

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 22, 2003

Mr. Ismael Rojas
Super Cleaners
6101 Southwest Eighth Street
Miami, Florida 33144

Re: Facility No.: 0250918-002

Dear Mr. Rojas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 23, 2002.


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,


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

New Owner

Fees Paid 97-01

SOC 4

Compliance MAC

DEC 16 2002 4:40PM

DEPT ACMD 8TH FLOOR

10.850

P.470

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DEC 23 2002

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

DEC 16 2002

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Air Quality
Management Division

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Ismael Rojas / POST COL INC.

2. Site Name (For example, plant name or number):
SUPER CLEANERS 6101 SW 8 ST MIAMI FL

3. Hazardous Waste Generator Identification Number:
MCF SYSTEMS ATLANTA INC. (770) 593-9434 ID# 115-0150

4. Facility Location:
Street Address:
City: MIAMI County: DADR Zip Code: 33144

025 0918-002

Responsible Official

5. Name and Title of Responsible Official:
Name: ISMAEL ROJAS Title: PRESIDENT.

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 6101 SW 8 ST
City: MIAMI County: DADR Zip Code: 33144

8. Responsible Official Telephone Number:
Telephone: (305) 244-0111 Fax: (305) 244 0111

Facility Contact (If different from Responsible Official)

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

10. Facility Contact Address:
Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () Fax: ()

DEP Form No. 62-213.900(2)
Effective: 2/24/94

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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>11/92</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input checked="" type="radio"/>	<u>SAME</u>
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____

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

1 (b) TRANSFER MACHINES ONLY

How many washers do you have on-site? 3

How many dryers/reclaimers do you have on-site? 1

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")
<u>11/92</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input checked="" type="radio"/>	<u>SAME</u>
<u>11/92</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input checked="" type="radio"/>	<u>SAME</u>
<u>11/92</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input checked="" type="radio"/>	<u>SAME</u>

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

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

114 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 _____)

BEST AVAILABLE COPY

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".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at 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 (see attached memo for the criteria)

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

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

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) Diesel.

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 911 Receipt up to date
- 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.

ISMAEL ROJAS
Print name of responsible official

[Signature]
Signature

12/13/02
Date

DEP Form No. 62 213,900(2)
Effective: 2/24/99

DEC 6 2002 4:42PM DEP BLDG 5TH FLOOR NO. 250 P. 4/5

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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.

Butler, Rick

From: Fernandez, Cynthia (DERM) [FernaCy@miamidade.gov]
Sent: Wednesday, January 15, 2003 11:33 AM
To: Butler, Rick
Cc: Barros, Marcelo (DERM)
Subject: Super Cleaners - 0250918

Hello Mr. Butler, I am the new inspector, Cynthia Fernandez, working with Marcelo Barros. About the facility # 0250918, it does not have any transfer machines. I left a message in your voice mail and I have been trying to fax the new air general permit notification form, but the fax is not going through. The fax number we have is 850-922-1362, I will keep trying until it goes through.

Thanks,
Cynthia Fernandez
Air Facilities Section

BEST AVAILABLE COPY

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 14 2003

Air Quality

Part III. Notification of Intent to Use General Permit Management Division

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ISMAEL ROJAS / Post Col INC
2. Site Name (For example, plant name or number):	Super Cleaners 6101 SW 8th
3. Hazardous Waste Generator Identification Number:	FLD 042125103
4. Facility Location: Street Address: City: Miami County: MIAMI Dade Zip Code: 33144	6101 SW 8th Street
5. Facility Identification Number (FID) (Use ONLY - do not fill in)	

Bureau of Air Monitoring
Mobile Sources

JAN 15 2003

RECEIVED

Responsible Official

6. Name and Title of Responsible Official: Name: ISMAEL ROJAS Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 6101 SW 8th Street City: Miami County: Dade Zip Code: 33144
8. Responsible Official Telephone Number: Telephone: (305) 264 0111 Fax: ()

Facility Contact (If different from Responsible Official)

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

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")
11/92	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

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

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

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

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

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

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

[114] gallons (You must fill this in)

(b) If less than 12 months, how many? [5] months

Check why it is less than 12 months: New owner: [X] 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 pere per year)
- Transfer only on-site (used less than 200 gallons of pere per year)
- Both machine types on-site (used less than 140 gallons of pere per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of pere per year)
- Transfer only on-site (used 200 - 1,800 gallons of pere per year)
- Both machine types on-site (used 140 - 1,800 gallons of pere 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".)

Existing machines at small area source (NONE REQUIRED)

New machines at small area source Refrigerated condenser

Existing machines at large area source Carbon adsorber
Refrigerated condenser

New machines at 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 (see attached memo for the criteria)

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 10 11 12

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) diesel

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 pere concentration monitoring
- (e) Startup, shutdown, malfunction plan

- Surrender of Existing DEP Air Permits

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.

