



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 24, 1997

Ms. Kathleen C. Tayler
Spotmaster Cleaners, Inc.
18000 Biscayne Boulevard
Aventura, Florida 33180

Re: Facility No.: 0250842

Dear Ms. Tayler:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 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"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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APR 21 1999

Part III. Notification of Intent to Use General Permit

Air Quality

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):	SPOTMASTER Cleaners -		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	FLD 099 618 266		
4. Facility Location:	18000 BISCAYNE BLVD		
Street Address:			
City:	County:	Zip Code:	
Aventura	Dade	33180	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250775		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	TOY C. PAROIMA	Title:	MANAGER
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	18000 BISCAYNE BLVD		
City:	County:	Zip Code:	
Aventura	Dade	33160	
8. Responsible Official Telephone Number:			
Telephone:	(305) 935-2746	Fax:	(305) 935-3154

Facility Contact (If different from Responsible Official)

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

APR 28 1999

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")
4/97	Existing <input checked="" type="radio"/> New	RC/CA/None required	SAME
4/97	Existing <input checked="" type="radio"/> New	RC/CA/None required	SAME
	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?

320 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".)

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

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.

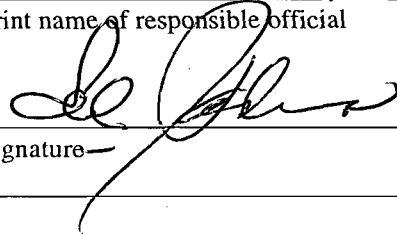
Responsible Official Certification

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.

TED PARSONA

Print name of responsible official


Signature

4/19/99
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

0250842

p13 7. Mapout address not corresponding
to the Responsible Official.

p16

add Permit #s of permits
surrendered (D.E.P. issued permits
only)

Responsible official sign and date
for changes.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

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OCT 16 1997

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): **Air Quality Management Division**
Kathleen C. Taylor / Spotmaster Cleaners

2. Site Name (For example, plant name or number):
Spotmaster Cleaners, Inc.

3. Hazardous Waste Generator Identification Number:
FLD 099618266

4. Facility Location:
Street Address: 18000 Biscayne Blvd
City: Aventura County: Dade Zip Code: 33180

5. Facility Identification Number (DEP Use):
0250842

Responsible Official

6. Name and Title of Responsible Official:
Kathleen C. Taylor / President

7. Responsible Official Mailing Address: 2100 ne 123rd St. N. Miami, FL-33181
Organization/Firm: Spotmaster Cleaners, Inc.
Street Address: 18000 Biscayne Blvd.
City: Aventura, FL. County: Dade Zip Code: 33180

8. Responsible Official Telephone Number:
Telephone: (305) 935-2746 Fax: (305) 935-3154

Facility Contact (If different from Responsible Official)

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

10. Facility Contact Address: 18000 Biscayne Blvd.
Street Address: 18000 Biscayne Blvd.
City: Aventura, FL County: Zip Code: 33180

11. Facility Contact Telephone Number:
Telephone: (305) 935-2746 Fax: (305) 935-3154

RECEIVED

NOV 5 1997

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	#1	AeroTech 55		#2	MultiMatic 70				
(1) w/ ref. condenser		Apr 97	Apr 97						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

(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:

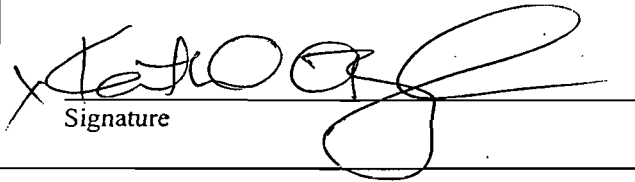
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

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.

X 
Signature

X 10.10.97
Date

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 130 TIME OUT: 200 AIRS ID#: 025 0842
 TYPE OF FACILITY: Paint Dry Cleaner
 FACILITY NAME: Paint Dry Cleaners - (Carriers) DATE: 3-11-95
 FACILITY LOCATION: 1200 W. DISCOVERY BLVD
MIAMI
 RESPONSIBLE OFFICIAL: KATHLEEN WYLER PHONE NUMBER: 755-2746

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>No leak log</u>	<u>submit compliance log</u> <u>ide. xus - log</u>
<u>No TSP log</u>	<u>"</u>
<u>No SO₂ log</u>	<u>"</u>

COMMENTS: check re. keeping v. details.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: APRIL 1995
(Approximate)

INSPECTION CONDUCTED BY: WILLIAM ALBERTSON
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 2760422

Acc ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SPOTMASTER CLEANER DATE: 3-11-98 FACILITY LOCATION: 1800 BISCAYNE BLVD

Annual Reporting Period: 10-10 1997 TO 3-11 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

No leak log, No Temp log, No Perc log.

Exact period of non-compliance: from 10-10-97 to 3-11-98

Action(s) taken to achieve compliance: will start maintaining logs

Method used to demonstrate compliance: calendar issued by DEP.

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from to RECEIVED

Action(s) taken to achieve compliance: MAY 19 1998

Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. RESPONSIBLE OFFICIAL: Kathleen Taylor Name (Please Print) Signature Date 4-9-98

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

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT (DERM) AIR QUALITY MANAGEMENT DIVISION 33 S.W. SECOND AVENUE, SUITE 900 MIAMI, FLORIDA 33130-1540 248955

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250842 DATE: 3-11-92 TIME IN: 130 TIME OUT: 200
FACILITY NAME: SPOTMASTER CLEANERS
FACILITY LOCATION: 18000 BISCAYNE BLVD.
AVENTURA
RESPONSIBLE OFFICIAL: KATHLEEN TAYLOR PHONE: 935-2746
CONTACT NAME: _____ 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 4 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 450 gallons.

