



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 20, 2001

Mr. Anthony Muhammad
Mr. Muhammad's Dry Cleaners
5656 Northwest Seventh Avenue
Miami, Florida 33127

Re: Facility No.: 0251095-001

Dear Mr. Muhammad:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 2, 2001.

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

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

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

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

Sincerely,

Rich Butler
for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah ,Dade County

"More Protection, Less Process"

Printed on recycled paper.

0251095-001

3/8/2001

Spoke to Anthony Muhammad and he stated that the dry to dry machine in his facility has a Refrigerated Condenser as a control device and it was purchased and installed with the machine

P15 (a) A refrigerated condenser is required and date control device installed should be added.

P17 Responsible official sign and date for changes made.

Actually received 2/02/01

RECEIVED

FEB 02 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality

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

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Mr Muhammad's Dry Cleaners Inc
2. Site Name (For example, plant name or number): Mr Muhammad's Dry Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 5656 NW 7 Avenue City: Miami County: Dade Zip Code: 33127
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0251095-001

Responsible Official

6. Name and Title of Responsible Official: Name: Anthony Muhammad Title: Vice Pres.
7. Responsible Official Mailing Address: 13800 N Miami Ave Miami, FL 33168 Organization/Firm: Mr. Muhammad Dry Cleaners Street Address: 5656 NW 7 Ave City: Miami County: Dade Zip Code: 33127
8. Responsible Official Telephone Number: Telephone: (305) 970-3967 Fax: (305) 953-2045

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: ()

RECEIVED
FEB 12 2001
Bureau of Air Monitoring & Mobile Sources

RECEIVED

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Oct 10, 2000	Existing <input checked="" type="radio"/> / New <input type="radio"/>	RC/CA/None <input checked="" type="radio"/> required	_____
_____	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? [0]

How many dryers/reclaimers do you have on-site? [0]

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 []

Unopened store [] (date of expected opening pending Perm Permit estimate Feb 15, 2001)

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? 1

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

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:

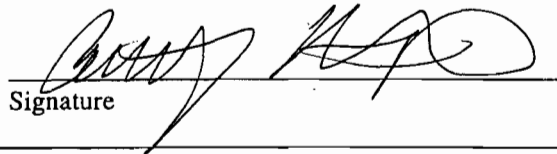
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

~~Anthony~~ Anthony Muhammad
Print name of responsible official


Signature

2-2-01
Date

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Monday, June 13, 2005 3:43 PM
To: Bowman, Sandy
Cc: Anderson, Terrence (DERM)
Subject: Re.: ARMS #s 0251095;0250879 and 0250915

Hi Sandy:

Please inactivate from the ARMS and ASGP databases the following facilities:

- 1) Sensations Cleaners . 850 Ives Dairy Road/ ARMS # 0250915/ Out of business.
- 2) Ives French Cleaners 20340 N.W. 2 Ave. / ARMS # 0250879/ Now using petroleum based solvent
- 3) Mr. Mohammad's 5656 N.W. 7 Ave. / ARMS # 0251095/ Out of business.

7/04/03
9/22/02
03/15/01

Thanks.

Marcelo.

MS 5510 MC Acct# 5521

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

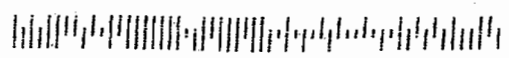
THE DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE RD
TALLAHASSEE, FL 32399-2400

*MR. MUHAMMAD
Way*

AIRS ID# 251095 10
MR MUHAMMAD'S DRY CLEANERS
5656 NW 7th Avenue
MIAMI, FL 33127

ADDRESS UNKNOWN
MIAMI VISTA STATION 33
RETURN TO
SENDER

RECEIVED
DEC 16 2004
Bureau of Air Monitoring
& Mobile Sources





POSTAGE
REQUIRED

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



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

December 6, 2004

NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2004**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

ATTENTION:

The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.

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# 251095 3rd Cert04
 MR MUHAMMAD'S DRY CLEANERS
 Street, Apt. No., or PO Box No. 5656 NW 7th Avenue
 City, State, ZIP+ MIAMI, FL 33127

PS Form 3800

7004 2510 0002 3939 9297

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# 251095 3rd Cert04
 MR MUHAMMAD'S DRY CLEANERS
 5656 NW 7th Avenue
 MIAMI, FL 33127

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 9297

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *L. Travis Raults* Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (*Extra Fee*) Yes

UNITED STATES POSTAL SERVICE



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

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

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

RECEIVED

APR 13 2005

MOBILE SOURCE



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)		

AIRS ID# 251095 1stC
 MR MUHAMMAD'S DRY CLEANERS
 5656 NW 7th Avenue
 MIAMI, FL 33127

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 2816

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# 251095 1stC
 MR MUHAMMAD'S DRY CLEANERS
 5656 NW 7th Avenue
 MIAMI, FL 33127

