



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

July 21, 1997

Mr. Nazir Madhani  
Calusa Crossings Cleaners  
11242-11244 Southwest 137 Avenue  
Miami, Florida 33186

Re: Facility No.: 0250822

Dear Mr. Madhani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 4, 1997.

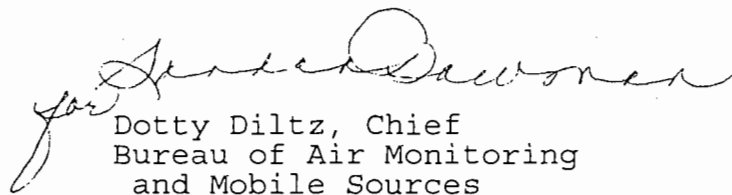
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

June 20, 1997

Mr. Nazir Madhani  
President  
Madhani Investments, Inc.  
12851 North Kendall Drive  
Miami, Florida 33186

Dear Mr. Madhani:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#2313) in the amount of \$50.00.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

*file  
0250822*

Sandra Bowman  
Environmental Manager  
Mobile Source Control Section  
Bureau of Air Monitoring  
and Mobile Sources

/SB

Enclosure

Perc Dry Cleaners Form - General Information

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	NAZIR MADHANI (MADHANI INVESTMENTS INC)		
2. Site Name (For example, store name or number):	Palusa Crossings Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	11242-11244 S.W. 137th Ave		
Street Address:			
City:	Miami	County:	FL
		Zip Code:	

Responsible Official

5. Name and Title of Responsible Official:	NAZIR MADHANI (PRESIDENT)		
	Same AS ABOVE		
6. Responsible Official Mailing Address:	MADHANI INVESTMENTS INC		
Organization/Firm:			
Street Address:	12851 N. KENDALL DR		
City:	Miami, FL	County:	DADE
		Zip Code:	33186
7. Responsible Official Telephone Number:			
Telephone:	(305) 386-4066	Fax:	305 380-1054

Facility Contact (If different from Responsible Official)

8. Name and Title of Facility Contact (For example, store manager):	Same AS ABOVE		
9. Facility Contact Address:			
Street Address:			
City:		County:	
		Zip Code:	
10. Facility Contact Telephone Number:			
Telephone:		Fax:	

*Done  
He gets  
a check me -  
turn letter  
# 0250822*

RECEIVED

JUN 19 1997

Bureau of Air Monitoring  
& Mobile Sources

## Perc Dry Cleaners Form - Facility Information

1. Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	10/3/93	10/3/93	#2	E	12/16/93	#3	1/3/92	R
Dry-to-Dry Unit	1 35# Dry To Dry Closed Loop								
(1) w/ ref. condenser			Refrigerant						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

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

[ 160 ] gallons NEW Stone

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

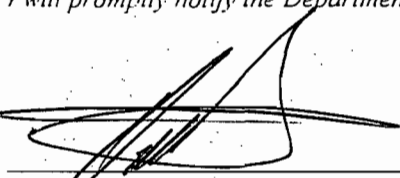
(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Perc Dry Cleaners Form - Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Rule 62-210.200, F.A.C., 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 comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

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



Signature

5-23-97

Date

Madhani Investments Inc.  
12851 N Kendall Drive  
Miami, FL 33186  
Tel: 305-385-4666

GENERAL PERMITS SECTION  
BUREAU OF DIN MONITORING & MOBILE SOURCES



DEPT. OF ENVIRONMENTAL PROTECTION

2600 BLAIR STONE ROAD

TALAMASSE FL. 32399-2400

32399/2400 00



# 0250822

Calusa Crossings Clean



p.13

4. add County

p.14

1.(c) Should not be marked.  
Mark out and Initial.

p.16 Sign acknowledging changes



372-6954 F  
372-6925 R  
EX 4123

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	NAZIR MADHANI	RECEIVED JUN 4 1997 Bureau of Air Monitoring & Mobile Sources
2. Site Name (For example, plant name or number):	CALUSA CROSSINGS CLEANERS	
3. Hazardous Waste Generator Identification Number:	WILL APPLY FOR ID NUMBER.	
4. Facility Location: Street Address: City: MIAMI County: FL Zip Code: 33186	11242-11244, SW 137 <sup>TH</sup> AVE	
5. Facility Identification Number (DEP Use):	0950822	