Handwritten notes and signatures in the bottom right corner, including a circled number '173' and the name 'JLISKY'.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

JAME NAZARU

Inspector's Name (Please Print)

3/11-98

Date of Inspection

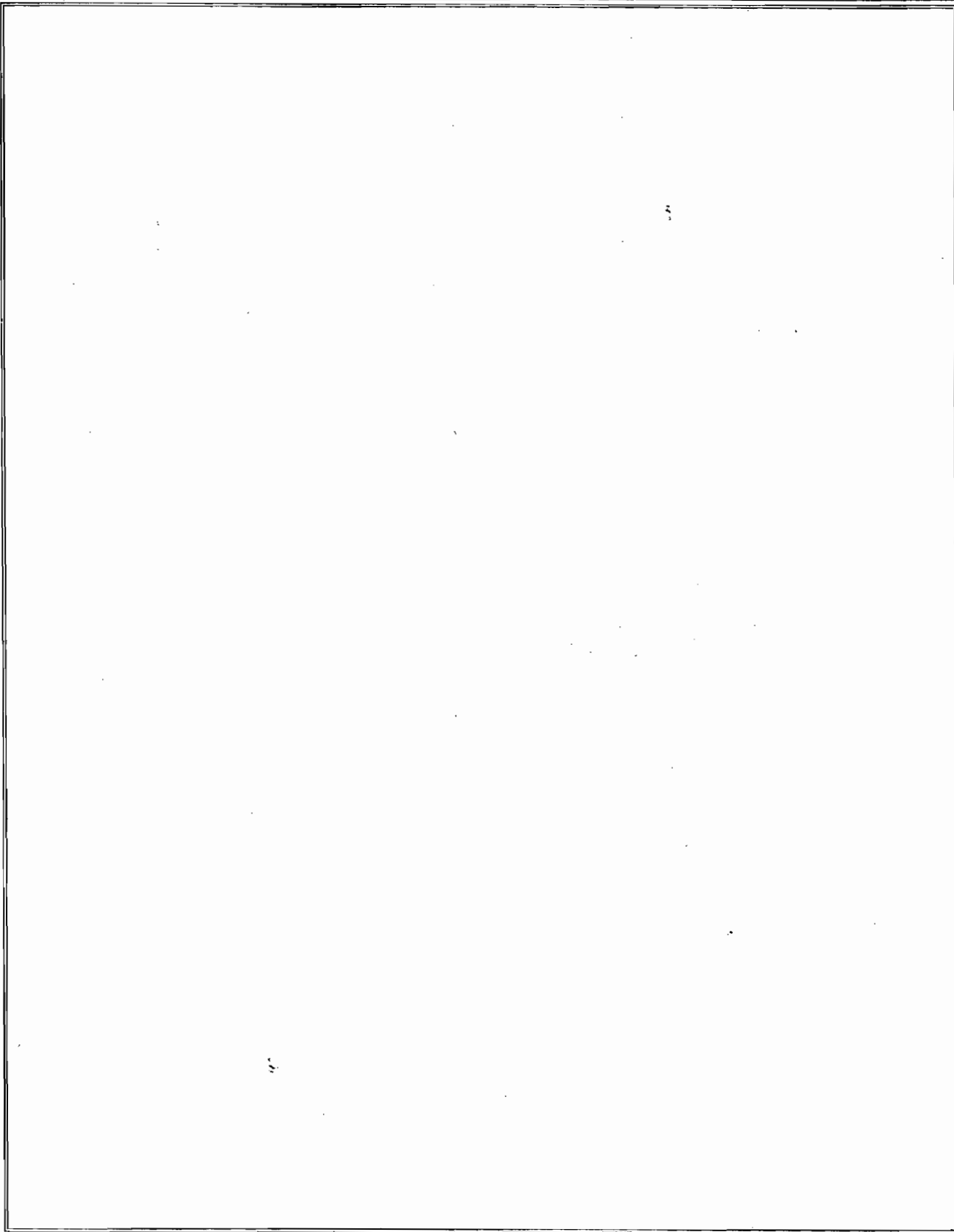
[Signature]

Inspector's Signature

MARCH 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
JUN 25 1999
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250842 DATE: 4/12/99 TIME IN: 11:00 AM TIME OUT: 11
 FACILITY NAME: Spot Masters Cleaner
 FACILITY LOCATION: 12000 Biscayne Blvd
 RESPONSIBLE OFFICIAL: Fed Pardino Kathleen Taylor PHONE: (305) 935-2746
 CONTACT NAME: 11 PHONE: 11

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number 4 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 400 gallons.

Handwritten: 4/16/99

Handwritten: 128 5/10/99

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- 1. Maintained receipts for perc purchased? Y N
- 2. Maintained rolling monthly total of perc consumption? Y N
- 3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
- 4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
- 5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
- 6. Maintained startup/shutdown/malfunction plan? Y N
- 7. Maintained deviation reports?
 - 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

LEO SMART
Inspector's Name (Please Print)

4/12/99
Date of Inspection

[Signature]
Inspector's Signature

4/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

R.O. (New) ~~was~~^{was} issued
Change of ownership form.

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:00 AM TIME OUT: 11:44 AM AIRS ID#: 0250842

TYPE OF FACILITY: Rec Dry Clean

FACILITY NAME: Spot Master DATE: 4/13/99

FACILITY LOCATION: 18000 Biscayne Blvd

RESPONSIBLE OFFICIAL: Paula Perdine Kathleen Taylor PHONE NUMBER: (305) 938-2746

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
R.O. must ^{did not} maintain perc consumption record	R.O. needs to maintain perc consumption record.
Temp. log not kept	R.O. need to keep temp log

RECEIVED
 JUN 25 1999
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: UNSATISFACTORY

Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 4/2000
(Approximate)

INSPECTION CONDUCTED BY: Leo Smart
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6922

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250842 DATE: 2/4/00 TIME IN: 10:45 TIME OUT: 11:30

FACILITY NAME: SPOTMASTER CLEANER

FACILITY LOCATION: 18000 Biscayne Blvd.
N. Miami, FL

RESPONSIBLE OFFICIAL: Ted Pardenia PHONE: (305) 935-3746

CONTACT NAME: _____ 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

RECEIVED
MAY - 4 2000
Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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

A.

