



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 19, 2000

Ms. Juanita Herrere
Kimby's Cleaners
8243 Southwest 40 Street
Miami, Florida 33155

Re: Facility No.: 0250894-002

Dear Ms. Herrere:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 15, 2000.

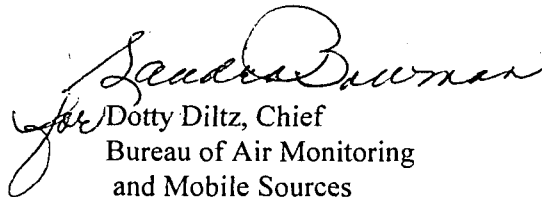
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

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

Printed on recycled paper.

0250894-002

P15

1(a) New should be circled under Status. The date control device installed should be listed.

P16

5.

All steam and hot water generating units exempt should be marked

P17

Responsible Official sign and date for changes.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

SEP 12 2000

Air Quality
Management Division

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Juanita Herrera Kimby's Cleaners
2. Site Name (For example, plant name or number):	Kimby's Cleaners
3. Hazardous Waste Generator Identification Number:	EPA # FLD 982102907
4. Facility Location: Street Address: City:	8243 SW 40 st County: MIAMI DADE Zip Code: 33155
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0050894-002

Bureau of Air Monitoring
& Mobile Sources
SEP 15 2000

Responsible Official

6. Name and Title of Responsible Official: Name:	JUANITA HERRERA	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	8243 SW 40 st County: MIAMI, FL	Zip Code:	33155
8. Responsible Official Telephone Number: Telephone:	(305) 223-6110	Fax:	() WA

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Hermen Herrera	VP
10. Facility Contact Address: Street Address: City:	8243 SW 40 st County: MIAMI, FL	Zip Code: 33155
11. Facility Contact Telephone Number: Telephone:	(305) 223-6110	Fax: () -

8. Stills.
9. Exhaust dampers.
10. Diverter valves.
11. Cartridge filter housings.

(d) Leaks shall be repaired within twenty-four hours of detection, unless repair equipment must be ordered.

1. Equipment parts needed to repair the machine shall be ordered within two working days of leak detection.
2. Repair parts shall be installed within five working days of receipt.

(e) Colorimetric tubes and bellows or piston-driven pumps shall be operated according to the manufacturer's specifications and shall be verified for accuracy by the use of duplicate samples. The tube should be designed to measure a concentration of 100 parts per million by volume of perchloroethylene in air to an accuracy of +/- 25 parts per million by volume.

(f) The integrity of all rubber seals on the pump shall be inspected on a weekly basis for large area sources (biweekly for small area sources) and all equipment shall be kept in a clean and secure area when not in use.

(8) Local Program Requirements. All facilities located within the borders of Duval County shall comply with the following additional requirements:

- (a) Pursuant to Jacksonville Environmental Board Rule 2.901, no person shall cause, suffer, allow or permit the discharge of air pollutants which cause or contribute to an objectionable odor, and
- (b) Pursuant to Jacksonville Ordinance Code Chapter 376, any facility that causes or contributes to the emission of objectionable odors which results in the Air Quality Division (AQD) receiving and validating complaints from five or more different households within a 90-day period may be cited for objectionable odors.

Facility Information

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

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

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u> 1993 </u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [_____]

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

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

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

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

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

[50] 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 checked="" 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? 4

For each boiler, indicate its horsepower (HP) rating: 30

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.

JUANITA HERRERA
Print name of responsible official

Juanita Herrera
Signature

9-12-00
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

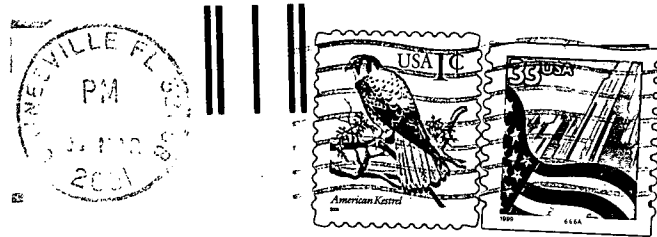
1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, 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.



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

BEST AVAILABLE COPY

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) S. VIER-SCHLUNG B. Date of Delivery 6/11/01</p>
<p>1. Article Addressed to:</p> <p>10 AIRS ID # 0850114001AG KRISTINA NABLETT STUART DRY CLEANERS 39 SE KINDRED STREET STUART FL 34994</p>	<p>C. Signature RECEIVED <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: JUN 13 2001</p> <p>Bureau of Air Monitoring & Mobile Sources</p>
<p>2. Article Number (Copy from service label) 2210663054 7000 0600 0021 6526 9837</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>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

Z 210 663 054

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

Sent to

10 AIRS ID # 0850114001AG
 KRISTINA NABLETT
 STUART DRY CLEANERS
 39 SE KINDRED STREET
 STUART FL 34994

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	

PS Form 3800, April 1995

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

SENDER	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> <hr/> <p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0830144</p> <p>EXPRESS CLEANERS OF OCALA MARIA BARKER 2488 SE 58TH AVENUE OCALA FL 34471</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>2. Article Number (Copy from service label)</p> <p style="font-size: 1.2em; font-family: cursive;">7000 0600 0026 4125 8980</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)

