



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 5, 1996

Mr. Mitch Epstein  
Vice President  
Mitch's Dry Clean Express  
& Laundry, Inc.  
993 University Drive  
Coral Springs, Florida 33071

Re: Facility I.D. No. 0112305

Dear Mr. Epstein:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

3/8/99 called + #  
has been disconnected

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

✓ TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0112305 DATE: 10/3/97 TIME IN: 2:10 TIME OUT: 2:35

FACILITY NAME: DRY CLEAN EXPRESS

FACILITY LOCATION: 993 UNIVERSITY DRIVE CORAL SPRINGS FL. 33071

RESPONSIBLE OFFICIAL: MITCH EPSTEIN PHONE: (954) 341-8520

CONTACT NAME: " PHONE: "

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)
2. New small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)

3. Existing large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed before 12/9/91)
4. New large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ART PENNETTA

Inspector's Name (Please Print)

OCT 3 1997

Date of Inspection

Art Penetta

Inspector's Signature

OCT 1998

Approximate Date of Next Inspection

0112305

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

aw

FACILITY NAME: DRY CLEAN EXPRESS DATE: 10/3/97

FACILITY LOCATION: 993 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071

Annual Reporting Period: OCT 3 1996 TO OCT 3 1997

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. 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: M. H. System AA A 10-3-97  
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.

Page \_\_\_\_ of \_\_\_\_.

RECEIVED

NOV 12 1997

Bureau of Air Monitoring & Mobile Sources

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

FACILITY NAME: Dry Clean Express DATE: 12/10/98  
 FACILITY LOCATION: 993 University Drive  
Cowd Spring, Fl. 33071

Annual Reporting Period: Oct. 19 97 TO Dec. 19 98

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

**RECEIVED**  
 JAN - 4 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

#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 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: Facility out of business \_\_\_\_\_  
 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.



TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:30 TIME OUT: 11:00 AIRS ID#: 0112305  
 TYPE OF FACILITY: Dry Cleaners - Perc.  
 FACILITY NAME: Dry Clean Express DATE: 12/10/98  
 FACILITY LOCATION: 993 University Drive  
Coral Springs, FL 33071  
 RESPONSIBLE OFFICIAL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>Facility out of business</u>	

COMMENTS:

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

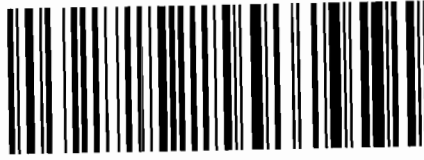
DATE OF NEXT INSPECTION: N/A  
(Approximate)

INSPECTION CONDUCTED BY: OCTAVIAN OPRIS  
(Please Print)

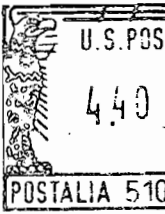
INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (954) 519-1420

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

VERIFIED MAIL



7000 0520 0020 9372 7497



RECEIVED  
SEP - 7 2001  
Bureau of Air Monitoring  
& Mobile Sources

8-17 VNK  
2 7116 SAP

RETURN TO SENDER  
SEP - 5 2001  
UNCLAIMED

~~NAME  
1st Notice 8/16  
2nd Notice  
Return~~

RECEIVED  
SEP - 7 2001  
Bureau of Air Monitoring  
& Mobile Sources

10 AIRS ID # 0112305001AG  
MITCH EPSTEIN  
DRY CLEAN EXPRESS  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

NAME  
1st Notice 8/16  
2nd Notice 8/24  
Return 9-3

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

**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:

10 AIRS ID # 0112305001AG  
 MITCH EPSTEIN  
 DRY CLEAN EXPRESS  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

2. Article Number (Copy from service label)

7000 0520 0020 9372 7497

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

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

*Mitch Epstein*

C. Signature

X

- 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 ..

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

7000 0520 0020 9372 7497

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark Here

**Re:** 10 AIRS ID # 0112305001AG  
 MITCH EPSTEIN  
**Street:** DRY CLEAN EXPRESS  
 993 UNIVERSITY DR  
**City:** CORAL SPRINGS FL 33071

mailer

PS Instructions

*Mitch Epstein*

TIME IN: 2:10 TIME OUT: 2:35 AIRS ID#: 0112305  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: DRY CLEAN EXPRESS DATE: 10/3/97  
 FACILITY LOCATION: 993 UNIVERSITY DR. CORAL SPRINGS FL. 33071  
 RESPONSIBLE OFFICIAL: MITCH EPSTEIN PHONE NUMBER: (954) 341-8520

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: OCT 1998  
(Approximate)

INSPECTION CONDUCTED BY: ART PENNETTA  
(Please Print)

INSPECTOR'S SIGNATURE: *Art Pennetta* PHONE NUMBER: (954) 519-1428



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

**TO: Holder of Title V Air General Permit**

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

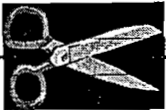
For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable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

