animals have developed liver and kidney effects.

**Other effects of overexposure:**

Exposure potential is a critical element in the expression of a potential health hazard. This product, if handled in accordance with good industrial hygiene practice, will not present an actual hazard in the work.

\*\* Carcinogen classifications: IARC - 2A (probable carcinogen);  
NTP - not listed as a carcinogen.

**First aid procedures:**

**Skin:** Remove contaminated clothing and footwear. Wash material off the skin with plenty of soap and water. If redness, itching or a burning sensation develops, get medical attention. Wash contaminated clothing and decontaminate footwear before reuse.

**Eyes:** Immediately flush with plenty of water for at least 15 minutes and have eyes examined and treated by medical personnel.

**Ingestion:** Do not induce vomiting. Never give anything by mouth to an unconscious person. Give 1 or 2 glasses of water to drink and refer to medical personnel.

**Inhalation:** Remove to fresh air. If cough or other respiratory symptoms develop, consult medical personnel. If not breathing, give artificial respiration, preferably mouth-to-mouth. If breathing is labored, give oxygen. Consult medical personnel.

**Note to Physician:** Gastric lavage may be effective within four hours of ingestion. Product is an asphyxiant and can induce cardiac muscular sensitization to circulating epinephrine-like compounds, resulting in potentially fatal heart arrhythmias. Do not give adrenaline or similar sympathomimetic drugs. Do not allow exposed person to exercise vigorously for 24 hours following potentially toxic exposure.

TRIKLONE® LE  
ICI GENERAL CHEMICALS  
MSDS ID: 42354

Replaces 10/30/95  
Printed 10/11/96

### SECTION 7 SPILL OR LEAK PROCEDURES

Steps to be taken in case material is released or spilled:

Ventilate spill area. Wear skin, eye and respiratory protection during cleanup. Soak up liquid with absorbent and shovel into waste container. Cover container and remove from work area. For large spills, dike area and recover or soak up with an absorbent. Prevent contamination of ground or surface waters.

Disposal method:

Discarded product is a hazardous waste, number U228, under RCRA, 40 CFR 261.33. Spent TRIKLONE LE used in degreasing and sludges from recovery of the solvent are hazardous wastes F001 under RCRA, 40 CFR 261.31. Also, spent TRIKLONE LE and still bottoms from recovery of the solvent are hazardous wastes F002 under RCRA, 40 CFR 261.31. Dispose of these wastes in a facility permitted for hazardous wastes.

Container disposal:

Emptied container retains product residue. Observe all hazard precautions. Keep away from heat, sparks and flames. Do not weld or use a cutting torch on or near container. Do not distribute, make available, furnish or reuse empty container except for storage and shipment of original product. Ensure containers are completely empty. Then offer container for recycling/reconditioning or puncture or otherwise destroy empty container before disposal.

### SECTION 8 SPECIAL PROTECTION INFORMATION

TLV® or suggested control value:

The ACGIH TLV is 50 ppm 8-hour TWA; the STEL is 100 ppm.

The OSHA Table Z-2 lists the 8-hour TWA as 100 ppm, the acceptable ceiling concentration as 200 ppm, and the maximum concentration as 300 ppm for a duration of 5 minutes in a 2 hour period.

The OSHA Table Z-1-A, which was revoked on June 30, 1993, listed the OSHA TWA as 50 ppm and the STEL as 200 ppm. The following U.S. states will continue to enforce Table Z-1-A limit: Alaska, California, Connecticut, Maryland, Michigan, Minnesota, New Mexico, Vermont, and Washington

Ventilation:

Ventilate low-lying areas such as sumps or pits where dense vapors may collect. Provide local exhaust if TLV is exceeded.

Respiratory protection (specify type):

If needed, use MSHA/NIOSH approved respirator for organic vapors. For high concentrations and oxygen-deficient atmospheres, use positive pressure air-supplied respirator.

Protective clothing:

Impervious gloves and apron. Viton gloves are recommended by some manufacturers.

TRIKLONE ® LE  
ICI GENERAL CHEMICALS  
SDS ID: 42354

Replaces 10/30/95  
Printed 10/11/96

---

SECTION 8 SPECIAL PROTECTION INFORMATION (Cont.)