- | | |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/>
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)</p> | <p>2. New small area source <input checked="" type="checkbox"/>
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)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
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)</p> | <p>4. New large area source <input type="checkbox"/>
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)</p> |
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 4 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 626 gallons.

APUS
4/18/00

4/18/00
DG

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:
- 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

Juan Fannin
Inspector's Name (Please Print)

2/4/00
Date of Inspection

Juan Fannin
Inspector's Signature

2/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Not maintaining receipts

Not maintaining rolling log.

2 Machines operating - no odors

Good Housekeeping

3/9/00

Formal NOV issued for receipts
of pure purchases.

3/30/00

Receipts finally faxed. R.D. was
unaware of formal NOV and soon to be
issuance of ticket.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1055 TIME OUT: 1130 AIRS ID#: 0250842
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Spot Master Cleaner DATE: 2/4/00
 FACILITY LOCATION: 18000 Discayne Blvd.
N. Miami
 RESPONSIBLE OFFICIAL: Ted Padina PHONE NUMBER: 305-935-2746

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>Not maintaining perc receipts onsite</i>	<i>Maintain receipts</i>
<i>Not maintaining rolling log of perc purchases</i>	<i>Maintain rolling log</i>

COMMENTS:

Good Housekeeping

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 2/01
(Approximate)

INSPECTION CONDUCTED BY: Jean Fannin
(Please Print)

INSPECTOR'S SIGNATURE: *Jean Fannin* PHONE NUMBER: 305-372-6925

MC

RECEIVED

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

JUN 30 1999

FACILITY NAME: Spot Master DATE: 4/13/99 FACILITY LOCATION: 18000 Biscayne Blvd.

Annual Reporting Period: April 1998 TO April 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

R.O. have not maintained rolling total of Perc consumption

Exact period of non-compliance: from April 1998 to April 1999

Action(s) taken to achieve compliance: keep updated records

Method used to demonstrate compliance: AD EP calendar

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

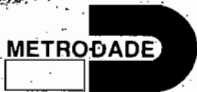
Exact period of non-compliance: from to

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: KATHLEEN TAYLOR Name (Please Print) Kathleen Taylor Signature Date 4/13/99

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



NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd AVENUE
MIAMI, FLORIDA 33130-1540
(305) 372-6789

TO: Ted Pardino

ADDRESS: 18000 Biscayne Blvd., N. Miami, FL

SOURCE/LOCATION: Spot master Closer

YOU ARE HEREBY NOTIFIED that on _____ the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- Operating without an Air Permit
- Excessive Visible Emissions
- Uncontrolled fugitive particulates
- Improper handling/removal of asbestos
- Non-compliance with Stage II Vapor Recovery
- Non-compliance with CFC regulations
- OTHER

Specifically: Not in compliance with Title V Air General Permit Rule 62-213.300(4)(a) - Responsible Official must maintain receipts of pnc purchases for 5 year minimum.

In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within 7 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation. For 1999 receipts for pnc purchases
- Within _____ days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within _____ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.

For further information regarding the above, please contact the Air Section of this office at 372-6925.

Sincerely,

John W. Renfrow, P.E.
Director

[Handwritten Signature]

Received by: TED PARDINA

By: Ivan Fannin

Title: MANAGER

Signature: [Handwritten Signature]

Date: 2/4/00

Section: Air Facilities



ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd AVENUE
MIAMI, FLORIDA 33130-1540
(305) 372-6789

TELEPHONE COMMUNICATION

DATE: 2/16/00 TIME: AM
CALLER: Tuan Fannin TITLE: PCI-1
SUBJECT: Delinquent perc receipts

CONTACT NAME: Ted Pardinias TITLE: Manager
COMPANY: Spotmaster Cleaners PHONE #: 305-935-2746
ADDRESS: 18000 Biscayne Blvd, Miami, FL

MESSAGE:

Spoke with Mr. Pardinias, Manager, in regards to delinquent perc receipt information. An NOV was issued at inspection on 2/4/00. I informed Mr. Pardinias that he was well past the 7 days allotted to him for the receipts. He stated he understood this, that he has the paperwork provided at inspection, and that the receipts would be faxed. He stated that I should receive the fax by this afternoon before 2 pm.



ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd AVENUE
MIAMI, FLORIDA 33130-1540
(305) 372-6789

TELEPHONE COMMUNICATION

DATE: 2/18/00 TIME: 11 AM

CALLER: Ivan Fannin TITLE: PCI I

SUBJECT: Delinquent Perc receipts

CONTACT NAME: Ted Pardini TITLE: Manager

COMPANY: Spotmaster Cleaners PHONE #: 305-935-2746

ADDRESS: 18000 Biscayne Blvd., Miami, FL

MESSAGE:

Called Spotmaster Cleaners to speak with Ms. Kathleen Taylor, Responsible Official, in regards to delinquent perc receipt information. Ms. Taylor was not available, but I spoke with Mr. Pardini, Manager.

Mr. Pardini stated that he was fully aware of the paperwork I requested. He said that he still has all of the paperwork I provided at the time of inspection (including the NOV^{*}). He stated that the perc receipts would be faxed in 45 minutes to an hour.

* Note: NOV issued on 2/4/00 requiring perc receipts to be faxed/mailed within 7 days.

