



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 16, 1997

Ms. Gladys Brown  
Brown's Cleaners  
2971 Northwest 62 Street  
Miami, Florida 33147

Re: Facility No.: 0250861

Dear Ms. Brown:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 1997.

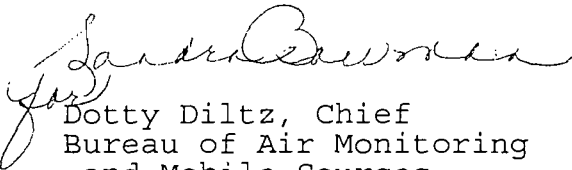
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

**Bowman, Sandy**

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**From:** Barros, Marcelo (DERM) [BarroM@miamidade.gov]  
**Sent:** Friday, October 31, 2003 10:22 AM  
**To:** Bowman, Sandy  
**Cc:** Fernandez, Cynthia (DERM)  
**Subject:** RE: ARMS Database

Hi Sandy:

This E-mail is in response to your E-mail dated October 21, 2003, requesting to address those facilities that their entitlement has expired according to the ARMS database.

As I mentioned on my E-mail of the same date some of those facilities are no longer operating or utilizing perk.

From Cynthia's list (see attachment) there are 3 facilities that remain out of compliance. If they do not submit their entitlement by the next week we will proceed with formal enforcement.

Brown's Cleaners (ARMS # 0250861) is not longer using perk. They conducted a pump-out of the machine and provided a manifest receipt for the removal of perk. Please inactivate this facility from the ARMS and ASGP databases.

I sent you yesterday three completed notification forms for Americano, Key Colony and Spotless DC.

If you have questions regarding the above, please feel free to contact me.

Thanks.

Marcelo

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

**From:** Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]  
**Sent:** Tuesday, October 21, 2003 11:08 AM  
**To:** Barros, Marcelo (DERM)  
**Subject:** RE: ARMS Database

Good Morning Marcelo!

In looking through the ARMS database, I noticed that the entitlement for the following facilities has expired. The last time we heard from each (when they paid their annual emissions fee) is also identified below. The last year invoiced for the annual emissions fee is 2002 (invoices for 2003 will go out in December of 2003)

I suspect some of these facilities are no longer in operation. However, if they are still operating of course they will need to submit another notification form. If not, then I will need to inactivate them. With this information, I am hoping to make the database as current to the information you have as possible. Also, if there are other changes that need to be made to either ARMS or ASGP, please let me know.

AIRS ID	FAC NAME	EXPIRE DATE	PAY YR	PAY DATE
---------	----------	-------------	--------	----------

10/31/2003

0250966	Artcraft	8/21/2003	2002	4/23/2003
0250964	Americano	8/14/2003	2002	2/20/2003
0250954	Crown Cleaners	4/1/2003	2002	3/17/2003
0250952	Spot Klocker	3/30/2003	2000	3/4/2002
0250951	The One & Only	3/23/2003	2002	2/17/2003
0250950	Spotless	3/23/2003	2002	4/02/2003
0250861	Brown's Cleaners	11/19/2002	1998	3/8/1999
0250907	Toni's Laundry & Cl	11/19/2002	2000	3/9/2001
0250895	176 Beach Laundry	11/19/2002	2000	12/16/2000
0250886	Key Coloney	11/17/2002	2002	2/13/2003

Thanks for looking into this for me.

*Sandy Bowman*  
*Environmental Consultant*  
*Division of Air Resource Management*  
*850/921-9583 or [sandy.bowman@dep.state.fl.us](mailto:sandy.bowman@dep.state.fl.us)*

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification OCT 0 / 1997

Facility Name and Location

Air Quality Management Division

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>BROWN'S CLEANERS INC.</i>		
2. Site Name (For example, plant name or number): <i>BROWN'S CLEANERS</i>		
3. Hazardous Waste Generator Identification Number: <i>GAD 981269095</i>		
4. Facility Location: <i>2971 NW 62 ST</i>		
Street Address:		
City: <i>MIAMI</i>	County: <i>DADE</i>	Zip Code: <i>33147</i>
5. Facility Identification Number (DEP Use): <i>0250861</i>		

Responsible Official

6. Name and Title of Responsible Official: <i>GLADYS BROWN, PRES.</i>		
7. Responsible Official Mailing Address:		
Organization/Firm: <i>SAME</i>		
Street Address:		
City:	County:	Zip Code:
8. Responsible Official Telephone Number:		
Telephone: <i>305 836-6544</i>	Fax: ( ) -	

Facility Contact (If different from Responsible Official)

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

RECEIVED

NOV 5 1997

# 0250861

P16 add Permit #'s of permit(s)  
surrendered.  
(D.E.P. issued permits only)  
Responsible official sign and  
date for changes.

