

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 7, 2001

Mr. Paul Velazquez
Platinum Cleaners
10760 Southwest 24 Street
Miami, Florida 33165

Re: Facility No.: 0250942-002

Dear Mr. Velazquez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 1, 2001.

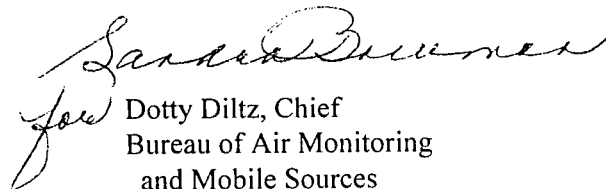
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

0250942-002

p15

(a) New should be circled under Status for
1998 machines.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE _____

COMMENTS:

ACTION/DISPOSITION

- DISCUSS WITH ME
- COMMENTS/ADVISE
- REVIEW AND RETURN
- SET UP MEETING
- FOR YOUR INFORMATION
- HANDLE APPROPRIATELY
- INITIAL AND FORWARD
- SHARE WITH STAFF
- FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

RECEIVED

NOV - 5 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

NOV 01 2001

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):	Paul Velazquez / PLATINUM CLEANERS		
2. Site Name (For example, plant name or number):	PLATINUM CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD982088866		
4. Facility Location:	Street Address: 10760 SW 24TH ST.		
	City: MIAMI	County: DADE	Zip Code: 33165
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250942-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: Paul Velazquez Title: OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: PAUL VELAZQUEZ		
	Street Address: 10760 SW 24TH ST.		
	City: MIAMI	County: DADE	Zip Code: 33165
8. Responsible Official Telephone Number:	Telephone: (305) 226-7087 Fax: (786) 242-4507		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	Street Address:		
	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: () - 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")
JAN 98	Existing	RC/CA/None required	1/98
_____	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?

[75] gallons (You must fill this in)

(b) If less than 12 months, how many? [8] 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".)

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:

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.

X PAUL VELAZQUEZ

Print name of responsible official



Signature

X 10-28-01

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

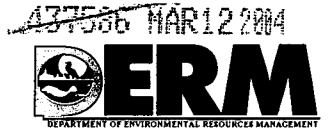
6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, 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 AIR QUALITY GENERAL PERMIT
FIELD NOTICE OF VIOLATION**



**CERTIFIED MAIL NO. 7000 0600 0025 3504 5849
RETURN RECEIPT REQUESTED**

Miami-Dade County Department of
Environmental Resources Management
33 S.W. 2nd Ave. Suite 900
Miami, FL 33130-1540
(305)372-6925 (305)372-6954 fax

FACILITY OWNER/COMPANY NAME Gabriel Cleaners
 SITE NAME: _____ AIRS ID# 0250942
 FACILITY LOCATION 10760 SW 24th st 33165
 TYPE OF FACILITY: PERC Dry Cleaners
 RESPONSIBLE OFFICIAL: Paul Velazquez PHONE NUMBER: 305-226-7087

YOU ARE HEREBY NOTIFIED that on 2/12/04 the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE, CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
Part II 2(b)	Owner of facility has failed to pay annual operation fee for 2002	Send payment \$50 (annual payment)	7 DAYS
		\$25 (late fee) 00 22 74 \$75 total	
	3755 - 00 22 73	- 50 ⁰⁰	

ADDITIONAL INFORMATION:

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

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

Attached find address

Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.
Director

By (please print): Aruthia fernandez
 Section: Air Facilities Date: 02/12/04
 Signature: Aruthia fernandez

Received By (please print): _____
 Title: _____ Date: _____
 Signature: _____

**TITLE V AIR QUALITY GENERAL PERMIT
FIELD NOTICE OF VIOLATION**



Miami-Dade County Department of
Environmental Resources Management
33 S.W. 2nd Ave. Suite 900
Miami, FL 33130-1540
(305)372-6925, (305)372-6954 fax

