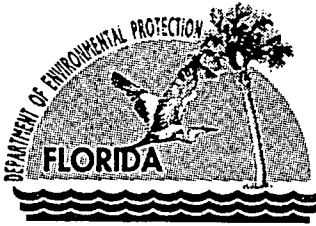


Fees Paid 96-01

306 6

Compliments IN



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 10, 2002

Mr. Conrad Chee
Dry Clean & Save
2238 University Drive
Coral Springs, Florida 33071

Re: Facility No.: 0112215-003

Dear Mr. Chee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 6, 2002.


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,

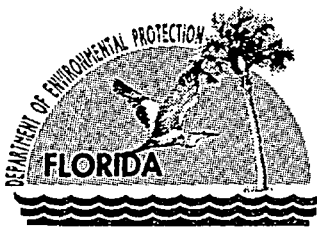

Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Daniela Banu, Broward County

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

Printed on recycled paper.



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

July 19, 2002

0112015

Mr. Conrad Chee
2238 North University Drive
Coral Springs, Florida 33071

Dear Mr. Chee:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1098) in the amount of \$250.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

1098

MOY & CHEE, INC.
2238 N UNIVERSITY DR. 954-753-4653
CORAL SPRINGS, FL 33071

63-8413/2670

DATE 7.14.02

PAY TO THE ORDER OF Board of County Commissioners Broward County \$ 250⁰⁰

Two hundred and fifty 00 DOLLARS

Washington Mutual
Washington Mutual Bank, FA
Sunrise University Financial Center 1763
3300 N. University Drive 1-800-788-7000
Sunrise, FL 33351 24 hour Customer Service

FOR _____

⑈001098⑈ ⑈2570⑈

0112215-003

Page 16

4. Existing machines at small area source should be marked

6(e) Required for all sources.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

MAY 6 2002

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): <i>MOY & CHEE INC.</i>
2. Site Name (For example, plant name or number): <i>DAY CLEAN & SAVE</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 982 078 883</i>
4. Facility Location: <i>2238 UNIVERSITY DRIVE</i> Street Address: City: <i>CORAL SPRINGS</i> County: <i>BROWARD</i> Zip Code: <i>33071</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>01/22/15-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>CONRAD CHEE</i> Title: <i>VICE PRESIDENT</i>
7. Responsible Official Mailing Address: <i>MOY & CHEE INC</i> Organization/Firm: <i>DAY CLEAN & SAVE</i> Street Address: <i>2238 UNIVERSITY DRIVE</i> City: <i>CORAL SPRINGS</i> County: <i>BROWARD</i> Zip Code: <i>33071</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 753-4653</i> Fax: () <i>N/A</i>

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: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [2]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1989	Existing/New	RC/CA/None required	SAME
1989	Existing/New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

N/A

How many washers do you have on-site? []

How many dryers/reclaimers do you have on-site? []

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[15] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] months

Check why it is less than 12 months: New owner: [X] Did not keep records: []

New store: [] New machine []

Unopened store [] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source
 Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 Transfer only on-site (used less than 200 gallons of perc per year)
 Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source
 Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source
 (NONE REQUIRED)

New machines at small area source
 Refrigerated condenser

Existing machines at large area source
 Carbon adsorber
 Refrigerated condenser

New machines at large area source
 Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
 No such units on-site

How many boilers do you have on-site? 2

For each boiler, indicate its horsepower (HP) rating: 34 1/2 HP - 34 1/2 HP

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) ELECTRIC

6. 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 and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. 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.