0250861

**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
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		<i>Jul 95</i>	<i>Jul 95</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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.*

*Gladys B...*  
Signature

*10-7-97*  
Date



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#: 250861 DATE: 9-29-98 TIME IN: 1530 TIME OUT: 1600

FACILITY NAME: BROWN'S CLEANERS

FACILITY LOCATION: 2971 NW 62 ST.  
MIAMI, 33147

RESPONSIBLE OFFICIAL: GLADYS BROWN PHONE: 305-836-6544

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

MB  
ADMS  
9/30/98

MB  
9/30/98

**PART III: GENERAL CONTROL REQUIREMENTS**

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

1. Storing perchloroethylene in tightly sealed and impervious containers?  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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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

M. ENRIQUE FLORES  
Inspector's Name (Please Print)

M. Enrique Flores  
Inspector's Signature

9-29-98  
Date of Inspection

SEPT/OCT 1999  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

\* STATE'S INSPECTION CALENDAR AND DERM'S BOOKLET ON POLLUTION PREVENTION FOR DRY CLEANERS, ALONG WITH SPECIFIC INSTRUCTIONS ON HOW TO FILL IT OUT, TO BE IN COMPLIANCE WERE GIVEN TO MS. BROWN.

✓ MS. BROWN WAS ADVISED OF THE REQUIREMENT TO HAVE A LEAK CONTAINER INSTALLED ON THE FLOOR AROUND THE PERC MACHINE. SHE STATED THAT SHE WILL HAVE IT INSTALLED BY THE END OF OCT. 1998 (ONE MONTH FROM THE DATE OF THIS INSPECTION).

✓ SITE SHOULD BE RE-INSPECTED AT THAT TIME. SHE ALSO STATED THAT SHE HAD ALREADY BEEN TOLD TO HAVE THIS CONTAINER INSTALLED BY OTHER DERM INSPECTORS DURING PAST INSPECTIONS.

**BEST AVAILABLE COPY**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1530 TIME OUT: 1600 AIRS ID#: 250861  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: BROWN'S CLEANERS DATE: 9-29-98  
 FACILITY LOCATION: 7971 NW 62 ST.  
 MIAMI, 33147  
 RESPONSIBLE OFFICIAL: GLADYS BROWN PHONE NUMBER: 836-6544  
 305-XXX-XXXX

- 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
NO ROLLING LOGS OF PERC PURCHASES	WILL START LOGGING IN FACILITY'S OF PERC PURCHASES.
NO CONDENSER TEMP. READINGS	WILL KEEP WRITTEN RECORDS OF CONDENSER TEMP. READINGS.
NO LEAK INSPECTIONS	WILL KEEP TRACK OF LEAK INSPECTIONS DONE.
NO CONTAINER BASE AROUND PERC MACHINE IS. GROUND LATCH CONTAINMENT	WILL HAVE LEAK CONTAINMENT AROUND BASE INSTALLED BY END OF OCT. 1998

COMMENTS: EQUIPMENT IN GOOD OPERATING CONDITIONS.  
 SHOP IN GOOD HOUSEKEEPING STATUS.

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

DATE OF NEXT INSPECTION: (Approximate) OCT. 1998

INSPECTION CONDUCTED BY: M. ENRIQUE FIGUEROA (Please Print)

INSPECTOR'S SIGNATURE: *M. Enrique Figueroa* PHONE NUMBER: 305-372-6925

AIRS ID#: 250861

Acc Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BROWN'S CLEANERS DATE: 9-29-98
FACILITY LOCATION: 2971 NW 62 ST. MIAMI, 33147

Annual Reporting Period: 9/97 TO 9/98

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 ROLLING LOG OF PERC PURCHASES, CONDENSER TEMP. READINGS, LEAK INSPECTIONS

Exact period of non-compliance: from

9/97 to 9/98

Action(s) taken to achieve compliance:

WILL START LOGGING IN ABOVE REQUIRED ITEMS

Method used to demonstrate compliance:

#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:

OCT 27 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. 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:

Chad Brown
Name (Please Print)

[Signature]
Signature

9-30-98
Date

\*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

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

MAY 19 1999

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250861 DATE: 4/26/99 TIME IN: 10<sup>00</sup> AM TIME OUT: 10<sup>32</sup> AM

FACILITY NAME: Brown's Cleaners

FACILITY LOCATION: 2971 NW 62nd st

RESPONSIBLE OFFICIAL: Gladys Brown PHONE: 836-6594

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 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 \_\_\_\_\_ 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 nil gallons.

