

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 29, 2000

Ms. Josefina Llamazares
Best Dry Cleaners
2255 Southwest 32 Avenue
Miami, Florida 33145

Re: Facility No.: 0251032-001

Dear Ms. Llamazares:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 21, 2000.

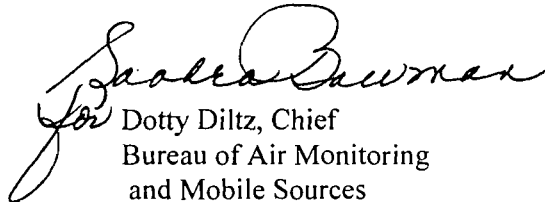
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

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

Printed on recycled paper.

RECEIVED

DIVISION OF AIR
RESOURCE MANAGEMENT

RECEIVED
JUL 27 2000
Department of Air Monitoring
Mobile Source

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUL 21 2000

Part III. Notification of Intent to Use General Permit

Air Quality
Management Division

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): A E J. CORP.
2. Site Name (For example, plant name or number): BEST DRY CLEANERS.
3. Hazardous Waste Generator Identification Number: FLDCESQG
4. Facility Location: 2255 SW 32 AVE. Street Address: City: MIAMI County: DADE Zip Code: 33145
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0251032-001

Responsible Official

6. Name and Title of Responsible Official: Name: JOSEFINA LLAMAZARES Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: SAME Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: () - Fax: () -

Facility Contact (If different from Responsible Official)

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

Facility Information

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

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

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")
6/86	Existing/New	RC/CA/None required	N/A
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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

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

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

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

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

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

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

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

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

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

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

JOSEFINA LIAMAZARES

Print name of responsible official

Josefina Liamazares
Signature

7-17-2000
Date

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

RECEIVED
11/14/00
Bureau of Air Monitoring
Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0251032 **DATE:** 11/2/00 **TIME IN:** 1030 **TIME OUT:** 1100
FACILITY NAME: Best Dry Cleaners
FACILITY LOCATION: 2255 SW 32 Ave.
Miami, FL
RESPONSIBLE OFFICIAL: Josefina Hlamazares **PHONE:** 305-567-0071
CONTACT NAME: _____ **PHONE:** _____

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: 120 gallons.

APUS
11/2/00
[Signature]

11/14/00
[Signature]

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

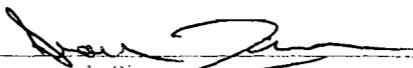
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose 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 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:
- 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 Fannin

Inspector's Name (Please Print)

11/2/00

Date of Inspection



Inspector's Signature

10-00

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

11-2-00

Need to remain consistent
w/ rolling log
Begin leak log.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1030 TIME OUT: 1100 AIRS ID#: 0251032
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Best Dry Cleaner DATE: 11-2-00
 FACILITY LOCATION: 2255 SW 32 AVE.
Miami, FL
 RESPONSIBLE OFFICIAL: Josefina Llamazares PHONE NUMBER: 305-567-0071

- 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:

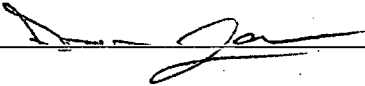
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not maintaining leak log	Begin all leak record keeping requirements (w/ more consistency)

COMMENTS:

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

DATE OF NEXT INSPECTION: 11-00
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 305-372-6925

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

APC

RECEIVED

FACILITY NAME: Bost Dry Cleaner DATE: 11-2-00
 FACILITY LOCATION: 2255 SW 32 Ave. NOV 07 2000
Miami, FL Air Quality Management Division

Annual Reporting Period: July 2000 TO Nov 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:

Not maintaining leak log

Exact period of non-compliance: from July 00 to Nov 00

Action(s) taken to achieve compliance: Begin leak log

Method used to demonstrate compliance: 2000 Calendar

#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.

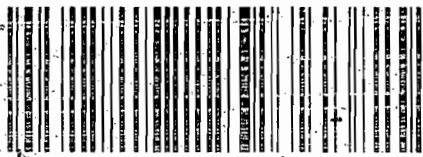
RESPONSIBLE OFFICIAL: JOSEFINA LLAMAZARES Josefina Llamazares 11-02-00
 Name (Please Print) Signature Date

*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.

CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7001 0320 0001 7976 7161



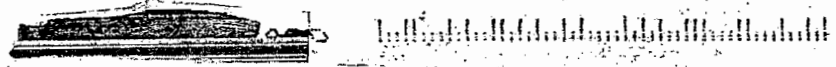
RI. # _____
Cert. Init. _____
Date _____

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Removed, Left No Address
- Unclaimed Refused
- Addressee Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due

Service of Air Monitoring & Media Sources

FEB 12 2003

RECEIVED



BEST AVAILABLE COPY

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#0251032

BEST DRY CLEANERS
 JOSEFINA LLAMAZARES
 2255 SW 32ND AVENUE
 MIAMI FL
 33145

COMPLETE THIS SECTION ON DELIVERY

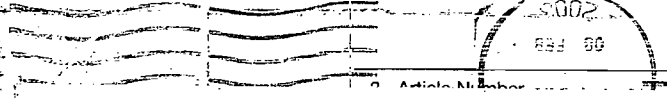
A. Received by (Please Print Clearly) B. Date of Delivery

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



0001 7976 7161

Return Receipt 102595-01-M-1424

REGISTERED 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

7001 0320 0001 7976 7161

Sent To
 Street, Apt. No. or PO Box No. City, State, ZIP
 BEST DRY CLEANERS
 JOSEFINA LLAMAZARES
 2255 SW 32ND AVENUE
 MIAMI FL
 33145

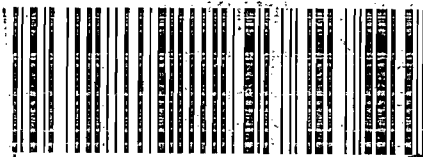
AIRS ID#0251032

PS Form 3800

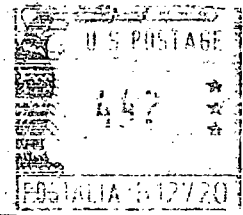
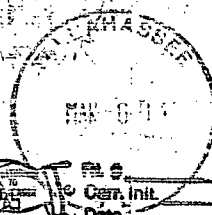
MS# 8610 MC Acct # 5574

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

CERTIFIED MAIL



7001 0320 0001 7975 4

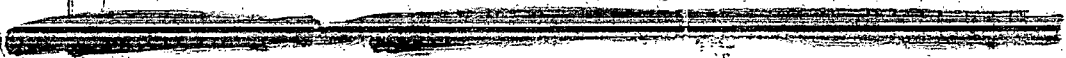
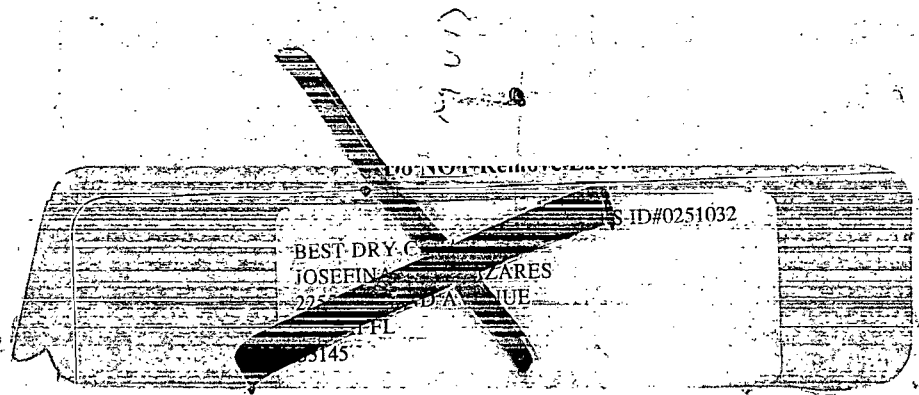


- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receipts
- Box Closed-No Order
- Returned For Better Address
- Postage Due

Handwritten: AIR MAIL & Mobile Services

MAR 17 2003

RECEIVED



BEST AVAILABLE COPY

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#0251032

BEST DRY CLEANERS
 JOSEFINA LLAMAZARES
 2255 SW 32ND AVENUE
 MIAMI FL
 33145

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

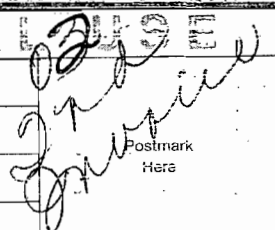
2. Article Number (Transfer from service label) **7001 0320 0001 7975 4475**

PS Form 3811 August 2001 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

0001 7975 4475

OFFICIAL USE

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

AIRS ID#0251032

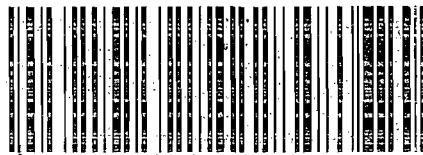
BEST DRY CLEANERS
 JOSEFINA LLAMAZARES
 2255 SW 32ND AVENUE
 MIAMI FL
 33145

