



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 29, 1998

Ms. Connie Guherrez
La Chemise Dry Cleaner
13262 Southwest Eighth Street
Miami, Florida 33184

Re: Facility No.: 0250978

Dear Ms. Guherrez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 16, 1998.

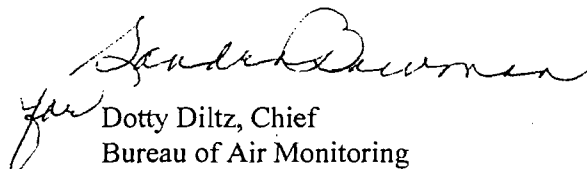
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

0250978

p 14

(a) add date control device installed

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | | | |
|--|--|----------|-------------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | LA Chemise Dry Cleaners - Connie Gutierrez | | |
| 2. Site Name (For example, plant name or number): | LA Chemise Dry Cleaners | | |
| 3. Hazardous Waste Generator Identification Number: | Pendrent | | |
| 4. Facility Location: | Street Address: | City: | County: Zip Code: |
| | 13262 SW 85th | Miami FL | Dade 33184 |
| 5. Facility Identification Number (DEP Use): | 0250918 | | |

RECEIVED
 DEC 16 1998
 Bureau of Air Monitoring
 & Mobile Sources

Responsible Official

| | | | |
|--|------------------------------|-----------------|-------------------------|
| 6. Name and Title of Responsible Official: | Connie Gutierrez - President | | |
| 7. Responsible Official Mailing Address: | Organization/Firm: | Street Address: | City: County: Zip Code: |
| | | 13262 SW 85th | Miami FL Dade 33184 |
| 8. Responsible Official Telephone Number: | Telephone: | Fax: | |
| | (305) 225-8555 | () - | |

Facility Contact (If different from Responsible Official)

| | | | |
|---|----------------------|----------|-------------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | Luis Frias (Manager) | | |
| 10. Facility Contact Address: | Street Address: | City: | County: Zip Code: |
| | 13262 SW 85th | Miami FL | Dade 33184 |
| 11. Facility Contact Telephone Number: | Telephone: | Fax: | |
| | (305) 225-8555 | () - | |

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> | | <i>#1 03-OCT-93</i> | <i>12-NOV-93</i> | | <i>#2 08-DEC-91</i> | | | <i>#3 02-MAR-92</i> | <i>02-MAR-92</i> |
| Dry-to-Dry Unit | | <i>1</i> | <i>MAY-95</i> | | | | | | |
| (1) w/ ref. condenser | | <i>YES</i> | | | | | | | |
| (2) w/ carbon adsorber | | <i>YES</i> | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

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

(c) No control devices are required to be installed

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

gallons

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

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Louie Gutierrez

Signature

Louie Gutierrez

12-07-98

Date

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring
& Mobile Sources

JUL 14 1999

RECEIVED

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERED
 RE-INSPECTION

AIRS ID#: 0250978 DATE: 5/13/99 TIME IN: 1:40pm TIME OUT: 3:15pm
 FACILITY NAME: La Chemise Dry Cleaner
 FACILITY LOCATION: 13202 SW 8 St
Miami, FL 33184
 RESPONSIBLE OFFICIAL: Connie Gutierrez PHONE: (305) 225-8555
 CONTACT NAME: Luis Frias PHONE: (305) 225-8555

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)

| | |
|---|---|
| <p>A.</p> <p>1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)</p> | <p><input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum</p> <p>2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)</p> |
|---|---|

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

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ 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 unknown gallons. (no receipts on site)

*Review + ARMS
6/17/99
DGF*

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 checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input checked="" 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

Deborah Griner
Inspector's Name (Please Print)

5/13/99
Date of Inspection

Deborah Griner
Inspector's Signature

5/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Mr. Frias (manager) was present. He had no calendar or other form of record-keeping. Provided the FDEP calendar and information packet.

