



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 14, 2003

Mr. Geoffrey C. Wong  
Dry Clean USA  
11444 Southwest 149 Court  
Miami, Florida 33196

Re: Facility No.: 0250820-002

Dear Mr. Wong:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 13, 2003.


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,



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

*"More Protection, Less Process"*

Printed on recycled paper.

Fees 97-01

SOC 4

Comp SNC

Recordkeeping

Leads

JAN. 3. 2003 3:14PM DERM AQMD 9TH FLOOR

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JAN 13 2003

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM Management Division

Air Quality

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):  
**LAUNDRY ASSOCIATES, INC.**

2. Site Name (For example, plant name or number):  
**DRY CLEAN-USA**

3. Hazardous Waste Generator Identification Number:  
**FL 00000 70896**

4. Facility Location:  
Street Address: **1515 ACTON ROAD**  
City: **MIAMI BEACH** County: **MIAMI-DADE** Zip Code: **33139**

Responsible Official

0250820-002

6. Name and Title of Responsible Official:  
Name: **GEOFFREY C. WANG** Title: **PRESIDENT**

7. Responsible Official Mailing Address:  
Organization/Firm: **LAUNDRY ASSOCIATES, INC.**  
Street Address: **11444 SW 149 CT**  
City: **MIAMI** County: **MIAMI-DADE** Zip Code: **33196**

8. Responsible Official Telephone Number:  
Telephone: **(305) 538 0722** Fax: **(305) 386 9552**

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:  
Street Address: **1515 ACTON ROAD**  
City: **MIAMI BEACH** County: **MIAMI-DADE** Zip Code: **33139**

11. Facility Contact Telephone Number:  
Telephone: **(305) 538 0722** Fax: **(305) 386-9552**

DEP Form No. 62-219.900(2)  
Effective: 2/24/99

Bureau of Air Monitoring  
& Mobile Sources

JAN 16 2003

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JAN. 3. 2003 3:14PM DERM AQMD 9TH FLOOR

NO. 131 P. 3/5

Facility Information

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

How many dry-to-dry machines do you have on-site? [ 1 ]

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")
10-1-93	Existing/New	RC/CA/None required	SAME
_____	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?

[ 180 ] 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 \_\_\_\_\_)

JAN. 3.2003

3:14PM

DERM AQMD 9TH FLOOR

NO.131

P.4/5

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".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |

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?  1

For each boiler, indicate its horsepower (HP) rating:  15

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

JAN. 2.2003 1:52PM DERM AQMD 9TH FLOOR

NO.112 P.5/5

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 pollutants 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.*

GOFFREY C. WONG

Print name of responsible official

Goffrey C. Wong

Signature

1/13/03

Date

**Butler, Rick**

---

**From:** Barros, Marcelo (DERM) [BarroM@miamidade.gov]  
**Sent:** Friday, January 24, 2003 4:36 PM  
**To:** Butler, Rick  
**Cc:** Fernandez, Cynthia (DERM); Bowman, Sandy  
**Subject:** RE: Dry Cleaner Notifications

Hi Rick:

Please be informed that the pending issues regarding ARMS #s 0250820 and 0250937 will be resolved by the next week.

The minor non-compliance issue related to ARMS # 0250893 has been already resolved.

I will appreciate if you can tell me which part of the Title V Notifications or Chapter 62 FAC, states that a minor non-compliance issue such as recordkeeping, can affect the eligibility from obtaining a Title V General Permit.

I am taking this opportunity to inform you that two dry cleaning facilities that were permitted by your office recently are not found in the ASGP Database. These companies are Save-on Dry Cleaning, ARMS # 0251123 and Miami's Best Cleaners, ARMS # 0251131. In addition, seems like DEP forgot to mail us the letters that were sent out to these facilities, as well as the Notification Forms that usually you forward us.

Thanks for your help.

Marcelo.

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

**From:** Butler, Rick [mailto:Rick.Butler@dep.state.fl.us]  
**Sent:** Thursday, January 23, 2003 11:10 AM  
**To:** Cynthia Fernandez (DERM) (E-mail)  
**Cc:** Marcelo Barros (DERM) (E-mail); Bowman, Sandy  
**Subject:** Dry Cleaner Notifications

Hello Cynthia,

A number of Miami-Dade county dry cleaner renewal notifications were recently received in Tallahassee. Five (5) have issues that could affect their eligibility and may be denied. Please review the list below to determine the current status of each facility.

