



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

February 3, 1998

Mr. Malcolm K. Laing
One Low Price Cleaners
2455-57 Northwest 40th Avenue
Lauderhill, Florida 33313

Re: Facility No.: 0112392

Dear Mr. Laing:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 7, 1998.

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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

0112392

p13 6. add Title of Responsible Official.

p15 (f) Required. Should be marked.

p16 add permit numbers of permits being surrendered. Surrender only D.E.P. issued air permits. If none exist, mark "No air permits"

Responsible Official sign and date for changes.

RECEIVED

JAN 7 1998

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
LAING ENTERPRISES CORPORATION

2. Site Name (For example, plant name or number):
ONE LOW PRICE CLEANERS

3. Hazardous Waste Generator Identification Number:
APPLIED FOR

4. Facility Location:
Street Address: *2455-57 N.W. 40th AVENUE (STATE ROAD 7)*
City: *LAUDERHILL* County: *BROWARD* Zip Code: *33313*

5. Facility Identification Number (DEP Use):
0112392

Responsible Official

6. Name and Title of Responsible Official:
MALCOLM K LAINI

7. Responsible Official Mailing Address:
Organization/Firm: *ONE LOW PRICE CLEANERS*
Street Address: *2455-57 N.W. 40th AVE. (STATE ROAD 7)*
City: *LAUDERHILL* County: *BROWARD* Zip Code: *33313*

8. Responsible Official Telephone Number:
Telephone: *(954) 485 1711* 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: () -

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.

KORRENTA Dry 7.044 #345 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
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	12/20/97	12/20/97						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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 (INITIAL PURCHASE FOR INSIDE MACHINE)

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

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

3. 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

Malcolm K. King
MALCOLM K KING

Date

12/31/97



FACILITY ID NO. _____ (FROM ADDRESS LABEL)

INITIAL NOTIFICATION REPORT

- 1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/Operator: Malcolm K. Laine (President)
 Mailing Address: 2455-57 N.W. 40th Ave (State Road 7)
 City: CAVOENHILL State: FL Zip: 33313

Plant Address:

Street Address: 2455-57 N.W. 40th Ave (State Road 7)
 City: CAVOENHILL County: Broward
 State: FLORIDA Zip: 33313
 Phone Number: (954) 485-1711

- 2. Check the box below if:

- your dry cleaner is a pick-up store.
- your dry cleaning plant has only coin-operated dry cleaning machines that are operated by the customers.
- your dry cleaning plant has only petroleum dry cleaning machines.

If you checked either box above, you can STOP HERE and return the form to the address given in the accompanying letter.

- 3. Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months:

100 Gallon (perc) Initial order into
_____ gallons Dry Cleaning Machine

NOTE: If perchloroethylene purchase records have not been kept at the plant, the volume may be estimated for this initial report.

Method of determining gallons (circle one):

actual estimated

- 4. Next to each machine type listed below, write the number of machines of that type located at your plant:

(1) Dry-to-Dry _____ Transfer



FACILITY ID NO. _____ (FROM ADDRESS LABEL)

5. Provide the following information for EACH MACHINE at your plant. If you have more than four machines at your plant, make additional copies of this page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer
Date Machine Was Installed	12/20/97			
Control Device (Use WORKSHEET on Pages 5 & 6 to Determine Required Control)	MACHINE WITH REGENERATED CONDENSER			
Date Control Device Was Installed or Is Planned to Be Installed	12/20/97			

6. The following pollution prevention practices must be performed at your plant starting on 12/20/93. These practices are listed on an attached sheet that can be posted next to your machine:

- Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required every other week if you wrote NO CONTROL REQUIRED in the shaded box in Question 5.
- Repair leaks within 24 hours after they are found, or order repair parts within two working days after detecting a leak that needs repair parts. Install the repair parts by five working days after they are received.
- Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
- Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.



FACILITY ID NO. _____ (FROM ADDRESS LABEL)

- Operate and maintain all dry cleaning equipment according to manufacturers' instructions.
7. The following records must be kept at your plant:
- A log of the results of the leak detection and repair program.
 - A log of the amount of perc purchased for the past 12 months, calculated each month.
 - The operation and maintenance manuals for all dry cleaning equipment at the plant.
8. If a room enclosure is installed on a transfer machine as stated in Question 4, the following information about the room enclosure must be attached to this report:
- Description of the materials that the room enclosure is constructed of to show that it is impermeable to perchloroethylene;
 - Explanation of how the room enclosure is operated to maintain a negative pressure at all time while the transfer machine is operating; and
 - Explanation of how the room enclosure exhausts into a carbon adsorber.
9. Print or type the name and title of the Responsible Official for the dry cleaning plant:

Name: Malcolm K. Laing Title: PRESIDENT

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant;
- An owner of the dry cleaning plant;
- The manager of the dry cleaning plant;
- A government official, if the dry cleaning plant is owned by the Federal, State, City, or County government; or
- A ranking military officer, if the dry cleaning plant is located at a military base.

