

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 1, 2001

Mr. Moshe Mazine
Magic Cleaners
7930 Northwest 36 Street #25
Miami, Florida 33166

Re: Facility No.: 0250705-002

Dear Mr. Mazine:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 2001.

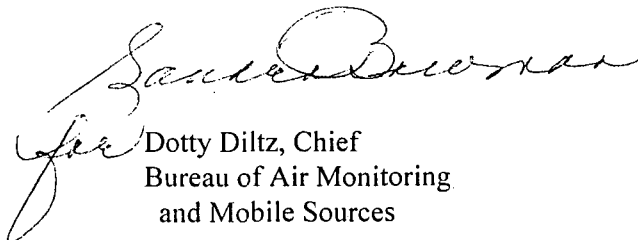
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 96.00
SOC 5
Completed IN

0250705-002

9/5/01

Spoke to Moshe Mazine and he stated that the dry to dry machine was purchased in late 1990 or early 1991. He also stated that the machine has a built-in refrigerator condenser.

Page 15

(a) Add date machine initially purchased. Existing should be circled under Status.

None Required should be circled under Control Device Required.

Page 17

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 27 2001
Bureau of Air Monitoring
& Mobile Sources

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):	M&K CLEANERS D/B/A MAGIC CLEANERS		
2. Site Name (For example, plant name or number):	MAGIC CLEANERS		
3. Hazardous Waste Generator Identification Number:	IWS-0007505		
4. Facility Location:	Street Address: 7930 N.W. 36 ST #25		
	City: MIAMI	County: DADE	Zip Code: 33166
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250405-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: MOSHE MAZINE Title: President		
7. Responsible Official Mailing Address:	Organization/Firm: MAGIC CLEANERS		
	Street Address: 7930 N.W. 36 ST #25		
	City: MIAMI	County: DADE	Zip Code: 33166
8. Responsible Official Telephone Number:	Telephone: (305) 584-1881 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) 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")
_____	<u>Existing</u> /New	RC/CA/None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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

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

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

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

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:

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.

MOSHE MAZINE
Print name of responsible official

Moshe Mazine
Signature

8/23/01
Date 8/23/01

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Thursday, January 22, 2004 11:12 AM
To: Bowman, Sandy
Cc: Fernandez, Cynthia (DERM)
Subject: FW: Magic Cleaners (ARMS 0250705)



SDOC1940.pdf
(644 KB)

Hi Sandy:

Be informed that Magic Cleaners, located at 7930 N.W. 36 St., Miami (ARMS # 0250705) is no longer using PERC, therefore they surrendered their TVGP (see attached documents). Please inactivate this facility from the ARMS and ASGP databases.

Thanks.

Regards.

Marcelo.

-----Original Message-----

From: Barros, Marcelo (DERM)
Sent: Thursday, January 22, 2004 11:03 AM
To: Barros, Marcelo (DERM)
Subject:

<<SDOC1940.pdf>> This E-mail includes attached file(s) sent from "RNP6F8396" (Aficio 1075). Scan Date: 01.22.2004 11:03:01 (-0500)

RECEIVED

JAN 21 2004

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

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>Magic Cleaners</i>
2. Site Name (For example, plant name or number): <i>Same</i>
3. Hazardous Waste Generator Identification Number: _____
4. Facility Location: Street Address: <i>7930 NW 36 st</i> City: <i>Doral</i> County: <i>Miami-Dade</i> Zip Code: <i>33166</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: _____ Title: _____
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: _____ County: _____ Zip Code: _____
8. Responsible Official Telephone Number: Telephone: () - 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: () -

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 0250705.
- 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.

SHAHID FATMI
Print name of responsible official


Signature

1/21/04
Date



Chem-Klean Corp.