03/02/2000

* * * PUBLIC VALUE INQUIRY * * *

PTXM0186

FOLIO 28 2209 009 0140 PROP ADDR 18000 BISCAYNE BLVD

MCD 2800

NAME AND LEGAL
PIA ENTERPRISES INC
18000 BISCAYNE BLVD
MIAMI FL

VALUE HISTORY

YEAR	1998	1999	01/01/2000
LAND	155108	155108	
BLDG	227855	233791	
MARKET	382963	388899	

331602504

MAULE FEDERAL HIGHWAY INDUSTRIAL
SITES PB 46-55
LOT 8 LESS E33.75FT FOR R/W
LOT SIZE 9124 SQ FT
OR 15672-2962 1092 1
F/A/U 30-2209-009-0140

ASSESS	382963	388899
HEX		
WVD		
TOT EX		
TAXABLE	382963	388899

STATE EXEMPT:

SALE DATE	10/1992	SALE AMT	367500
SALE TYPE	1 I/V I	SALE O/R	15672-2962

PF1-MORE LEGAL PF2-PARCEL INFO PF3-FOL SRCH PF5-TAX COLL PF7-PREV OWNER PF8-MENU
PF13-OCCUP LIC

SysAv1

App1

03/02/2000

PUBLIC VALUE INQUIRY ***

PTXM0186

FOLIO 30 2209 009 0140

PROP ADDR 18000 BISCAYNE BLVD

MCD 3000

NAME AND LEGAL
PIA ENTERPRISES INC
18000 BISCAYNE BLVD
MIAMI FL

VALUE HISTORY

YEAR	1998	1999	01/01/2000
LAND			
BLDG			
MARKET			

331602504

MAULE FEDERAL HIGHWAY INDUSTRIAL
SITES PB 46-55
LOT 8 LESS E33.75FT FOR R/W
LOT SIZE 9124 SQ FT
OR 15672-2962 1092 1
N/A/U 28-2209-009-0140

ASSESS
HEX
WVD
TOT EX
TAXABLE

STATE EXEMPT:

SALE DATE	10/1992	SALE AMT	367500
SALE TYPE	1 I/V I	SALE O/R	15672-2962

PF1-MORE LEGAL PF2-PARCEL INFO PF3-FOL SRCH PF5-TAX COLL PF7-PREV OWNER PF8-MENU
PF13-OCCUP LIC

DC999999 FOLIO IS IN CANCELLED STATUS FOR THE 2000 TAX ROLL

<p align="center">Florida Division of Corporations Public Access</p>	<p>Corporate Inquiry Menu: Please select an inquiry type from the list below, then enter a search key in the search field. Press SEARCH to begin the search.</p>
<p>Inquiry by:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Corporation / Trademark Name <input type="radio"/> Officer / Registered Agent Name <input type="radio"/> Registered Agent Name <input type="radio"/> Trademark Owner Name <input type="radio"/> FEI Number <input type="radio"/> Document Number <input checked="" type="radio"/> Trademark Name 	<p>3/02/00 CORPORATE DETAIL RECORD SCREEN NUM: P94000066321 ST:FL ACTIVE/FL PROFIT FLD: 09/06/199 LAST: REINSTATEMENT FLD: 01/27/199 FEI#: NOT APPLICABLE NAME : SPOTMASTER OF SOUTH FLORIDA, INC. PRINCIPAL: 18000 BISCAYNE BLVD ADDRESS NORTH MIAMI BEACH, FL 33160 RA NAME : ROSENTHAL, KERRY E RA ADDR : 2875 N.E. 191 STREET ADI SUITE 500 AVENTURA, FL 33180 US ANN REP : (1997) I 01/27/97 (1998) AN 07/31/98 (1999)</p>
<p>Search String:</p>	
<input type="text"/>	
<p><input type="button" value="Search"/> HomePage</p>	
<p>Officers Events</p>	
<p>----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION Document Image</p>	

Florida Division of Corporations Public Access	Corporate Inquiry Menu: Please select an inquiry type from the list below, then enter a search key in the search field. Press SEARCH to begin the search.
Inquiry by: <input type="radio"/> Corporation / Trademark Name <input type="radio"/> Officer / Registered Agent Name <input checked="" type="radio"/> Registered Agent Name <input type="radio"/> Trademark Owner Name <input checked="" type="radio"/> FEI Number <input type="radio"/> Document Number <input type="radio"/> Trademark Name	3/02/00 CORPORATE DETAIL RECORD SCREEN NUM: J34550 ST:FL ACTIVE/FL PROFIT FLD: 09/23/198 LAST: REINSTATEMENT FLD: 11/29/198 FEI#: 65-0140454 NAME : PIA ENTERPRISES, INC. PRINCIPAL: 18000 BISCAYNE BLVD CH ADDRESS AVENTURA, FL 33160 US MAILING : FILECCI M PIA CH ADDRESS 607 PORTIA CIR KEY LARGO, FL 33037 US RA NAME : FILECCI M PIA NAM RA ADDR : 607 PORTIA CIR ADI KEY LARGO, FL 33037 US ANN REP : (1998) B 02/06/98 (1999) AY 02/22/99 (2000)
Search String: <input type="text"/>	
<input type="button" value="Search"/>	
HomePage	
	Officers Events ----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION Document Image



ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd AVENUE
MIAMI, FLORIDA 33130-1540
(305) 372-6789

TELEPHONE COMMUNICATION

DATE: 2/25/00 TIME: 11:00 A.M.
CALLER: Marcelo Barros TITLE: ERPS
SUBJECT: delinquent perc receipts

CONTACT NAME: KATHLEEN Taylor TITLE: Owner
COMPANY: Royal Cleaners PHONE #: (305) 893-4311
ADDRESS: 2100 NE 123 ST. (Main Street)

MESSAGE:

Ms. Taylor WAS NOT on-site She will be
back on Tuesday (2/29/00)

Barros, Marcelo (DERM)

From: Sandy Bowman TAL 850/921-9583 [Sandy.Bowman@dep.state.fl.us]
Sent: Thursday, February 24, 2000 1:54 PM
To: Barros, Marcelo (DERM)
Cc: William Davis TAL
Subject: Re: Information

Sensitivity: Confidential

Marcello,

Rick was able to find a total of three facilities in Miami-Dade County with an "applicant" by the name of Kathleen Taylor. The three facilities are:

Spotmaster Cleaners (AIRS ID #0250842), Royal Cleaners (AIRS ID #0250869), and Cleaner World (AIRS ID #0250868). The RO addresses for all three are the same.