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

954 344 6944  
CALLED 1/9/05  
NO RESPONSE

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

2002  
invoice  
not delivered  
wrong  
address



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

## TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

AIRS ID#0112305

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

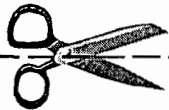
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**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

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

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

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



(cut here)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

112305  
MITCH EPSTEIN  
DRY-CLEAN EXPRESS  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

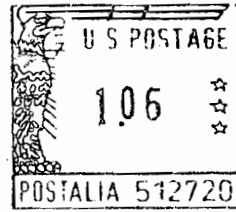
**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273



POSTAGE  
REQUIRED

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

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



*Not at this address*

  
RETURNED TO SENDER  
ADDRESSEE UNKNOWN  
POMPANO BCH, FL

RECEIVED  
JAN 30 2004  
Bureau of Air Monitoring  
& Mobile Sources

~~112305  
MITCH EPSTEIN  
DRY CLEAN EXPRESSE  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071~~



# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>Mitchell's Dry Clean Express &amp; Laundry Inc</i>
2. Site Name (For example, plant name or number):	<i>Dry Clean Express</i>
3. Hazardous Waste Generator Identification Number:	<i>FLD 982085116</i>
4. Facility Location: Street Address:	<i>993 University Drive</i>
City:	<i>Coral Springs</i> County: <i>Broward</i> Zip Code: <i>33071</i>
5. Facility Identification Number (DEP Use):	<i>0112305</i>

## Responsible Official

6. Name and Title of Responsible Official:	<i>Mitchell Epstein Vice Pres.</i>
7. Responsible Official Mailing Address: Organization/Firm:	<i>Mitchell's Dry Clean Express &amp; Laundry Inc.</i>
Street Address:	<i>993 University Drive</i>
City:	<i>Coral Springs</i> County: <i>Brow</i> Zip Code: <i>33071</i>
8. Responsible Official Telephone Number: Telephone:	<i>(954) 341-8510</i> Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address:	
City:	County: Zip Code:
11. Facility Contact Telephone Number: Telephone:	( ) - Fax: ( ) -

RECEIVED

SEP 5 1996

### Facility Information

1.(a) 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	6/87							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

100 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. 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.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

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

### 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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

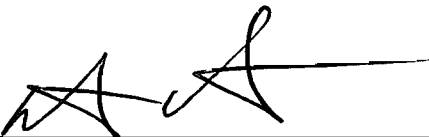
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

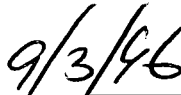
No air permits currently exist for the operation of the facility indicated in this notification form.

### 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.*

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date



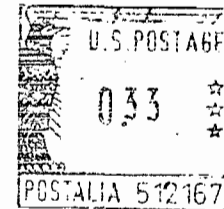
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

AC5521

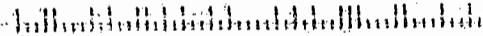
BAMMS/BCO  
JOEY ROBERTS  
5510



ADDRESSEE UNKNOWN  
RUMFANO BCH, FL

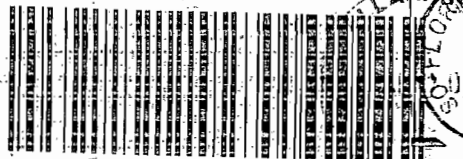


RECEIVED  
DEC 13 1999  
Bureau of Air Monitoring  
& Mobile Sources



**CERTIFIED MAIL**

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



7000 0600 0026 4125 9260



550304  
MS5510

RETURN TO  
SENDER  
**NOT DELIVERABLE  
AS ADDRESSED -  
UNABLE TO FORWARD**

*FWD* *MNF*

AIRS ID # 0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

Bureau of Air Monitoring  
& Mobile Sources

MAR 12 2001

**RECEIVED**

MS# 5519

MC Acct#

5521 5527

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



7004 2510 0002 3239-2400



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SENDER  
NOT DELIVERABLE  
AS ADDRESSED -  
UNABLE TO FORWARD

RECEIVED

APR 14 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# 112305 3<sup>rd</sup> Cert04  
 DRY CLEAN EXPRESS  
 993 University Drive  
 CORAL SPRINGS, FL 33071

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature \_\_\_\_\_  Agent
- Addressee  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

2. Article Number:  
(Transfer from service label)

7004 2510 0002 3439 8177

PS Form 3811, August 2001

Domestic Return Receipt

102895-02-M-1540

7004 2510 0002 3439 8177

**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 \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID# 112305 3<sup>rd</sup> Cert04  
 DRY CLEAN EXPRESS  
 993 University Drive  
 CORAL SPRINGS, FL 33071

PS Form 3800, June 2002

See reverse for instructions



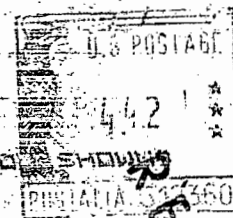
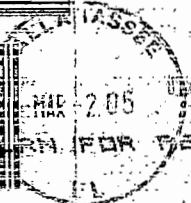
**CERTIFIED MAIL**

