



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 29, 1999

Mr. Joseph Lahoud
Lahoud Laundry Dry Cleaning
1290 Northeast 125 Street
North Miami, Florida 33161

Re: Facility No.: 0251013

Dear Mr. Lahoud:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 23, 1999.


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

RECEIVED

JUL 26 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

Part III. Notification of Intent to Use General Permit

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

RECEIVED

JUL 30 2001

Bureau of Air Monitoring
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	DIPLOMAT CLEANERS AND LAUNDRY		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:	PENDING		
4. Facility Location:			
Street Address:	1290 NE 125 ST	County:	DADE
City:	N. MIAMI	Zip Code:	33161
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251013-001		

Responsible Official

6. Name and Title of Responsible Official:		
Name:	JOSEPH LAHOUD	Title: PRES.
7. Responsible Official Mailing Address:		
Organization/Firm:		
Street Address:	2531 NE 195 ST	Zip Code: 33180
City:	N.M.B.	County: DADE
8. Responsible Official Telephone Number:		
Telephone:	(305) 931 6430	Fax: (305) 931-8930

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	JOSEPH LAHOUD PRES.	
10. Facility Contact Address:		
Street Address:	1290 NE 125 ST	Zip Code: 3361
City:	N. MIAMI	County: DADE
11. Facility Contact Telephone Number:		
Telephone:	(305) 893-3322	Fax: ()

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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")
1995	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	_____
1991	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> 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?

[200] gallons (You must fill this in)

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

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

New store: [_____] New machine [_____]

Unopened store [_____] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

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

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

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:

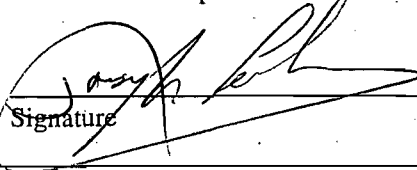
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0251013
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

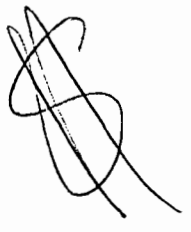
JOSEPH LAHOUD
Print name of responsible official


Signature

7-25-01
Date

DIPLOMAT CLEANERS
1290 NE 125TH
N MIAMI FL 33161

3755
3713
222
2



Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 06 2003



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCES
MSS510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399

32399+6342

1459

DIPLOMAT CLEANERS & LAUNDRY INC.
1290 NE 125TH ST.
NORTH MIAMI, FL 33161

DATE 2-1-3

PAY TO THE ORDER OF DEPARTMENT OF ENVIRONMENTAL \$ 75.00

Twenty Five DOLLARS

POINTEBANK
20495 BISCAYNE BLVD.
AVENTURA, FL 33180

MEMO AIRS ID # 02 5103

[Signature]

MP

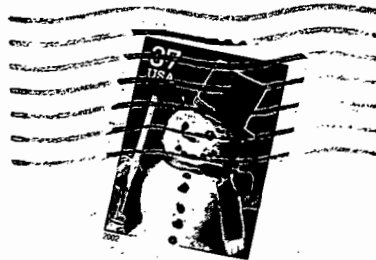
DIPLOMAT CLEANERS
1290 NE 125ST
N MIAMI FL 33161



Bureau of Air Monitoring
& Mobile Sources

FEB 06 2003

RECEIVED



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCES
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399
MS5510

32399+6342

TALLAHASSEE FL 32399



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

NOV 23 1999

Bureau of Air Monitoring
& Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	COMMON LAND CORPORATION		
2. Site Name (For example, plant name or number):	LAHOU LAUNDRY DRY CLEANING		
3. Hazardous Waste Generator Identification Number:	PENDING		
4. Facility Location:			
Street Address:	1290 NE 125 STREET		
City:	NORTH MIAMI	County:	DADE
		Zip Code:	33161
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0251013-001		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JOSEPH LAHOU	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	COMMONLAND CORPORATION		
Street Address:	2531 NE 195 STREET		
City:	N.M.B.	County:	DADE
		Zip Code:	33180
8. Responsible Official Telephone Number:			
Telephone:	(305) 773-7322 MOBILE	Fax:	(305) 931-8039
	931 6430		

Facility Contact (If different from Responsible Official)

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

(305) 931-6430

0251013-001

12/9/99

Spoke to Joseph Laboud, President of Common
Land Corporation, and he stated that his
facility is still under construction. ~~and~~
He plans to have at least one dry to dry
perc machine and add another at some time
in the future.

