

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 10, 2001

Mr. Rohan D. Bastien
Bastien Family Cleaners
111030 Bise Boulevard
Miami, Florida 33181

Re: Facility No.: 0251097-001

Dear Mr. Bastien:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 26, 2001.

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

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

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

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

Sincerely,

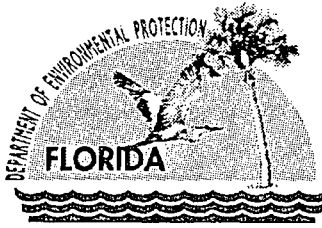
Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.



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Governor

Department of Environmental Protection

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

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October 10, 2001

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Re: Facility No.: 0251097-001

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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.

RECEIVED

MAR 26 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

MAR 21 2001

Air Quality

Bureau of Air Monitoring
& Mobile Sources

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):
BASTIEN FAMILY CLEANERS INC

2. Site Name (For example, plant name or number):
BASTIEN FAMILY CLEANERS 59 NE 54 ST

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
Street Address:
City: 59 NE 54 Street County: Dade Zip Code: 33137

5. Facility Identification Number (DEP Use ONLY - do not fill in):
0251097-001

Responsible Official

6. Name and Title of Responsible Official:
Name: ROHAN BASTIEN Title: Owner/President

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address:
City: 11030 Bisc Blvd County: DADE Zip Code: 33181

8. Responsible Official Telephone Number:
Telephone: (305) 354 3805 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
APRENSON A.

10. Facility Contact Address:
Street Address:
City: 163 NW 57 CT County: DADE Zip Code: 33137

11. Facility Contact Telephone Number:
Telephone: (305) 759-8800 Fax: () -
762 7351 (305)

Facility Information

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

How many dry-to-dry machines do you have on-site? [3]

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")
<u>1993</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? [2]

How many dryers/reclaimers do you have on-site? [2]

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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? [0] months

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

Small Area Source

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

Large Area Source

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

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

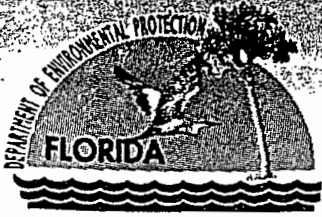
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

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

ROLAND BASTIEN *Rolland Bastien*
Print name of responsible official

Rolland Bastien
Signature

03/21/01
Date



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 9, 2001

Mr. Satpal Singh
Crest Cleaners and Valet
5800 Lake Underhill Road
Orlando, Florida 32807

Dear Mr. Singh:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1146) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

Chandan Cleaners & Valet, LLC
DBA Crest Cleaners & Valet
5800 Lake Underhill Drive
Orlando, Florida 32807
Phone: 407-275-0330

1146

DATE 10/28/01

PAY TO THE ORDER OF Department of Environmental Protection \$ 50.00

Fifty Dollars Only

Regions Bank
Orlando, FL 32809

General Permit

S. Singh
AUTHORIZED SIGNATURE

DOLLARS

TOUCH OR PRESS HERE TO DISAPPEAR WITH HEAT

BEST AVAILABLE COPY

**PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM**

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): Chandan Cleaners & Valet LLC
2. Site Name (For example, plant name or number): Crest Cleaners & Valet DBA
3. Hazardous Waste Generator Identification Number: FLD 0326 24 629
4. Facility Location: 5800 Lake Underhill Road Street Address: City: Orlando County: Orange Zip Code: 32807
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: Satpal Singh Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Chandan Cleaners & Valet Street Address: 5800 Lake Underhill Road City: Orlando County: Orange Zip Code: 32807
8. Responsible Official Telephone Number: Telephone: (407) 275-0330 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Satpal Singh
10. Facility Contact Address: Street Address: 5800 Lake Underhill Road City: Orlando County: Orange Zip Code: 32807
11. Facility Contact Telephone Number: Telephone: (407) 275-0330 Fax: () -

3/19/07

Check

Ann^{ulled} \$100 fee
payment rec'd
from Bastien
Family Leases
#0257097. Fee is
for payment years
2005 + 2006. Fifty
dollars is applied to
each ~~of~~ year.

Barry

Chardan Cleaners & Valet LLC
5800 Lake Underhill Road
Orlando FL- 32807



General Permits Section
Bureau of Air Monitoring & Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+2400 01

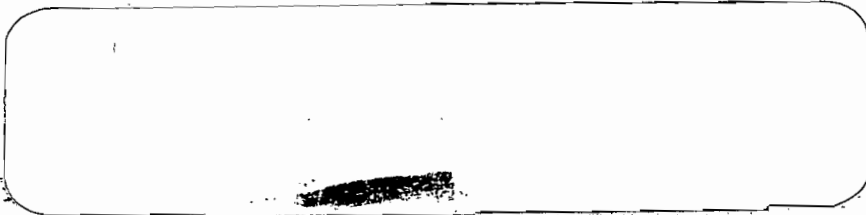


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

5510

5521

NSN



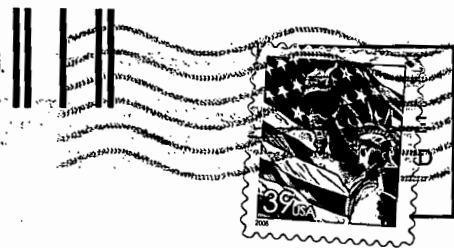
RECEIVED
NOV 13 2001
Bureau of Air Monitoring
& Mobile Sources

00



BASTIER FAMILY Dry cleaning
59 NE 54 St
MIA FLA 33127

MIAMI FL 331
09 MAR 2007 PM 1 L



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

470857 MAR 12 1100

BASTIEN FAMILY DRY CLEANERS, INC.

59 NE. 54TH STREET
MIAMI, FL 33137

DATE 03/29/07

PAY
TO THE
ORDER OF

TITLE V - General Permit
One hundred of

\$ 100

DOLLARS



Washington Mutual

Washington Mutual Bank, FA
Miami Shores Financial Center 1722
9640 NE. 2nd Avenue
Miami Shores, FL 33138

1-800-788-7000
24 hour Customer Service

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included.
Details on 6a

[Signature]

FOR

Serdy B
2 pmts for
251097
3/15/07

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

7004 2510 0002 3939 9396

Sent To AIRS ID# 251097 3rd Cert04
 BASTIEN FAMILY CLEANERS

Street, Apt. No. or PO Box No. 59 NE 54th Street

City, State, ZIP MIAMI, FL 33137

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.

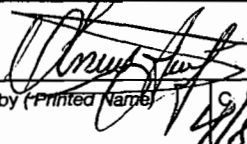
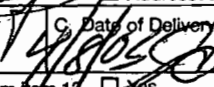
1. Article Addressed to:

AIRS ID# 251097 3rd Cert04
 BASTIEN FAMILY CLEANERS
 59 NE 54th Street
 MIAMI, FL 33137

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 9396

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
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USPS
Permit No. G-10

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

RECEIVED
APR 19 2005
Bureau of Air Monitoring
& Mobile Sources

01



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For delivery information visit our website at www.usps.com											
OFFICIAL USE											
<table border="1"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here
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. City, State, ZIP+4	AIRS ID#0251097.....2 nd Cert 05 BASTIEN FAMILY CLEANERS 59 NE 54th Street MIAMI, FL 33137										
PS Form 3800, Jan 2004	See Reverse for Instructions										

7004 2510 0002 3939 4643

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.

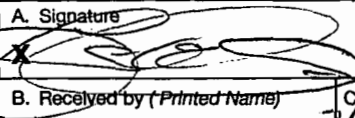
1. Article Addressed to:

AIRS ID#0251097.....2nd Cert 05
 BASTIEN FAMILY CLEANERS
 59 NE 54th Street
 MIAMI, FL 33137

2. Article Number
(Transfer from sender)

7004 2510 0002 3939 4643

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
 Addressee
- B. Received by (Printed Name) Date of Delivery
 3/4/05
- 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 checked="" 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

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
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Permit No. G-10

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 15510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING & MOBILE SOURCES

MAR 7 2005

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID# 251097 1stC
 BASTIEN FAMILY CLEANERS
 59 NE 54th Street
 MIAMI, FL 33137

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 2915

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

<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>Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>AIRS ID# 251097 1stC BASTIEN FAMILY CLEANERS 59 NE 54th Street MIAMI, FL 33137</p> </div>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <i>Augusta Bastien</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee <i>Augusta Bastien</i> <input type="checkbox"/> Date of Delivery <i>2/8/05</i></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> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</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.
<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.						

7004 2510 0002 3939 2915

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 •

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

RECEIVED
FEB 10 2005





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437739 MAR22 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

AIRS ID # 251097

ROLAND BASTIEN
BASTIEN FAMILY CLEANERS
59 NE 54TH STREET
MIAMI, FL 33137

Bureau of Air Monitoring
& Mobile Sources
MAR 30 2004

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Order: 8755011000 EO: A1
Fund: 20-2-035001
Obj.: 002276

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Return Receipt Fee (Endorsement Required)	
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AIRS ID # 251097

Total Postage \$ ROLAND BASTIEN

Sent To BASTIEN FAMILY CLEANERS

59 NE 54TH STREET

MIAMI, FL 33137

Street, Apt. No.,
or PO Box No.

City, State, ZIP+

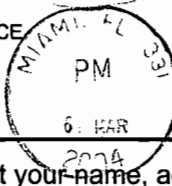
PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9317

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, SOLD AT POSTER'S RISK

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 # 251097</p> <p>ROLAND BASTIEN BASTIEN FAMILY CLEANERS 59 NE 54TH STREET MIAMI, FL 33137</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery 3/6</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 <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 9317</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 •

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

Bureau of Air Monitoring
Mobile Sources

MAR 11 2004

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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 <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Postmark
Here

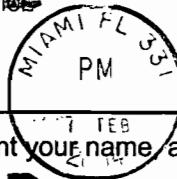
ID# 251097
 ROLAND BASTIEN
 BASTIEN FAMILY CLEANERS
 59 NE 54TH STREET
 MIAMI, FL 33137

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 8106

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-top: 10px;"> ID# 251097 ROLAND BASTIEN BASTIEN FAMILY CLEANERS 59 NE 54TH STREET MIAMI, FL 33137 </div>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" 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 <i>(Transfer from service label)</i></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>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5650 8106 </div>	

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 9 2004

RECEIVED





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

428725 APR 23 2003

Do NOT Remove Label

BASTIEN FAMILY CLEANERS
AIRS ID# 0251097
ROLAND BASTIEN
59 NE 54th STREET
MIAMI FL 33137

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

Bureau of Air
& Mobile

APR 29 2003

RECEIVED

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

7000 0520 0020 9372 8029

Remailed 3/19/2003

Postage \$

Certified Fee

*02/19/03
 [Signature]
 Invoice*

AIRS ID# 0251097
 BASTIEN FAMILY CLEANERS
 ROLAND BASTIEN
 59 NE 54TH STREET
 MIAMI FL 33137

er)

PS Form 3800, February 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# 0251097
 BASTIEN FAMILY CLEANERS
 ROLAND BASTIEN
 59 NE 54TH STREET
 MIAMI FL 33137

2. Article Number (Copy from service label)

7000 0520 0020 9372 8029

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery *3/19/03*

C. Signature

[Signature] Agent Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

Office of Air Monitoring
& Air Sources

MAR 25 2003

RECEIVED

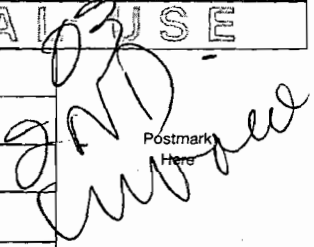


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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