MS# 5510 MC Acct # 5521

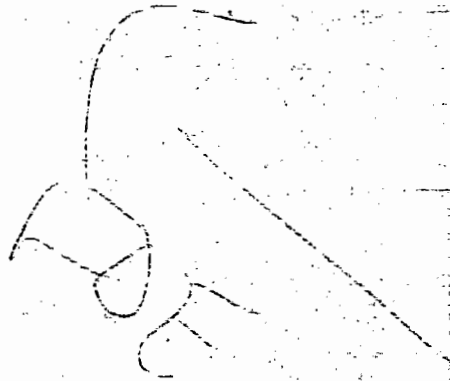
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400



7004 2510 0002 3939 0942



**RECEIVED**  
MAR 16 2005  
Supply & Mobile Solutions



**NOT DELIVERABLE  
AS ADDRESSED —  
UNABLE TO FORWARD**

**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#0112305.....2<sup>nd</sup> Cert 05  
 DRY CLEAN EXPRESS  
 993 University Drive  
 CORAL SPRINGS, FL 33071

2. Article Number

7004 2510 0002 3939 0942

PS Form 3811, August 2001

Domestic Return Receipt

102695-02-M-1540

**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

7004 2510 0002 3939 0942

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

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

**OFFICIAL USE**

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

Total Postage

AIRS ID#0112305.....2<sup>nd</sup> Cert 05  
 DRY CLEAN EXPRESS  
 993 University Drive  
 CORAL SPRINGS, FL 33071

Sent To  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP

PS Form 3800, June 2002

See Reverse for Instructions

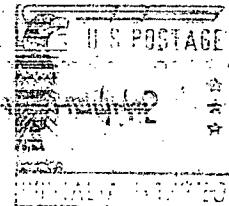
MS# 5510 MC Acct # 8627

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

INTERNATIONAL



7004 2510 0002 3939 3806



UNDELIVERABLE AS ADDRESSED  
FORWARDING ORDER EXPIRES

AIRSI ID# 112305 1st Class  
DRY CLEAN EXPRESS  
993 University Drive  
CORAL SPRINGS, FL 33071

RECEIVED  
FEB 24 2005  
Bureau of Air Mail  
& Mobile Services

INFORMATION ON THE FRONT OF THIS LABEL IS REQUIRED FOR DELIVERY

**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# 112305 1stC  
 DRY-CLEAN EXPRESS  
 993 University Drive  
 CORAL SPRINGS, FL 33071

2. Article Number  
 (Transfer from service label)

7004 2510 0002 3939 3806

**COMPLETE THIS SECTION FOR 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.  
 Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

US Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only - No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

7004 2510 0002 3939 3806

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

Postmark Here

Sent To  
 Street, Apt. # or PO Box #  
 City, State, Z

AIRS ID# 112305 1stC  
 DRY CLEAN EXPRESS  
 993 University Drive  
 CORAL SPRINGS, FL 33071

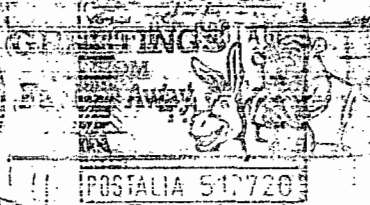
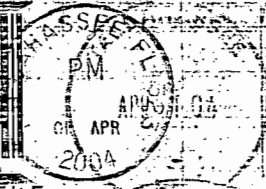
PS Form 3800, June 2002

See Reverse for Instructions

MS# 5510 MC Acct# 5521

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

RECEIVED  
APR 23 2004  
Bureau of Air Monitoring  
& Mobile Sources



*Handwritten:* Letter  
4-2  
16-16

AIRS ID: EL2305  
DRY CLEAN EXPRESS  
MICHEPSTEIN  
093 UNIVERSITY DR  
CORAL SPRINGS, FL 33071

830714

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mail piece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</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>AIRS ID # 112305          DRY CLEAN EXPRESS          MITCH EPSTEIN          993 UNIVERSITY DR          CORAL SPRINGS, FL 33071</p>	<p>A. Service type</p> <p><input 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><input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>(Transfer from) 7001 1140 0001 7556 4545</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only, No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	<div style="font-size: 3em; font-family: cursive;">             7001 1140 0001 7556 4545           </div>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement)	
Total Postage	AIRS ID # 112305
Sent To	DRY CLEAN EXPRESS
Street, Ap or PO Box	MITCH EPSTEIN
City, State, ZIP	993 UNIVERSITY DR
	CORAL SPRINGS, FL 33071
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>	

MS# 5510

MC Acct # 5521

Department of Environmental Protection  
2600 Blountstone Rd  
Tallahassee FL 32399-2400



7001 0320 0001 7976 3905



Buy a Mobile Service  
JAN 24 2005

ADDRESSEE UNKNOWN  
POSTAGE DUE

*This person is  
no longer at  
this address*

DRY CLEAN EXPRESS  
MITCHELLESTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