---

Eye protection:

Chemical tight goggles and full faceshield.

Other protective equipment:

Eyewash station and safety shower in work area.

---

SECTION 9 SPECIAL PRECAUTIONS OR OTHER COMMENTS

---

Precautions to be taken in handling or storing:

Prevent skin and eye contact. Avoid breathing vapors. Avoid contact with flames and hot surfaces. Avoid smoking when vapors present. Keep containers closed and store in a cool, dry area.

---

SECTION 10 REGULATORY INFORMATION

---

TSCA (Toxic Substances Control Act) Regulations, 40 CFR 710:

All ingredients are on the TSCA Chemical Substance Inventory.

CERCLA and SARA Regulations (40 CFR 355, 370, and 372):

Section 313 Supplier Notification. This product contains the following toxic chemicals subject to the reporting requirements of Section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 and of 40 CFR 372: <100% Trichloroethylene (CAS 79-01-6)

State Regulations:

California Proposition 65: WARNING. This product contains a chemical known to the State of California to cause cancer.

The information herein is given in good faith but no warranty, expressed or implied, is made.

\*\*\*This line or section contains revisions or new statements since the last issue date.

KERRY BUXTON  
Propulsion Tech  
(305) 592-1044 # 16

#0250983



Sackman<sup>2</sup> Inc.



PRECISE CUTTING PLANNING

VIVIAN POMARES ALVAREZ

2982 GRAND AVENUE

THIRD FLOOR

COCONUT GROVE, FL 33133

TELEPHONE 305-461-1968

FACSIMILE 305-461-1961

EMAIL VPALVAREZ@AOL.COM

SEPARATE PERMITS  
 REQUIRED FOR  
**ROOFING, PLUMBING  
 ELECTRICAL AND  
 MECHANICAL WORK**  
 DATE \_\_\_\_\_

BEST AVAILABLE COPY

WT  
 2/10/99 J.P.

W/6 - ACCT. # 104123010  
 NO COI 8855 NW 35 LN

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT  
 PLAN REVIEW SECTION

PLAN PROCESSING No. 588012

REVIEW TYPE	APPROVED	DATE	DISAPPROVED	DATE
ENV. CORE			✓	
FLOOD PLAIN				
INDUSTRIAL FAC.		2/25/99		
ASBESTOS		2/17/99		
PAVING / DRAINAGE				
STORAGE TANK				
INDUSTRIAL WASTE				
WATER SUPPLY				
WASTEWATER				
AIR		2/17/99		
AGRICULTURAL				
AIRPORT				
UPLAND & FW. R.				
OTHER				

\* PERMIT NOT VALID UNTIL DEPARTMENTAL APPROVAL IS ISSUED BY PLAN REVIEW SECTION.

D035

N/C

1997

- \* APPROVED FOR NEW CONSTRUCTION -
- BUILDOUT ONLY. NO DEMOLITION -
- \*\* CONTACT FRANK ECHANIQUE → SOLVENTS PLASMA BOOT & \*\*\*
- PRIOR TO APPROVAL -

---

MATERIAL SAFETY DATA SHEET

Page 1 of 5  
Revised 5/09/96

TRIKLONE \* LE  
ICI GENERAL CHEMICALS  
SDS ID: 42354

Replaces 10/30/95  
Printed 10/11/96

---

SECTION 1 CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

---

ICI Americas Inc.  
Concord Plaza, 3411 Silverside Rd.  
P.O. Box 15391  
Wilmington, Delaware 19850

ICI Operator (24 hr.): (302) 887-3000  
Medical Emergency (24 hr.): (800) 228-5635 Extension 181  
Chemical Emergency (24 hr.) Involving Transportation  
Spills, Leaks, Fires, Accidents: (800) 424-9300

Material name: TRIKLONE \* LE

---

SECTION 2 COMPOSITION / INFORMATION ON INGREDIENTS

---

INGREDIENTS	%	OSHA PEL
Trichloroethylene, stabilized (CAS 79-01-6)	100	100 ppm

Ingredients not precisely identified are proprietary or nonhazardous.  
Values are not product specifications.

---

SECTION 3 PHYSICAL DATA

---

Boiling point: 188.4° F, 86.9° C  
Vapor pressure (mmHg at 20° C): 59  
Vapor density (air = 1): 4.54  
Solubility in water: Insoluble  
pH: Not applicable  
Specific gravity: 1.46  
% Volatile by volume: 100  
Appearance and odor: Colorless liquid with ether-like odor

---

SECTION 4 FIRE AND EXPLOSION HAZARD DATA

---

Flash point (and method): Does not flash by standard methods  
Autoignition temp.: 770° F, 410° C  
Flammable limits (STP): 8 - 10.5%

Extinguishing media:

Not applicable. Use media suitable for surrounding fire. Use water spray to cool fire-exposed containers.

Special fire fighting protective equipment:

Self-contained breathing apparatus with full facepiece and protective clothing if involved in a fire of other materials.



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MATERIAL SAFETY DATA SHEET

Page 2 of 5

Revised 5/09/96

TRIKLONE • LE  
ICI GENERAL CHEMICALS  
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Printed 10/11/96

---

SECTION 4 FIRE AND EXPLOSION HAZARD DATA (Cont.)

---

Unusual fire and explosion hazards:

Trichloroethylene can be ignited with high-intensity sources of heat, such as some sparks and flames, or at high temperatures and pressures. This can occur at concentrations in air of about 8-10.5%.

---

SECTION 5 REACTIVITY DATA

---

Stability:

Stable under normal conditions. Avoid contact with aluminum equipment such as tanks, pumps and fittings. Aluminum-catalyzed decomposition gas can rupture confined areas in the equipment with explosive force.

Incompatibility (materials to avoid):

May react violently with alkali and alkaline earth metals such as sodium, potassium and barium. Avoid mixing with caustic soda, caustic potash, or oxidizing materials.

Hazardous decomposition products:

Thermal decomposition: hydrogen chloride and traces of phosgene  
Chemical decomposition: hydrogen chloride

Hazardous polymerization:

Will not occur.

---

SECTION 6 HEALTH HAZARD ASSESSMENT

---

General:

This health hazard assessment is based on information from current literature.

Ingestion:

The acute oral LD50 in rat is reported to be 4.9 - 7.0 g/kg. Relative to other materials, a single dose of this product is practically nontoxic by ingestion. Swallowing an excessive amount can cause gastrointestinal disturbances and central nervous system depression.

Eye contact:

This material is severely irritating in rabbit eye studies; a similar degree of irritation will probably occur after human eye contact with liquid. Vapors will induce eye irritation.

Skin contact:

This material is moderately irritating in rabbit dermal irritation studies. Irritation can develop following repeated and/or prolonged contact with human skin. Prolonged skin exposure to the liquid material may result in skin defatting and severe dermatitis. Confinement of this material on the skin increases skin injury and can result in chemical burns.

---

MATERIAL SAFETY DATA SHEET

Page 3 of 5

Revised 5/09/96

TRIKLONE • LE  
ICI GENERAL CHEMICALS  
OS ID: 42354

Replaces 10/30/95

Printed 10/11/96

---

SECTION 6 HEALTH HAZARD ASSESSMENT (Cont.)

---

Skin absorption:

Systemically toxic concentrations are unlikely to be absorbed through the intact skin of man; however, systemically toxic concentrations may occur following absorption through damaged skin. They include liver and kidney injury.

Inhalation:

Following exposure to vapors and aerosols, this material can produce central nervous system depression. High atmospheric concentrations can result in eye, nasal and respiratory tract irritation, and cardiac sensitization to circulating epinephrine-like compounds can result in sudden fatal cardiac arrhythmias. At high concentrations which induce anaesthesia, animals have developed liver and kidney effects.

Other effects of overexposure:

Exposure potential is a critical element in the expression of a potential health hazard. This product, if handled in accordance with good industrial hygiene practice, will not present an actual hazard in the work.

\*\* Carcinogen classifications: IARC - 2A (probable carcinogen);  
NTP - not listed as a carcinogen.