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Travis Rauls

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

<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*) Yes

7004 2510 0002 3939 2816

UNITED STATES POSTAL SERVICE

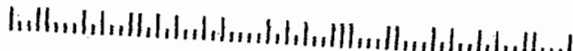


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-1011

• 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 32399-2600

RECEIVED
FEB 10 2005
U.S. MAIL
MAIL ROOM



7004 2510 0002 3939 4834	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#0251095.....2 nd Cert 05
		MR MUHAMMAD'S DRY CLEANERS
Street, Apt. No., or PO Box No.		5656 NW 7th Avenue
City, State, ZIP+4		MIAMI, FL 33127
PS Form 3800, June		

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>AIRS ID#0251095.....2nd Cert 05 MR MUHAMMAD'S DRY CLEANERS 5656 NW 7th Avenue MIAMI, FL 33127</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>T. Travis Pauls</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>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</p> <p>(Transfer from service lat. 7004 2510 0002 3939 4834)</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 checked="" type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	
<p>Domestic Return Receipt</p>	
<p>102595-02-M-1540</p>	

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

U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION
Air, Noise & Mobile Source

RECEIVED
MAR 8 2005

01



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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		

ID# 251095

Sent To: ANTHONY MUHAMMAD

Street, or PO: MR MUHAMMAD'S DRY CLEANERS

City, St: MIAMI, FL 33127

PS Form 3811, August 2001

9050 0595 E000 0922 E003 7003

[Handwritten Signature]

Postmark Here

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# 251095
 ANTHONY MUHAMMAD
 MR MUHAMMAD'S DRY CLEANERS
 5656 NW 7TH AVENUE
 MIAMI, FL 33127

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 5650 0506

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 •

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2004

RECEIVED

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

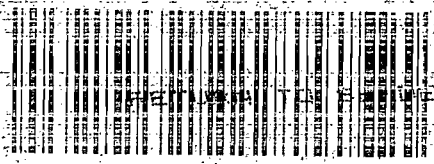


0510 5521



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

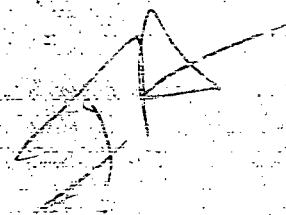


7000 1670 0013 3109 2008

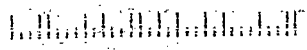
T. W. SHAW
APR 25 1997
BAMMS/BCO
ROBERTS
5510

AIRS ID#0251097

BASTIEN FAMILY CLEANERS
ROLAND BASTIEN
14036 BISE BLVD
MIAMI FL
33181



APR 25 2003



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#0251097

BASTIEN FAMILY CLEANERS
 ROLAND BASTIEN
 14030 BISE BLVD
 MIAMI FL
 33181

2. Article Number (Copy from service label)

40001640001331092008

PS Form 3811, July 1999

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

C. Signature Agent
 Addressee

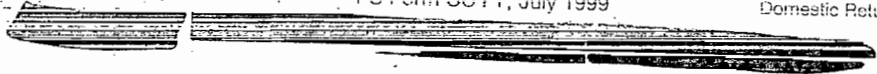
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595 99-M-1789



P15
Ref. Condenser Replaced
if built in write down
under date installed
3/8/01 spoke to Anthony M...
and stated that both
were purchased the same

9002 BOTE ET00 029T 0002

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only - No Insurance Coverage Provided)	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Paid	
Send To:	BASTIEN FAMILY CLEANERS
Street, Apt	ROLAND BASTIEN
	14030 BISE BLVD
City, State	MIAMI FL
	33181
AIRS ID#0251097	
PS Form 3800 (Rev. 10/98)	

Handwritten signature and initials in the receipt box.

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

OFFICIAL USE

EOH9 90TE E700 0700 0271 0002

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

02
3rd
Postmark Here
[Handwritten Signature]

Total AIRS ID#0251095
 Sent MR MUHAMMAD'S DRY CLEANERS
 ANTHONY MUHAMMAD
 Street 5656 NW 7TH AVENUE
 MIAMI FL
 City 33127

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#0251095

MR MUHAMMAD'S DRY CLEANERS
 ANTHONY MUHAMMAD
 5656 NW 7TH AVENUE
 MIAMI FL
 33127

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>[Handwritten Signature]</i>	4/10
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<i>[Handwritten Signature]</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> 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)
 100016400013 31086403

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
1500 BLAIR STONE ROAD
LAKELAND, FLORIDA 33909-2400

Bureau of Air Monitoring
& Mobile Sources

APR 14 2003

RECEIVED



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#0251095	
Sent To	MR MUHAMMAD'S DRY CLEANERS
Street, or PO Box	ANTHONY MUHAMMAD 5656 NW 7TH AVENUE
City, State	MIAMI FL 33127
PS Form	Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#0251095