5510

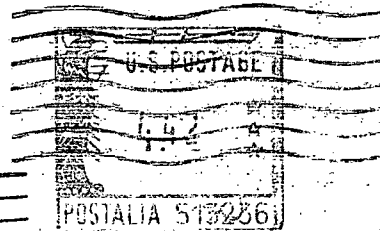
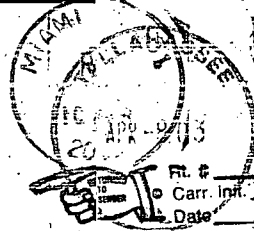
5521

CERTIFIED MAIL

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

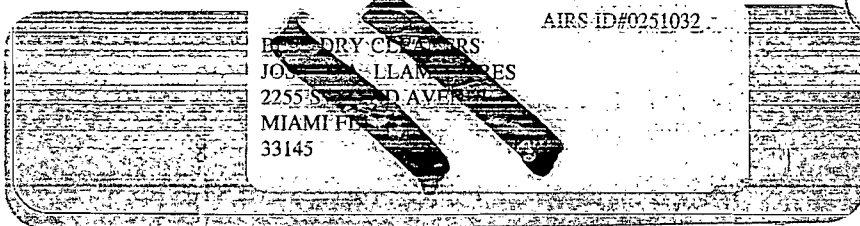


7000 1670 0013 3109 2138



MC5521

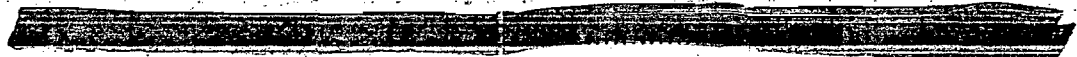
BAMMS/BCO
JOEY ROBERTS
5510



AIRS ID#0251032

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted Unknown
- No Such ~~Address~~
- Vacant Illegible
- No Mail Receptacle
- Box Closed-No Order
- Returned For Better Address
- Postage Due

RECEIVED
APR 14 2003
Surf 23 St Air Monitoring
& Mobile Sources



BEST AVAILABLE COPY

SENDER (GO)

NON-DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front-if space permits.

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

1. Article Addressed to:

AIRS ID#0251032

BEST DRY CLEANERS
 JOSEFINA LLAMAZARES
 2255 SW 32ND AVENUE
 MIAMI FL
 33145

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)

1610 0013 3109 2138

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)	

02
 3rd
 insured
 Postmark Here

AIRS ID#0251032

Total Po
 Sent To BEST DRY CLEANERS
 JOSEFINA LLAMAZARES
 2255 SW 32ND AVENUE
 Street, Apt MIAMI FL
 City, State, 33145

7000 1670 0100 029T 0004

5510

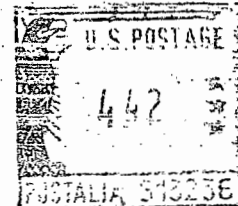
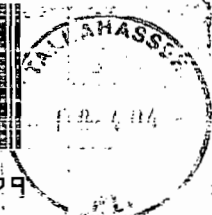
5521

CERTIFIED MAIL

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



7003 2260 0003 5650 9479



MC5521

BAMMS/BCD
JOEY ROBERTS
5510



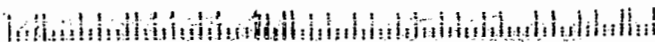
UNCLAIMED



ID# 251032
JOSEFINA LE AZARES
BEST DRY CLEANERS
2255 SW 32ND AVENUE
MIAMI, FL 33145

RECEIVED
MAR 10 2004
Air Monitoring
Public Sources

3319330



BEST AVAILABLE COPY

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:

ID# 251032
 JOSEFINA LLAMAZARES
 BEST DRY CLEANERS
 2255 SW 32ND AVENUE
 MIAMI, FL 33145

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 9479

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

PS Form 3811, August 2001

Domestic Return Receipt

10293-02-M-1540

7003 2260 0003 5650 9479

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)	

[Handwritten Signature]
 Postmark Here

Total Postage & ID# 251032
 JOSEFINA LLAMAZARES
 Sent To BEST DRY CLEANERS
 2255 SW 32ND AVENUE
 Street, Apt. No., or PO Box No. MIAMI, FL 33145
 City, State, ZIP+4