As I am sure you know, Rule references for Title V gp's are located in three areas. The general requirements are located in Rule 62-213.300, F.A.C. Dry cleaning requirements (e.g. leak inspections, solvent consumption records) are located in 62-296.412, F.A.C. 40 CFR 63, Subparts A-M are adopted by reference in Rule 62-204.800, F.A.C. The Department's rules can be found at www.dep.state.fl.us/ogc/documents/rules/mainrule.htm. I could not find anything any more detailed than this.

Sandy



Department of Environmental Resources Management
33 S.W. 2nd Avenue
Miami, FL. 33130-1540

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SEND TO:

Name: KATHLEEN TAYLOR

Company/Department: SPOTMASTER CLEANERS

Phone Number: _____

Fax Number: 305 - 891 - 9166

Message: FINAL Notice of Violation

FROM:

Name: Ivan Fannin

Division/Section: Air Facilities

Phone Number: 305 - 372 - 6922

Fax Number: (305) 372-6954

Date: 3/28/00

Number of Pages (including this one):



ENVIRONMENTAL RESOURCES MANAGEMENT
ENFORCEMENT SECTION
33 SOUTHWEST 2nd AVENUE
SUITE 1100
MIAMI, FLORIDA 33130-1540
(305) 372-6902

March 9, 2000

Kathleen C. Taylor, President
Spotmaster Cleaners, Inc.
18000 Biscayne Blvd.
Miami, Fl. 33160

CERTIFIED MAIL NO. Z155616285
RETURNED RECEIPT REQUESTED

RE: Spotmaster Cleaners, Inc. (Florida Department Environmental Protection Air Pollution Permit # 0250842 - AG), a dry cleaning facility located at, near, or in the vicinity of 18000, Biscayne Blvd., Miami-Dade County, Florida 33160.

Dear Ms. Taylor:

NOTICE OF VIOLATION

AND

ORDERS FOR CORRECTIVE ACTION

On February 4, 2000, an inspection of the referenced facility conducted by a DERM representative revealed that your company has not maintained receipts for perchloroethylene (perc) purchase. Subsequently, a Field Notice of Violation was issued with orders to maintain receipts for perc purchases for 5 years, and to submit copies of 1999 receipts for perc purchases within (7) days of Notice. Up to this date, this Department has not received the required information from your company.

Be advised that the above constitutes violation of Part II (6) (a) 1 of your facility's Title V Air General Permit # 0250842-AG, issued by the Florida Department of Environmental Protection (FDEP), Chapter 62-213.300 (2) (d) Florida Administrative Code (F.A.C) and Chapter 24, Miami-Dade County Environmental Protection Ordinance (MDCEPO), specifically:

Section 24-54, of said Ordinance, inasmuch as all rules and regulations promulgated by the State of Florida Department of Environmental Regulation ~~X~~ are hereby adopted and are made part of this Chapter by reference. Any person who commits a violation of any rules and regulations adopted pursuant to this section shall be deemed guilty of committing a violation of this Chapter.

Section 24-55, of said Ordinance, inasmuch as it shall be unlawful for any person to violate any of the provisions of this chapter, any lawful rules and regulations promulgated under this chapter, any lawful order of the Director of the Department of Environmental Resources Management or his designee, or any condition, limitation or restriction which is part of an operating permit.

Furthermore, said violation of the permit constitutes grounds for revocation and suspension of your permit pursuant to rules 62-4.100 and 62-4.530(4) (F.A.C.) and initiation of enforcement action pursuant to Section 403.141 through 403.161 Florida Statutes (F.S.) and Chapter 24 (MDCEPO).

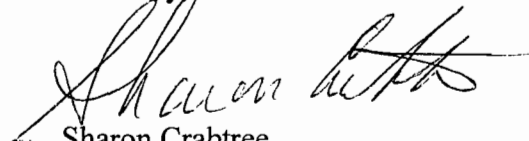
Based on the above, and pursuant to the authority granted to me under Chapter 24, (MDCEPO) I am hereby ordering you to comply with the following requirements within seven (7) days of receipt of this NOTICE.

- 1) Your company shall maintain perchloroethylene purchase receipts on-site for a minimum of (5) years to determine solvent consumption, in accordance with the requirements of your FDEP Air Pollution Operating Permit.
- 2) Submit to this office copies of receipts for your purchase of perchloroethylene during 1999.
- 3) Submit to this office a written report explaining the actions taken to prevent this violation from occurring again.

BE ADVISED THAT FAILURE TO COMPLY WITH THE ABOVE MAY RESULT, AT A MINIMUM IN CIVIL PENALTIES AND THE PAYMENT OF ALL DEPARTMENTAL COSTS INCURRED IN THE INVESTIGATION AND SETTLEMENT OF THIS CASE. IN ADDITION FAILURE TO COMPLY MAY RESULT IN YOUR CASE BEING PREPARED FOR FORMAL ENFORCEMENT ACTION IN A COURT OF COMPETENT JURISDICTION PURSUANT TO THE ENFORCEMENT AND PENALTY PROVISIONS OF SECTION 24-55 AND 24-56, MIAMI-DADE COUNTY ENVIRONMENTAL PROTECTION ORDINANCE.

If you have any questions regarding this notice, please contact Debbie Griner from the Air Facilities Section at (305)372-6925 or myself at (305) 372-6902.

Sincerely,



Sharon Crabtree
Code Enforcement Officer

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:

Kathleen C. Taylor, Pres.
Spotmaster Cleaners, Inc.
18000 Biscayne Blvd.
Miami, FL 33160

4a. Article Number

2155616285

4b. Service Type

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

7. Date of Delivery

DEC 19 1994

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

SC

Thank you for using Return Receipt Service.



SPOTMASTER

DRY CLEANERS
18000 Biscayne Boulevard
Miami, Florida 33160
(305) 935-2746
"A Step Beyond Clean"

Quality Dry Cleaning
Alterations
Repairs
Same Day Service

FAX# 305-372-6954

BEAR MR. IVAN FANNIN,

MARCH 28, 2000

I WILL FAX YOU THE PERC PURCHASES FOR SPOTMASTER
CLEANERS FOR THE YEARS 1999 and 2000 NO LATER THAN
THURSDAY, MARCH 30, 2000.