AIRS ID#0112305

**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:

DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL  
 33071

AIRS ID#0112305

**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

2. Article Number (transfer from service label)

7001 0320 0001 7976 3965

102595-02-M-1035

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

**OFFICIAL USE**

7001 0320 0001 7976 3965  
 U.S. MAIL PERMIT NO. 1224 CORAL SPRINGS, FL 33071

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

Postmark Here  
*[Handwritten Signature]*

AIRS ID#0112305

Sent **DRY CLEAN EXPRESS**  
 Mitch EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL  
 33071

Instructions

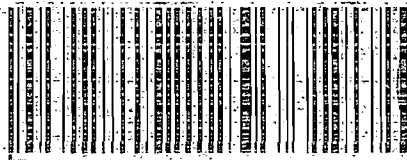


MS# 5510

MC Acct# 5527

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

**REGISTERED MAIL**



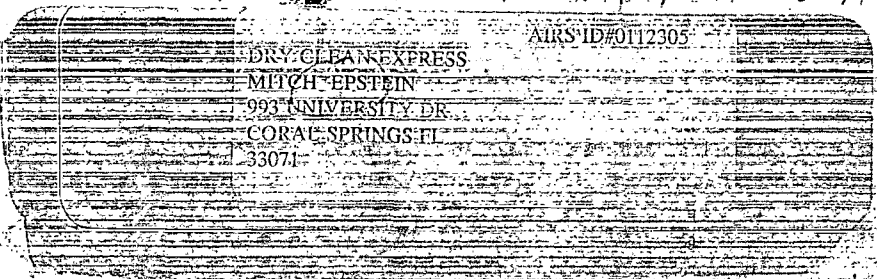
7001 0320 0001 7975 6721



*OK*  
*10/14*

954-341-8850  
993 University Drive  
Coral Springs FL 33071

AIRS ID#0112305



DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

RECEIVED TO SENDER  
REASON CHECKED  
Unclaimed  
Addressee not known  
Insufficient postage  
No such office in State  
Do not re-mail in this manner

Bureau of Air Mail  
Post Office

FEB 14 2003

RECEIVED

**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#0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 6721

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

- Agent
- Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
- No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

**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  
*[Handwritten Signature]*

AIRS ID#0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

7001 0320 0001 7975 6721

5510

5521

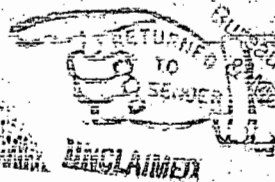
**REGISTERED MAIL**



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

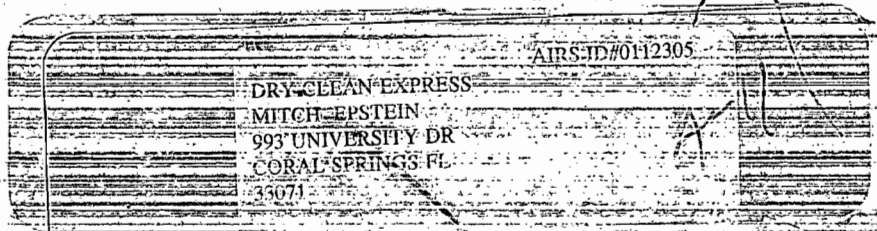
AC5521

BAMMS/BCO  
JOEY ROBERTS  
5510



Bureau of Air Monitoring  
Mobile Section  
MAY 05 2003

*Handwritten:* 8000  
7110



DRY-CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

AIRS-ID#0112305

MAILED	4-11
NOV 11 2003	4-17
NOV 11 2003	4-27

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature: _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="text-align: right;">AIRS ID#0112305</div> DRY CLEAN EXPRESS MITCH EPSTEIN 993 UNIVERSITY DR CORAL SPRINGS FL 33071		B. Received By (Printed Name) _____ C. Date of Delivery _____  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <input type="text" value="7001 0320 0001 7976 5969"/> (Transfer from <input type="text" value="ss"/>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

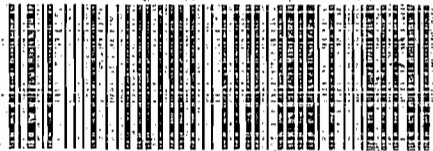
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	02 3rd <i>[Signature]</i> Postmark here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
AIRS ID#0112305	
Sent To	DRY CLEAN EXPRESS MITCH EPSTEIN 993 UNIVERSITY DR CORAL SPRINGS FL 33071
Street or PO	
City, St	

7001 0320 0001 7976 5969

**CERTIFIED MAIL**

MS# 5510 MC Acct # 5521

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



7003 0500 0004 0144 5113

U S POSTAGE  
442  
ITALIA 513236

*FX*

Bureau of Air Mail Operations  
U.S. POSTAL SERVICE

**RECEIVED**  
MAR 5 2004

AIRS ID # 112308  
MITCHELL WEIN  
DRY CLEAN PRESS  
993 UNIVERSITY  
CORAL SPRINGS, FL 33066

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. Signature _____</p> <p>B. Received by: (Printed Name) _____</p> <p>C. Date of Delivery _____</p>
<p>Article Addressed to:</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>Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 112305</p> <p>MITCHEL EPSTEIN          DRY CLEAN EXPRESS          993 UNIVERSITY DR          CORAL SPRINGS, FL 32071</p>	<p>3. Service Type</p> <p><input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>(Transfer from service label)</p>	<p>7003 0500 0004 0144 5111</p>
<p>PS Form 3811, August 2001</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