Arms  
5/7/99

MB  
5/7/99



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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |                                                   |                                                                                               |                           |                                                                                               |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------|
| Hose connections, fittings, couplings, and valves | <input 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)

4/26/99  
Date of Inspection

[Signature]  
Inspector's Signature

4/26/99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Did not have calendar  
but kept records

Gave R.O. Calendar

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Brown's Cleaners DATE: 4/26/99  
 FACILITY LOCATION: 2971 NW 62nd

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:

Conduct Temp monitoring after appropriate holdover period  
 Exact period of non-compliance: from April 1998 to April 1999  
 Action(s) taken to achieve compliance: Take action of Temp monitoring  
 Method used to demonstrate compliance: Temp Gauge readings

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

Maintaining receipts of Perc purchased + monthly total of Perc consumption  
 Exact period of non-compliance: from April 1998 to April 1999  
 Action(s) taken to achieve compliance: Maintain logs  
 Method used to demonstrate compliance: DEP Calendar

*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: Chad Brown Gladys Brown 4-26-99  
 Name (Please Print) Signature Date

\*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.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:50 AM TIME OUT: 10:20 AM AIRS ID#: 0250861  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Brown's Cleaners DATE: 4/26/99  
 FACILITY LOCATION: 2971 NW 62nd St  
 RESPONSIBLE OFFICIAL: Glady's Brown PHONE NUMBER: 836-6544

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. Have not conduct temp monitoring after appropriate cool down period	R.O. Need conduct all temp. monitoring after appropriate cool down period
R.O. need to maintain rolling monthly total of Perc purchases & keep receipts	R.O. need to maintain rolling monthly total of Perc purchased & keep receipts

COMMENTS: non-compliant

The 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: 372-6922

✓

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
                                          RE-INSPECTION                     

AIRS ID#: 0250861    DATE: 1/26/00    TIME IN: 1100    TIME OUT: 1140  
 FACILITY NAME: Brown's Cleaners  
 FACILITY LOCATION: 2971 NW 62 st.  
                                          Miami, FL  
 RESPONSIBLE OFFICIAL: Gladys Brown    PHONE: 836-4544  
 CONTACT NAME: \_\_\_\_\_    PHONE: \_\_\_\_\_

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 APR 17 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

**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:                       No notification form  
 (check appropriate box)                       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 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 \_\_\_\_\_ 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 n/a gallons.

ARMS  
 1/31/00  
 [Signature]  
 1 of 5  
 [Signature]  
 3/28/00

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

Ivan Ferrin  
Inspector's Name (Please Print)

1/26/00  
Date of Inspection

Ivan Ferrin  
Inspector's Signature

1/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1/26/00

Ivan Fannin (DERM) upon arrival spoke with Gladys Brown (Responsible Official), she stated that the dry cleaning machine (Economatic serial # 111036 manufactured by Magik Star) is being leased from Delphi Capital Corp.

The machine broke down approx. 8 months ago. Since then, all dry cleaning has been sent out to Marise's on 36 st. and 19 ave. (635-4912)

All perc was emptied from machine and removed from site by MCF Systems. Ms. Brown will Fax disposal manifest. Ms. Brown also stated that she wishes to keep and continue her Title V General Permit and not to withdrawal.

GLADYS BROWN

Gladys Brown 1-26-00

Substituting  
Compliance Certification Form ↗



**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**

**303438**

**Do NOT Remove Label**

AIRS ID 0250861  
BROWN'S CLEANERS INC  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

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

RECEIVED  
MAIL ROOM  
FEB 24 98

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363392

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

TOTAL AMOUNT DUE: \$50.00 ✓

RECEIVED  
MAIL ROOM  
MAR - 8 99

Do NOT Remove Label

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

AIRS ID # 0250861

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

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

OFFICIAL USE

7000 2670 0000 7027 5302

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

*Handwritten signature*  
 Postmark Here

**Total Postage** AIRS ID#0250861  
**Sent To** BROWN'S CLEANERS  
 GLADYS BROWN  
 2971 NW 62ND STREET  
**Street, Apt. N** MIAMI FL  
 33147  
**City, State, Zip**

PS Form 3800, May 2000

See Reverse for Instructions

**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:

BROWN'S CLEANERS  
 GLADYS BROWN  
 2971 NW 62ND STREET  
 MIAMI FL  
 33147

AIRS ID#0250861

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  
 X *Handwritten signature*  Agent  
 Addressee