I APOLOGIZE FOR THE DELAY OF INFORMATION THAT YOU HAVE
REQUESTED. I AM TAKING THIS PROBLEM VERY SERIOUS AND
WILL HAVE EVERYTHING UP TO DATE AS I SAID.

THANK YOU FOR YOUR UNDERSTANDING AND KINDNESS.

SINCERELY,


KATHLEEN C. TAYLOR
PRESIDENT

All Work Done On Premises By Professionals

RECEIVED TIME MAR. 28. 3:55PM

PRINT TIME MAR. 28. 3:56PM

=== COVER PAGE ===

TO: _____

FAX: 3053726954

FROM: ROYAL CLEANERS INC.

FAX: 3058919166

TEL: 3058934311

COMMENT:

RECEIVED TIME MAR.28. 3:55PM

PRINT TIME MAR.28. 3:56PM



SPOTMASTER

Quality Dry Cleaning
Alterations
Repairs
Same Day Service

DRY CLEANERS
18000 Biscayne Boulevard
Miami, Florida 33160
(305) 935-2746
"A Step Beyond Clean"

TO: IVAN FANNIN #305-372-6954

DATE: MARCH 30, 2000

FROM: KATHLEEN TAYLOR

THE FOLLOWING ARE COPIES OF THE PERC PURCHASES
FOR 1999 AND 2000.

PLEASE CALL ME AT 305-893-4311 IF YOU HAVE ANY
QUESTIONS. Call 213-0853

THANK YOU.

NUMBER OF PAGES: 7 including cover page

All Work Done On Premises By Professionals

RECEIVED TIME MAR.30. 12:13PM

PRINT TIME MAR.30. 12:17PM

CERTIFIED METER DELIVERY

1382

CERTIFIED METER DELIVERY

1454

119 FF 93.9

119 FF 0000 .0
119 FF 00100 .2

GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE
HIALEAH, FL 33016

Phone : (305) 558-5831

GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE
HIALEAH, FL 33016

Phone : (305) 558-5831

SOLD TO: SPOT MASTER

SOLD TO: Spotmaster

- * This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.
- * Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.
- * Sa-a rekonet ke anyen pat koule pat sotl ou dechanje ou bien oken tetrachloroethylene (perc), kel ke sol kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

- * This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.
- * Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.
- * Sa-a rekonet ke anyen pat koule pat sotl ou dechanje ou bien oken tetrachloroethylene (perc), kel ke sol kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PERC				
FL Clean-up Fund				
Pollution Tax				
Sales Tax				

PERC				
FL Clean-up Fund				
Pollution Tax				
Sales Tax				

Date: 3/22/99
SIGNATURE: [Signature]

Date: 2/15-99
SIGNATURE: [Signature]

1822

1651

285 .66 0000.0
286 .66 0052.2

255 .66 0000.0
256 .66 0050.8

GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE
HIALEAH, FL 33016
Phone : (305) 556-5831

GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE
HIALEAH, FL 33016
Phone : (305) 556-5831

SOLD TO: _____

SOLD TO: SPOT MASTER

1800 Biscayne Blvd

- This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.
- Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.
- Sa-a rekonet ke anyen pat koule pat sotl ou dechanje ou bien oken tetra-chloroethyleno (perc), kel ke sol kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevla il. Jou dat sa-a.

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- Sa-a rekonet ke anyen pat koule pat sotl ou dechanje ou bien oken tetra-chloroethyleno (perc), kel ke sol kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevla il. Jou dat sa-a.

PERC				
FL Clean-up Fund				
Pollution Tax				
Sales Tax				

PERC	50.8			
FL Clean-up Fund				
Pollution Tax				
Sales Tax				

Date: 6/4/99
SIGNATURE: [Signature]

Date: 5/6/99
SIGNATURE: [Signature]

1904

1908

376 GG 05100

378 GG 00000
339 GG 0041

GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE

HIALEAH, FL 33016

Phone : (305) 556-5831

GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE

HIALEAH, FL 33016

Phone : (305) 556-5831

SOLD TO: _____

SOLD TO: SPOT MASTER

18000 BISCAYNE BLVD

- This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.
- Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.
- Sa-a reknet ke anyen pat koule pat sotl ou dechanje ou bien oken tetrachloroethylene (perc), kei ke sol kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

- This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.
- Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.
- Sa-a reknet ke anyen pat koule pat sotl ou dechanje ou bien oken tetrachloroethylene (perc), kei ke sol kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PERC			
FL Clean-up Fund			
Pollution Tax			
Sales Tax			

PERC	4.0		
FL Clean-up Fund			
Pollution Tax			
Sales Tax			

Date: 8/24/99

Date: 7/1/99

SIGNATURE: _____

SIGNATURE: X _____

CEI METER DELIVERY

2072

4	9	6	GG	0	0	0	0	0	0
4	9	6	GG	0	0	5	2	.	1

GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE
HIALEAH, FL 33018

Phone : (305) 556-5831

SOLD TO: SPOT MASTER
18100 BISCAYNE BLVD

- This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.
- Por la presente certifico que no se rego, sallo o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.
- Sa-a rekenet ke anyen pat koule pat sotl ou dechanje ou bien oken tetrachloroethylene (perc), kel ke sol kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevle li. Jou dat sa-a.

PERC	52.1			
FL Clean-up Fund				
Pollution Tax				
Sales Tax				

Date: 11/4/99

SIGNATURE: [Signature]

CERTIFIED METER DELIVERY

2346

4	4	0	AR	0	0	0	0	0	0
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GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE
HIALEAH, FL 33018

Phone : (305) 556-5831

SOLD TO: SPOT MASTER Clearol
18000 BISCAYNE BLVD

- This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.
- Por la presente certifico que no se rego, sallo o escapo ninguna cantidad d tetrachloroetileno (perc), durante la entrega y/o servicios prestados pc Garland Supply co., en el dia de hoy.
- Sa-a rekenet ke anyen pat koule pat sotl ou dechanje ou bien oken tetr chloroethylene (perc), kel ke aol kantite ya pat gaye pandan Garland Supp Co., tap delivre e tap fe sevle li. Jou dat sa-a.