**U.S. Postal Service**

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only - No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage \$	<p style="font-size: 2em;"><i>2nd class</i></p> <p>Postmark Here</p> <p style="font-size: 2em;"><i>2003</i></p>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	AIRS ID # 112305

7003 0500 0004 0144 5111

<b>Sen</b>	MITCHEL EPSTEIN
<b>Stre or P</b>	DRY CLEAN EXPRESS
<b>City</b>	993 UNIVERSITY DR
	CORAL SPRINGS, FL 33071

Instructions

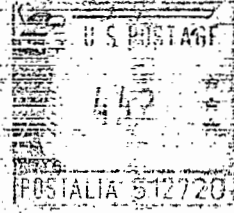
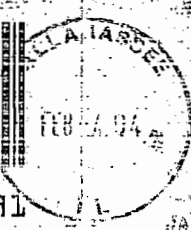
MS# 5510 MC Acct # 5591

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

CONFIDENTIAL



7003 2260 0003 5651 0291



UNDELIVERABLE  
AS ADDRESSED

ID# 112305  
MITCH EPSTEIN  
DRY CLEAN EXPRESS  
903 UNIVERSITY DR  
CORAL SPRINGS, FL 33071

FX  
RTS

Bureau of Air Mail  
& Mobile Services

FEB 1 2 2004

RECEIVED

POSTAGE WILL BE PAID BY ADDRESSEE

**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# 112305  
 MITCH EPSTEIN  
 DRY CLEAN EXPRESS  
 993 UNIVERSITY DR  
 CORAL SPRINGS, FL 33071

2. Article Number  
(Transfer from service label)

7003 2260 0003 5651 0291

**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.

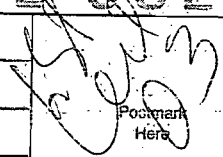
Restricted Delivery (Extra Fee)  Yes

7003 2260 0003 5651 0291

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

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

**OFFICIAL USE**

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

Total Postage ID#-112305

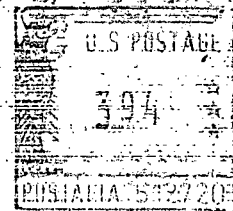
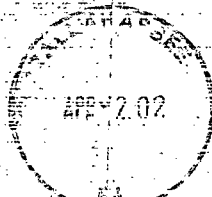
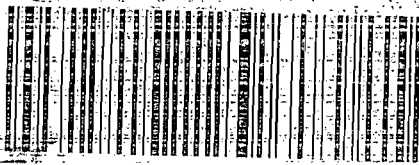
Sent To: MITCH EPSTEIN  
 DRY CLEAN EXPRESS  
 Street, Apt. 1: 993 UNIVERSITY DR  
 or PO Box No: CORAL SPRINGS, FL 33071  
 City, State, ZIP+4:

PS Form 3800, June 2002 See Reverse for Instructions



MS# 5519 MC Acct # 3524

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



RETURN TO  
SENDER  
ADDRESSEE UNKNOWN  
CORAL SPRINGS, FL

7001 0320 0001 7976 0773

AIRS ID # 0112305  
DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS, FL 33071

*BJS*  
*10*

Bureau of Air Monitoring  
& Mobile Sources

APR 9 2002

RECEIVED

POSTNET barcode

**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 # 0112305  
 DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_
- C. Signature \_\_\_\_\_  Agent  
 Addressee
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 7976 0773

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

**OFFICIAL USE**

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

Total Postage

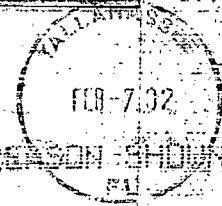
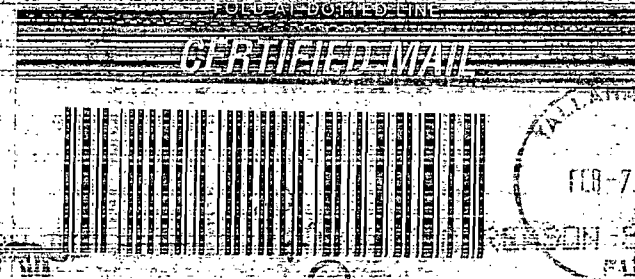
AIRS ID # 0112305

DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL  
 33071

7001 0320 0001 7976 0773

MS# 5519 MC Acct # 5521

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



RETURN TO  
SENDER  
ADDRESS UNKNOWN  
CORAL SPRINGS, FL

7000 2870 0000 7027 4916

Bureau of Air Mail  
& Mobile Services  
FEB 20 2002

AIRS ID # 0112305  
DRY CLEAN EXPRESS  
MICHELLE EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS, FL  
32901

Reason for return  
Unclaimed  
Addressee not known  
Insufficient address  
No such street  
No such city  
No such state  
No such ZIP

**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 # 0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR.  
CORAL SPRINGS FL  
33071

2. Article Number (Copy from service label)

7000287000070274916

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

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.

Restricted Delivery? (Extra Fee)  Yes

PS Form 3811 July 1999

Domestic Return Receipt

102595-00-M-0952

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

AIRS ID # 0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR.  
CORAL SPRINGS FL  
33071

7000 2870 0000 7027 4916

PS Form 3800 May 2000

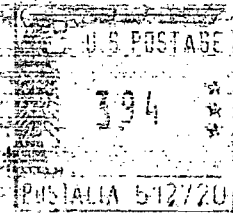
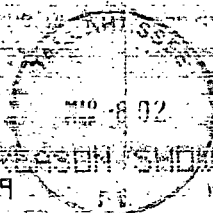
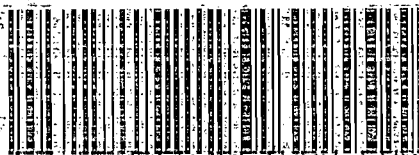
See Reverse for Instructions

MS# 6510

MC Acct # 6521

REGISTERED MAIL

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



7001 0320 0001 7976 2449

FORWARDING ORDER ON FILE

*RIS  
FX  
3/12/02*

Bureau of Air Monitoring  
& Mobile Sources

MAR 13 2002

RECEIVED

AIRS ID# 0112305

DRY CLEAN EXPRESS  
MITCH EDSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

**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 # 0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

- 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

Article Number (Copy from reverse)  
7001 0320 0001 7976 2449

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

**OFFICIAL USE**

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

AIRS ID # 0112305

Total P  
Sent To  
Street, Apt  
or PO Box  
City, State

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

PS Form 3800, January 2001 See Reverse for Instructions

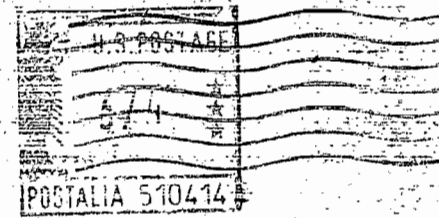
7001 0320 0001 7976 2449

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

MS5510  
550304

**CERTIFIED**

Z 210 663 169



ADDRESSEE UNKNOWN  
POMPANO BCH, FL

UNK

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071  
AIRS ID # 0112305

Bureau of Air Monitoring  
& Mobile Sources

APR - 6 2001

RECEIVED

SENDER'S COPY

RETURN ON DELIVERY

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

1. Article Addressed to:

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

AIRS ID # 0112305

2. Article Number (Copy from service label)

Z 210 661-169

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

C. Signature  Agent  Addressee

X  
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

PS Form 3841, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 210 661 168

U.S. Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom	

PS Form 3800, April 1995

AIRS ID # 0112278

NULOOK 1 HOUR CLEANERS #47  
KAREN SCHNEIDER  
900 NE 62ND STREET  
OAKLAND PARK FL 33334



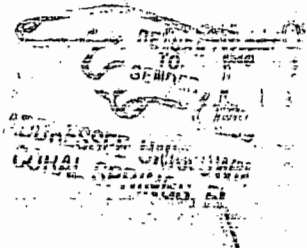
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

**CERTIFIED MAIL**



RETURNED TO SENDER  
PERSON CHECKED  
Insured by \_\_\_\_\_  
Insured for \$ \_\_\_\_\_  
Signature number \_\_\_\_\_  
Branch office in state \_\_\_\_\_  
AIRS ID # 01-12305

000 0600 0026 4126 5749



DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

F?

Bureau of Air Mail  
& Mobile Services  
MAR 2 2001

RECEIVED

- 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:

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

AIRS ID # 0112305

**ATTENTION: READ THIS SECTION ON DELIVERY**

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

C. Signature \_\_\_\_\_  Agent  
 Addressee

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

3. Service Type:

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7000 0600 0026 4126 6749

PS-Form 3841, July 1999

Domestic Return Receipt

102595-99-M-1789

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

7000 0600 0026 4126 6749

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

Postmark  
Here

AIRS ID # 0112305  
DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

For Instructions

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

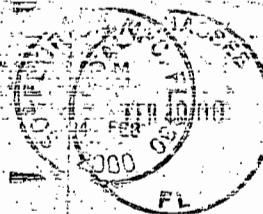
37550301000  
2529 1R MS#5510  
BAMMS  
JOEY ROBERTS

**CERTIFIED**

Z 333 667 227

**MAIL**

A



**RECEIVED**  
Bureau of Air Monitoring  
& Mobile Sources  
FEB 16 2000

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

AIRS ID# 0112305

33071X704A 16

- 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:

DRY-CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

AIRS ID # 0112305

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

C: Signature

X

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)

