

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 10, 2002

Mr. Rene Raudales  
J. S. Cleaners  
1430 North State Road 7  
Margate, Florida 33063

Re: Facility No.: 0112601-001

Dear Mr. Raudales:

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

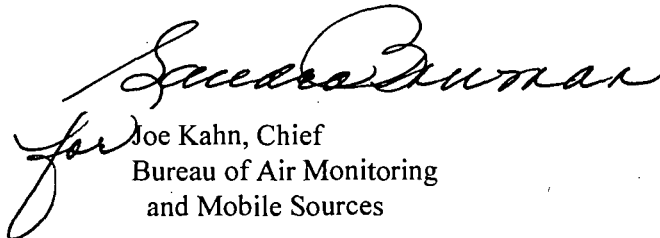
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Daniela Banu, Broward County

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

*Printed on recycled paper.*

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

MAY 6 2002

RECEIVED

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>RAUDALL CORP</i>
2. Site Name (For example, plant name or number): <i>J.S. CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLR 00 00 29413</i>
4. Facility Location: <i>1430 N. STATE ROAD 7</i> Street Address: City: <i>MALIBU</i> County: <i>BROWARD</i> Zip Code: <i>33063</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0112601-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>RENE RAUDALES</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>J.S. CLEANERS</i> Street Address: <i>1430 N. STATE ROAD 7</i> City: <i>MALIBU</i> County: <i>BROWARD</i> Zip Code: <i>33063</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 970-4633</i> Fax: <i>(954) 720-1379</i>

Facility Contact (If different from Responsible Official)

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

0112601-001

Page 15

1(a) New should be circled under  
Status for 1997 machines.

Page 16

5. Add # of boilers.

6(e) Required for all sources.

**Facility Information**

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1997	<u>Existing</u> /New	<u>RC</u> /CA/None required	SAME
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

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

**1.(b) TRANSFER MACHINES ONLY**

*N/A*

How many washers do you have on-site?

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

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

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

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

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

gallons (You must fill this in)

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

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

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

Small Area Source

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

Large Area Source

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

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

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

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

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

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:  6 HP

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

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

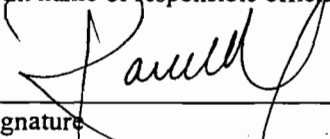
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

BENE RAUDALES  
Print name of responsible official

  
Signature

4/27/02  
Date

# IMPORTANT

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

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

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

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

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

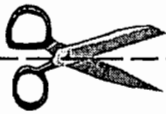
**TO: Holder of Title V Air General Permit**

**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**

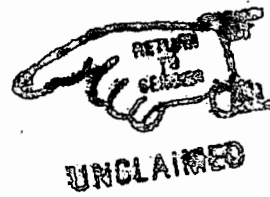
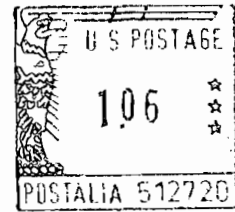
Do **NOT** Remove Label

112601  
RENE RAUDALES  
J. S. CLEANERS  
1430 NORTH STATE ROAD 7  
MARGATE FL 33063

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



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



RECEIVED  
MAR 3 2004  
Bureau of Air Monitoring  
& Mobile Sources

1126  
RENE LAUDANES  
J. S. CLEANERS  
1430 NORTH STATE ROAD 7  
MARGATE FL 33063

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

✓ 465981 DEC13 2006

Do NOT Remove Label

AIRS ID# 112610 ✓  
NEIGHBORHOOD DRY  
CLEANERS  
1421 NW 47th Ave  
LAUDERHILL, FLORIDA 33313

REC'D  
DEC 13 2006  
COMMUNITY ACTION CENTER  
2006

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

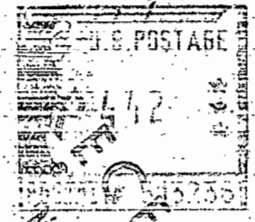
~~CONFIDENTIAL~~

MS# 5510 MC Acct # 5521

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



7003 0500 0004 0144 7740



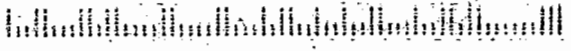
**NOT DELIVERABLE  
AS ADDRESSED  
UNABLE TO REACH**

*MLK*

**RECEIVED**  
MAY 10 2004  
DUE TO SOURCE MONITORING

AIRSID 7112601  
RENE RAUDALES  
I'S CLEANERS  
1450 NORTH STATE ROAD 7  
MARGATE FL 35063

3306342447 08



**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 # 112601  
RENE RAUDALES  
J.S. CLEANERS  
1430 NORTH STATE ROAD 7  
MARGATE, FL 33063

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Addressee  Agent

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.