No ref. condenser temp. gauge on outlet stream. Must install one within 30 days + fax/mail receipts to DERM.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:40 pm TIME OUT: 2:15 pm AIRS ID#: 0250978
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: La Chemise Dry Cleaner DATE: 5/13/99
 FACILITY LOCATION: 13202 SW 8 St
 Miami, FL 33184
 RESPONSIBLE OFFICIAL: Connie Gutierrez PHONE NUMBER: (305) 225-8533

- 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 |
|--|---|
| Failed to monitor + record temp. (not to exceed 45°) of the outlet side of the ref. condenser on a weekly basis. | Begin monitoring temperature + record in calendar provided. |
| Failed to conduct + record bi-weekly leak inspection. | Begin conducting + recording results of leak inspection on a bi-weekly basis (Record in calendar) |
| Failed to keep perc receipts on site for a minimum of 5 years and keeping a rolling log. | Begin keeping receipts on site and a 12 month rolling log in the calendar provided. |
| No startup / shutdown / mal-function plan on site. (machine manual) | Keep machine manual with trouble shooting section on site. |
| No temperature gauge on the outlet side of refrigerated condenser. | Determine from mechanic or manufacturer if the temp gauge in the back of machine measures the outlet side of the ref. condenser. If not, have appropriate gauge installed within 30 days. Fax receipts to DERM. |

COMMENTS: Facility does not have secondary containment for waste drums. (Applied for both IWS + Air permits 12/98).

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

DATE OF NEXT INSPECTION: 5/2000 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: *Debora Griner* PHONE NUMBER: (305) 372-6936

RECEIVED
 Bureau of Air Monitoring
 Mobile Sources
 JUN 14 1999

AIRS ID#: 0250978

Attn: Debbie Griner

RECEIVED

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION UNIT 30 1999

FACILITY NAME: La Chemise Dry Cleaners Air Quality Management DATE: 5/13/99
 FACILITY LOCATION: 13202 SW 8 St
Miami, FL 33184

Annual Reporting Period: 5 1998 TO 5 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DER 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 Record keeping (leak detection, ref. condenser temp, rolling log + startup/shutdown malfunction plan)
 Exact period of non-compliance: from 10/98 to 5/99
 Action(s) taken to achieve compliance: Begin keeping records in calendar provided
 Method used to demonstrate compliance: Compliance Calendar

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No temp. gauge on outlet side of ref. condenser
 Exact period of non-compliance: from 12/98 to 5/99
 Action(s) taken to achieve compliance: Install appropriate temp. gauge w/in 30 days
 Method used to demonstrate compliance: Fax receipts to DERM @ (305) 372-6954
attn: D. Griner

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: Connie Gutierrez Connie Gutierrez _____
 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.

ARMS
7/1/99
DG



BEST AVAILABLE COPY

STEINER AT ANTI LUBR

Mar. 12 1998 11:29PM P1
230 N.E. 68th Avenue
MIAMI, FLORIDA 33138 556

P.O. BOX 380578 • MIAMI, FLORIDA 33238-0578

DADE: (305) 754-4551 • TOLL FREE: 1-800-333-8883 • FAX (305) 751-8390

SHIP TO

BILL TO

LA CHEMISE DRY CLEANERS INC
3842 SW 137 AVENUE
MIAMI FL 33175

LA CHEMISE DRY CLEANERS INC
3842 SW 137 AVENUE
MIAMI FL 33175

| INVOICE NO. | DATE | ORDER NO. | DATE | CUSTOMER NO. | CUSTOMER P.O. NO. | TERMS | SALESMAN |
|-------------|----------|-----------|----------|--------------|-------------------|-----------|----------|
| 532013 | 06/30/99 | 532484 | 06/30/99 | 3354 | | OUR TRUCK | 23 |

| STOCK NO. | DESCRIPTION | U/M | QUANTITY | UNIT PRICE | AMOUNT |
|-----------|----------------------------------|-----|----------|------------|---------|
| RN2 2BM25 | THERMOMETER, STEM=2.5", -70/125A | | 1 | 36.000 | 36.00 |
| | Subtotal | | | | 36.00 |
| | Sales Tax | | | | 2.34 |
| | Total | | | | 38.34 |
| | Check # 1394 | | | | 38.340R |
| | Total Due | | | | .00 |