7000 0600 0026 4125 8980

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

AIRS ID # 0830144

Total Postage EXPRESS CLEANERS OF OCALA

Recipient's Name MARIA BARKER

Street, Apt. No.: 2488 SE 58TH AVENUE

City, State, ZIP+4: OCALA FL 34471

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 1670 0013 3109 2299

OFFICIAL USE

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

*023
3rd
Wing*

Postmark Here

Total Post DOUGHSAND DRY CLEANER AIRS ID#0250894
 Sent To JUANITA HERRERA
 Street, Apt. 8243 SW 40TH STREET
 City, State, MIAMI FL 33155

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: 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:

AIRS ID#0250894

DOUGHSAND DRY CLEANER
 JUANITA HERRERA
 8243 SW 40TH STREET
 MIAMI FL
 33155

2. Article Number (Copy from service label)
 170001670001331092299

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

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) _____ B. Date of Delivery 7-12-03

C. Signature *[Signature]* Agent
 Addressee

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

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

STAI

LE

- 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 17 2003

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

OFFICIAL USE

Postmark
Herb

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

Total Postage _____ **AIRS ID#0250894**

Sent To DOUGHSAND DRY CLEANER
 JUANITA HERRERA
 8243 SW 40TH STREET
 MIAMI FL
 33155

Street, Apt. No. or PO Box No.
City, State, Zip

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 <i>(Please Print Clearly)</i> _____ B. Date of Delivery 3-8-03</p> <p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: right;">AIRS ID#0250894</p> <p>DOUGHSAND DRY CLEANER JUANITA HERRERA 8243 SW 40TH STREET MIAMI FL 33155</p> </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <p style="text-align: center;">(Tr) 7001 0320 0001 7976 4436</p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>

Permit No. G-10

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

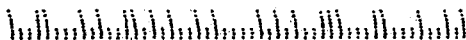
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 24 2003

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32399/2400



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OFFICIAL USE

Postage	\$	<div style="font-size: 2em; font-weight: bold;">303</div> <div style="font-size: 1.5em; font-weight: bold;">Postmark Here</div>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		ARTICLE # 250894
Sent To		DOUGHSAND DRY CLEANER
Street, Apt. No., or PO Box No.		JUANITA HERRERA
City, State, ZIP+4		8243 SW 40TH STREET MIAMI, FL 33155

PS Form 3800, June 2002 see reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>HERRERA/JUANITA</i> <i>5/4</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: 5px;"> <p>ARTICLE # 250894 DOUGHSAND DRY CLEANER JUANITA HERRERA 8243 SW 40TH STREET MIAMI FL 33155</p> <p style="text-align: right; font-size: 1.5em; font-weight: bold;">#0250894</p> </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 service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 4671</p>	

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

Bureau of Air Monitoring
& Mobile Sources

APR 9 2004

RECEIVED

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



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 \$	2nd Cl Postmark Here 2003
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
AIRS ID # 250894	
Sent To	JUANITA HERRERA DOUGHSAND DRY CLEANER 8243 SW 40TH STREET MIAMI, FL 33155
Street, Apt. No. or PO Box No.	
City, State, ZIP	
PS Form 3800, June 2001	

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 # 250894

JUANITA HERRERA
DOUGHSAND DRY CLEANER
8243 SW 40TH STREET
MIAMI, FL 33155

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Herrera Addressee

B. Received by (Printed Name) C. Date of Delivery
Herman Herrera 3-6-04

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) 7003 0500 0004 0144 9003

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

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

RECEIVED

MAR 22 2004

Bureau of Monitoring
& Mobile Sources

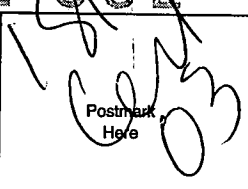
01



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

OFFICIAL USE

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

ID# 250894
JUANITA HERRERA
 Sent To **DOUGHSAND DRY CLEANER**
 Street, A **8243 SW 40TH STREET**
 or PO Box **MIAMI, FL 33155**
 City, Sta

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 0444

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

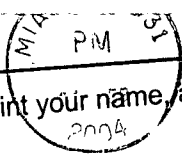
<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ID# 250894 JUANITA HERRERA DOUGHSAND DRY CLEANER 8243 SW 40TH STREET MIAMI, FL 33155 </div> <p>2. Article Number (Transfer from s</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <i>Herrera</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) HERMEN HERRERA</p> <p>C. Date of Delivery 2/9</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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>
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7003 2260 0003 5651 0444

PS Form 3811, August 2001 102595-02-M-1540

Domestic Return Receipt

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

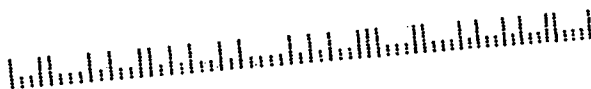


DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
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440283 JUN 28 2004

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250894
JUANITA HERRERA
DOUGHSAND DRY CLEANER
8243 SW 40TH STREET
MIAMI-FL-33155

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EXPRESS CLEANERS OF OCALA
MARIA BARKER
2488 SE 58TH AVENUE
OCALA FL
34471

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OCALA FL
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407062 MAR 9 2001

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AIRS ID # 0830144
EXPRESS CLEANERS OF OCALA
MARIA BARKER
2488 SE 58TH AVENUE
OCALA FL 34471

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