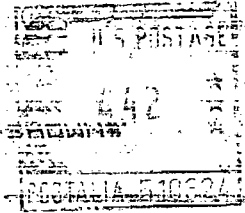
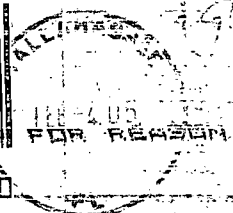
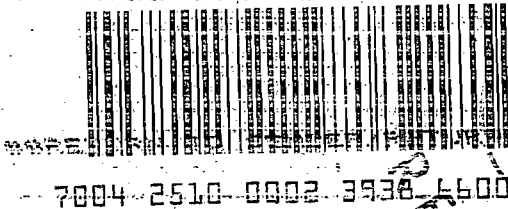
4. Restricted Delivery? (Extra Fee)  Yes

7003 0500 0004 0144 7740  
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

STANDARD MAIL

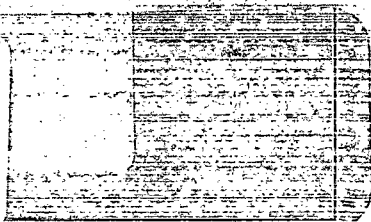
MS# 5510 MC Acct # 5921

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



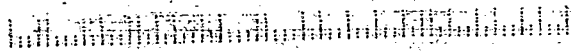
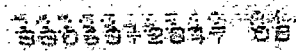
*FORWARD  
Expired*

AIRS ID# 112601 1stC  
J. S. CLEANERS  
1430 North State Road 7  
MARGATE, FL 33063



*REC  
FEB 24 1985  
Bureau of Air Monitoring  
& Mobile Sources*

*FOR THE DIRECTOR  
AIR QUALITY DIVISION  
STATE DEPARTMENT OF  
NATURAL RESOURCES  
TALLAHASSEE, FLORIDA*



**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 this 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# 112601 1stC  
 J. S. CLEANERS  
 1430 North State Road 7  
 MARGATE, FL 33063

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressed to

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.

A. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7004 2510 0002 3938 6600

PS Form 3811, August 2001

Domestic Return Receipt

102565-02-00-1040

**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**

7004 2510 0002 3938 6600

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

Postmark  
Here

AIRS ID# 112601 1stC  
 J. S. CLEANERS  
 1430 North State Road 7  
 MARGATE, FL 33063

Instructions

MS#

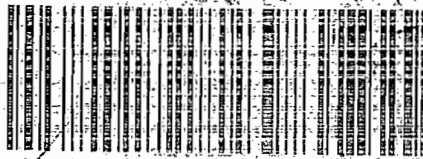
~~5527~~

MC Acct #

5527  
5527

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

658811214111



7004 2510 0004 6986 8644



AIRS ID# 112601 3<sup>rd</sup> Cert04  
J-S. CLEANERS  
1430 North State Road 7  
MARGATE, FL 33063

ANK

undeliverable  
as addressed  
4/8/05

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# 112601 3<sup>rd</sup> Cert04  
 J. S. CLEANERS  
 1430 North State Road 7  
 MARGATE, FL 33063

2. Article Number

7004 2510 0004 6986 6644

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**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.

A. Restricted Delivery? (Extra Fee)

Yes

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 \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

AIRS ID# 112601 3<sup>rd</sup> Cert04  
 J. S. CLEANERS  
 1430 North State Road 7  
 MARGATE, FL 33063

7004 2510 0004 6986 6644

PS Form 3809, June 2002

See Reverse for Instructions



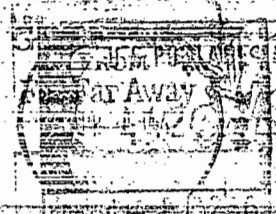
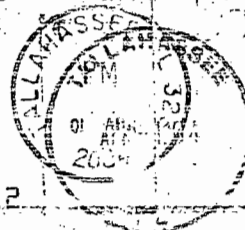
MS# 5540 MC Acct# 4494

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

CERTIFIED MAIL



7001 1140 0001 7556 4392

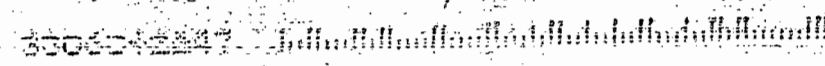


**NOT DELIVERABLE  
AS ADDRESSED,  
UNABLE TO FORWARD**

AIRS ID # 142601  
S. CLEANERS  
RENE RAUDALES  
1430 NORTH STATE ROAD 7  
MARGATE, FL 33063



**RECEIVED**  
Bureau of Air Management  
Source  
APR 7 2004



**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 # 112601  
 J. S. CLEANERS  
 RENE RAUDALES  
 1430 NORTH STATE ROAD 7  
 MARGATE, FL 33063

2. ZIP Code: **7001 1140 0001 7556 4392**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-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  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  G.O.P.  
 Restricted Delivery? (Extra Fee)  Yes