RECEIVED

MAR 30 1999

Air Quality
Management Division

WE APPRECIATE YOUR BUSINESS

PARTS INVOICE



ENVIRONMENTAL RESOURCES MANAGEMENT

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

Bureau of Air Monitoring
& Mobile Sources

JUL 14 1999

RECEIVED

TELEPHONE COMMUNICATION

DATE: 6/25/99 TIME: 10:20 am
CALLER: Debbie Griner TITLE: Inspector
SUBJECT: Temp. Gauge Installation + CC

CONTACT NAME: Mr. Gutierrez TITLE: Husband of RO (speaks English)
COMPANY: La Chemise Dry Cleaner PHONE #: (305) 649-9922
ADDRESS: 13262 SW 8 St

MESSAGE:

Mr. Gutierrez returned my call and indicated that he planned to install the temp. gauge before the 30th of June. He stated that financial reasons are causing the delay. He will fax me the receipts of the installation.



ENVIRONMENTAL RESOURCES MANAGEMENT
SUITE 1310
111 N.W. 1st STREET
MIAMI, FLORIDA 33128-1971
(305) 375-3376

TELEPHONE COMMUNICATION

Date: 6/17/99 Time: 3:25 am/pm Phone: (305) 649-9922
Name: Mr. Gutierrez Title: Husband of RO (speaks English)
Company/Agency: La Chemise Dry Cleaner Permit/File: DA 50978
Address: 13262 SW 8 St City: Miami State: FL Zip: 33184
Subject: FDEP General Permit (CC and temp gauge follow-up)
DERM Official: Debbie Griner Title: Inspector I

MESSAGE:

Mr. Gutierrez stated that the temp. gauge will be installed the weekend of 6/26/99. It has to be installed when machine is not in use and the mechanic is unable to do it the weekend of 6/19/99. Mr. Gutierrez will fax me a copy of the receipt and CC.

Call Referred to: _____

Title: _____



TELEPHONE COMMUNICATION

Date: 5/25/99 Time: 9:30 am pm Phone: (305) 649-9922

Name: Mr. Gutierrez Title: husband of RO (speaks english)

Company/Agency: La Chemise Dry Cleaner Permit/File: 0250978

Address: 13262 SW 8 St City: Miami State: FL Zip: 33184

Subject: FDEP Annual Air General Permit Inspection Results (5/13)

DERM Official: Debbie Griner Title: Inspector I

MESSAGE:

Called to find out if RO had contacted mechanic or manufacturer to determine if machine has temp gauge on outlet stream of ref condensor. Mr. Gutierrez will call me back when he finds out.

Call Referred to: _____
Title: _____

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ALERT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250978-002 DATE: 5/17/00 TIME IN: 1430 TIME OUT: 1500
 FACILITY NAME: Reneli Cleaners
 FACILITY LOCATION: 13262 Sw 8 st.
Miami, FL
 RESPONSIBLE OFFICIAL: Adey Calderin PHONE: (305) 225-8555
 CONTACT NAME: _____ PHONE: _____

RECEIVED
 AUG - 7 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 checked="" 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 0 gallons.

[Handwritten signatures and dates]
 7/21/00

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? | <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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input 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 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 |
| 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 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 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

Ivan Fanni
Inspector's Name (Please Print)

5/17/00
Date of Inspection

Ivan Fanni
Inspector's Signature

5/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

First inspection - explained / provided
calendar + requirements

- Good Housekeeping

Have not purchased any per yet.

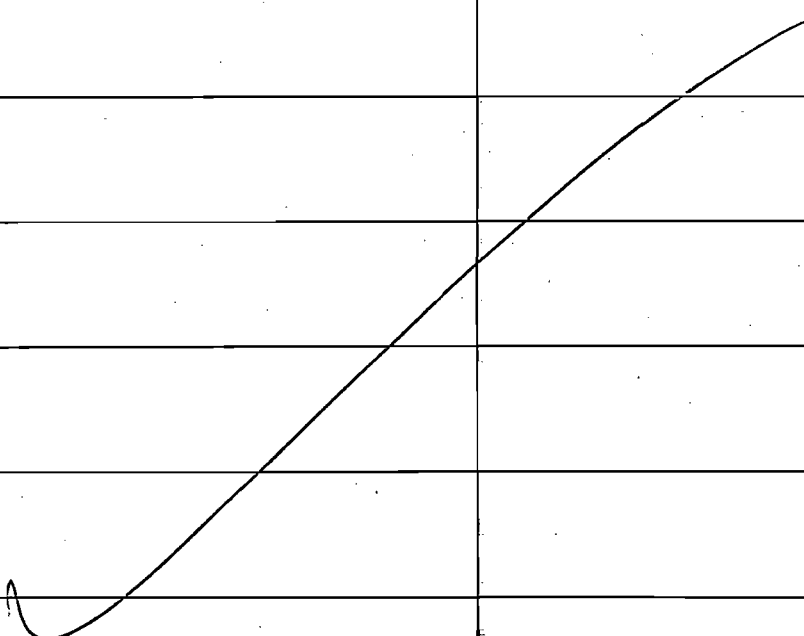
**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

ACRS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1430 TIME OUT: 1500 AIRS ID#: 0250878-002
 TYPE OF FACILITY: Pure Dry Cleaner
 FACILITY NAME: Renchi Cleaners DATE: 5/12/00
 FACILITY LOCATION: 13267 Sw 8th
Main FL
 RESPONSIBLE OFFICIAL: Adely Celdan PHONE NUMBER: 305-225-8555

- 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 |
|---|---------------------------|
|  | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS: Good Housekeeping
First inspection - provided calendar

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

DATE OF NEXT INSPECTION: 5/01
 (Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin
 (Please Print)

INSPECTOR'S SIGNATURE: *Ivan Fannin* PHONE NUMBER: 305-372-6922

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | | |
|---|-----------------|----------------------|
| FACILITY NAME: <u>Reneli Cleaners</u> | RECEIVED | DATE: <u>5/17/00</u> |
| FACILITY LOCATION: <u>1526 2 Sw 8 st.</u> <u>Miami, FL</u> | | <u>MAY 24 2000</u> |
| Air Quality Management Division | | |

Annual Reporting Period: November 1999 TO May 2000

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:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

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 _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Adely Calderin [Signature] 5/21/00
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.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

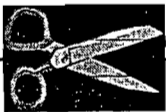
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

12/10/02

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

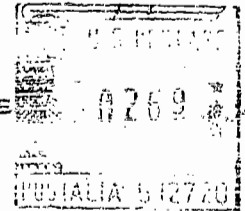
RENELI DRY CLEANERS
ADELY CALDERIN
15881 SW 8TH STREET
MIAMI FL
33177

AIRS ID#0250978

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

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

RETURN TO SENDER / INSURE TO THE ADDRESSEE



RETURN SERVICE REQUESTED

AIRS ID # 0250978
RENEE DRY CLEANERS
ADELY GALDERIN
15881 SW 8TH STREET
MIAMI FL
33177

*Made
filed*

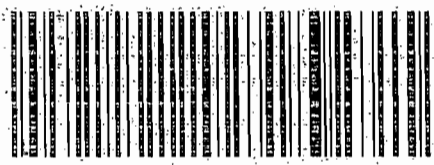
RECEIVED
J.E.P.
JAN - 4 AM 11:54
STORAGE BANK
REGISTRATION

32399/2400

MS# 5510 MC Acct# 5521

CERTIFIED MAIL

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



7000 0600 0026 4128 7942



Insufficient address

AIRS ID # 0250978
RENE DRY CLEANERS
ADELY CALDERIN
13881 SW 8TH STREET
MIAMI FL
33177

RECEIVED
MAR 1 2002
Bureau of Air Monitoring
& Mobile Sources

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 # 0250978
 RENELI DRY CLEANERS
 ADELY CALDERIN
 15881 SW 8TH STREET
 MIAMI FL
 33177

2. Article Number (Copy from service label)

7000 0600 0026 4128 7942

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X 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

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) | |
| | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total \$ | |
| AIRS-ID # 0250978 | |
| Recipient | RENELI DRY CLEANERS |
| Street | ADELY CALDERIN |
| City, S | 15881 SW 8TH STREET |
| | MIAMI FL |
| | 33177 |
| APSA for | Instructions |