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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")
10-26-99	Existing/New	RC/CA/None required	SAME PENDING
_____	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? [NA]

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

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?

[0] 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 [X]

Unopened store [X] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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

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

How many boilers do you have on-site?

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

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 No. 6 fuel oil Other (please list) _____

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- (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.

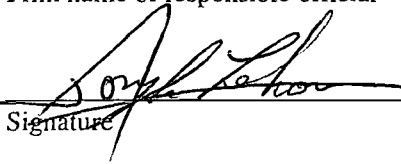
Responsible Official Certification

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.

JOSEPH LAHOUD

Print name of responsible official



Signature

11-17-99

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.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 29, 1999

Mr. Joseph Lahoud
Lahoud Laundry Dry Cleaning
1290 Northeast 125 Street
North Miami, Florida 33161

Re: Facility No.: 0251013

Dear Mr. Lahoud:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 23, 1999.

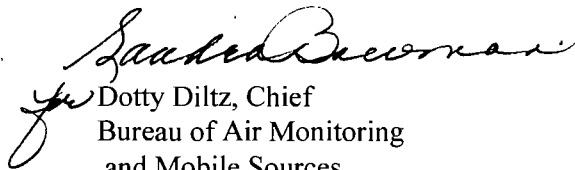
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

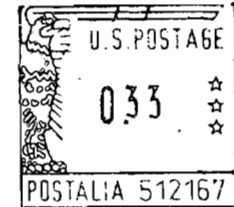
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MC5521

BAMMS/BCO
JOEY ROBERTS
5510

#0251013

Not Qual
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
NO SUCH NUMBER
ROUTE No. *644* CARR/INITIALS *gn* DATE
MR JOSEPH LAHOUD
LAHOUD LAUNDRY DRY CLEANING
1290 NORTHEAST 125 STREET
NORTH MIAMI FL 33161



UNCLAIMED

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 8 2000

32399/2400

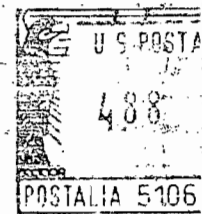


STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 MS 5510-37550 304000
 2600 BLAIR STONE ROAD
 TALLAHASSEE FL 32399-2400

MS # 5510



7003 2260 0003 5651 2509



RECEIVED
 SEP 20 2004
 Bureau of Air Monitoring
 & Mobile Sources

RETURNED TO SENDER
 UNDELIVERED
 No such address
 No such office in state
 Do not return to this office

IRS ID# 0251013
 AHOUD LAUNDRY DRY CLEANING
 OSEPHLAHOU
 531 NE 195 STREET
 NORTH MIAMI BEACH, FL 33180

6052 1595 E000 0922 E001

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

For delivery information visit our website at www.usps.com
OFFICIAL USE

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

Recd 10/04

Postmark Here

Total Post **IRS ID# 0251013**
AHOUD LAUNDRY DRY CLEANING
 Sent To **OSEPHLAHOU**
 Street, Apt. or PO Box # **531 NE 195 STREET**
 City, State **NORTH MIAMI BEACH, FL 33180**

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:

IRS ID# 0251013
LAHOUD LAUNDRY DRY CLEANING
OSEPHLAHOUD
531 NE 195 STREET
NORTH MIAMI BEACH, FL 33180

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ 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.