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

O F F I C I A L U S E

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

Postmark Here

Sent: AIRS ID # 112601  
 J. S. CLEANERS  
 RENE RAUDALES  
 Street or PO: 1430 NORTH STATE ROAD 7  
 City, St: MARGATE, FL 33063

PS Form 3800, January 2001 See Reverse for Instructions

26EH 9552 1000 04TT 1002 7002

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

OFFICIAL USE

7001 0320 0001 7976 2845

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

*[Handwritten Signature]*  
 Postmark  
 HAWAII

AIRS ID#0112601

Sent To **J. S. CLEANERS**  
 Street, Apt. No. **RENE RAUDALES**  
 or PO Box No. **1430 NORTH STATE ROAD 7**  
 City, State, Zip **MARGATE FL**  
**33063**

PS Form 3800

**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:

**J. S. CLEANERS**  
**RENE RAUDALES**  
**1430 NORTH STATE ROAD 7**  
**MARGATE FL**  
**33063**

AIRS ID#0112601

2 Article Number  
 (Transfer from service label)

7001 0320 0001 7976 2845

**COMPLETE THIS SECTION ON DELIVERY**

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

*3-8-03*

C. Signature

*[Handwritten 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

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air  
& Mobile Source

RECEIVED  
MAR 13 2007

32399+2400 01



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

**OFFICIAL USE**

Postage	\$	<i>Signature</i> <small>Postmark Here</small>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID#0112601

J. S. CLEANERS  
 RENE RAUDALES  
 1430 NORTH STATE ROAD 7  
 MARGATE FL  
 33063

PS Form 3811, September 1999 See reverse for instructions

7001 0320 0001 7976 5266

**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#0112601

J. S. CLEANERS  
 RENE RAUDALES  
 1430 NORTH STATE ROAD 7  
 MARGATE FL  
 33063

**COMPLETE THIS SECTION ON DELIVERY**

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

27-03

C. Signature

*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)*

7001 0320 0001 7976 5266

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 STOP 16019  
2610 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Mon.  
& Mobile Sources

FEB 12 2003

RECEIVED



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**

425624 MAR12 2003

Do NOT Remove Label

AIRS ID#0112601
J. S. CLEANERS RENE RAUDALES 1430 NORTH STATE ROAD 7 MARGATE FL 33063

FOR GOVERNMENT USE ONLY
Org.: 37550101000 PO: A1
Fund: 20-2035001
Obj.: 002273

RECEIVED  
MAR 12 2003  
AIRS  
& Mobile Services

7004 2510 0002 3939 7583

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

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

Sent To AIRS ID#0112601.....2<sup>nd</sup> Cert 05  
 J. S. CLEANERS  
 Street, Apt. No.; or PO Box No. 1430 North State Road 7  
 City, State, ZIP+4 MARGATE, FL 33063

PS Form 3800, Ju

**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:

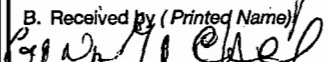
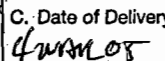
AIRS ID#0112601.....2<sup>nd</sup> Cert 05  
 J. S. CLEANERS  
 1430 North State Road 7  
 MARGATE, FL 33063

2 Article Number  
 (Transfer from service label)

7004 2510 0002 3939 7583

**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



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

ALL MAIL  
BY AIR MAIL  
& MOBILE SOURCES

MAR 9 2005

RECEIVED



RAUDAL  
J.S. CLEA  
1430 NORTH STATE ROAD 7  
MARGATE, FL 33063



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

32399-2400 01



7003 0500 0004 0144 7740

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**OFFICIAL USE**

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

*2nd Cx*  
Postmark Here  
*2003*

Total F AIRS ID # 112601

**RENE RAUDALES**

*Sent To* **J. S. CLEANERS**

*Street, or PO B* **1430 NORTH STATE ROAD 7**

*City, Stz* **MARGATE, FL 33063**



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

December 6, 2004

## NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your 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.

Your annual operation fee is \$50 for calendar year **2004**. 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, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that 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 Bruce Thomas at 850/921-7744 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"

Printed on recycled paper.



# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
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 is located on the mailing label.**

**TOTAL AMOUNT DUE: \$50.00**

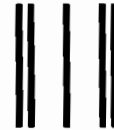
**Do NOT Remove Label**

AIRS ID# 112601 10  
J. S. CLEANERS  
1430 North State Road 7  
MARGATE, FL 33063

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

# **ATTENTION:**

The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.



POSTAGE  
REQUIRED

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

MS 5510 MC Acct# 5521

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

 NOT DELIVERABLE  
AS ADDRESSED,  
UNABLE TO FORWARD

~~AIRS ID# 112001 10  
J. S. CLEANERS  
1430 North State Road 7  
MARGATE, FL 33063~~

**RECEIVED**  
DEC 20 2004  
Bureau of Air Monitoring  
& Mobile Sources