7000 0600 0026 4128 7942

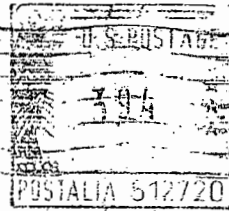
MS# 6610 MC Acct # 5521

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

CERTIFIED MAIL



7001 0320 0001 7976 2029



Insufficient address

SA

RENEE DRY CLEANERS
ADELY CALDERIN
15881 SW 8TH STREET
MIAMI FL
33177

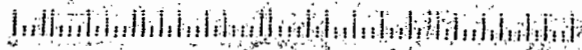
AIRS ID # 0250978

Bureau of Air Monitoring
& Mobile Sources

MAR 15 2002

RECEIVED

32399



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 # 0250978
 RENEL DRY CLEANERS
 ADELY CALDERIN
 15881 SW 8TH STREET
 MIAMI FL
 33177

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

 Agent AddresseeD. Is delivery address different from item 1? YesIf 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

7001 0320 0001 7976 2029

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 \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)Postmark
Here

Total Postage

RENEL DRY CLEANERS

Sent To

ADELY CALDERIN
15881 SW 8TH STREETStreet, Apt. No.,
or PO Box No.

MIAMI FL

City, State, ZIP+

33177

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0001 7976 2029

CERTIFIED MAIL

MS# 07 0310

MC Acct # 5524

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2406



7001 0320 0001 7975 9777



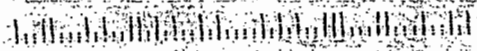
RECEIVED
APR 2 1992
Bur & More Searching



NO SUCH NUMBER

AIRS ID # 0250978
RENEE DRY CLEANERS
ADELY CALDERIN
15881 SW 8TH STREET
MIAMI FL 33177

32399-2406



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 # 0250978
 RENELI DRY CLEANERS
 ADELY CALDERIN
 15881 SW 8TH STREET
 MIAMI FL 33177

2. Article Number (Copy from service label)

7001 0320 0001 7975 9777

COMPLETE THIS SECTION ON DELIVERY

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

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

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

Postmark Here

AIRS ID # 0250978
 Se RENELI DRY CLEANERS
 ADELY CALDERIN
 St 15881 SW 8TH STREET
 or MIAMI FL
 Ch 33177

7001 0320 0001 7975 9777

or Instructions



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 403121

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 # 0250978

RENELI DRY CLEANERS
ADELY CALDERIN
15881 SW 8TH STREET
MIAMI FL 33177

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

1-18-01 Pd
RECEIVED
MAIL ROOM
JAN 18 01



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391474

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

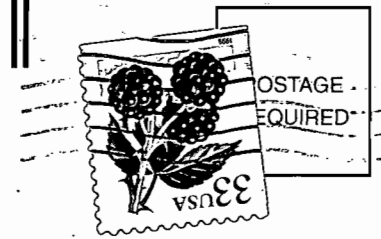
Do **NOT** Remove Label

| |
|--|
| AIRS ID # 0250978 |
| RENELI DRY CLEANERS ADELY CALDERIN 15881 SW 8TH STREET MIAMI FL 33177 |

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

RECEIVED
MAIL ROOM
JAN 25 00

RENELI
 DRY CLEANERS & COIN LAUNDRY
 13262 SW 8 ST 12216 SW 8 ST
 MIAMI FL 33184 MIAMI FL 33184
 305-225-3555 305-221-4000



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

32315-3070



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

7000 0600 0026 7825 6546

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

AIRS ID # 0250978

Recipie RENELI DRY CLEANERS
 Street, / CONNIE GUTIERREZ
 13262 SW 8TH STREET
 City, St. MIAMI FL 33184

PS Form 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.

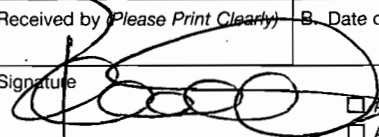
1. Article Addressed to:

AIRS ID # 0250978

RENELI DRY CLEANERS
 CONNIE GUTIERREZ
 13262 SW 8TH STREET
 MIAMI FL 33184

COMPLETE THIS SECTION ON DELIVERY

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

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)
 7000 0600 0026 7825 6546