SMARCEL ROJAS

 Print name of responsible official

Signature

Date

01.14.03.

METROPOLITAN DADE COUNTY, FLORIDA



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

RECEIVED
JAN 15 2003
Bureau of Air Monitoring
& Mobile Sources

SEND TO:

Name: Rich Butler

Company/Department: DEP

Phone Number: 850 - 921 - 9586

Fax Number: 850 - 922 - 6979

Message:

02509103
Super Cleaners

T
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A
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M
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T
T
A
L

FROM:

Name: Marcelo Barros

Division/Section: AQMD / AFS

Phone Number: (305) 372-6922

Fax Number: (305) 372-6954

Date:

Number of Pages (including this one):

7003 0500 0050 4000 4444 6408

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OFFICIAL USE

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

Postmark
Here

AIRS ID# 250918 1stC

S
 SUPER CLEANERS
 6101 SW 8 STREET
 MIAMI, FL 33144
 C



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436157 FEB 9 2004

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
FEB 13 2004

Do NOT Remove Label

250918
ISMAEL ROJAS
SUPER CLEANERS
6101 SW 3TH STREET
MIAMI FL 33144

Bureau of Air Monitoring
& Mobile S
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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7003 2260 0003 5651 0475

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OFFICIAL USE

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

Total F ID# 250918

Sent To ISMAEL ROJAS
 SUPER CLEANERS

Street, A or PO Box 6101 SW 8TH STREET
 City, State MIAMI, FL 33144

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Items 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse we can return the card to you. Attach this card to the back of the mailpiece, the front if space permits.</p> <p>Article Addressed to:</p> <p>ID# 250918 ISMAEL ROJAS SUPER CLEANERS 6101 SW 8TH STREET MIAMI, FL 33144</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Valeria Suarez 2/6/04</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>2. Article Number (Transfer from service) 7003 2260 0003 5651 0475</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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UNITED STATES POSTAL SERVICE



First-Class
Postage
USPS
Permit

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 13 2004

RECEIVED

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 4611

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

[Handwritten Signature]
 Postmark Here

AIRS ID#0250918

SUPER CLEANERS
 LUIS FRANCISCO
 6101 SW 8 STREET
 MIAMI FL
 33144

PS Form 3800 January 2001

See 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#0250918

SUPER CLEANERS
 LUIS FRANCISCO
 6101 SW 8 STREET
 MIAMI FL
 33144

2. Article Number
(Transfer from service label)

7001 0320 0001 7975 4611

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten Signature]* Agent
 Addressee

B. Received by (*Printed Name*) *Vladimir Svare* C. Date of Delivery *3-8-03*

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

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 •

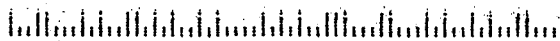
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5610
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING
& MOBILE SOURCES

MAR 13 2003

PAID

32399+2400 01



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

7000 2870 0000 7027 5494

OFFICIAL USE

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

[Handwritten Signature]
 Postmark Here

Total Postage \$

AIRS ID#0250918

Sent To SUPER CLEANERS
 LUIS FRANCISCO
 6101 SW 8 STREET
Street, Apt. No.; MIAMI FL
 33144
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:

AIRS ID#0250918

SUPER CLEANERS
 LUIS FRANCISCO
 6101 SW 8 STREET
 MIAMI FL
 33144

7000287000070275494

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

Vladimir Svarek 2-7-03

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

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

FEB 10 2003

RECEIVED



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

7000 1670 0013 3109 2176

OFFICIAL USE

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

10/20/03
3200
M. J. [Signature]
 Postmark Here

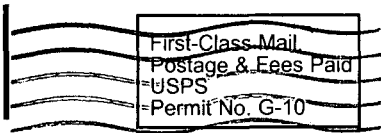
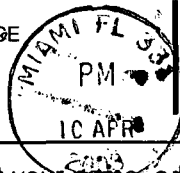
Total P
 Sent To **SUPER CLEANERS**
LUIS FRANCISCO
 Street, Apt **6101 SW 8 STREET**
 City, State **MIAMI FL**
33144

AIRES ID#0250918

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	
SENDER: COPY	ON 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. 	A. Received by (Please Print Clearly) <i>Vladimir Swartz</i>
	B. Date of Delivery <i>4-10-03</i>
1. Article Addressed to: SUPER CLEANERS LUIS FRANCISCO 6101 SW 8 STREET MIAMI FL 33144 AIRS ID#0250918	C. Signature X <i>[Signature]</i>
	D. Is delivery address different from item 1? If YES, enter delivery address below:
2. Article Number (Copy from service label) <i>70001670001331092176</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes
	4. Restricted Delivery? (Extra Fee)
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 Mon.
& Mobile Sources

APR 14 2005

RECEIVED

01



(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447769 FEB28 2005

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