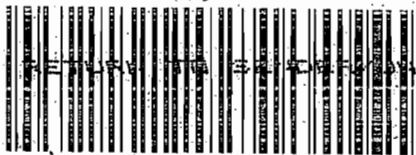
4. Restricted Delivery (Extra Fee) Yes

7003 2260 0003 5651 2509

CERTIFIED MAIL

MS# 5510 MC Acct # 5531

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



NOT AFFORDABLE TO FORWARD

7000 0600 0026 4128 7829

*Note
2-11-02*

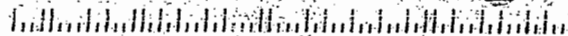
AIRS ID # 0251013
LAHOUD LAUNDRY DRY CLEANING
JOSEPH LAHOUD
2531 NE 195 STREET
NORTH MIAMI BEACH FL
33180

Bureau of Air Monitoring
& Mobile Sources

MAR 11 2002

RECEIVED

32399-2400 0600 0026 4128 7829



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:

LAIRS ID # 0251013
 LAHOUD LAUNDRY DRY CLEANING
 JOSEPH LAHOUD
 2531 NE 195 STREET
 NORTH MIAMI BEACH FL
 33180

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 4128 7829

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4128 7829

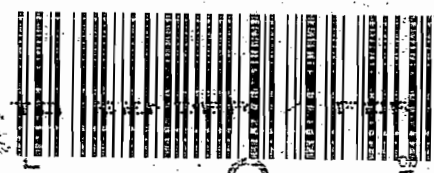
Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
AIRS ID # 0251013			
Re:	LAHOUD LAUNDRY DRY CLEANING		
Str:	JOSEPH LAHOUD		
	2531 NE 195 STREET		
Cit:	NORTH MIAMI BEACH FL		
	33180		

for instructions

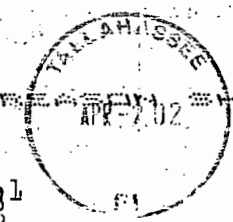
MS# 540 MC Acct # 5521

CERTIFIED MAIL

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



7001 0320 0001 7975



RETURN TO SENDER
 No Cash No. Add
 Unclaimed Unknown
 Forwarding Order Expired
 Moved Lett No Order
MIAMI, FL 33180

AIRS ID # 0251013
LAHOUD LAUNDRY DRY CLEANING
JOSEPH LAHOUD
2531 NE 195 STREET
NORTH MIAMI BEACH FL 33180

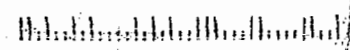
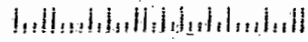
RECEIVED

MAY 16 2002

Bureau of Air Monitoring
& Mobile Sources 1

*Verified
4/4/02*

32480-2200



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOR BEST RESULTS

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to</p> <p style="text-align: center;">AIRS ID # 0251013 LAHOUD LAUNDRY DRY CLEANING JOSEPH LAHOUD 2531 NE 195 STREET NORTH MIAMI BEACH FL 33180</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p style="text-align: center;">7001 0320 0001 7975 9661</p>	

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

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

OFFICIAL USE

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

AIRS ID # 0251013

Send: LAHOUD LAUNDRY DRY CLEANING
 JOSEPH LAHOUD
 2531 NE 195 STREET
 NORTH MIAMI BEACH FL
 33180

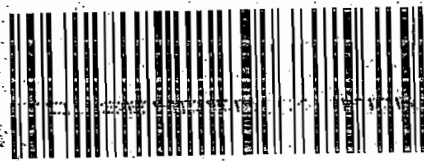
Instructions

7001 0320 0001 7975 9661

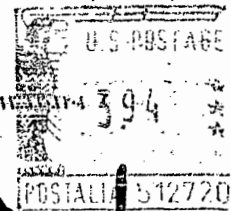
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7001 0320 0001 7976 0414