CONRAD CHEE, V.P.
Print name of responsible official


Signature

4/27/02
Date

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

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUL 19 2002 Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring & Mobile Sources
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): MOY & CHEE INC
2. Site Name (For example, plant name or number): DRY CLEAN N SAVE
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 2238 N. UNIVERSITY DR Street Address: City: CORAL SPRINGS County: BROWARD Zip Code: 33071
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112215-003

Responsible Official

6. Name and Title of Responsible Official: Name: CONRAD AYOUNG CHEE Title: VPRE
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2238 N. UNIVERSITY DR City: CORAL SPRINGS County: BROWARD Zip Code: 33071
8. Responsible Official Telephone Number: Telephone: (954) 753-4653 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): CONRAD AYOUNG CHEE
10. Facility Contact Address: Street Address: 2238 N. UNIVERSITY DR City: CORAL SPRINGS County: BROWARD Zip Code: 33071
11. Facility Contact Telephone Number: Telephone: (954) 753-4653 Fax: () -

- (d) Leaks shall be repaired within twenty-four hours of detection, unless repair equipment must be ordered.
 - 1. Equipment parts needed to repair the machine shall be ordered within two working days of leak detection.
 - 2. Repair parts shall be installed within five working days of receipt.
- (e) Colorimetric tubes and bellows or piston-driven pumps shall be operated according to the manufacturer's specifications and shall be verified for accuracy by the use of duplicate samples. The tube should be designed to measure a concentration of 100 parts per million by volume of perchloroethylene in air to an accuracy of +/- 25 parts per million by volume.
- (f) The integrity of all rubber seals on the pump shall be inspected on a weekly basis for large area sources (biweekly for small area sources) and all equipment shall be kept in a clean and secure area when not in use.

(8) Local Program Requirements. All facilities located within the borders of Duval County shall comply with the following additional requirements:

- (a) Pursuant to Jacksonville Environmental Board Rule 2.901, no person shall cause, suffer, allow or permit the discharge of air pollutants which cause or contribute to an objectionable odor, and
- (b) Pursuant to Jacksonville Ordinance Code Chapter 376, any facility that causes or contributes to the emission of objectionable odors which results in the Air Quality Division (AQD) receiving and validating complaints from five or more different households within a 90-day period may be cited for objectionable odors.

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 2

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<i>EXISTING MACHINES UNITS</i>			
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? 1

How many dryers/reclaimers do you have on-site? 1

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<i>EXISTING UNITS</i>			
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

30 gallons (You must fill this in)

(b) If less than 12 months, how many? 3 months

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

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

Small Area Source

Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. 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 and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

7. 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.

CONRAD AYOUNG CHEE

Print name of responsible official


Signature

7.14.02
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



DEPARTMENT OF PLANNING AND ENVIRONMENTAL PROTECTION - Land Use and Permit Division
218 S.W. 1st Avenue • Fort Lauderdale, Florida 33301 • 954-519-1250 • FAX 954-519-1494
May 20, 2002

Dear Licensee:

We are pleased to announce our new Renewal Notice/Renewal Application form! The new renewal application was developed specifically in response to comments and suggestions we received from you on the Customer Satisfaction Surveys. Many of you wanted to submit only changes to information when renewing your license. The new form serves as both a notice to renew and your renewal application. We have provided your current licensing information for you to review, and Update Information areas where you can indicate any changes.

In our continuing effort to streamline the licensing process and improve our level of service, we would appreciate your taking a few moments to complete the survey on the back and provide us with your suggestions. Some of you have completed our survey before and we are grateful for your feedback. We continue to listen to your concerns and solicit your suggestions.

Hazardous Material Management Facility licensing helps protect Broward County's groundwater and other natural resources through monitoring facilities that use or store Hazardous Materials. Licensing activities include assessment of compliance with standards for proposed storage tank activity, operation of existing tank systems, handling of hazardous materials, and handling and waste disposal methods for hazardous waste. Other activities involve licensee education on pollution prevention techniques (which may reduce or eliminate licensing requirements); and response to environmental complaints. These activities are essential in evaluating a facility's environmental impact potential, and in the assurance of environmentally sound facility operation.

It is also important for our regulated community to ensure that businesses who operate according to our regulations are not penalized by allowing others to compete unfairly by violating the licensing requirement. So, we encourage you to advise us of facilities that may be conducting activity similar to yours, but without proper licensing.