#### Responsible Official

6. Name and Title of Responsible Official:	SAME AS ABOVE
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	SAME AS ABOVE
8. Responsible Official Telephone Number: Telephone: (305) 386-4066 Fax: ( ) -	

#### Facility Contact (If different from Responsible Official)

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

**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i> #1 03-OCT-93 12-NOV-93    #2 08-DEC-91                      #3 02-MAR-92 02-MAR-92									
Dry-to-Dry Unit	DRY TO DRY CLOSED LOOP								
(1) w/ ref. condenser	1	05-28-97	05-28-97						
(2) w/ carbon adsorber	1	05-28-97	05-28-97						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

gallons

NEW STORE

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

  
\_\_\_\_\_  
Signature

05-23-97  
\_\_\_\_\_  
Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

RECEIVED  
NOV 20 1998  
Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#: 250822 DATE: 9/22/98 TIME IN: 2:20 TIME OUT: \_\_\_\_\_  
FACILITY NAME: Calusa Crossings Cleaners  
FACILITY LOCATION: 11242-44 SW 137 Ave  
Marking 12851 N Kendall Drive, Miami, FL 33186  
RESPONSIBLE OFFICIAL: Jenny Zhang PHONE: 305 386 4066  
CONTACT NAME: Same as Above PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)

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

- A.
- 1. Existing small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)
  - 2. New small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)
  - 3. Existing large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed before 12/9/91)
  - 4. New large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  gal/yr  
transfer only,  $200 \leq x \leq 1,800$  gal/yr  
both types,  $140 \leq x \leq 1,800$  gal/yr  
(constructed on or after 12/9/91)
  - 5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

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

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

MB  
10/1/98

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

*[Handwritten Signature]*

Inspector's Name (Please Print)

*9/22/98*

Date of Inspection

*Mitchell Fishman*

Inspector's Signature

Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

Aerotech C 40  
Machine on site  
Not in operation  
No perc on site

Need CO. zoning approval  
Required for permit



THIS PORTION MUST BE PAID BY REMITTANCE FOR PROPER HANDLING

0362947

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  
MAIL ROOM

MAR -3 99

Do **NOT** Remove Label

AIRS ID # 0250822  
 CALUSA CROSSINGS CLEANERS  
~~NAZIR MADHAN~~ *Godsprings ENT. Inc*  
 11242-11244 SW 137TH AVENUE  
 MIAMI FL 33186

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

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

MS# 5510  
37550301000

RETURN TO  
SENDER  
IF  
VACANT

CERTIFIED

TALLAHASSEE, FLORIDA 32309  
FEB 11 1999  
7 333 660 475

U.S. POSTAGE

MAIL

AIRS-ID # 0250822  
CALUSA CROSSINGS CLEANERS  
NAZIR MADHANI  
11242-11244 SW 137TH AVENUE  
MIAMI FL 33186

RECEIVED  
FEB 15 1999  
Bureau of Air Monitoring  
& Mobile Sources

33186/4201



BEST AVAILABLE COPY

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

Is your RETURN ADDRESS completed on the reverse side

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

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fees.

3. Article Addressed to:

AIRS ID # 0250822

CALUSA CROSSINGS CLEANERS  
 NAZIR MADHANI  
 11242-11244 SW 137TH AVENUE  
 MIAMI, FL 33186

4a. Article Number  
 2333 660 975

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

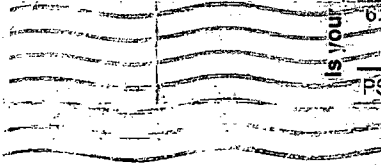
7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X



PS Form 3871, December 1994

102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

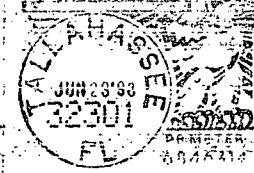
Origin of the return address

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

*MS 5570*

**CERTIFIED**

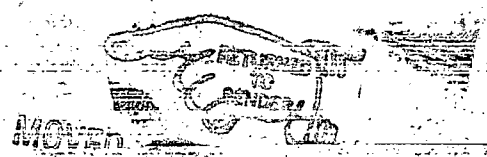
Z 333 613 511  
18 31 06/23/98 TLH FL



U.S. POSTAGE  
277

550304

**MAIL**



AIRS ID# 0250822  
CALUSA CROSSINGS CLEANERS  
TO: NAZIR MADHANI  
11224 11244 SW 137TH AVENUE  
MIAMI FL 33186

**RECEIVED**  
JUL - 8 1998  
Bureau of Air Monitoring  
& Mobile Sources

33186/4201



If you return address completed on the reverse side

**SENDER:**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0250822

CALUSA CROSSINGS CLEANERS  
 NAZIR MADHANI  
 11242-11244 SW 137TH AVENUE  
 MIAMI FL 33186

4a. Article Number  
 2 333 613 511

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

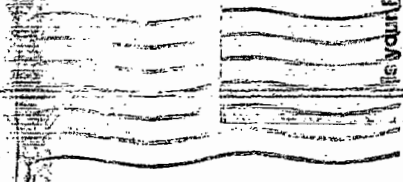
7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X [Signature]



PS Form 3800, December 1994 102509-07-D-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

2 333 613 511

US Postal Service  
**Receipt for Certified Mail**

AIRS ID# 0250822

CALUSA CROSSINGS CLEANERS  
 NAZIR MADHANI  
 11242-11244 SW 137TH AVENUE  
 MIAMI FL 33186

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

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112312

BROWARD #35  
 ROBERT L DENBERG  
 730 W BROWARD BLVD  
 FT LAUDERDALE FL 33312

4a. Article Number

7333613475

4b. Service Type

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

7. Date of Delivery

2/16/99

5. Received By: (Print Name)

*Robert L Denberg*

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 475

1999

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent in

AIRS ID # 0250822

CALUSA CROSSINGS CLEANERS  
 NAZIR MADHANI  
 11242-11244 SW 137TH AVENUE  
 MIAMI FL 33186

PS Form 3800, April 1995

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

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:

10 AIRS ID # 0250822  
 NAZIR MADHANI  
 CALUSA CROSSINGS CLEANERS  
 12851 N KENDALL DRIVE  
 MIAMI FL 33186

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery  
4-13-02

C. Signature

X *Madhani*

- Agent  
 Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

Article Number (Copy from opposite label)  
7001 0320 0001 7975 9210

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**U.S. Postal Service**

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage

10 AIRS ID # 0250822

Sent To

NAZIR MADHANI

Street, Apt. No.  
or PO Box No.

CALUSA CROSSINGS CLEANERS

City, State, Zi

12851 N KENDALL DRIVE

City, State, Zi

MIAMI FL 33186

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0001 7975 9210



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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0250822

CALUSA CROSSING CLEANERS  
 NAZIR MADHANI  
 11244 SW 137TH AVENUE  
 MIAMI FL 33186

4a. Article Number

Z 333 613 099

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Eui Saen*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 099

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

AIRS ID# 0250822

CALUSA CROSSING CLEANERS  
 NAZIR MADHANI  
 11244 SW 137TH AVENUE  
 MIAMI FL 33186

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

---

3. Article Addressed to:

AIRS ID 0250822

NAZIR MADHANI  
 NAZIR MADHANI  
 11242-11244 SW 137TH AVENUE  
 MIAMI FL 33186

4a. Article Number  
 Z 333 613 344

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

---

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)  
 24328

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 344

US Postal Service •  
**Receipt for Certified Mail**

AIRS ID 0250822

NAZIR MADHANI  
 NAZIR MADHANI  
 11242-11244 SW 137TH AVENUE  
 MIAMI FL 33186

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

PS Form 3800, April 1995