- AIRS ID # 0250820 Significant non-compliance (recordkeeping & leaks)
- AIRS ID # 0250893 Minor non-compliance (recordkeeping)
- AIRS ID # 0250906 Minor non-compliance (recordkeeping)
- AIRS ID # 0250929 Minor non-compliance (recordkeeping)
- AIRS ID # 0250937 No payment of 2001 fee (\$50 + \$25 penalty = \$75), Minor non-compliance (recordkeeping)

Please let me know the status of each facility as soon as possible. Feel free to contact me to discuss the facilities.

Thanks,  
Rick Butler

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

ID# 250820  
 GEOFFREY WONG  
 DRYCLEAN USA  
 11444 SW 149 COURT  
 MIAMI, FL 33196

2. Article Number: **7003 2260 0003 5651 1960**  
 (Transfer from service)

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  
 If YES, enter delivery address below:  No

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

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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 For delivery information visit our website at www.usps.com

OFFICIAL USE

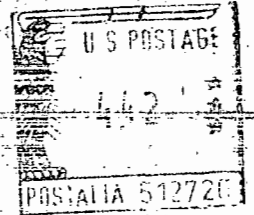
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

ID# 250820  
 Sent to: GEOFFREY WONG  
 DRYCLEAN USA  
 Street or PO: 11444 SW 149 COURT  
 City: MIAMI, FL 33196

Postmark Here  
*[Handwritten Signature]*

MS# **5510** MC Acct # **5521**

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



7003 2260 0003 5651 1960

ID# 250820  
 GEOFFREY WONG  
 DRYCLEAN USA  
 11444 SW 149 COURT  
 MIAMI, FL 33196

**RECEIVED**  
 FEB 27 2004  
 Bureau of Air Monitoring & Mobile Sources  
*NOT 2/16/04*

08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits.		A. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
1. Article Addressed to: AIRKS ID# 250820 DRYCLEAN USA GEOFFREY WONG 11444 SW 149 COURT MIAMI, FL 33196		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	
2. Article Number _____ (Transfer from service label)		7003 0500 0004 0144 4596	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

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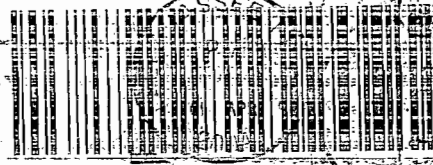
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRKS ID# 250820
Sent To	DRYCLEAN USA GEOFFREY WONG
Street, Apt. No., or PO Box No.	11444 SW 149 COURT
City, State, ZIP	MIAMI, FL 33196

Postmark Here: *03*

PS Form 3810, January 2002 Use reverse for instructions

9554 HTD 4000 0050 0002

**CERTIFIED MAIL**



7003 0500 0004 0144 4596

MS# \_\_\_\_\_ EEIAC Acct # \_\_\_\_\_ 5521

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

UNCLAIMED

DRYCLEAN USA  
GEOFFREY WONG  
11444 SW 149 COURT  
MIAMI, FL 33196

RECEIVED  
MAY 12 2004  
Bureau of Air Monitoring  
& Mobile Sources

NOT  
4/3/04  
49



LAUNDRY ASSOCIATES, INC.

8354

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	Licenses & permits-MB				75.00
CHECK DATE	CHECK NO.	PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
3/13/07	8354	Dept. of Environmental Protect			\$75.00

**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.  
471082 MAR 15 2007

**TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

AIRS ID#250820  
LAUNDRY ASSOCIATES INC ✓  
1515 Alton Road  
MIAMI BEACH, FLORIDA 33139

RECEIVED  
MAR 19 2007  
Bureau of A. & M. Information  
& Mobile Sources

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

438063 APR 5 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**

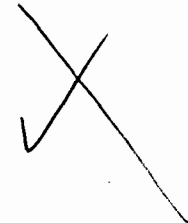
**RECEIVED**  
**APR 7 2004**

Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

AIRS ID # 250820

GEORGE WONG  
RYCLEAN USA  
11444 SW 149 COURT  
MIAMI, FL 33196



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

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**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# 250820 1st  
DRYCLEAN USA  
1515 Alton Road  
MIAMI BEACH, FL 33139

RECEIVED  
MAR 02 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

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LAUNDRY ASSOCIATES, INC.