PERC	52.4			
FL Clean-up Fund				
Pollution Tax				
Sales Tax				

Date: 10/7/99

SIGNATURE: [Signature]

CERTIFIED METER DELIVERY
C-1-A-C

2121

689 00 0000
689 GG 0078.0

Best Available Copy

GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE
HIALEAH, FL 33018

Phone: (305) 556-5831

SOLD TO

SPOT MASTER.

1800 Biscayne Blvd.

- This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.
- Por lo presente certifica que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc) durante la entrega y/o servicios prestados por Garland Supply Co., en el dia de hoy.
- Se-a rekoner ke anyen pat kouls pat sotl ou dechanje ou bien okan tetra-chloroethyleno (perc), kel ke sol kantite ya pat gaye pandan Garland Supply Co., tap delivre a tap te servis il. Jou dat sa-a.

PERC	78.0			
FL Clean-up Fund				
Pollution Tax				
Sales Tax				

Date:

2/8/00

SIGNATURE:

[Handwritten Signature]

Best Available Copy

CERTIFIED METER DELIVERY **9261**

4 8 5 BB 0 0 0 0 0
 2 6 7 BB 0 0 5 6 .6

GARLAND SUPPLY COMPANY
 7800 WEST 26th AVENUE
 HIALEAH, FL 33018
 Phone : (305) 558-5831

SOLD TO: SPOT MASTER CLEANER

* This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.
 * Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply Co., en el dia de hoy.
 * Sa-a rekonek ke anyen pat koule pat soll ou dachanjé ou bien oken tetra-chloroethylene (perc), kal ke sol kantiteya pat geye pandan Garland Supply Co., tap delivra e tap fa servis li. Jou dat sa-a.

PERC				
FL Clean-up Fund				
Pollution Tax				
Sales Tax				

Date: 3/2/2000

SIGNATURE: [Signature]



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303130 ✓

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

<p>AIRS ID#0250842</p> <p>KATHLEEN C TAYLOR KATHLEEN C TAYLOR 2100 NE 123RD STREET N MIAMI FL 33181</p>

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

Z 333 613 347

US Postal Service
Receipt for Certified Mail

AIRS ID 0250842

KATHLEEN C TAYLOR
KATHLEEN C TAYLOR
2100 NE 123RD STREET
N MIAMI FL 33181

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	
TOTAL Postage & Fees	\$
Postmark or Date	

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 0250842

KATHLEEN C TAYLOR
KATHLEEN C TAYLOR
2100 NE 123RD STREET
N MIAMI FL 33181

4a. Article Number

Z 333 613 347

4b. Service Type

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

7. Date of Delivery

2/19/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Patricia Ingle

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

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250842
SPOTMASTER CLEANERS INC
KATHLEEN C TAYLOR
2100 NE 123RD STREET
N MIAMI FL 33181

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

391646

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

RECEIVED
MAIL ROOM
JAN 31 00

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250842

SPOTMASTER CLEANERS INC
KATHLEEN C TAYLOR
2100 NE 123RD STREET
N MIAMI FL 33181

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 2 2000

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 202-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458489 JAN 30 2006

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
FEB 0 1 2006
Bureau & Mail

Do NOT Remove Label

250842	10
SPOTMASTER CLEANERS INC	
18000 BISCAYNE BLVD	
AVENTURA, FL	33180

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

7004 2510 0002 3939 3301

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

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 Postage & Fees	

Postmark
Here

Sent To AIRS ID#0250842.....2nd Cert 05
 SPOTMASTER CLEANERS INC
Street, Apt. No or PO Box No. 18000 BISCAYNE BLVD
City, State, Zip AVENTURA, FL 33180

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 AIRS ID#0250842.....2nd Cert 05
 SPOTMASTER CLEANERS INC
 18000 BISCAYNE BLVD
 AVENTURA, FL 33180

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Peter Vanbr
 C. Date of Delivery 2/6/05

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

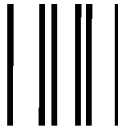
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 2510 0002 3939 3301

cces.
1 to P

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR 15 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448728 MAR 9 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#0250842.....2 nd Cert 05 SPOTMASTER CLEANERS INC 18000 BISCAYNE BLVD AVENTURA, FL 33180

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


Printed on recycled paper.

RECEIVED
MAR 11 2005
Bureau of Air Monitoring
& Mobile Sources

To whom it may concern,

Please change the billing address
to: Spotmaster Cleaners
c/o Royal Cleaners
2100 ne 123rd st.
N Miami, FL
33181

Thank you for your attention to
this matter.

Sincerely,

Katie Taylor
President



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436762 FEB232004

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

X

Do NOT Remove Label

250842
KATHLEEN TAYLOR
SPOTMASTER CLEANERS INC
2100 NE 123RD STREET
N MIAMI FL 33181

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

Bureau of
& Modernization
Services

FEB 23 2004

RECEIVED

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

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)	

Postmark
Date
1/21/03

Total F ID# 250842

Sent To **KATHLEEN TAYLOR**
SPOTMASTER CLEANERS INC
 Street, or PO B **2100 NE 123RD STREET**
 City, St **N MIAMI, FL 33181**

PS Form 3800, June 2002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>2/16</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;"> ID# 250842 KATHLEEN TAYLOR SPOTMASTER CLEANERS INC 2100 NE 123RD STREET N MIAMI, FL 33181 </div>	<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 (Transfer from serv)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;"> 7003 2260 0003 5651 2042 </div>	

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

Bureau of Air
& Mobile
Sources
Monitor

FEB 13 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring
& Mobile Sources