FACILITY ID NO. _____ (FROM ADDRESS LABEL)



WORKSHEET

A. To find out if control is required:

Check all boxes that apply:

- I reported less than 140 gallons in Question 3 (page 1).
- I reported less than 200 gallons in Question 3 (page 1) **AND** reported only transfer machines in Question 4 (page 1).

If you checked either box above and all your machines were installed before 12/9/91, you can **STOP HERE**. Write **NO CONTROL REQUIRED** in the shaded box on page 2 for each machine at your plant that was installed before 12/9/91. For those machines installed on or after 12/9/91, continue with the rest of the worksheet.

YOU ARE FINISHED WITH THE WORKSHEET. GO TO QUESTION 6 (page 2).

If you did not check a box above, go to Part B below.

B. Control is required. Fill out Part B for **EACH MACHINE** at your plant.

Check the appropriate box:

- Machine was installed **BEFORE** 12/9/91.

If you checked this box, your required control is a refrigerated condenser or a carbon adsorber that was installed before 9/22/93. Write **REFRIGERATED CONDENSER** or **CARBON ADSORBER** in the shaded box below the machine on page 2.

Control must be installed by 9/22/96.

FACILITY ID NO. _____ (FROM ADDRESS LABEL)



Machine was installed ON OR AFTER 9/22/93.

If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser.

Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2. NOTE: NO NEW OR USED TRANSFER MACHINES CAN BE INSTALLED AFTER 9/22/93.

Control must be installed when machine is installed.

Machine was installed ON OR AFTER 12/9/91 AND BEFORE 9/22/93.

If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser. Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2.

If the machine you have is NOT a dry-to-dry machine with a refrigerated condenser, the machine must use either a refrigerated condenser or carbon adsorber from 9/22/93 until 9/22/96. After 9/22/96, any carbon adsorbers on dry-to-dry machines must be replaced with a refrigerated condenser. If the machine is a transfer machine with a carbon adsorber or a refrigerated condenser, you may keep this installation until 9/22/96. If you plan to keep a dry-to-dry machine with a carbon adsorber or a transfer machine with either a refrigerated condenser or carbon absorber until 9/22/96, also write this information in the shaded box.

C. To find out if additional control is required:

Check all boxes that apply:

I reported 1,800 gallons or less in Question 3 (page 1).

I reported 2,100 gallons or less in Question 3 (page 1) AND I reported only dry-to-dry machines in Question 4 (page 1).

If you checked either box above, you can STOP HERE. No additional controls are required.

YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 (page 2) and write in the dates the controls were or will be installed.

If you did not check a box above, go to Part D below.

FACILITY ID NO. _____ (FROM ADDRESS LABEL)



D. If additional control is required, fill out Part D for EACH machine at your plant:

Check a box below, if it applies:

- Machine is a dry-to-dry machine that was installed ON or AFTER 12/9/91.

If you checked this box, you are also required to install a supplemental carbon adsorber.

Write SUPPLEMENTAL CARBON ADSORBER in the shaded box below the machine on page 2.

- Machine is a transfer machine.

If you checked this box, you are also required to install a room enclosure. Write ROOM ENCLOSURE in the shaded box below the machine on page 2.

YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 and write in the dates all controls were or will be installed (page 2).

FACILITY ID NO. _____ (from address label)



COMPLIANCE REPORT FOR CONTROL REQUIREMENTS

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/Operator: MALCOLM K LAING
Mailing Address: 2455-57 N.W. 40th AVE (STATE ROAD 7)
City: LAUDERHILL State: FL Zip: 33313

Plant Address:

Street Address: 2455-57 N.W. 40th AVE (STATE ROAD 7)
City: LAUDERHILL County: BROWARD
State: FLORIDA Zip: 33313
Phone Number: (954) 485-1711

2. Write in the total volume of perchloroethylene (perc) purchased for the dry cleaning plant over the past 12 months (based on actual purchase receipts):

100 gallons

FACILITY ID NO. _____ (from address label)



3. Fill out the table below for each machine at your plant. Use the WORKSHEET on pages 5 and 6 of the INITIAL NOTIFICATION REPORT to determine required controls. A copy of the INITIAL NOTIFICATION REPORT is attached.