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

*Handwritten signature: Gladys Brown*

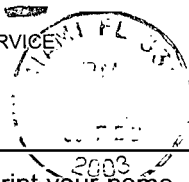
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

70002870000070275302

2. Article Number  
 (Transfer from service label)

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED

2399/2400



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	02 3rd invoice
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post:</b>	AIRS ID#0250861
Sent To	BROWN'S CLEANERS
Street, Apt. 1	GLADYS BROWN
	2971 NW 62ND STREET
	MIAMI FL
City, State, Z	33147
PS Form 3800, May 2000 See Reverse for Instructions	

SENDER: COPY TO THE RIGHT OF RETURN ADDRESS	PLACE STICKER AT TOP OF ENVELOPE	ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received By (Please Print Clearly) <i>[Signature]</i></p> <p>B. Date of Delivery 4/10/03</p> <p>C. Signature <i>[Signature]</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><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
	<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#0250861</p> <p>BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" 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 label)</p> <p>70001670001331092312</p>		
PS Form 3811, July 1999		Domestic Return Receipt
		102595-99-M-1789



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

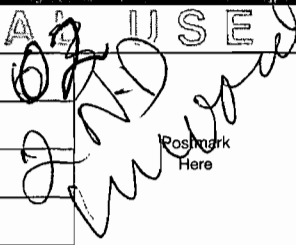
BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

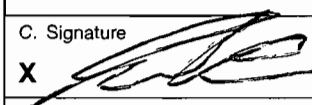
APR 15 2003

RECEIVED



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	AIRS ID#0250861
<b>Sent To</b> BROWN'S CLEANERS GLADYS BROWN <b>Street, Apt. or PO Box</b> 2971 NW 62ND STREET MIAMI FL <b>City, State</b> 33147	
PS Form 3800, January 2001 See Reverse for Instructions	

7001 0320 0001 7976 4368

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	
<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0250861</p> <p>BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature  <input checked="" 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          If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article (Tra) 7001 0320 0001 7976 4368</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</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 SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
MAR 11 2003

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

**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:

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

AIRS ID # 0250861

Z 333 667 401

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION AT DELIVERY**

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

2-13-00

C. Signature  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

Z 333 667 401

7000

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0250861

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery 4-3-64
	C. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
AIRS ID # 0250861		
BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147		
Z 210 663 138		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label)		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

Z 210 663 138

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

AIRS ID # 0250861

BROWN'S CLEANERS  
 GLADYS BROWN  
 2971 NW 62ND STREET  
 MIAMI FL 33147

MK  
2/20/00

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

PS Form 3800, April 1995

Fold at line over top of envelope to

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td>C. Signature</td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td><b>X</b></td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below:</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	C. Signature	<input type="checkbox"/> Agent	<b>X</b>	<input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, enter delivery address below:	
A. Received by (Please Print Clearly)	B. Date of Delivery										
C. Signature	<input type="checkbox"/> Agent										
<b>X</b>	<input type="checkbox"/> Addressee										
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No										
If YES, enter delivery address below:											
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250861</p> <p>BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147</p> <p style="font-size: 2em; font-weight: bold; margin-top: 20px;">2 210 661 841</p>	<p style="font-size: 2em; font-family: cursive; margin-top: 20px;">Gladys Brown</p> <p>Service Type</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</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.				
<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>2. Article Number (Copy from service label)</p>											
PS Form 3811, July 1999      Domestic Return Receipt      102595-99-M-1789											

Z 210 661 841 2000

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0250861

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

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

PS Form 3800, April 1995

**SEND** **IS SECTION ON DELIVERY**

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

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 # 0250861

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

A. Received by (Please Print Clearly) B. Date of Delivery  
3-6-99

C. Signature  Agent  
 Addressee  
 X *Gladys Brown*

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 (Copy from service label)  
 7000 0600 0026 4125 7662

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

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

7000 0600 0026 4125 7662

Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here  AIRS ID # 0250861
----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

PS Form 3800, February 2000 See Reverse for Instructions

**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 # 0250861

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

Z 210661192

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *[Handwritten Signature]*  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

Z 210 661 192

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0250861

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

PS Form 3800, April 1995

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



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

7000 0520 0020 9373 0626

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

AIRS ID # 0250861

Reci	BROWN'S CLEANERS	alter)
	GLADYS BROWN	
Street	2971 NW 62ND STREET	
	MIAMI FL	
City	33147	