CHEM-KLEAN CORP.
 7725 W. 26th Avenue
 Unit #4
 Hialeah, Florida 33016
 Phone 305-863-7807
 Fax 305-819-5034

FOR SERVICE CALL
 305-863-7807

REFERENCE NUMBER

No 27156

PREVIOUS BALANCE

**SERVICE AND SALES
 ACKNOWLEDGMENT**

C
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MAGIC CLEANERS
 7930 NW 36TH STREET
 SUITE 25
 MIAMI FL. 33166

B
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SERVICE DATE	SALES REP.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TERMS					
10-03			(305) 904-7457	30 DAYS					
SERVICE/PRODUCT	DESCRIPTION	UNIT PRICE	QUANT.	CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	COMMENTS	MSDS GIVEN
1	REMOVAL OF EQUIP	1200	1	1200 ⁰⁰		1200 ⁰⁰			<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4	FUEL CHG	2.00	1	2.00		2.00			<input type="checkbox"/>
5									<input type="checkbox"/>
6									<input type="checkbox"/>
7									<input type="checkbox"/>
8									<input type="checkbox"/>
9									<input type="checkbox"/>
10									<input type="checkbox"/>
11									<input type="checkbox"/>
12									<input type="checkbox"/>
TOTAL-SERVICE/PRODUCTS						1200 ⁰⁰			

TOTAL CHARGE (FROM ABOVE)	
TOTAL DUE	1200 ⁰⁰

PAYMENT RECEIVED SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
PREVIOUS CREDIT CARD NO. ▶			
CREDIT CARD NUMBER		EXP. DATE	
[] []		[] [] [] []	
		AMEX VISA MC	
CUSTOMER REFERENCE INFORMATION	[] []		

TERMS AND CONDITIONS BY SIGNING THIS AGREEMENT: (1) YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS ON THE FRONT, (2) YOU AGREE THAT THIS AGREEMENT IS A NET AGREEMENT THAT YOU CANNOT TERMINATE OR CANCEL YOU HAVE AN UNCONDITIONAL OBLIGATION TO MAKE ALL PAYMENTS DUE UNDER THIS AGREEMENT, AND YOU CANNOT WITHHOLD, SET OFF OR REDUCE SUCH PAYMENT FOR ANY REASON (3) YOU WARRANT THAT THE PERSON SIGNING THIS AGREEMENT FOR YOU HAS THE AUTHORITY TO DO SO, (4) YOU CONFIRM THAT THIS AGREEMENT WILL BE GOVERNED BY THE LAWS OF THE STATE OF FLORIDA AND YOU CONSENT TO THE JURISDICTION OF ANY COURT LOCATED WITHIN FLORIDA YOU AND WE EXPRESSLY WAIVE ANY RIGHT TO TRIAL BY JURY.

 Authorized Signature

 Print Name & Title

Emergency Contact Telephone Number

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No. 2775	2 Page 1 of 2	Information in the shaded areas is not required by Federal law	
3 Generator's Name and Mailing Address MAGIC CLEANERS 7930 NW 36TH STREET SUITE 25 MIAMI FL. 33166				A State Manifest Document Number		
4 Generator's Phone (305) 904-7457				B. State Generator's ID		
5 Transporter 1 Company Name CHEM KLEAN CORPORATION		6. US EPA ID Number FLR 000 086 173		C State Transporter's ID		
7 Transporter 2 Company Name PERMA-FIX OF ORLANDO		8. US EPA ID Number FLD 980 559 728		D Transporter's Phone (305) 863-7807		
9 Designated Facility Name and Site Address PERMA-FIX OF SOUTH GA 1612 JAMES P. RODGERS CIRCLE VALDOSTA, GA. 31601		10 US EPA ID Number G.A.D. 093 380. 8.14		E State Transporter's ID		
				F Transporter's Phone 407-859-1441		
				G State Facility's ID		
				H. Facility's Phone (229) 244-0474		
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers		13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
<input type="checkbox"/> HM		No.	Type			
a	<input checked="" type="checkbox"/> RQ WASTE TETRACHLOROETHYLENE 6.1 UN 1897 PG III (F002,D039) (ERG#160)		DM	55	G	F002 D039
b	<input checked="" type="checkbox"/> RQ HAZARDOUS WASTE SOLID, N.O.S. 9 HA 3077 PG III (F002,D039) (ERG#171) (TETRACHLOROETHYLENE)		DM	30	G	F002 D039
c						
d						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
APPROVAL # THIS MANIFEST SERVES AS CERTIFICATION THAT EQUIPMENT WAS EMPTY OF ALL HAZARDOUS MATERIAL AT TIME OF REMOVAL.						
15 Special Handling Instructions and Additional Information						
EMERGENCY RESPONSE (800) 424-9300						
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name		Signature		Month Day Year		
				10/31/02		
17 Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
TAKHILL		<i>[Signature]</i>		10/31/02		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19 Discrepancy Indication Space						
20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19						
Printed/Typed Name		Signature		Month Day Year		

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

Removal of Pene.