Your comments and suggestions are important to us. You may return the survey with your application, which is also enclosed. If you prefer to remain anonymous, you may choose one of the following methods:

- mail it separately
- drop it in the questionnaire box located in our lobby
- fax it to us at 519-1494
- complete and e-mail it to us on-line @ www.broward.org/lpi00300.htm

We thank you for your time.

(Please turn over for Customer Satisfaction Questionnaire)

**DEPARTMENT OF PLANNING AND ENVIRONMENTAL PROTECTION
LAND USE AND PERMIT DIVISION - ENVIRONMENTAL LICENSING SECTION
CUSTOMER SATISFACTION SURVEY**

The Broward County Commission is requesting your input on the quality of customer service received during your interaction with County staff. On a scale of one to five (one being "the lowest" and five being "the highest") rate the Land Use and Permit Division's performance/policy in the following areas:

	<i>Very Low</i> → <i>Very High</i>				
Accessibility - Office personnel and/or facilities were available to you when needed	①	②	③	④	⑤ ✓
Greeting - Office personnel greeted you in a friendly and professional manner.	①	②	③	④	⑤ ✓
Courtesy - Service was rendered in a courteous manner.	①	②	③	④	⑤ ✓
Cooperation - Office staff worked with you in meeting your need(s) and solving your problem(s).	①	②	③	④	⑤ ✓
Staff Knowledge - Staff provided thorough and knowledgeable responses to your inquiries.	①	②	③	④	⑤ ✓
Response Time - Service was rendered in a timely manner.	①	②	③	④	⑤ ✓
Procedures - Staff described procedures (either through documents or verbal explanation) on how your request was being handled.	①	②	③	④	⑤ ✓
Quality of Product - The quality of product/service performed satisfied your needs.	①	②	③	④	⑤ ✓
Forms Availability - Forms were available through convenient sources.	①	②	③	④	⑤ ✓
Forms Clarity - Information required on forms was clearly identified.	①	②	③	④	⑤ ✓
Information - Licensing information was available, pertinent and clear.	①	②	③	④	⑤ ✓

Type of license being applied for:

- a) Hazardous Material Management Facility License
- b) Storage Tank Facility License
- c) Combined Hazardous Material Management/ Storage Tank Facility License

- d) Solid Waste License
- e) Hazardous Waste Transporter License
- f) Hazardous Material Transfer Station License

Was this to renew an existing license? Yes No

Comments or suggestions: (Attach a separate sheet if necessary): _____

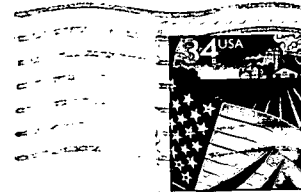
Would you like us to contact you? If so, please indicate your name and phone number: _____

Please forward to The Department of Planning and Environmental Protection. You may chose from any of the following methods :

- Return with your application
- Use the questionnaire box located in our lobby
- Fax to (954) 519-1494
- Complete and e-mail us online at www.broward.otg/pi00300
- Mail to: Department of Planning and Environmental Protection, Land Use and Permit Division
218 SW 1 Avenue, Fort Lauderdale, FL 33301

THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS SURVEY!

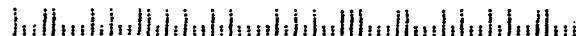
MOY & CHEE INC.
DRY CLEAN & SAVE
2238 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071



ISS#1606 FT LAUD. FL 333 21:46 05/03/02

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

32399+2400 01



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

466202 DEC18 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112215
MOY & CHEE INC
2238 University Drive
CORAL SPRINGS, FLORIDA
33071

Bureau of Air Monitoring
& Mobile Sources

DEC 19 2006

FL AIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

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.

435481 JAN 20 2004

TOTAL AMOUNT DUE: \$50.00

RECEIVED
JAN 23 2004
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

112215
NAGUI ZARIFA
DRY CLEAN N' SAVE
2238 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444154 JAN 6 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring
& Mobile Sources

JAN 7 2005

RECEIVED

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DRY CLEAN N' SAVE
2238 University Drive
CORAL SPRINGS, FL 33071

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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

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