CERTIFIED MAIL NO. 7000 0600 0025 3504 5849

RETURN RECEIPT REQUESTED

FACILITY OWNER/COMPANY NAME Gabriel Cleaners

SITE NAME _____ AIRS ID# 0250942

FACILITY LOCATION 10760 SW 24th St 33165

TYPE OF FACILITY: PERC Dry Cleaners

RESPONSIBLE OFFICIAL: Paul Velazquez PHONE NUMBER: 305-226-7087

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Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
Part II 2(b)	Owner of facility has failed to pay annual operation fee for 2003	Send payment \$50 (annual payment) \$25 (late fee) 00 22 74 \$75 total	7 DAYS
	3755 - 002273	- 50 ⁰⁰	

ADDITIONAL INFORMATION:

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

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

Attached find address

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For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.
Director

By (please print): Agustina fernandez

Received By (please print) _____

Section: Air Facilities

Date: 02/12/04

Title: _____

Date: _____

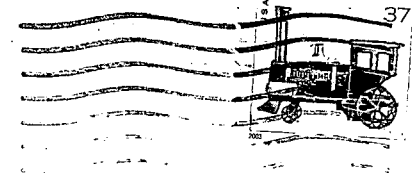
Signature: Agustina fernandez

Signature: _____

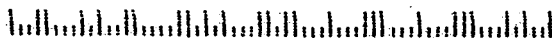
Mail payment to the following address:
Title V Air General Permit Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

Send payment by certified mail and fax copy of receipt to:
DERM 305-372-7954

GABRIEL Cleaners
10760 SW 24th St
Miami FL 33165



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

32315+3070 

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

1522
 607E
 3109
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 029T
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OFFICIAL USE

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

Paul Velazquez
 Postmark
 Here

Total Postage

AIRS ID#0250942

Sent To **PLATINUM CLEANERS**
PAUL C VELAZQUEZ
 Street, Apt. # **10760 SW 24TH ST**
MIAMI FL
 City, State, Zi **33165**

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#0250942

PLATINUM CLEANERS
 PAUL C VELAZQUEZ
 10760 SW 24TH ST
 MIAMI FL
 33165

COMPLETE THIS SECTION ON DELIVERY

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

Paul Velazquez 4-11-03

C. Signature

[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

2. Article Number (Copy from service label)

70001670001331092257

ied
line

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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 14 2003

RECEIVED

01



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

7001 0320 0001 7975 4550

OFFICIAL USE

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

AIRS ID#0250942

To
PLATINUM CLEANERS
 Sen **PAUL C VELAZQUEZ**
 10760 SW 24TH ST
 Str or P **MIAMI FL**
 City **33165**

PS Form 3800, January 2001

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#0250942

PLATINUM CLEANERS
PAUL C VELAZQUEZ
 10760 SW 24TH ST
 MIAMI FL
 33165

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 4550

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

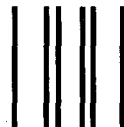
3. Service Type

- 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 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 17 2003

RECEIVED



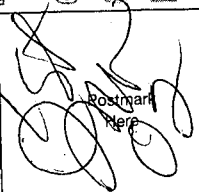
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7976 4979

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

Postmark
Here



AIRS ID#0250942

PLATINUM CLEANERS
 PAUL C VELAZQUEZ
 10760 SW 24TH ST
 MIAMI FL
 33165

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:

PLATINUM CLEANERS
 PAUL C VELAZQUEZ
 10760 SW 24TH ST
 MIAMI FL
 33165

AIRS ID#0250942

COMPLETE THIS SECTION ON DELIVERY

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

PAUL VELAZQUEZ 2-7-03

C. 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

2. Article Number (Copy from service label)

7001 0320 0001 7976 4979

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 0600 0026 4128 8925	<table border="1"> <tr> <td>Postage</td> <td>\$</td> <td rowspan="5" style="vertical-align: middle;">Postmark Here <i>receipt 03</i></td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Postage	\$	Postmark Here <i>receipt 03</i>	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)			
Postage	\$	Postmark Here <i>receipt 03</i>										
Certified Fee												
Return Receipt Fee (Endorsement Required)												
Restricted Delivery Fee (Endorsement Required)												
To	10 AIRS ID # 0250942001AG											
Rec	PAUL C VELAZQUEZ											
Stre	PLATINUM CLEANERS											
City	10760 SW 24TH ST MIAMI FL 33165											
PS	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. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery <i>12/13</i></td> </tr> <tr> <td>C. Signature <i>Paul C Velazquez</i> X</td> <td> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery <i>12/13</i>	C. Signature <i>Paul C Velazquez</i> X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly)	B. Date of Delivery <i>12/13</i>						
C. Signature <i>Paul C Velazquez</i> X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
1. Article Addressed to: 10 AIRS ID # 0250942001AG PAUL C VELAZQUEZ PLATINUM CLEANERS 10760 SW 24TH ST MIAMI FL 33165	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 (Transfer from service label) <i>7000 0600 0026 4128 8925</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						
PS Form 3811, March 2001	Domestic Return Receipt						
	102595-01-M-1424						



(continued)
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415302 MAR19 2002

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250942
PLATINUM CLEANERS
PAUL C VELAZQUEZ
10760 SW 24TH ST
MIAMI FL
33165

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

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0250942	
Total Post	PLATINUM CLEANERS
Sent To	PAUL C VELAZQUEZ
Street, Apt. or PO Box #	10760 SW 24TH ST
City, State, ZIP	MIAMI FL 33165
PS Form 3800, January 2001 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 # 0250942

PLATINUM CLEANERS
PAUL C VELAZQUEZ
10760 SW 24TH ST
MIAMI FL
33165

COMPLETE THIS SECTION ON DELIVERY

 A. Received by (Please Print Clearly) *E. Velazquez*

B. Date of Delivery

 C. Signature *E. Velazquez*
 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

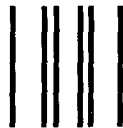
 C.O.D.

 Restricted Delivery? (Extra Fee)

 Yes

 2. Article No. **7001 0320 0001 7976 2135**

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

MAR 18 2004

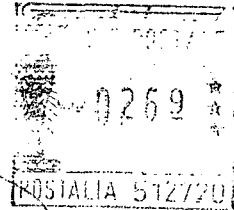
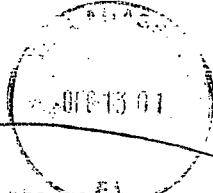
RECEIVED



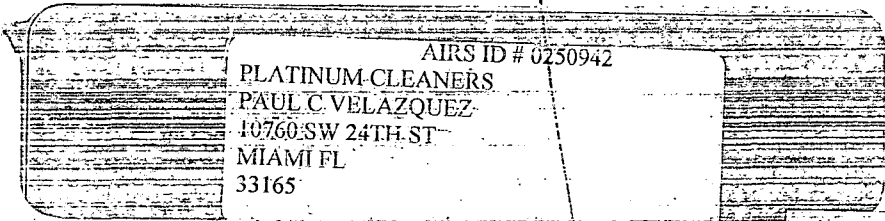
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
[Redacted]	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	AIRS ID # 0250942
PLATINUM CLEANERS	
Recip	PAUL C VELAZQUEZ
	10760 SW 24TH ST
Street	MIAMI FL
	33165
City, S	
Postmark Here	
[Redacted]	
PS Form 3800, February 2000 See Reverse for Instructions	

<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> <p style="text-align: center;">AIRS ID # 0250942</p> <p>PLATINUM CLEANERS PAUL C VELAZQUEZ 10760 SW 24TH ST MIAMI FL 33165</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery</p> <p style="text-align: center;">[Signature] 3/9/02</p> <p>C. Signature <input type="checkbox"/> Agent <input 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>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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>(Copy from service label)</i></p> <p style="font-size: 1.5em;">70000520002093731098</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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



RETURN SERVICE REQUESTED



Handwritten initials: RB

RECEIVED
D.E.P.
2002 JAN -2 PM 3:40
STORAGE LINK
REGULATION

323992400