2 333 667 227

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

2 333 667 227

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID # 0112305

DRY-CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

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	

PS Form 3800, April 1995



**SENDER COMPLETE**

DRY CLEAN EXPRESS TWO CHILLI BROS

**IN DELIVERY**

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

1. Article Addressed to:

AIRS ID # 0112305

DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS, FL 33071

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

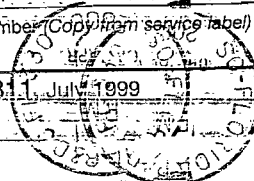
2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

*7 210 663 122*



*7 210 663 122*

US Postal Service

**Receipt for Certified Mail**

AIRS ID # 0112305

DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

*3rd 2000*

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	

PS Form 3800 April 1995

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

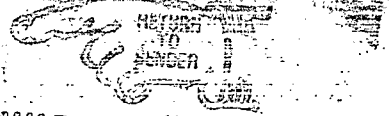
MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

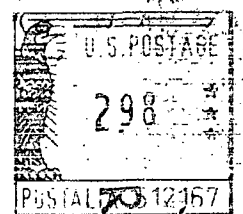
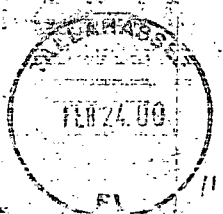
**CERTIFIED**

Z 09W 212 748

**MAIL**



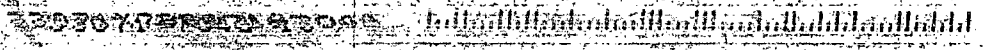
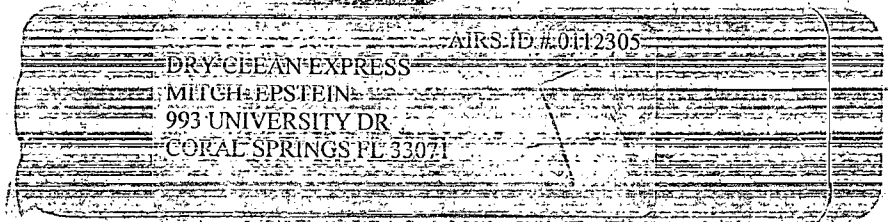
FORWARD ORDER EXPIRED



Bureau of Air Monitoring  
& Mobile Sources

MAR - 3 2000

**RECEIVED**



is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a-4d.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:  
 AIRS ID # 0112305  
 DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

4a. Article Number  
Z094212748

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)  
X



PS Form 3800, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 094 212 748  
 US Postal Service  
**Receipt for Certified Mail** 2000  
 No Insurance Coverage Provided.  
 Do not use for international Mail (See reverse)  
 Sent to  
 AIRS-ID #-0112305  
 DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995



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

**CERTIFIED**

Z 333 613 488

550204  
37550301000

**MAIL**

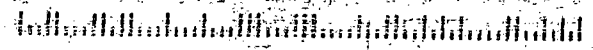
TALLAHASSEE  
FEB 11 1999  
U.S. POSTAGE  
2 98  
PERMETER  
61 0031

**RECEIVED**  
Bureau of Air Quality  
& Mobile Sources  
2/17  
70704  
33077

AIRS ID # 0112305  
DRY CLEAN EXPRESS  
MIRCH-EPSSTEIN  
693 UNIVERSITY DR  
CORAL SPRING FL 33071

1st Metric 2/17  
2nd Metric 2/23  
Return 3/3

33071X7000 16



POSTAGE WILL BE PAID BY ADDRESSEE

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services.
  - Complete items 3, 4a, and 4b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112305

DRY-CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

4a. Article Number  
**Z 333 613 488**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name)

933 97

7. Date of Delivery

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 488

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

AIRS ID # 0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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

3755 0301 000  
2529 1R MS#5510  
BAMMS  
JOEY ROBERTS

**CERTIFIED**

P 174 052 219

TALLAHASSEE FL  
FEB 25 '99  
U.S. POSTAGE  
2.98

**MAIL**  
RETURN TO SENDER  
MAR 22 1999  
UNION

**RECEIVED**  
MAR 29 1999  
Bureau of Air Monitoring  
& Mobile Sources

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 32071  
AIRS ID # L0112305

000000000000 16

is your RETURN ADDRESS completed on the reverse side?

**SENDER**

- Complete items 1 and/or 2 for additional services:
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

4a. Article Number  
**P174-052 219**

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

**X**

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 219

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

Do not use for International Mail (See reverse)  
AIRS ID # 0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

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>46</b>
Postmark or Date	

PS Form 3800, April 1995

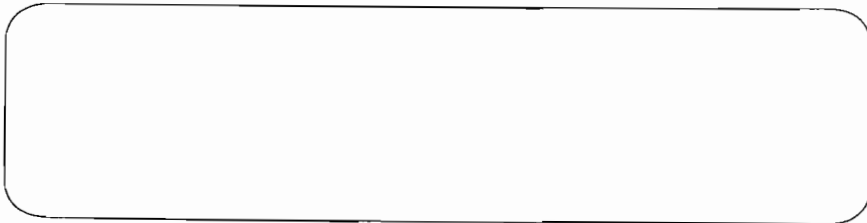
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