RETURN TO SENDER

No such name
 Unclaimed
 Forwarding Unit
 Moved Left No Unit
MIAMI, FL 33180

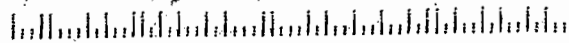
AIRS ID # 0251013
LAHOUD LAUNDRY DRY CLEANING
JOSEPH LAHOUD
2531 NE 195 STREET
NORTH MIAMI BEACH FL
33180

Notified
39

RECEIVED
MAY 18 2002

Bureau of Air Monitoring
& Mobile Sources

32399-2400 01



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 # 0251013
 LAHOUD LAUNDRY DRY CLEANING
 JOSEPH LAHOUD
 2531 NE 195 STREET
 NORTH MIAMI BEACH FL
 33180

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee
 X

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

7001 0320 0001 7976 0414

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

AIRS ID # 0251013
 LAHOUD LAUNDRY DRY CLEANING
 JOSEPH LAHOUD
 2531 NE 195 STREET
 NORTH MIAMI BEACH FL
 33180

7001 0320 0001 7976 0414

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

3755-2273
3755-2274

~~438738 APR28 2004~~

RECEIVED
APR 30 2004
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID# 251013 LAHOUD LAUNDRY DRY CLEANING JOSEPH LAHOUD 2531 NE 195 STREET NORTH MIAMI BEACH, FL 33180 AIRS ID# 251013

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: B1 FUND: 20-2-035001 OBJECT: 002273
--

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

446810 FEB 17 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 251013 1stC LAHOUD LAUNDRY DRY CLEANING 1290 NE 125th Street NORTH MIAMI, FL 33161
--

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FEB 21 2005
Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
--

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405921 FEB22 2001 *pd*

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 # 0251013
LAHOUD LAUNDRY DRY CLEANING
JOSEPH LAHOUD
2531 NE 195 STREET
NORTH MIAMI BEACH FL 33180

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

X
424319 MAR 3 2003

Do NOT Remove Label

AIRS ID#0251013
LAHOUD LAUNDRY DRY CLEANING
JOSEPH LAHOUD
2531 NE 195 STREET
NORTH MIAMI BEACH FL
33180

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

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OFFICIAL USE

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

Total P. AIRS ID# 251013 1stC

Sent To LAHOUD LAUNDRY DRY CLEANING
 1290 NE 125th Street
 NORTH MIAMI, FL 33161

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4049

PLACE STICKER AT TOP OF

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# 251013 1stC
 LAHOUD LAUNDRY DRY CLEANING
 1290 NE 125th Street
 NORTH MIAMI, FL 33161

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 2-7-05

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.

7004 2510 0002 3939 4049 Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

UNITED STATES POSTAL SERVICE



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

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

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

FEB 11 2005
Air Monitoring
Mobile Sources

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01



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Postage	\$	2nd Postmark Here 2003
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage \$ AIRS ID # 251013

Sent To JOSEPH LAHOUD
 LAHOUD LAUNDRY DRY CLEANING
 2531 NE 195 STREET
 NORTH MIAMI BEACH, FL 33180

*Street, Apt. No.,
 or PO Box No.*
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9195

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: right;">AIRS ID # 251013</p> <p>JOSEPH LAHOUD LAHOUD LAUNDRY DRY CLEANING 2531 NE 195 STREET NORTH MIAMI BEACH, FL 33180</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <input checked="" type="checkbox"/> <i>James LaHoud</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery 3/17/04</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 <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>7003 0500 0004 0144 9195</p>	

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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

DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2900 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

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U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIKS ID# 251013
Sent To	LAHOUD LAUNDRY DRY CLEANING
	JOSEPH LAHOUD
Street, Apt. No. or PO Box No.	2531 NE 195 STREET
City, State, ZIP	NORTH MIAMI BEACH, FL 33180
PS Form 3800, June 2002, ID # 251013 See reverse for instructions	