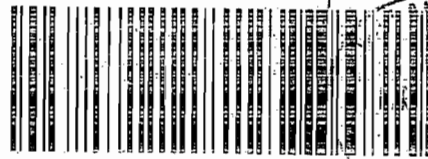
PS Form 3800, June 2002

See Reverse for Instructions

MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



7003 0500 0000 0000 0000 0000

- Not Deliverable As Addressed
Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed - Refused
- Attempted - Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receipts
- Postage Due

U.S. POSTAGE
442
POSTALIA 512720

~~ROSEMARIA MAZARES
BET DRY CLEANERS
2235 S. 2ND AVENUE
MIAMI, FL 33145~~

AIRS-ID # 251032

RECEIVED
MAR 21 2004
U.S. MAIL
2110 2110 2110
2110 2110 2110

BEST AVAILABLE COPY

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 # 251032
 JOSEFINA LLAMAZARES
 BEST DRY CLEANERS
 2255 SW 32ND AVENUE
 MIAMI, FL 33145

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

2. Article Number: 7003 0500 0004 0144 9980
 (Transfer from service label)

PS Form 3811 August 2001 Return Receipt 102595-02-M-1540

7003 0500 0004 0144 9980

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 _____

AIRS ID # 251032

Sent To: JOSEFINA LLAMAZARES
 BEST DRY CLEANERS
 2255 SW 32ND AVENUE
 MIAMI, FL 33145

Street, Apt. N or PO Box N
 City, State, Z

PS Form 3800 June 2002

2nd Cl
 Postmark Here
 2003

MS# 5510

MC Acct # 5521

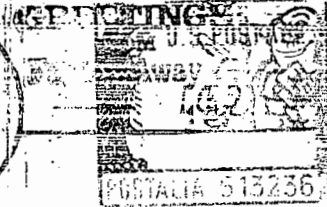
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

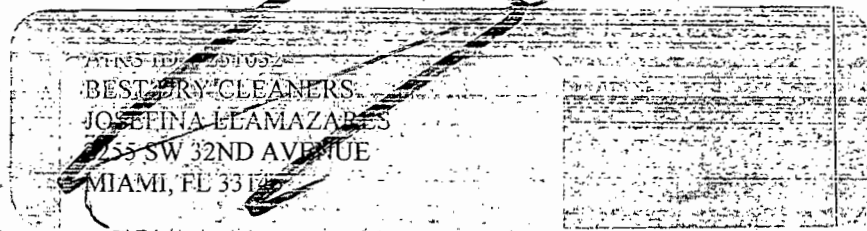
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7003 0500 0004 0144 4787



MLA



- Not Deliverable As Addressed
 Unable To Forward
 Insufficient Address
 Moved, Left No Return Address
 Unclaimed Refused
 Attempted - Not Known
 No Such Street Number
 Vacant Illegible
 No Mail Receipts
 Box Closed - No Order
 Returned For Incorrect Address

Bureau of Air Mailing
APR 8 2004

RECEIVED

BEST AVAILABLE COPY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) _____
2. Article Number: 7003 0500 0004 0144 4787 <small>(Transfer from service label)</small>	C. Date of Delivery _____ 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
PS Form 3811, August 2001	Domestic Return Receipt
	102595-02-M-1540

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 <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage:		ARTS ID # 251052

Sent To: BEST DRY CLEANERS
 JOSEFINA LLAMAZARES
 2255 SW 32ND AVENUE
 MIAMI, FL 33145

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

#0251032

03
 Postmark Here

PS Form 3800

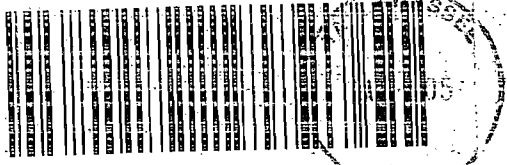
7003 0500 0004 0144 4787

BEST AVAILABLE COPY

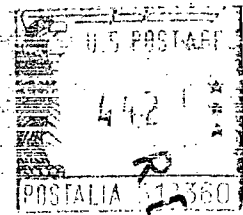
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL

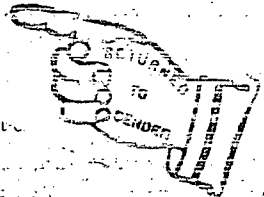


7004 2510 0002 3939 4575



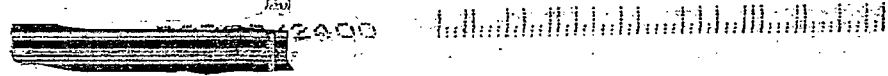
Add ink

AIRS ID#0251032.....2nd Certif
BEST DRY CLEANERS



FORWARDED

FORWARDED
For
P.O. Box 33135
Miami, FL 33135
2/20/60



U.S. MAIL PERMIT NO. 1360 POSTALIA, FL 32360

BEST AVAILABLE COPY

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#0251032.....2nd Cert 05
 BEST DRY CLEANERS
 2255 SW 32nd Avenue
 MIAMI, FL 33145