	Machine Type (Dry-to-Dry or Transfer)	Date Machine Purchased	Required Control	Date Control Installed
1	DRY T. DRY	12/20/97	MACHINE WITH REFRIGERATED CONDENSER	12/20/97
2				
3				
4				
5				
6				
7				

4. If you listed a required control in Question 3 (page 1) for any machine at your plant, you must monitor your control.

To find out what type of monitoring is required, check all boxes that apply:

- I use a refrigerated condenser on a dry-to-dry machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser is less than or equal to 45 degrees Fahrenheit.

- I use a refrigerated condenser on a transfer machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser on the transfer dryer is less than or equal to 45 degrees Fahrenheit AND that the difference between the inlet and the outlet temperature of the refrigerated condenser on the transfer washer is greater than or equal to 20 degrees Fahrenheit.

- I use a carbon adsorber on a dry-to-dry or a transfer machine to meet the required control, OR

FACILITY ID NO. _____ (from address label)



- I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber IMMEDIATELY UPON door opening.

If you checked either of the two boxes above, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc in the exhaust from the carbon adsorber is not over 100 parts per million.

- I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber BEFORE the machine door is opened.

If you checked this box, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc inside the dry cleaning machine drum at the end of the drying cycle is not over 300 parts per million.

- I use a room enclosure on a transfer machine.

If you checked this box, you are required to vent all air from inside the room enclosure through a carbon adsorber. The room enclosure must be constructed of materials impermeable to perc, must be designed and operated to maintain a negative pressure at all times while the transfer machine is operating, and must exhaust to a carbon adsorber.

FACILITY ID NO. _____ (from address label)



5. Print or type the name and title of the Responsible Official for the dry cleaning facility:

Name: Malcolm R. King
Malcolm R. King

Title: PRESIDENT

Examples of Responsible Officials:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning facility;
- An owner of the dry cleaning facility;
- The manager of the dry cleaning facility;
- A government official, if the dry cleaning facility is owned by the Federal, State, City, or County government; or
- A ranking military officer, if the dry cleaning facility is located at a military base.

FACILITY ID NO. _____ (from address label)



COMPLIANCE REPORT FOR POLLUTION PREVENTION

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/Operator: MALCOLM K LAINE (PRESIDENT)
Mailing Address: 2455-57 N.W. 40th AVE (STATE ROAD 7)
City: LAVERGNE State: FL Zip: 33313

Plant Address:

Street Address: 2455-57 N.W. 40th AVE (STATE ROAD 7)
City: LAVERGNE County: BROWARD
State: FLORIDA Zip: 33313
Phone Number: (954) 485-1711

2. Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months (based on actual purchase receipts):

100 gallons ^{INITIAL AMOUNT INT.} _{DRY CLEANING MACHINE}

3. The following pollution prevention practices must be performed at your plant as of 12/20/93.

- Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required only every other week (biweekly) if you reported NO CONTROLS REQUIRED in the INITIAL NOTIFICATION REPORT.
- Repair leaks within 24 hours after they are found, or order repair parts within two working days after detecting a leak that needs repair parts. Install the repair parts by five days after they are received.
- Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
- Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
- Operate and maintain all dry cleaning equipment according to manufacturers' instructions.

FACILITY ID NO. _____ (from address label)



4. The following records must be kept at your plant:

- A log of the results of the leak detection and repair program;
- A log of the amount of perc purchased for the past 12 months, calculated each month; and
- The operation and maintenance manuals for all dry cleaning equipment at the plant.

5. Print or type the name and title of the Responsible Official for the dry cleaning plant:

Name: *Muhammad K. Khatib*
Muhammad K. Khatib

Title: *PRESIDENT*

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant;
- An owner of the dry cleaning plant;
- The manager of the dry cleaning plant;
- A government official, if the dry cleaning plant is owned by the Federal, State, City, or County government; or
- A ranking military officer, if the dry cleaning plant is located at a military base.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112392 DATE: 12/19/00 TIME IN: 11:08am TIME OUT: 11:31am

FACILITY NAME: One Low Price Cleaning

FACILITY LOCATION: 2455-57 N.W. 40th Ave.
Lauderhill, FL 33313

RESPONSIBLE OFFICIAL: Malcolm Loung PHONE: 954-485-1711

CONTACT NAME: - Harold Williams PHONE: " "
Applying for new ownership

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) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
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) <input type="checkbox"/>	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) <input type="checkbox"/>

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 140 gallons.