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td></td> <td>2/9/02</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Gladys Brown                             <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee                         </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery		2/9/02	C. Signature		<input checked="" type="checkbox"/> Gladys Brown <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery												
	2/9/02												
C. Signature													
<input checked="" type="checkbox"/> Gladys Brown <input type="checkbox"/> Agent <input type="checkbox"/> Addressee													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes													
If YES, enter delivery address below: <input type="checkbox"/> No													
1. Article Addressed to:  <p style="text-align: center;">AIRS ID # 0250861</p> BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.												
2. Article Number (Copy from service label) 7000 0520 0020 9373 0626	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes												
PS Form 3811, July 1999                      Domestic Return Receipt                      102595-99-M-1789													

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

OFFICIAL USE

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

AIRS ID # 0250861

<small>Sent</small>	BROWN'S CLEANERS
<small>Street or PO</small>	GLADYS BROWN
<small>City</small>	2971 NW 62ND STREET
	MIAMI FL
	33147

PS Form 3811, July 1999

7001 0320 0001 7975 9814

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i></td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td colspan="2">C. Signature  <div style="font-size: 1.5em; font-family: cursive;"> <span style="font-size: 0.5em; vertical-align: middle;">X</span> <i>Wm B</i> </div> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee         </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No         </td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	C. Signature <div style="font-size: 1.5em; font-family: cursive;"> <span style="font-size: 0.5em; vertical-align: middle;">X</span> <i>Wm B</i> </div> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery						
C. Signature <div style="font-size: 1.5em; font-family: cursive;"> <span style="font-size: 0.5em; vertical-align: middle;">X</span> <i>Wm B</i> </div> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee							
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to:  <div style="text-align: center; margin: 10px 0;">AIRS ID # 0250861</div> BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.						
2. Article Number <i>(Copy from service label)</i>  <div style="text-align: center; font-size: 1.2em;">7001 0320 0001 7975 9814</div>	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes						
PS Form 3811, July 1999                      Domestic Return Receipt                      102595-99-M-1789							

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

OFFICIAL USE

7000 1670 0013 3095 3904

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

Postmark Here  
*Receipt 02*

Total Postage 10 AIRS ID # 0250861001AG  
 Sent To GLADYS BROWN  
 Street, Apt. No. BROWN'S CLEANERS  
 2971 NW 62ND STREET  
 City, State, Zip MIAMI FL  
 33147

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.

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

*7-27*

C. Signature  Agent  Addressee

*X* *[Signature]*

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



1. Article Addressed to:

10 AIRS ID # 0250861001AG  
 GLADYS BROWN  
 BROWN'S CLEANERS  
 2971 NW 62ND STREET  
 MIAMI FL  
 33147

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)

*70001670001330953904*

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424



Z 333 612 792

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

AIRS ID 0250861

BROWN'S CLEANERS INC  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

PS Form 3800, April 1995

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

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:

BROWN'S CLEANERS INC  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

AIRS ID 0250861

4a. Article Number

Z 333 612 792

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 015

1999

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0250861

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW-62ND STREET  
MIAMI FL 33147

PS Form 3800, April 1995

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

Fold at line

**SEND**

**is your RETURN ADDRESS completed on the reverse side?**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250861

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

4a. Article Number  
*P174052015*

4b. Service Type

Registered       Certified  
 Express Mail       Insured  
 Return Receipt for Merchandise       COD

7. Date of Delivery  
*3/2*

5. Received By: (Print Name)

6. Signature (Addressee or Agent)  
*X Gladys Brown*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

Is your RETURN ADDRESS completed on the reverse side?

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: AIRS ID # 0250861

BROWN'S CLEANERS  
GLADYS BROWN  
2971 NW 62ND STREET  
MIAMI FL 33147

4a. Article Number  
**2333 660 472**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2/13**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X Gladys Brown**

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 472 **1494**

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

AIRS ID # 0250861

BROWN'S CLEANERS  
 GLADYS BROWN  
 2971 NW 62ND STREET  
 MIAMI FL 33147

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

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p style="text-align: right;">2-9-01</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250861</p> <p>BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147</p>		<p>C. Signature</p> <p><i>Gladys Brown</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0026 4127 4416</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>			

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pos	AIRS ID # 0250861
Recipient's	BROWN'S CLEANERS
Street, Apt.	GLADYS BROWN 2971 NW 62ND STREET
City, State,	MIAMI FL 33147
<p>PS Form 3800, February 2000 See Reverse for Instructions</p>	