7003 0500 0004 0144 4749

B-03

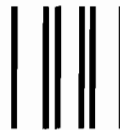
[Signature]

Postmark Here

SENDER: COMPLETE THIS SECTION <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. 	COMPLETE THIS SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery JOSEPH LAHOUD 4-8-04 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> AIKS ID# 251013 LAHOUD LAUNDRY DRY CLEANING JOSEPH LAHOUD 2531 NE 195 STREET NORTH MIAMI BEACH, FL 33180 #251013 </div>	2. Article Number (Transfer from service label) <div style="border: 1px solid black; padding: 5px; text-align: center;"> 7003 0500 0004 0144 4749 </div>

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE



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USPS
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• 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
7600 BLAIR STONE ROAD
FALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 12 2004

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

Postmark
Here

Total Postage: ID# 251013
 JOSEPH LAHOUD
 LAHOUD LAUNDRY DRY CLEANING
 2531 NE 195 STREET
 NORTH MIAMI BEACH, FL 33180

Sent To: LAHOUD LAUNDRY DRY CLEANING
 Street, Apt. No. or PO Box No. 2531 NE 195 STREET
 City, State, ZIP NORTH MIAMI BEACH, FL 33180

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 9264

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>ID# 251013 JOSEPH LAHOUD LAHOUD LAUNDRY DRY CLEANING 2531 NE 195 STREET NORTH MIAMI BEACH, FL 33180</p> </div>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Joseph LaHoud</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</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>2. Article Number (Transfer from service label)</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>7003 2260 0003 5650 9264</p>	

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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

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

2600 Blair Stone Road
Tallahassee, FL 32399-2400
Mobile Source Monitoring

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CERTIFIED MAIL RECEIPT
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OFFICIAL USE

7001 0320 0001 7975 4468

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

*Postman
Here*
Missie

AIRS ID#0251013

LAHOUD LAUNDRY DRY CLEANING
 JOSEPH LAHOUD
 2531 NE 195 STREET
 NORTH MIAMI BEACH FL
 33180

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#0251013

LAHOUD LAUNDRY DRY CLEANING
 JOSEPH LAHOUD
 2531 NE 195 STREET
 NORTH MIAMI BEACH FL
 33180

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 3-11-03

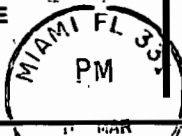
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7001 0320 0001 7975 4468

UNITED STATES POSTAL SERVICE



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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 5610
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 17 2003

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

7001 0320 0001 7976 6942

OFFICIAL USE

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

[Handwritten Signature]
 Postmark
 Here

AIRS ID#0251013

Sent To LAHOUD LAUNDRY DRY CLEANING
 JOSEPH LAHOUD
 Street, Apt. No., or PO Box No. 2531 NE 195 STREET
 City, State, ZIP+ NORTH MIAMI BEACH FL
 33180

PS Form 3800

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#0251013

LAHOUD LAUNDRY DRY CLEANING
 JOSEPH LAHOUD
 2531 NE 195 STREET
 NORTH MIAMI BEACH FL
 33180

2. Article Number
(Transfer from service label)

7001 0320 0001 7976 6942

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

[Handwritten Signature: Rose Stardel]

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 SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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U.S. Postal Service
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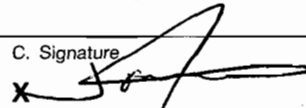
7000 0600 0026 7825 6225

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

AIRS ID # 0251013

Recipient LAHOUD LAUNDRY DRY CLEANING
Street, Apt JOSEPH LAHOUD
 2531 NE 195 STREET
City, State NORTH MIAMI BEACH FL 33180

PS Form Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery 02/13/01</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>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0251013 LAHOUD LAUNDRY DRY CLEANING JOSEPH LAHOUD 2531 NE 195 STREET NORTH MIAMI BEACH FL 33180</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>2. Article Number <i>(Copy from service label)</i> 7000-0600-0026-7825-6225</p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	