FORWARDED

2. Article Number
(Transfer from service lab.)

7004 2510 0002 3939 4575

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Card

595-02-M-1540

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

7004 2510 0002 3939 4575

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

Postmark Here

Sent To AIRS ID#0251032.....2nd Cert 05
 BEST DRY CLEANERS
 Street, Apt. No.; or PO Box No. 2255 SW 32nd Avenue
 City, State, ZIP+4 MIAMI, FL 33145

PS Form 3800-JUL

BEST AVAILABLE COPY

MS# 5510

MC Acct #

5627

CERTIFIED MAIL

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



7004 2510 0002 3939 9259



RT # _____
Carr. Init. _____
Date _____

- Not Deliverable As Addressed
Unable To Forward
- Insufficient Address
- Moved, Let No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due _____

AIRST# 251032 3rd Cert04
BEST DRY CLEANERS
2255 SW 32nd Avenue
MIAMI, FL 33145

RECEIVED
APR 15 2005
Bureau of Air Monitoring
& Mobile Sources

BEST AVAILABLE COPY

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse, so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID# 251032 3rd Cert04 BEST DRY CLEANERS 2255 SW 32nd Avenue MIAMI, FL 33145</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7004 2510 0002 3939 9259</p>

102595-02-M-1540

7004 2510 0002 3939 9259

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

Sent To: AIRS ID# 251032 3rd Cert04
BEST DRY CLEANERS
2255 SW 32nd Avenue
MIAMI, FL 33145

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

PS Form 3800, 01

BEST AVAILABLE COPY

MS# 3510 MC Acct # 5527

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

~~3510~~
EXT 3506

305 567-0071

RECEIVED
MAR 07 2007

M. Mathias
Daseco

AIRS ID# 0251032
MS JOSEFINA LLAMAZARES
BEST DRY CLEANER
2255 SW 32ND AVENUE
MIAMI FL 33145



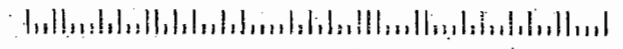
010118501646
\$00.390
02/27/2007
Mailed From 32399
US POSTAGE

NIXIE 331 1 07 03/05/07

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 32399240099 *0838-03812-27-37

323992400
33145+3177-99 0034



BEST AVAILABLE COPY

MS# 5510 MC Acct # 5527

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



016110501048
\$00.39
03/06/2007
Mailed From 32399
US POSTAGE

RECEIVED
New ownership
2nd Pickup
4/19/07
2007
Best Dry Cleaners
Jose Luis - owner

AIRS ID#251032
A&J CORPORATION
2255 SW 32nd Avenue
MIAMI, FLORIDA 33145

305-531-9155

NIXIE 331 1 07 03/19/07

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 32399240099 *0836-16453-08-35

323992400
33145+3177-99 0034



786/293-5757

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

7000 0600 0026 4128 7997

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

To: AIRS ID # 0251032

Re: BEST DRY CLEANERS

Str: JOSEFINA LLAMAZARES

MIAMI FL

Cit: 2255 SW 32ND AVENUE

33145

PS Form 3811, July 1999 for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <i>A. Llamazares</i> B. Date of Delivery <i>2/9/02</i></p> <p>C. Signature <i>[Signature]</i> <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>AIRS ID # 0251032</p> <p>BEST DRY CLEANERS JOSEFINA LLAMAZARES 2255 SW 32ND AVENUE MIAMI FL 33145</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p><i>7000 0600 0026 4128 7997</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414587 FEB27 2002

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

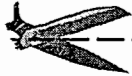
TOTAL AMOUNT DUE: \$50.00

✓

Do **NOT** Remove Label

AIRS ID # 0251032
BEST DRY CLEANERS
JOSEFINA LLAMAZARES
2255 SW 32ND AVENUE
MIAMI FL
33145

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403233

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 # 0251032

BEST DRY CLEANERS
JOSEFINA LLAMAZARES
2255 SW 32ND AVENUE
MIAMI FL 33145

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

1-19-01 pd

RECEIVED
MAIL ROOM
JAN 19 9 11 AM