MR MUHAMMAD'S DRY CLEANERS
ANTHONY MUHAMMAD
5656 NW 7TH AVENUE
MIAMI FL
33127

2. Article Number
(Transfer from service label)

7001 0320 0001 7976 6454

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

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 STOP 718510
2660 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 13 2003

RECEIVED

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	
Street, Apt. No., or PO Box No.	MR MUHAMMAD'S DRY CLEANERS ANTHONY MUHAMMAD 5656 NW 7TH AVENUE MIAMI FL 33127
City, State, ZIP+4	
PS Form 3800, Ja	

AIRS ID#0251095

Postmark Here

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#0251095

MR MUHAMMAD'S DRY CLEANERS
ANTHONY MUHAMMAD
5656 NW 7TH AVENUE
MIAMI FL
33127

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature *Anthony Muhammad* Agent Addressee
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

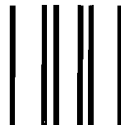
3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7975 6219

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2003

RECEIVED

32399+2400 01



TO THE RIGHT

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>Tyrene Oridge</i> B. Date of Delivery <i>4-4-02</i></p> <p>C. Signature <i>Tyrene Oridge</i> <input type="checkbox"/> Agent <input checked="" 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 # 0251095 MR MUHAMMAD'S DRY CLEANERS ANTHONY MUHAMMAD 5656 NW 7TH AVENUE MIAMI FL 33127</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <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; font-size: 1.2em;">7001 0320 0001 7975 8596</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>													
OFFICIAL USE													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Postage</td> <td style="width: 10%;">\$</td> <td style="width: 50%;"></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee <small>(Endorsement Required)</small></td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee <small>(Endorsement Required)</small></td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee <small>(Endorsement Required)</small>			Restricted Delivery Fee <small>(Endorsement Required)</small>			Postmark Here
Postage	\$												
Certified Fee													
Return Receipt Fee <small>(Endorsement Required)</small>													
Restricted Delivery Fee <small>(Endorsement Required)</small>													
<p style="text-align: right;">AIRS ID # 0251095</p> <p>Total To: MR MUHAMMAD'S DRY CLEANERS</p> <p>Sent To: ANTHONY MUHAMMAD</p> <p>Street, Ap or PO Box: 5656 NW 7TH AVENUE</p> <p>City, State: MIAMI FL 33127</p>													
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>													

7001 0320 0001 7975 8596

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><i>Bland Wilson</i> <i>2-9-02</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0251095</p> <p>MR MUHAMMAD'S DRY CLEANERS ANTHONY MUHAMMAD 5656 NW 7TH AVENUE MIAMI FL 33127</p>	<p>C. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Bland Wilson</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Copy from service label)</p> <p><i>7000 0600 0026 4128 8307</i></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>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>							
7000 0600 0026 4128 8307	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Postage \$</td> <td rowspan="5" style="width: 50%; text-align: center; vertical-align: middle;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> </tr> <tr> <td>Total Postage & Fees \$</td> </tr> </table> <p style="text-align: center;">AIRS ID # 0251095</p> <p>Recip: MR MUHAMMAD'S DRY CLEANERS</p> <p>Street: ANTHONY MUHAMMAD</p> <p>City: MIAMI FL</p> <p>33127</p> <p style="text-align: right;">Instructions</p>	Postage \$	Postmark Here	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees \$
Postage \$	Postmark Here						
Certified Fee							
Return Receipt Fee (Endorsement Required)							
Restricted Delivery Fee (Endorsement Required)							
Total Postage & Fees \$							

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0251095	
To	MR MUHAMMAD'S DRY CLEANERS
By	ANTHONY MUHAMMAD
Street or P.O. Box	5656 NW 7TH AVENUE
City	MIAMI FL
	33127
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 # 0251095
MR MUHAMMAD'S DRY CLEANERS
ANTHONY MUHAMMAD
5656 NW 7TH AVENUE
MIAMI FL
33127

COMPLETE THIS SECTION ON DELIVERY

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

July 10 1999 *3:00*
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

7001 0320 0001 7976 0377

UNITED STATES POSTAL SERVICE



STRAWBERRY FESTIVAL
PLANT CITY
FEB. 28 - MAR 10, 2002

First-Class Mail
Postage & Fees Paid
USPS
Permit No. FL10

• 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





Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

TO: Holder of Title V Air General Permit

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

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

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

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

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 251095 10
MR MUHAMMAD'S DRY CLEANERS
5656 NW 7th Avenue
MIAMI, FL 33127

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435982 FEB 5 2004

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label.

251095
ANTHONY MUHAMMAD
MR MUHAMMAD'S DRY CLEANERS
5656 NW 7TH AVENUE
MIAMI FL 33127

RECEIVED
FOR GOVERNMENT USE ONLY
Org.: 37550101000
Fund: 20-2-0
Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources