



0112231

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 19, 1996

Mr. Chun Ha Pak
Cypress Creek Cleaners
821 Northeast 62nd Street
Fort Lauderdale, Florida 33334

Dear Mr. Pak:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 1996.

Please note that in November 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

cc: Mr. Robert Wong, Broward County

9/3/96
Inactivated

#0112231

Cypress Creek Cleaners

- p.14 1. (a) add ID#(s) and put date(s)
(4-1-92) in correct space(s) —
initial any date(s) marked out
1. (c) mark out "x" and initial
3. should be new small area source
- p.15 4. should be new small area source
w/ refrig. con.

AUG 19 1996

Hazardous Waste Cleanup Section

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | | | |
|--|----------------------------|-----------------|-----------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | CYPRESS CREEK CLEANERS | | |
| 2. Site Name (For example, plant name or number): | CYPRESS CREEK CLEANERS | | |
| 3. Hazardous Waste Generator Identification Number: | FLD 069600178 (0000 11635) | | |
| 4. Facility Location: | Street Address: | City: | Zip Code: |
| | 821 NE 62nd ST | FORT LAUDERDALE | 33334 |
| | County: | BROWARD | |
| 5. Facility Identification Number (DEP Use): | 0112231 | | |

Responsible Official

| | | | |
|--|------------------------|-----------------|-----------|
| 6. Name and Title of Responsible Official: | CHUN HA PAK (OWNER) | | |
| 7. Responsible Official Mailing Address: | Organization/Firm: | Street Address: | Zip Code: |
| | CYPRESS CREEK CLEANERS | 821 NE 62nd ST | 33334 |
| | City: | County: | |
| | FORT LAUDERDALE | BROWARD | |
| 8. Responsible Official Telephone Number: | Telephone: | Fax: | |
| | 954 492 5526 | () - | |

Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 22 1996

Facility Information

1(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | | | 4-7-92 | | 4-1-92 | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

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

(c) No control devices are required to be installed

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

gallons

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

*NEW
Small
P.C.*

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

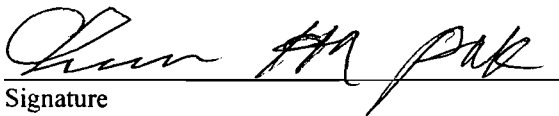
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

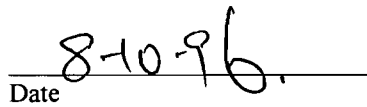
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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


Signature


Date

BEST AVAILABLE

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1235 TIME OUT: 1330 AIRS ID#: 0112231
 TYPE OF FACILITY: Perchlor. - Dry Cleaners
 FACILITY NAME: Cypress Creek Cleaners DATE: 4/18/97
 FACILITY LOCATION: 821 NE. 62nd St.
Ft. Lauderdale, Fl.
 RESPONSIBLE OFFICIAL: Chan Ha Pak PHONE NUMBER: (954) 492-5326

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 |
|--------------------------------|--|
| | <p>RECEIVED</p> <p>MAY 8 1997</p> <p>Bureau of Air Monitoring & Mobile Sources</p> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

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

DATE OF NEXT INSPECTION: April '98
(Approximate)

INSPECTION CONDUCTED BY: Toto Coppola
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (954) 579-1235

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Cypress Creek Cleaners DATE: 4/18/97
 FACILITY LOCATION: 821 N.E. 62nd St.
Ft. Lauderdale, FL

Annual Reporting Period: April 17 1997 TO April 1998 *

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:

RECEIVED

Exact period of non-compliance: from _____ to MAY 8 1997

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

Bureau of Air Monitoring
& Mobile Sources

#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: YOUNG SOOK PAIK [Signature] 4-18-97
 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.

* Facility is scheduled to be closed in May 1997.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112231 DATE: 9/9/98 TIME IN: 1540 TIME OUT: 1610
 FACILITY NAME: Cypress Creek Cleaners
 FACILITY LOCATION: 821 N.E. 62nd St
Ft. Lauderdale, Fl.
 RESPONSIBLE OFFICIAL: None Available PHONE: _____
 CONTACT NAME: _____ PHONE: _____

RECEIVED
 OCT - 2 1998
 Bureau of Air Monitoring
 & Mobile Sources

PART I: NOTIFICATION
 (check appropriate box)
 1. New facility notified DARM 50 days prior to startup
 2. Facility failed to notify DARM to use general permit

*Facility Closed -
 Equipment Removed*

PART II: CLASSIFICATION
 Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop stop out of business/petroleum
 A. *No Forwarding*
 1. Existing small area source *Information*
 dry-to-dry only, $x < 140$ gal/yr
 transfer only, $x \leq 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed before 12/9/91)
 2. New small area source *Available*
 dry-to-dry only, $x \leq 140$ gal/yr
 transfer only, $x \leq 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed on or after 12/9/91)
 3. Existing large area source
 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
 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 _____ gallons.

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Cypress Creek Cleaners DATE: _____

FACILITY LOCATION: 821 N.E. 62nd St.

Ft. Lauderdale

Annual Reporting Period: _____ 19 ____ TO _____ 19 ____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

Facility Closed

#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: _____

Equipment Removed

RECEIVED
OCT - 2 1998
Bureau of Air Monitoring
& Mobile Sources

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 purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,300 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: _____

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.

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1540 TIME OUT: 1610 AIRS ID#: BEST AVAILABLE
 TYPE OF FACILITY: PERC DRY CLEANERS
 FACILITY NAME: Cypress Creek Cleaners DATE: _____
 FACILITY LOCATION: 821 NE 62nd ST.
Ft. Lauderdale -
 RESPONSIBLE OFFICIAL: NONE PHONE NUMBER: _____

- 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 |
|--------------------------------|---------------------------|
| Facility Closed - | |
| Equipment Removed - | |
| No Forwarding Information | |
| | |
| | |
| | |

COMMENTS

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

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: _____ (Please Print)

INSPECTOR'S SIGNATURE: _____ PHONE NUMBER: _____

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261017 ✓

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

RECEIVED
MAIL ROOM

FEB 20 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 0112231
CYPRESS CREEK CLEANERS
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

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

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0112231

CYPRESS CREEK CLEANERS (CHUN HA
PAK)
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

4a. Article Number

2333-613-588

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD


7. Date of Delivery

2-17-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 589

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID 0112231

CYPRESS CREEK CLEANERS (CHUN HA
PAK)
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

| | |
|---|-----------|
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

PS Form 3800, April 1995

Fold at line over top of envelope to
the right of the return address

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112231

CYPRESS CREEK CLEANERS
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

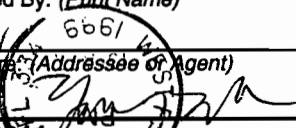
4a. Article Number
Z 333 667 186

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
4-14-99

5. Received By: (Print Name)
6661

6. Signature: (Addressee or Agent)
X 

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 333 667 186 1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID # 0112231

CYPRESS CREEK CLEANERS
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

| | |
|---|-----------|
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

PS Form 3800, April 1995

Z 333 618 094

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID# 0112231

CYPRESS CREEK CLEANERS
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

PS Form 3800, April 1995

| Postage | \$ |
|---|-----------|
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

P 265 302 340

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

Sent to

AIRS ID#: 0112231

CYPRESS CREEK CLEANERS (CHUN HA PAK)
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

PS Form 3800, April 1995

| | |
|---|-----------|
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | 2/13/97 |

POSTAGE WILL BE PAID BY ADDRESSEE

COMPLETE THIS SECTION ON 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:

10 AIRS ID # 0112231001AG
 CHUN HA PAK
 CYPRESS CREEK CLEANERS
 821 NE 62ND STREET
 FT LAUDERDALE FL 33334

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)*

70000600002641299761

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)

7000 0600 0026 4129 9761

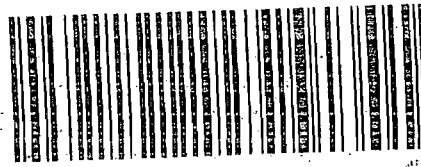
| | |
|--|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee <small>(Endorsement Required)</small> | |
| Restricted Delivery Fee <small>(Endorsement Required)</small> | |
| Total Postage & Fees | |

Postmark Here

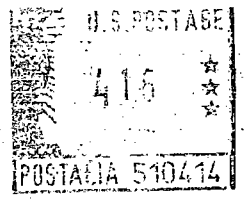
Recip. 10 AIRS ID # 0112231001AG
 Street, CHUN HA PAK
 City, S CYPRESS CREEK CLEANERS
 821 NE 62ND STREET
 FT LAUDERDALE FL 33334