First aid procedures:

Skin: Remove contaminated clothing and footwear. Wash material off the skin with plenty of soap and water. If redness, itching or a burning sensation develops, get medical attention. Wash contaminated clothing and decontaminate footwear before reuse.

Eyes: Immediately flush with plenty of water for at least 15 minutes and have eyes examined and treated by medical personnel.

Ingestion: Do not induce vomiting. Never give anything by mouth to an unconscious person. Give 1 or 2 glasses of water to drink and refer to medical personnel.

Inhalation: Remove to fresh air. If cough or other respiratory symptoms develop, consult medical personnel. If not breathing, give artificial respiration, preferably mouth-to-mouth. If breathing is labored, give oxygen. Consult medical personnel.

Note to Physician: Gastric lavage may be effective within four hours of ingestion. Product is an asphyxiant and can induce cardiac muscular sensitization to circulating epinephrine-like compounds, resulting in potentially fatal heart arrhythmias. Do not give adrenaline or similar sympathomimetic drugs. Do not allow exposed person to exercise vigorously for 24 hours following potentially toxic exposure.

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**SECTION 7 SPILL OR LEAK PROCEDURES**

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Ventilation:

Ventilate low-lying areas such as sumps or pits where dense vapors may collect. Provide local exhaust if TLV is exceeded.

Respiratory protection (specify type):

If needed, use MSHA/NIOSH approved respirator for organic vapors. For high concentrations and oxygen-deficient atmospheres, use positive pressure air-supplied respirator.

Protective clothing:

Impervious gloves and apron. Viton gloves are recommended by some manufacturers.

TRIKLONE • LE  
ICI GENERAL CHEMICALS  
SDS ID: 42354

Replaces 10/30/95  
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SECTION 8 SPECIAL PROTECTION INFORMATION (Cont.)

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Eye protection:

Chemical tight goggles and full faceshield.

Other protective equipment:

Eyewash station and safety shower in work area.

---

SECTION 9 SPECIAL PRECAUTIONS OR OTHER COMMENTS

---

Precautions to be taken in handling or storing:

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SECTION 10 REGULATORY INFORMATION

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TSCA (Toxic Substances Control Act) Regulations, 40 CFR 710:

All ingredients are on the TSCA Chemical Substance Inventory.

CERCLA and SARA Regulations (40 CFR 355, 370, and 372):

Section 313 Supplier Notification. This product contains the following toxic chemicals subject to the reporting requirements of Section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 and of 40 CFR 372: <100% Trichloroethylene (CAS 79-01-6)

State Regulations:

California Proposition 65: WARNING. This product contains a chemical known to the State of California to cause cancer.

The information herein is given in good faith but no warranty, expressed or implied, is made.

\*\*\*This line or section contains revisions or new statements since the last issue date.

Z. 210 661 879

2000

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.

AIRS ID # 0250983

WESTPOINT BUSINESS PARK  
RAPHAEL ELKAYAM  
8050 NW 31 STREET  
MIAMI FL 33122

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

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

**SENDER: COMPLETE THIS SECTION**

**ADDRESSEE: 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 # 0250983  
WESTPOINT BUSINESS PARK  
RAPHAEL ELKAYAM  
8050 NW 31 STREET  
MIAMI FL 33122

Z 210 661 879

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

micke Santiago

B. Date of Delivery

2/28/00

C. Signature

X *[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

Z 210 663 146

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID # 0250983

WESTPOINT BUSINESS PARK  
RAPHAEL ELKAYAM  
8050 NW 31 STREET  
MIAMI, FL 33122

*Handwritten signature*

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250983  
WESTPOINT BUSINESS PARK  
RAPHAEL ELKAYAM  
8050 NW 31 STREET  
MIAMI FL 33122

Z 210 663 146

2. Article Number (Copy from service label)

**COMPLAINTS SECTION ON DELIVERY**

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

*7/3/00*

C. Signature

*Mickie Santiago*  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

Z 333 667 242

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0250983

WESTPOINT BUSINESS PARK  
RAPHAEL ELKAYAM  
8050 NW 31 STREET  
MIAMI FL 33122

PS Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

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

<b>SENDER: COMPLETE</b>	<b>ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>MICHE SANTOS</i></p> <p>B. Date of Delivery <i>2/14/00</i></p> <p>C. Signature <i>X</i> <input type="checkbox"/> Agent <input 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>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250983</p> <p>WESTPOINT BUSINESS PARK RAPHAEL ELKAYAM 8050 NW 31 STREET MIAMI FL 33122</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>2. Article Number (Copy from service label)</p> <p><i>2 333 667 242</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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.