POSTAGE  
PAID  
TALLAHASSEE, FLORIDA

TALLAHASSEE  
DEC 13 01

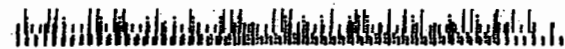
U.S. POSTAGE  
0.269  
POSTALIA 512720

\*\*\*RETURN TO SENDER UNABLE TO FORWARD\*\*\*  
RETURN SERVICE REQUESTED



RECEIVED  
JAN 22 2002  
Bureau of Air Monitoring  
& Mobile Sources

ELU13 33071  
330 24 2002 16





# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

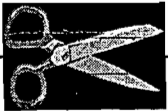
**TO: Holder of Title V Air General Permit**

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

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

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

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



(cut here)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0112305  
DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL  
33071

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



POSTAGE  
REQUIRED

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

Z 210 661 169

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom	

APR 1 1995

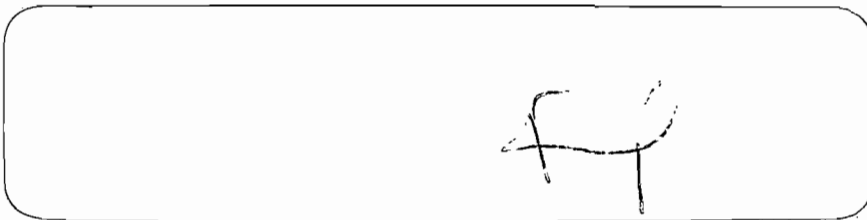
AIRS ID # 0112305

DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071



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

MC5521  
BAMMS/BCO  
JOEY ROBERTS  
5510

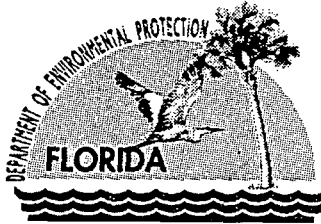


UNDELIVERABLE AS ADDRESSED—  
NO FORWARDING ORDER ON FILE

RECEIVED  
JAN 5 2000  
Bureau of Air Monitoring  
& Mobile Sources

33071-7048 16





Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Scruhs  
Secretary

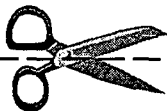
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**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**



(cut here)

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0112305  
DRY CLEAN EXPRESS  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

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



POSTAGE  
REQUIRED

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260545

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

RECEIVED  
MAIL ROOM

FEB 14 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0112305  
MITCH'S DRY CLEAN EXPRESS & LAUNDRY  
INC  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

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

cut here)

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

303651

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#0112305  
MITCH'S DRYCLEAN EXPRESS & LAUNDRY  
INC  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

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

RECEIVED  
MAIL ROOM  
FEB 25 98

RECEIVED  
MAIL ROOM

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

**3. Article Addressed to:**

AIRS ID 0112305

MITCH'S DRYCLEAN EXPRESS &  
LAUNDRY INC  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

**4a. Article Number**

2333 613 161

**4b. Service Type**

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

**7. Date of Delivery**

07/14/98

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

*X Robert Big*

**8. Addressee's Address (Only if requested and fees paid)**

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

2 333 613 161

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

AIRS ID 0112305

MITCH'S DRYCLEAN EXPRESS &  
LAUNDRY INC  
MITCH EPSTEIN  
993 UNIVERSITY DR  
CORAL SPRINGS FL 33071

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	

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

If you wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0112305  
 MITCH'S DRYCLEAN EXPRESS & LAUNDRY  
 INC  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

4a. Article Number  
 P265 302386

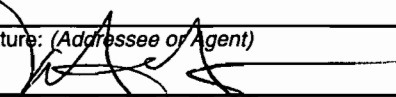
4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2/20

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 386

US Postal Service  
**Receipt for Certified Mail**

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

Sent to

AIRS ID#: 0112305  
 MITCH'S DRYCLEAN EXPRESS & LAUNDRY  
 INC  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

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	

PS Form 3800 April 1995

2/14/97

Fold at line over top of envelope to

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to: DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 - 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

AIRS ID # 0112305

4a. Article Number: P 174 052 296

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

5. Received By: (Print Name) *[Signature]*

6. Signature: (Addressee or Agent)  
 X

7. Date of Delivery: 4/10

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

P 174 052 296

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

1999

AIRS ID # 0112305

DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995



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

9260  
 926 525 4325  
 9226  
 0026  
 0090  
 0000  
 7000

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total P</b>		<b>AIRS ID # 0112305</b>

**Recipient:** DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 Street, Apt. 993 UNIVERSITY DR  
 City, State CORAL SPRINGS FL 33071

PS Form 3811, July 1999 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:

DRY CLEAN EXPRESS  
 MITCH EPSTEIN  
 993 UNIVERSITY DR  
 CORAL SPRINGS FL 33071

AIRS ID # 0112305

2 Article Number (Copy from service label)

10000600002641259260

**IN ON DELIVERY**

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

3/5

C. Signature

*Paul Buddy*

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

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

Bureau of Air Monitoring  
& Mobile Sources

MAR 13 2001

RECEIVED