6611

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID	
4	Title V Air Permit				50.00	
CHECK DATE		CHECK NO.	PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
2/27/03		6611	Dept. of Environmental Protect			\$50.00



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**

424326 MAR 3 2003

Do NOT Remove Label

AIRS ID#0250820
DRYCLEAN USA GEOFFREY C WONG 11444 SW 149 COURT MIAMI FL 33196

<b>FOR GOVERNMENT USE ONLY</b> Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

450121 MAR31 2005

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

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 250820 1stC  
DRYCLEAN USA  
1515 Alton Road  
MIAMI BEACH, FL 33139

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

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<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Postage \$</td> <td rowspan="5" style="width: 20%; text-align: center; vertical-align: middle;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> </tr> <tr> <td>Total Postage &amp; Fees</td> </tr> </table>	Postage \$	Postmark Here	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees	
Postage \$	Postmark Here						
Certified Fee							
Return Receipt Fee (Endorsement Required)							
Restricted Delivery Fee (Endorsement Required)							
Total Postage & Fees							
Sent To AIRS ID#0250820.....2 <sup>nd</sup> Cert 05 DRYCLEAN USA Street, Apt. No., or PO Box No. 1515 Alton Road City, State, ZIP+4 MIAMI BEACH, FL 33139							
PS Form 3800, June 2003							

7004 2510d 0002 3939 3288

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">AIRS ID#0250820.....2<sup>nd</sup> Cert 05          DRYCLEAN USA          1515 Alton Road          MIAMI BEACH, FL 33139</p> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<b>COMPLETE THIS SECTION ON DELIVERY</b> <p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>3/24/05</u></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>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>
7004 2510d 0002 3939 3288	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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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

MAR 7 2005

NO. OF STOPS  
BY MONITOR

32399/2400





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<b>OFFICIAL USE</b>	
Postage \$	2nd Class
Certified Fee	Postmark Here
Return Receipt Fee (Endorsement Required)	2003
Restricted Delivery Fee (Endorsement Required)	AIRS ID # 250820
Total Postage & Fees	
Sent To	GEOFFREY WONG
Street, Apt. No. or PO Box No.	DRYCLEAN USA 11444 SW 149 COURT
City, State, Zip	MIAMI, FL 33196
PS Form 3800	7003 0500 0004 0144 8891

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Article Addressed to:	A. Signature <input checked="" type="checkbox"/> Geoffrey Wong <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label)	B. Received by (Printed Name) GEOFFREY WONG
3. Service Type <input 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.	C. Date of Delivery 8/1/03
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
GEOFFREY WONG DRYCLEAN USA 11444 SW 149 COURT MIAMI, FL 33196	
PS Form 3811, August 2001	Domestic Return Receipt
102595-02-M-1540	

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 •

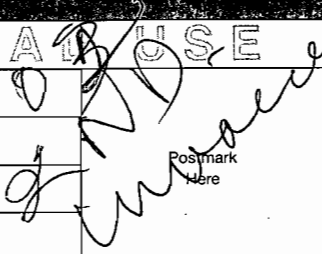
DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

MAR 22 2004

Bureau of Air Monitoring  
& Mobile Sources



U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post</b>	AIRS ID#0250820
Sent To	DRYCLEAN USA GEOFFREY C WONG 11444 SW 149 COURT MIAMI FL 33196
Street, Apt. / or PO Box No.	
City, State, Z	
PS Form 3800, January 2001 <span style="float: right;">See Reverse for Instructions</span>	

7001 0320 0001 7976 4375

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>Geoffrey C. Wong</i> B. Date of Delivery <i>3/29/03</i></p> <p>C. Signature <i>Geoffrey C. Wong</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0250820</p> <p>DRYCLEAN USA GEOFFREY C WONG 11444 SW 149 COURT MIAMI FL 33196</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <p>(Transf. <i>7001 0320 0001 7976 4375</i>)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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Permit No. G-10

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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2500 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

MAR 25 2003

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

**Sent To** AIRS ID# 250820 1stC  
 DRYCLEAN USA  
 Street, Apt. No., or PO Box No. 1515 Alton Road  
 City, State, ZIP+4 MIAMI BEACH, FL 33139

PS Form 3800, Jun

7003 0500 0004 0144 7016

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>FRANKLIN ROBERT</i> C. Date of Delivery <i>01/17/08</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> <p style="margin-left: 20px;">AIRS ID# 250820 1stC          DRYCLEAN USA          1515 Alton Road          MIAMI BEACH, FL 33139</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail        <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 7016</p>	
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	

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DARWIN MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

**RECEIVED**  
BUREAU OF MONITORING  
& ASSESSMENT  
FEB 16 2005

01