0394445

**TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

AIRS ID # 0250983  
WESTPOINT BUSINESS PARK  
RAPHAEL ELKAYAM  
8050 NW 31 STREET  
MIAMI FL 33122

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

RECEIVED  
MAIL ROOM  
APR 18 2000

VENDOR: 041808		PROPULSION TECHNOLOGY, CORP. MIAMI FLORIDA 33122				CHECK NO.	034829
VOUCHER NO.	INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT	
0029302	00029302	04/06/00	75.00	75.00	.00	75.00	
Check Total						75.00	





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

~~421896 JAN172003~~

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  
JAN 23 2003  
Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#0250983

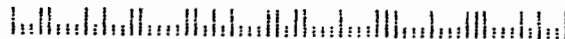
WESTPOINT BUSINESS PARK  
 RAPHAEL ELKAYAM  
 8050 NW 31 STREET  
 MIAMI FL  
 33122

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

RDSE Management Inc.  
 8855 NW 35 Lane  
 Miami, FL 33172



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406381 FEB27 2001

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

*pd*

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0250983  
WESTPOINT BUSINESS PARK  
RAPHAEL ELKAYAM  
8050 NW 31 STREET  
MIAMI FL 33122

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

412414 DEC31 2001

Do NOT Remove Label

AIRS ID # 0250983  
WESTPOINT BUSINESS PARK  
RAPHAEL ELKAYAM  
8050 NW 31 STREET  
MIAMI FL  
33122

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

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

7000 0600 0026 7825 6539

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total P</b>	

Postmark  
Here

AIRS ID # 0250983

Recipient WESTPOINT BUSINESS PARK  
 Street, Apt. RAPHAEL ELKAYAM  
 8050 NW 31 STREET  
 City, State MIAMI FL 33122

PS Form

Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p style="text-align: right;">7/11/01</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250983</p> <p>WESTPOINT BUSINESS PARK          RAPHAEL ELKAYAM          8050 NW 31 STREET          MIAMI FL 33122</p>	<p>C. Signature: <i>mt</i></p> <p><input type="checkbox"/> Agent  <input 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>7000 0600 0026 7825 6539</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>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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

7000 0600 0026 4126 1348

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

Postmark  
Here

AIRS ID # 0250983

To: \_\_\_\_\_  
 Rec WESTPOINT BUSINESS PARK  
 Str RAPHAEL ELKAYAM  
 8050 NW 31 STREET  
 Cit MIAMI FL 33122

Instructions

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 WESTPOINT BUSINESS PARK  
 RAPHAEL ELKAYAM  
 8050 NW 31 STREET  
 MIAMI FL 33122

**COMPLETE THIS SECTION ON DELIVERY**

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

*Kerry Buxton* 3/6/01

C. Signature

X *Kerry Buxton*

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 4126 1348

7003 0500 0004 0144 3223

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)	

*Received -  
Oct 03  
Miami*

To: 11 0250983001AG  
WESTPOINT BUSINESS PARK  
Raphael Elkayam  
8050 NW 31 STREET  
MIAMI, FL 33172

PS Form 3800, June 2002

See Reverse for Instructions

STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

11 0250983001AG  
WESTPOINT BUSINESS PARK  
RAPHAEL ELKAYAM  
8050 NW 31 STREET  
MIAMI, FL 33172

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee  
*[Signature]*

B. Received by (Printed Name)  Date of Delivery  
*ELISA PEREZ*

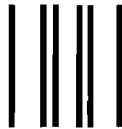
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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  
7003 0500 0004 0144 3223

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 •

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

Bureau of Air Quality  
& Mobile Sources

SEP 11 2003

RECEIVED