EPA Form 3520-22 (Rev. 3-99) For use only by generators

EPA Form 3520-22 (Rev. 3-99) For use only by transporters

SUBPART CC AND LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name *Magic Cleaner*

Manifest No *27156*

Page *1* of *1*

This is a wastewater stream This is a non-wastewater stream

NOTE: BOXES CORRESPOND TO MANIFEST LINE ITEM a b c d

The waste(s) described above, does not meet the applicable treatment standards in 40 CFR 268 Subpart D

SUBPART CC: INDICATE WHETHER WASTES ON THE MANIFEST ARE REGULATED UNDER SUBPART CC FOR CONTAINING VOC'S IN CONCENTRATION LEVELS EQUAL TO OR GREATER THAN 500 PPMW BY ENTERING A "Y" FOR "YES" OR A "N" FOR "NO" AS APPROPRIATE

A. CHARACTERISTIC WASTE

MLI	CODE	SUBCATEGORY/CONSTITUENTS
<input type="checkbox"/>	D001	Ignitable Wastes (TOC>10%)
<input type="checkbox"/>	D001*	Ignitable Wastes(TOC<10%)
<input type="checkbox"/>	D002*	Corrosive Wastes
<input type="checkbox"/>	D003	Reactive Sulfides based on 261.23(a)(5)
<input type="checkbox"/>	D003*	Explosives based on 261 23(a) (6),(7),(8)
<input type="checkbox"/>	D003	Unexploded
<input type="checkbox"/>	D003*	Other Reactive based on 261 23(a) (1)
<input type="checkbox"/>	D003*	Water Reactive based on 261.23(a) (2),(3),(4)
<input type="checkbox"/>	D003	Reactive Cyanides based on 261 23 (a) (5)
<input type="checkbox"/>	D004*	Arsenic
<input type="checkbox"/>	D005*	Barium
<input type="checkbox"/>	D006*	Cadmium
<input type="checkbox"/>	D006*	Cadmium Containing Batteries
<input type="checkbox"/>	D007*	Chromium
<input type="checkbox"/>	D008*	Lead
<input type="checkbox"/>	D008*	Lead Acid Batteries
<input type="checkbox"/>	D009*	High Mercury-Organic
<input type="checkbox"/>	D009*	High Mercury-Inorganic
<input type="checkbox"/>	D009*	Low Mercury
<input type="checkbox"/>	D009*	Mercury Wastewater
<input type="checkbox"/>	D010*	Selenium
<input type="checkbox"/>	D011*	Silver
<input type="checkbox"/>	D012*	Endrin
<input type="checkbox"/>	D013*	Lindane
<input type="checkbox"/>	D014*	Methoxychlor
<input type="checkbox"/>	D015*	Toxaphene
<input type="checkbox"/>	D016*	2,4-D
<input type="checkbox"/>	D017*	2,4,5-TP (Silvex)
<input type="checkbox"/>	D018*	Benzene
<input type="checkbox"/>	D019*	Carbon Tetrachloride
<input type="checkbox"/>	D020*	Chlordane
<input type="checkbox"/>	D021*	Chlorobenzene
<input type="checkbox"/>	D022*	Chloroform
<input type="checkbox"/>	D023*	o-Cresol
<input type="checkbox"/>	D024*	m-Cresol
<input type="checkbox"/>	D025*	p-Cresol
<input type="checkbox"/>	D026*	Cresol (Total)
<input type="checkbox"/>	D027*	p-Dichlorobenzene
<input type="checkbox"/>	D028*	1,2-Dichloroethane
<input type="checkbox"/>	D029*	1,1-Dichloroethylene
<input type="checkbox"/>	D030*	2,4-Dinitrotoluene
<input type="checkbox"/>	D031*	Heptachlor
<input type="checkbox"/>	D032*	Hexachlorobenzene
<input type="checkbox"/>	D033*	Hexachlorobutadiene
<input type="checkbox"/>	D034*	Hexachloroethane
<input type="checkbox"/>	D035*	Methyl ethyl ketone
<input type="checkbox"/>	D036*	Nitrobenzene
<input type="checkbox"/>	D037*	Pentachlorophenol
<input type="checkbox"/>	D038*	Pyridine
<input checked="" type="checkbox"/>	D039*	Tetrachloroethylene
<input type="checkbox"/>	D040*	Trichloroethylene
<input type="checkbox"/>	D041*	2,4,5-Trichlorophenol
<input type="checkbox"/>	D042*	2,4,6-Trichlorophenol
<input type="checkbox"/>	D043*	Vinyl chloride