PS Form Instructions

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



7000 0600 0026 4129 9761



RECEIVED
JUN 11 2001
Bureau of Air Monitoring
& Mobile Sources

RETURN TO SENDER

UNCLAIMED _____ NO SUCH STREET _____
UNKNOWN _____ NO SUCH NUMBER _____ NO APT/STE # _____
GONE NO FORWARD _____ FORWARD EXP. _____
VACANT _____ CLOSED _____ NO BOX _____ REFUSED _____
ROUTE _____ DATE _____ INT _____

NSN

10 AIRS ID# 0112231001AG
CHUN HA PAK
CYPRESS CREEK CLEANERS
821 NE 62ND STREET
FT LAUDERDALE FL 33334

Fold along this line to open envelope to return to sender.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0112231

CYPRESS CREEK CLEANERS
 CHUN HA PAK
 821 NE 92ND STREET
 FT LAUDERDALE FL 33334

5897 #11

4a. Article Number
2 333 613 094

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

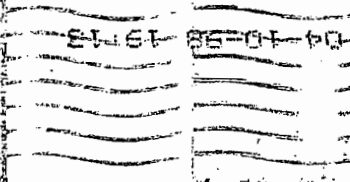
7. Date of Delivery

5. Received By: (Print Name)
 DOR #3 FT LAUDERDALE FL

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X



Thank you for using Return Receipt Service.

New Location?

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

RECEIVED

APR 14 1998

550304
MS5510

Bureau of Air Monitoring
& Mobile Sources

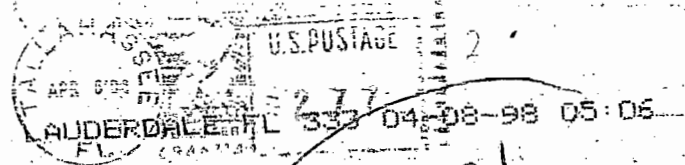
AIRS ID# 0112231
CYPRESS CREEK CLEANERS
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

CERTIFIED

Z 333 613 094

DCR #3 FT

REASON FOR RETURN
MAIL
Address Not Known
Insufficient Address
No Such Street
Zip Number
In State



Refused
3426
TU

Find

5897 N. DIXIE HWY
FT. LAUDERDALE, FL
33334

33334/3311

PS Form 3811, December 1994

Your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#0112231
 CYPRESS CREEK CLEANERS
 CHUN HA PAK
 821 NE 62ND STREET
 FT LAUDERDALE FL 33334

4a. Article Number
 Z 333 613 739

4b. Service Type

| | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 739

US Postal Service
Receipt for Certified Mail
 Multiservice Guarantee Provided

AIRS ID#0112231
 CYPRESS CREEK CLEANERS
 CHUN HA PAK
 821 NE 62ND STREET
 FT LAUDERDALE FL 33334

PS Form 3800, April 1995

| | |
|---|-----------|
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

CERTIFIED

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

Z 333 613 739

18:34 06/23/98 TLH FL

MAIL

TALLAHASSEE FL
JUN 23 1998
U.S. POSTAGE
277
PB METER
8846312

JUN 30 1998

Bureau of Air Monitoring
& Mobile Sources

550304

MS 5510
UNKNOWN

GMF

TO:

AIRS ID#0112231
CYPRESS CREEK CLEANERS
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

33334-3511 32



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112231

CYPRESS CREEK CLEANERS
 CHUN HA PAK
 821 NE 62ND STREET
 FT LAUDERDALE FL 33334

4a. Article Number

Z 333 660 543

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 333 660 543

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID # 0112231

CYPRESS CREEK CLEANERS
 CHUN HA PAK
 821 NE 62ND STREET
 FT LAUDERDALE FL 33334

PS Form 3800, April 1995

| | |
|---|-----------|
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

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

MS# 5510
37550301000

CERTIFIED

Z 333 660 543

MAIL

TALLAHASSEE FLORIDA
FEB 11 1999
U.S. POSTAGE
2.00
RETURNED TO SENDER
REASON CHECKED
Sustained Refused
Address Not known
Insufficient Address
No such street number
No such office in state
Do not re-mail in this envelope

LMK

AIRS ID # 0112231
CYPRESS CREEK CLEANERS
CHUN HA PAK
821 NE 62ND STREET
FT LAUDERDALE FL 33334

Bureau of Air Monitoring
& Mobile Sources

FEB 15 1999

RECEIVED

33234x3311 33