Postmark
Here



AIRS ID#0710173

Total Postage

Sent To: WHITE HERON CLEANERS
Street, Apt. or PO Box: DOWAL S DOWLING
15675 MCGREGOR BLVD
City, State: FT. MYERS FL
33908

PS Form 3822

See Reverse for Instructions

7001 0320 0001 7975 6899

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

7001 0320 0001 7975 6226

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Post

AIRS ID#0251097

Sent To

BASTIEN FAMILY CLEANERS

ROLAND BASTIEN

Street, Apt.
or PO Box #

14030 BISE BLVD

City, State, ZIP

MIAMI FL

33181

Postmark
Here

PS Form 3800



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413687 JAN31 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 # 0251097

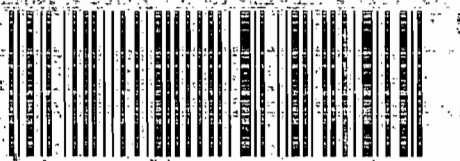
**BASTIEN FAMILY CLEANERS
ROLAND BASTIEN
14030 BISE BLVD
MIAMI FL
33181**

FOR GOVERNMENT USE ONLY

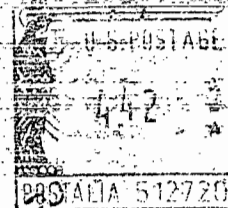
**Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273**

MS# 5510 MC Acct # 5591


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



7001 0320 0001 7975 5700



 **INSUFFICIENT
ADDRESS**

 **NO APT SUITE
OR BUSINESS LISTING**
E.C. 111
MAR 2 2003
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

AIRSI ID#0251097
BASTIEN, JAMIL & CLEANERS
ROLAND BASTIEN
14030 BISE BLVD
MIAMI FL
33181

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
 (Transfer from service label)

7001 0320 0001 7975 5700

COMPLETE THIS SECTION FOR 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 3841, August 2001 Domestic Return Receipt 102595-02-M-1540

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 P		

[Handwritten Signature]
 Postmark Here

AIRS ID#0251097

Sent To: BASTIEN FAMILY CLEANERS
 Street or PO: ROLAND BASTIEN
 14030 BISE BLVD
 City, St: MIAMI FL
 33181

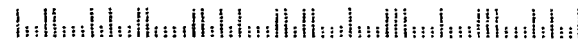
7001 0320 0001 7975 5700

BASTIEN FAMILY CLEANERS
59 NE 54 ST
TALLAHASSEE FL 323137



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

32315+3070 99



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

470957 MAR122007

Do **NOT** Remove Label

AIRS ID# 251097 10
BASTIEN FAMILY CLEANERS
59 NE 54th Street
MIAMI, FL 33137

*Per Sardy Bowman
paying for 2 years*

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

AS

3/19/07

Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

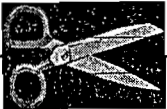
TO: Holder of Title V Air General Permit

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

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

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

12/10/02

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0251097
BASTIEN FAMILY CLEANERS
ROLAND BASTIEN
14030 BISE BLVD
MIAMI FL
33181

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 is located on the mailing label.

452796 MAY 23 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0251097.....2nd Cert 05
BASTIEN FAMILY CLEANERS
59 NE 54th Street
MIAMI, FL 33137

RECEIVED
MAY 26 2005
Bureau of Air Mail Delivery
& Mobile Services

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

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

*3/23/07
ENTERED \$50 IN
PAY 2005 & \$50
IN PAY 2006.*

TOTAL AMOUNT DUE: \$50.00

474857 MAR122007

Do **NOT** Remove Label

AIRS ID# 251097 10
BASTIEN FAMILY CLEANERS
59 NE 54th Street
MIAMI, FL 33137

*Bureau of Air Mail
& Mobile Serv.*

MAR 21 2007

RECEIVED

Printed on recycled paper.

*Per Sandy Bowman
paying for 2 years*

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

AS
3/19/07