B. LISTED WASTE

MLI CODE SUBCATEGORY/CONSTITUENTS

<input checked="" type="checkbox"/>	F001	Spent Halogenated Solvents
<input checked="" type="checkbox"/>	F002	Spent Halogenated Solvents
<input type="checkbox"/>	F003	Spent Non-halogenated Solvents
<input type="checkbox"/>	F004	Spent Non-halogenated Solvents
<input type="checkbox"/>	F005	Spent Non-halogenated Solvents

CHECK REGULATED CONSTITUENTS FOR LISTED WASTES IDENTIFIED ABOVE (F001-F005):

<input type="checkbox"/>	Acetone
<input type="checkbox"/>	Benzene
<input type="checkbox"/>	n-Butyl alcohol
<input type="checkbox"/>	Carbon disulfide
<input type="checkbox"/>	Carbon tetrachloride
<input type="checkbox"/>	Chlorobenzene
<input type="checkbox"/>	o-Cresol
<input type="checkbox"/>	m-Cresol
<input type="checkbox"/>	p-Cresol
<input type="checkbox"/>	Cresol
<input type="checkbox"/>	Cyclohexanone
<input type="checkbox"/>	o-Dichlorobenzene
<input type="checkbox"/>	Ethyl acetate
<input type="checkbox"/>	Ethyl benzene
<input type="checkbox"/>	Ethyl ether
<input type="checkbox"/>	Isobutyl alcohol
<input type="checkbox"/>	Methanol
<input type="checkbox"/>	Methylene chloride
<input type="checkbox"/>	Methyl ethyl Ketone
<input type="checkbox"/>	Methyl isobutyl ketone
<input type="checkbox"/>	Nitrobenzene
<input type="checkbox"/>	Pyridine
<input checked="" type="checkbox"/>	Tetrachloroethylene
<input type="checkbox"/>	Toluene
<input type="checkbox"/>	1,1,1-Trichloroethane
<input type="checkbox"/>	1,1,2-Trichloroethane
<input type="checkbox"/>	1,1,2-Trichloro-1,2,2-trifluoroethane
<input type="checkbox"/>	Trichloroethylene
<input type="checkbox"/>	Trichloromonofluoromethene
<input type="checkbox"/>	Xylenes
<input type="checkbox"/>	2-Nitropropene
<input type="checkbox"/>	2-Ethoxyethanol

<input type="checkbox"/>	F006	Electroplating WWT sludge
<input type="checkbox"/>	F035	Wood preserving wastewater
<input type="checkbox"/>	F037	Petroleum refinery primary oil/water separation sludge
<input type="checkbox"/>	F038	Petroleum refinery secondary oil/water separation sludge
<input type="checkbox"/>	F039	Multi-source Leachate
<input type="checkbox"/>	K048	Dissolved air flotation float
<input type="checkbox"/>	K049	Slop oil emulsion solids

Does the waste identified by an asterisk (*) contain any Underlying Hazardous Constituents per 268.7 (a)(1)?

Yes
 No

If YES, "attach a completed UTS/UHC form to this document"

D. OTHER WASTES

Enter waste codes/subcategory, if applicable, in the table below for codes not found above:

MLI	WASTE CODES/SUBCATEGORY	TREATABILITY GROUP	TREATMENT STANDARD
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

SIGNATURE: _____ DATE: _____

GARLAND SUPPLY CO.

7800 W. 25th AVENUE HIALEAH, FL 33016
 DADE 305-556-5831 TOLL FREE 800-407-2532

ORDER NO. 0257256

SPECIAL INSTRUCTIONS

MAGIC CLEANERS
 7930 NW 36 STREET
 SUITE 25
 MIAMI, FL

305 904-7457

33166 594 1881

81.00 - 51.20 453.86

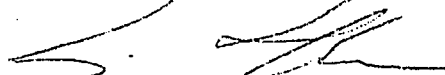
VOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST

CUSTOMER NO.	CUSTOMER P.O.	SLM. CODE	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS
MA7930		04	12/31/03	1-2-04		-

QUANTITY	UNIT OF MEASURE	DESCRIPTION	HM	UNIT PRICE	TOTAL
1.00	DRUM	EXXON 2000 55GAL DRUM		289.00	289.00
		REGCOM		2.00	2.00

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees. Extensions and additions on this order are subject to further audit.

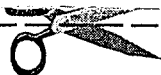
FREIGHT	SALES TAX	INVOICE TOTAL
	20.37	311.37

X 
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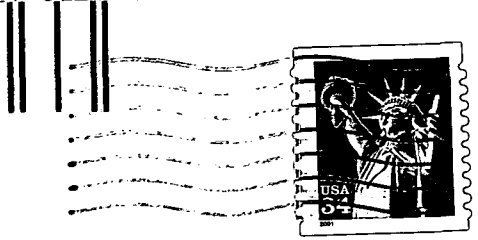
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250705
 MAGIC CLEANERS #25
 MOSHE MAZINE
 7930 NW 36TH STREET #25
 MIAMI FL
 33166

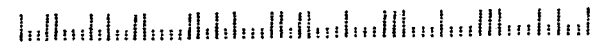
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 Fund: 20-2-035001
 Obj.: 002273

MAGIC CLEANERS
 7930 N.W. 36 St. #25
 Miami, Florida 33166
 305-594-1881

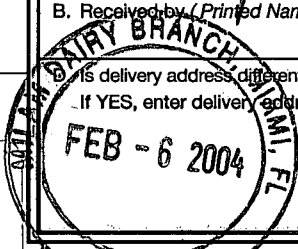


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T ID# 250705 Se MOSHE MAZINE MAGIC CLEANERS #25 St 7930 NW 36TH STREET #25 or Ci MIAMI, FL 33166	
PS Form 3800 June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION <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. 	COMPLETE THIS SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>2-6-04</u> <input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> ID# 250705 MOSHE MAZINE MAGIC CLEANERS #25 7930 NW 36TH STREET #25 MIAMI, FL 33166 </div>	
2. Article Number (Transfer from service label)	7003 2260 0003 5651 1625
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	

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

AIRS ID # 250705

Total Post **MOSHE MAZINE**
MAGIC CLEANERS #25
7930 NW 36TH STREET #25
MIAMI, FL 33166

Sent To _____
 Street, Apt. or PO Box | _____
 City, State, _____

PS Form 3800, June 2002 See Reverse for Instructions

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. Signature <i>X Alice Montiel</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>3/8/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: right;">AIRS ID # 250705</p> <p>MOSHE MAZINE MAGIC CLEANERS #25 7930 NW 36TH STREET #25 MIAMI, FL 33166</p> </div>	<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 (PI) 7003 0500 0004 0144 7771</p>	

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Total Postage:	AIRS ID # 250705
Sent To	MAGIC CLEANERS #25
	MOSHE MAZINE
Street, Apt. 1 or PO Box N	7930 NW 36TH STREET #25
City, State, Z	MIAMI, FL 33166
PS Form 3800, January 2001 See Reverse for Instructions	

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. Signature <input checked="" type="checkbox"/> <i>Alice Montal</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery <i>4/5/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> AIRS ID # 250705 MAGIC CLEANERS #25 MOSHE MAZINE 7930 NW 36TH STREET #25 MIAMI, FL 33166 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article (Trace) 7001 1140 0001 7556 4415</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	

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Total Pos	AIRS ID#0250705
Sent To	MAGIC CLEANERS #25 MOSHE MAZINE
Street, Apt. or PO Box	7930 NW 36TH STREET #25 MIAMI FL
City, State,	33166
PS Form 3800, January 2001 See reverse for instructions	

7001 0320 0001 7975 7933

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<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. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by: (Printed Name) C. Date of Delivery 2-7-03</p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0250705</p> <p>MAGIC CLEANERS #25 MOSHE MAZINE 7930 NW 36TH STREET #25 MIAMI FL 33166</p>	<p style="text-align: center;">MILAN DAIRY BRANCH, MIAMI FL FEB - 7 2003</p>
<p>2. Article Number (Transfer from service label)</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>7001 0320 0001 7975 7933</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035</p>	

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