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JAN 8 2001
Bureau of Air Monitoring
& Mobile Sources

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
No malfunctions
- 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 total 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? Y N N/A
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 N/A
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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

Elizabeth F. Susky
Inspector's Name (Please Print)

12/19/00
Date of Inspection

Elizabeth F. Susky
Inspector's Signature

12/19/01
Approximate Date of Next Inspection

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One Low Price Cleaning DATE: 12/19/00
 FACILITY LOCATION: 2455-57 N.W. 40th Ave.
Lauderhill, FL 33313

Annual Reporting Period: December 1999 TO December 2000

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 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: HAROLD WILLIAMS HWilliams 12/19/00
 Name (Please Print) Signature Date

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435185 JAN 12 2004

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

see note

112392
 MALCOLM LAING
 ONE LOW PRICE CLEANERS
 2455-57 NW 40TH AVE (SR 7)
 LAUDERHILL FL 33313

RECEIVED
 JAN 15 2004
 Bureau of Air Monitoring
 & Mobile Source

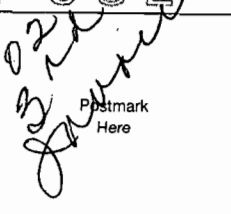
FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273



NOTE: -
change of ownership.
Julian Bulsara.
one price cleaners
2455-57 40th Ave.
Cauderhill FL 33313.

2087 N. POWERLINE ROAD • POMPANO BEACH, FL 33069
(954) 971-1077 FAX (954) 960-0260
E-MAIL: COPANSPRINT@AOL.COM

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: right;">AIRS ID#0112392</div> ONE LOW PRICE CLEANERS MALCOLM LAING 2455-57 NW 40TH AVE (SR 7) LAUDERHILL FL 33313	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 7001 0320 0001 7976 5853 <small>(Transfer from sender's label)</small>	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 <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>											
<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">OFFICIAL USE</div>											
<table border="0"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee <small>(Endorsement Required)</small></td><td></td></tr> <tr><td>Restricted Delivery Fee <small>(Endorsement Required)</small></td><td></td></tr> <tr><td>Total Postage & Fees</td><td>\$</td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee <small>(Endorsement Required)</small>		Restricted Delivery Fee <small>(Endorsement Required)</small>		Total Postage & Fees	\$	<div style="text-align: center;">  Postmark Here </div>
Postage	\$										
Certified Fee											
Return Receipt Fee <small>(Endorsement Required)</small>											
Restricted Delivery Fee <small>(Endorsement Required)</small>											
Total Postage & Fees	\$										
AIRS ID#0112392											
<table border="0"> <tr><td>Sent to:</td><td>ONE LOW PRICE CLEANERS</td></tr> <tr><td>Street or PO:</td><td>MALCOLM LAING</td></tr> <tr><td>City:</td><td>2455-57 NW 40TH AVE (SR 7)</td></tr> <tr><td></td><td>LAUDERHILL FL</td></tr> <tr><td></td><td>33313</td></tr> </table>	Sent to:	ONE LOW PRICE CLEANERS	Street or PO:	MALCOLM LAING	City:	2455-57 NW 40TH AVE (SR 7)		LAUDERHILL FL		33313	<small>Instructions</small>
Sent to:	ONE LOW PRICE CLEANERS										
Street or PO:	MALCOLM LAING										
City:	2455-57 NW 40TH AVE (SR 7)										
	LAUDERHILL FL										
	33313										

7001 0320 0001 7976 5853

5510

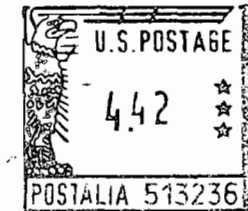
5521

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

CERTIFIED MAIL



7001 0320 0001 7976 5853



MC5521

BAMMS/BCO
JOEY ROBERTS
5510



REASON CHECKED
Unclaimed Refused
Attempted Not known
Insufficient Address
No such street number
No such office in state
Do not return in this envelope

Bureau of Air Monitoring
& Mobile Sources

APR 21 2003

RECEIVED

33313+3723 24





POSTAGE
REQUIRED

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



Jeb. Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

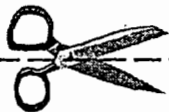
TO: Holder of Title V Air General Permit

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:

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: \$75.00

Do NOT Remove Label

AIRS ID#0112392

ONE LOW PRICE CLEANERS
MALCOLM LAING
2455-57 NW 40TH AVE (SR 7)
LAUDERHILL FL
33313

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

April 1, 2003

NOTICE OF LATE PAYMENT OF ANNUAL OPERATION FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year **2002** you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual operation fee is \$50 for calendar year **2002**. A notice of your obligation to pay the annual operation fee was sent to you by certified mail, along with an invoice form and instructions. This notice (with the enclosed replacement invoice) is being sent as a reminder.

The Department has not received your annual operation fee. Accordingly, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of **\$75.00** for calendar year **2002**.

Under Rule 62-213.205(1)(g), F.A.C., failure to timely pay the required annual operation fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will proceed to revoke your facility's Title V Air General Permit and will also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

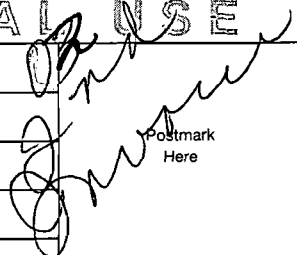
Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

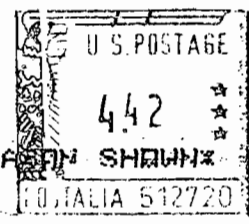
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (<i>Please Print Clearly</i>)	B. Date of Delivery
1. Article Addressed to:		C. Signature	
<p style="text-align: right;">AIRS ID#0112392</p> <p>ONE LOW PRICE CLEANERS MALCOLM LAING 2455-57 NW 40TH AVE (SR 7) LAUDERHILL FL 33313</p>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (<i>Transfer from service label</i>)		D. Is delivery address different from item 1? If YES, enter delivery address below:	
7001 0320 0001 7976 2999		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type		4. Restricted Delivery? (<i>Extra Fee</i>)	
<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.		<input type="checkbox"/> Yes	
PS Form 3811, March 2001		Domestic Return Receipt	
		102595-01-M-1424	

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#0112392
Sent To	ONE LOW PRICE CLEANERS MALCOLM LAING
Street, Apt. No. or PO Box No.	2455-57 NW 40TH AVE (SR 7)
City, State, Zip	LAUDERHILL FL 33313
PS Form 3800 (January 2001)	

MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



RETURN TO SENDER FOR REASON SHOWN

Bureau of Air
& Mobile Sources
Monitoring

MAR 13 2005

RETURNED TO SENDER

REASON CHECKED

Unclaimed Returned

Attempted - not known

Insufficient Address

No such street

No such office in city

Do not re-mail in this country

12/1 AS 3/8

33313 32399/2400



POSTAGE
REQUIRED

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



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:

**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

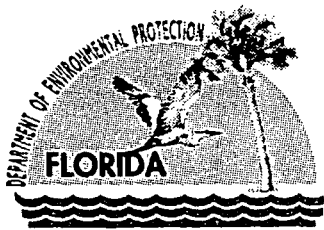
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112392
ONE LOW PRICE CLEANERS
MALCOLM LAING
2455-57 NW 40TH AVE (SR 7)
LAUDERHILL FL
33313

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

March 1, 2003

FINAL NOTICE OF ANNUAL OPERATION FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Records in the Division of Air Resource Management indicate that during calendar year **2002** you owned or operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual operation fee for your facility is **\$50** for calendar year **2002**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have **not** yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2003** may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

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

OFFICIAL USE

Postmark Here

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

AIRS ID#0112392

Sent To **ONE LOW PRICE CLEANERS**
MALCOLM LAING

Street, Apt. or PO Box **2455-57 NW 40TH AVE (SR 7)**

City, State **LAUDERHILL FL**
33313

PS Form 3811, July 1999

7001 0320 0001 7976 7482

PLACE STICKER AT TOP OF THE 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:

AIRS ID#0112392

ONE LOW PRICE CLEANERS
MALCOLM LAING
2455-57 NW 40TH AVE (SR 7)
LAUDERHILL FL
33313

2. Article Number (Copy from)

7001 0320 0001 7976 7482

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **CAROL BELL** B. Date of Delivery **2/11/03**

C. Signature **[Signature]** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

FEB 13 2003

RECEIVED

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

7000 0520 0020 9373 2491

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

Postmark
Here

receipt 03

Rec 10 AIRS ID # 0112392001AG
 MALCOLM LAING
Stre ONE LOW PRICE CLEANERS
 2455-57 NW 40TH AVE (SR 7)
City LAUDERHILL FL 33313

(seller)

PS Form 3811, March 2001 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:

10 AIRS ID # 0112392001AG
 MALCOLM LAING
 ONE LOW PRICE CLEANERS
 2455-57 NW 40TH AVE (SR 7)
 LAUDERHILL FL 33313

2. Article Number

(Transfer from service label)

7000 0520 0020 9373 2491

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

Malcolm Laing Agent
 Addressee

Is delivery address different from item 1? Yes

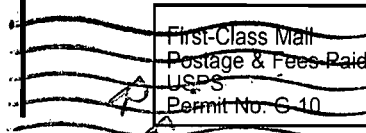
If YES, enter delivery address below: No

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



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

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

RECEIVED
DEC 16 2002
Bureau of Air Monitoring
& Mobile Sources





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414115 FEB14 2002

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0112392
ONE LOW PRICE CLEANERS
MALCOLM LAING
2455-57 NW 40TH AVE (SR 7)
LAUDERHILL FL
33313

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

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 # 0112392
 ONE LOW PRICE CLEANERS
 MALCOLM LAING
 2455-57 NW 40TH AVE (SR 7)
 LAUDERHILL FL
 33313

70002870000070274954

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

Rosemarie LAING 2/9/02

C. Signature

X Rosemarie Laing

- 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

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

7000 2870 0000 7027 4954

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

Postmark
Here

AIRS ID # 0112392

Total Post: ONE LOW PRICE CLEANERS

Sent To MALCOLM LAING
2455-57 NW 40TH AVE (SR 7)

Street, Apt. LAUDERHILL FL
33313

City, State

PS Form 3800, May 2000

See Reverse for Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412793 JAN 9 2002

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0112292
PRESTO CLEANERS & TAILORS
ANTONIO IGNELZI
1013 S UNIVERSITY DRIVE
PLANTATION FL
33324

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401893

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 5 01

1-5-01 pd

Do **NOT** Remove Label

AIRS ID # 0112396
BEST DISCOUNT DRY CLEANERS
GRACE I LEE
1303 LYONS ROAD
COCONUT CREEK FL 33063

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>SHARON CAMPBELL</i> <i>2/9/01</i></p> <p>C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Sharon Campbell</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0112392</p> <p>ONE LOW PRICE CLEANERS MALCOLM LAING 2455-59 NW 40TH AVE (SR 7) LAUDERHILL FL 33313</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 style="text-align: center; font-size: 2em;"><i>2/9/01</i></p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <i>7000 0600 0026 7825 6720</i></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>									
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Postage</td> <td style="width: 40%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<p style="text-align: center;">Postmark Here</p>
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
<p style="text-align: right;">AIRS ID # 0112392</p> <p>Total</p> <p>Recip: ONE LOW PRICE CLEANERS MALCOLM LAING Street: 2455-59 NW 40TH AVE (SR 7) City, S: LAUDERHILL FL 33313</p>									
<p>PS Form 3800, February 2000 Instructions</p>									

7000 0600 0026 7825 6720

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354290

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 # 0112392
ONE LOW PRICE CLEANERS
MALCOLM LAING
2455-59 NW 40TH AVE (SR 7)
LAUDERHILL FL 33313

RECEIVED
DEC 21 1998
Bureau of Air
& Mail Services
RECEIVED
MAIL ROOM
DEC 21 1998
FOR GOVERNMENT USE ONLY
Org.: 372501000 EO: B1
Fund: 20-2-0350018
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389419

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 # 0112392

ONE LOW PRICE CLEANERS
MALCOLM LAING
2455-59 NW 40TH AVE (SR 7)
LAUDERHILL FL 33313

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

RECEIVED
MAIL ROOM
DEC 13 99

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:		C. Signature	<input type="checkbox"/> Agent
<p style="text-align: right;">AIRS ID # 0112392</p> <p>ONE LOW PRICE CLEANERS MALCOLM LAING 2455-59 NW 40TH AVE (SR 7) LAUDERHILL, FL 33313</p>		X	<input type="checkbox"/> Addressee
2. Article Number (Copy from service label)		D. Is delivery address different from item 1? If YES, enter delivery address below:	
7000 0600 0026 4125 8140		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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)	
Postmark Here	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0112392	
<p>ONE LOW PRICE CLEANERS MALCOLM LAING 2455-59 NW 40TH AVE (SR 7) LAUDERHILL FL 33313</p>	
See for Instructions	

7000 0600 0026 4125 8140