FEB 14 2003

RECEIVED

482722 FEB 10 2003

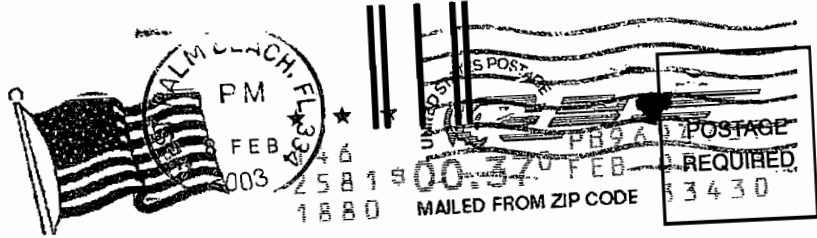
Do NOT Remove Label

AIRS ID#0250842

SPOTMASTER CLEANERS INC
 KATHLEEN C TAYLOR
 2100 NE 123RD STREET
 N MIAMI FL
 33181

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

AFFORDABLE DRY CLEANERS
349 S MAIN STREET
BELLE GLADE, FL 33430



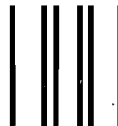
TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 

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 & Fees	_____
AIRS ID#0250842	
Sent To	SPOTMASTER CLEANERS INC
Street, Apt. No., or PO Box No.	KATHLEEN C TAYLOR 2100 NE 123RD STREET
City, State, ZIP+4	N MIAMI FL 33181
PS Form 3800, Jan 1999	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <i>Patricia Ingraham</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="text-align: right;">AIRS ID#0250842</p> <p>SPOTMASTER CLEANERS INC KATHLEEN C TAYLOR 2100 NE 123RD STREET N MIAMI FL 33181</p>	<p>3. Service Type</p> <p><input 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 (Copy from service lab) 7001 0320 0001 7975 5359</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999	Domestic Return Receipt
	102595-00-M-0952

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED



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

OFFICIAL USE

7000 1670 0013 3095 4086

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

Receipt
 Postmark
 Here
02

Total P 10 AIRS ID # 0250842001AG

Sent To KATHLEEN C TAYLOR
 Street, A SPOTMASTER CLEANERS INC
 City, State N MIAMI FL
 33181

PS Form 3800 May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

- 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 # 0250842001AG
 KATHLEEN C TAYLOR
 SPOTMASTER CLEANERS INC
 2100 NE 123RD STREET
 N MIAMI FL
 33181

A. Received by (Please Print Clearly) *P Ingraham* B. Date of Delivery *7-27-02*

C. Signature *Patricia Ingraham* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) *7000 1670 0013 3095 4086*



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.

1106/54
150 00 pl

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250842
SPOTMASTER CLEANERS INC
KATHLEEN C TAYLOR
2100 NE 123RD STREET
N MIAMI FL 33181

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

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

7001 0320 0001 7976 2302

OFFICIAL USE

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

Total AIRS ID # 0250842
 SPOTMASTER CLEANERS INC
 Sent To KATHLEEN C TAYLOR
 2100 NE 123RD STREET
 Street, or PO N MIAMI FL
 City, S 33181

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. Received by (Please Print Clearly) <i>Kathleen Taylor</i> B. Date of Delivery</p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below: <i>3/8/02</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250842</p> <p>SPOTMASTER CLEANERS INC KATHLEEN C TAYLOR 2100 NE 123RD STREET N MIAMI FL 33181</p>	<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 Number (Copy from carrier label)</p> <p>7001 0320 0001 7976 2302</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING



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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250842
SPOTMASTER CLEANERS INC
KATHLEEN C TAYLOR
2100 NE 123RD STREET
N MIAMI FL
33181

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0250842

SPOTMASTER CLEANERS INC
 KATHLEEN C. TAYLOR
 2100 NE 123RD STREET
 N MIAMI FL
 33181

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C Schwartz 2-9-02

C. Signature
Kathleen C. Taylor 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

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

7000 0520 0020 9373 0725

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

AIRS ID # 0250842

To SPOTMASTER CLEANERS INC

Ret KATHLEEN C TAYLOR (mailer)

2100 NE 123RD STREET

Stre N MIAMI FL

33181

City

PS Form 3800, February 2000 See Reverse for Instructions

7003 0500 0004 0144 6927

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

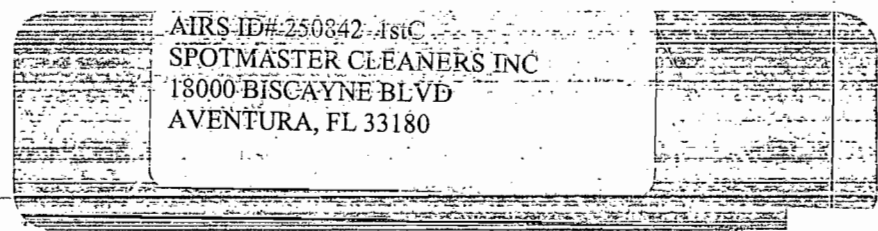
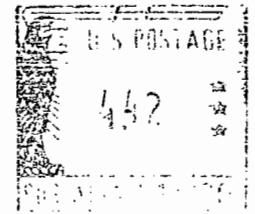
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To AIRS ID# 250842 1stC
 SPOTMASTER CLEANERS INC
 Street, Apt. No.,
 or PO Box No. 18000 BISCAYNE BLVD
 City, State, ZIP+4 AVENTURA, FL 33180

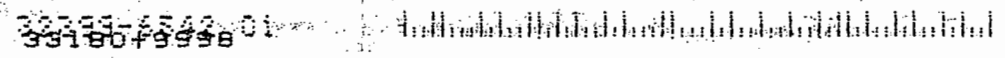
MS# 5510 MC Acct # 5521

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



Bureau of Air Mailworms
& Mobile Sources

RECEIVED
FEB 21 2005



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOR THE RIGHT SIDE

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID# 250842 1stC
 SPOTMASTER CLEANERS INC
 18000 BISCAYNE BLVD
 AVENTURA, FL 33180

2. Article Number (Transfer from service label) **7003 0500 0004 0144 6927**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *A* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes