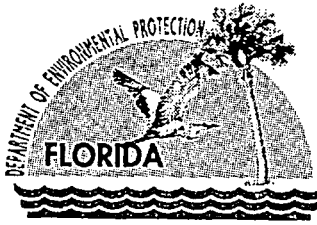


Fees Paid  
SOC 3  
Compliance IN



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 17, 2001

Mr. Harry Green  
Plaza Cleaners  
9980 Griffin Road  
Cooper City, Florida 33328

Re: Facility No.: 0112288-002

Dear Mr. Green:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 13, 2001.

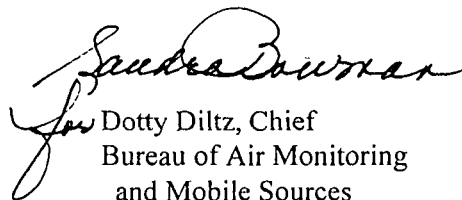
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

0112288-002

6/21/2001

Spoke to Mrs Green and she stated that the machine was purchased in January 1995.

P15

1(a) Add date initially purchased (Jan 1995)

circle New under Status

RC should be circled under Control Device Required.

P16 3. Place "X" by Small area source.

6(a)

(b)

(c)

(e)

} Required. Should be marked

P17 Responsible Official sign and date for changes made.

9:30 E.N.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

# DISTRICT ROUTING SLIP

To: \_\_\_\_\_ DATE: \_\_\_\_\_

cc To

	<b>PENSACOLA</b>	<b>NORTHWEST DISTRICT</b>	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	<b>TAMPA</b>	<b>SOUTHWEST DISTRICT</b>	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	<b>ORLANDO</b>	<b>CENTRAL DISTRICT</b>	
	Melbourne	Central District Satellite Office	
	<b>JACKSONVILLE</b>	<b>NORTHEAST DISTRICT</b>	
	Gainesville	Northeast District Branch Office	
	<b>FORT MYERS</b>	<b>SOUTH DISTRICT</b>	
	Marathon	South District Branch Office	
	<b>WEST PALM BEACH</b>	<b>SOUTHEAST DISTRICT</b>	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional  
Date Due \_\_\_\_\_

Reply Required  
Date Due: \_\_\_\_\_

Info Only

Comments:

From: \_\_\_\_\_

Tel: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 13 2001  
Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Shelly Enterprises Inc.</i>
2. Site Name (For example, plant name or number): <i>Plaza Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>GAD981269095</i>
4. Facility Location: Street Address: <i>9980 Griffin Rd.</i> City: <i>Cooper City</i> County: <i>Broward</i> Zip Code: <i>33328</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>01/2288-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Harry Green</i> Title: <i>pres.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Plaza Cleaners</i> Street Address: <i>9980 Griffin Rd.</i> City: <i>Cooper City</i> County: <i>Broward</i> Zip Code: <i>33328</i>
8. Responsible Official Telephone Number: Telephone: ( ) <i>434-4469</i> Fax: ( ) -

Facility Contact (If different from Responsible Official)

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

**Facility Information**

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

How many dry-to-dry machines do you have on-site?  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")
4-57 Imou	Existing/New	RC/CA/None required	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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

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

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

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

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

[ 40 ? ] gallons (You must fill this in)

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

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

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

Small Area Source

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

Large Area Source

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

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

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

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

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

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:  10

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.*

HARRY GREEN  
Print name of responsible official

Harry Green  
Signature

6/8/01  
Date



Emergency Contact Telephone Number

Please print or type  
(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-99

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>FLD087359105</b>		Manifest No. <b>93839</b>		2. Page 1 of <b>1</b>		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address <b>PLAZA CLEANERS</b> <span style="float: right;"><b>114-0112</b></span> <b>9980 GRIFFIN RD</b> <span style="float: right;"><b>COOPER CITY FL 33328</b></span>						A. State Manifest Document Number				
4. Generator's Phone <b>(954) 434-4469</b> <span style="float: right;"><b>County: Broward Ter: 4EF</b></span>						B. State Generator's ID				
5. Transporter 1 Company Name <b>MCF SYSTEMS ATLANTA, INC.</b>				6. US EPA ID Number <b>GAD981269095</b>		C. State Transporter's ID				
7. Transporter 2 Company Name <b>FREEHOLD CARTAGE, INC.</b>				8. US EPA ID Number <b>NJD054126164</b>		D. Transporter's Phone <b>(770) 593-9434</b>				
9. Designated Facility Name and Site Address <b>MCF SYSTEMS ATLANTA, INC.</b> <b>5353 Snapfinger Woods Drive</b> <b>Decatur GA 30035</b>						10. US EPA ID Number <b>GAD981269095</b>				
						G. State Facility's ID				
						H. Facility's Phone <b>(770) 593-9434</b>				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. <input checked="" type="checkbox"/> <b>RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III</b> <b>(Standard Filters)</b>									<b>P</b>	<b>F002/D039</b>
b. <input checked="" type="checkbox"/> <b>RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III</b> <b>(Split Jumbo)</b>									<b>P</b>	<b>F002/D039</b>
c. <input checked="" type="checkbox"/> <b>RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III</b> <b>(Still Bottom Liquid: 15Gal, 30Gal, 55Gal)</b>									<b>P</b>	<b>F002/D039</b>
d. <input checked="" type="checkbox"/> <b>RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III</b> <b>(S.B. Powder/Sludge: 15Gal, 30Gal, 55Gal)</b>						<b>1</b>			<b>P</b>	<b>F002/D039</b>
J. Additional Descriptions for Materials Listed Above <b>ERG #160 PAID</b> <span style="float: right;"><b>Prev. Manifest No:</b></span>						K. Handling Codes for Wastes Listed Above <b>M051, M052, M053, S01</b> <b>S02, T54, T63, T07, T16</b>				
15. Special Handling Instructions and Additional Information <b>The waste described in this manifest does not meet the treatment standards or prohibition levels of LDR Rule 40 CFR 268.7 (incineration), which is 0.05 mg/l for spent tetrachloroethylene solvent wastes, and cannot be land disposed. If undeliverable return to generator. In case of emergency spill, contact Chem-Trec at 1-800-424-9300</b>										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name <b>HARRY GREEN</b>						Signature <i>Harry Green</i>			Month Day Year <b>4 30 01</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>Carlos Baker</b>						Signature <i>Carlos Baker</i>			Month Day Year <b>04 30 01</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name <b>Sherry Raines</b>						Signature <i>Sherry Raines</i>			Month Day Year <b>5 4 01</b>	
19. Discrepancy Indication Space										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <b>Tommeke Bray</b>										
Signature <i>Tommeke Bray</i>						Month Day Year <b>5 7 01</b>				

BEST AVAILABLE COPY

UNIFORM HAZARDOUS WASTE MANIFEST AND INSTRUCTIONS EPA FORM 8700-22

U.S. EPA Form 8700-22

Read all instructions before completing this form.

This form has been designed for use on a 12-pitch (elite) typewriter; a firm point pen may also be used - press down hard.

Federal regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, and disposal facilities to use this form (8700-22) and, if necessary, the continuation sheet (Form 8700-22A) for both inter- and intrastate transportation.

Federal regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage and disposal facilities to complete the following information:

GENERATORS

Item 1. Generator's U.S. EPA ID Number - Manifest Document Number

Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this Manifest (e.g., 00001) by the generator.

Item 2. Page 1 of 1

Enter the total number of pages used to complete this Manifest, i.e., the first page (EPA Form 8700-22) plus the number of Continuation Sheets (EPA Form 8700-22A), if any.

Item 3. Generator's Name and Mailing Address

Enter the name and mailing address of the generator. The address should be the location that will receive the returned Manifest forms.

Item 4. Generator's Phone Number

Enter a telephone number where an authorized agent of the generator may be reached in the event of an emergency.

Item 5. Transporter 1 Company Name

Enter the company name of the first transporter who will transport the waste.

Item 6. U.S. EPA ID Number

Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

Item 7. Transporter 2 Company Name

If applicable, enter the company name of the second transporter who will transport the waste. If more than two transporters are used to transport the waste, use a Continuation Sheet(s) (EPA Form 8700-22A) and list the transporters in the order they will be transporting the waste.

Item 8. U.S. EPA ID Number

If applicable, enter the U.S. EPA twelve digit identification number of the second transporter identified in item 7.

Note.-If more than two transporters are used, enter each additional transporter's company name and U.S. EPA twelve digit identification number in items 24-27 on the Continuation Sheet (EPA Form 8700-22A). Each Continuation Sheet has space to record two additional transporters. Every transporter used between the generator and the designated facility must be listed.

Item 9. Designated Facility Name and Site Address

Enter the company name and site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the company mailing address.

Item 10. U.S. EPA ID Number

Enter the U.S. EPA twelve digit identification number of the designated facility identified in item 9.

Item 11. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA))

Enter the U.S. DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA) for each waste as identified in 49 CFR 171 through 177.

Note.-If additional space is needed for waste descriptions, enter these additional descriptions in item 28 on the Continuation Sheet (EPA Form 8700-22A).

Item 12. Containers (No. and Type)

Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I - Types of Containers -

Table with 2 columns listing container types and abbreviations: DM = Metal drums, barrels, kegs; DW = Wooden drums, barrels, kegs; DF = Fiberboard or plastic drums, barrels, kegs; TP = Tanks portable; TT = Cargo tanks (tank trucks); TC = Tank cars; DT = Dump truck; CY = Cylinders; CM = Metal boxes, cartons, cases (including roll-offs); CW = Wooden boxes, cartons, cases; CF = Fiber or plastic boxes, cartons, cases; BA = Burlap, cloth, paper or plastic bags

Item 13. Total Quantity

Enter the total quantity of waste described on each line.

Item 14. Unit (Wt./Vol.)

Enter the appropriate abbreviation from Table II (below) for the unit of measure.

Table II - Units of Measure

Table with 2 columns listing units of measure: G = Gallons (liquids only); P = Pounds; T = Tons (2000 lbs); Y = Cubic yards; L = Liters (liquids only); K = Kilograms; M = Metric tons (1000 kg); N = Cubic meters

Item 15. Special Handling Instructions and Additional Information

Generators may use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. States may not require additional, new, or different information in this space. For international shipments, generators must

enter in this space the point of departure (City and State) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.

Item 16. Generator's Certification

The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

Primary exporters shipping hazardous wastes to a facility located outside the United States must add to the end of the first sentence of the certification the following words and conform to the terms of the EPA Acknowledgment of Consent to the shipment.

In signing the waste minimization certification statement, those generators who have not been exempted by statute or regulation from the duty to make waste minimization certification under section 3002(b) of RCRA are also certifying that they have complied with the waste minimization requirements.

Generators may preprint the words, "On behalf of" in the signature block and write this statement on the signature block prior to signing the generator certifications.

Note.-All of the above information except the handwritten signature required in item 16 must be preprinted.

TRANSPORTERS

Item 17. Transporter 1 Acknowledgement of Receipt of Materials

Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

Item 18. Transporter 2 Acknowledgement of Receipt of Materials

Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

Note.-International Shipments - Transporter Responsibilities.

Exports - Transporters must sign and enter the date the waste left the United States in item 15 of Form 8700-22.

Imports - Shipments of hazardous waste regulated by RCRA and transported into the United States from another country must upon entry be accompanied by the U.S. EPA Uniform Hazardous Waste Manifest. Transporters who transport hazardous waste into the United States from another country are responsible for completing the Manifest (40 CFR 263.10(c)(1)).

OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES

Item 19. Discrepancy Indication Space

The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received at the facility.

Owners and operators of facilities located in unauthorized States (i.e., the U.S. EPA administers the hazardous waste management program) who cannot resolve significant discrepancies within 15 days of receiving the waste must submit to their Regional Administrator (see list below) a letter with a copy of the Manifest at issue describing the discrepancy and attempts to reconcile it (40 CFR 264.72 and 265.72).

Owners and operators of facilities located in authorized States (i.e., those States that have received authorization from the U.S. EPA to administer the hazardous waste program) should contact their State agency for information on State Discrepancy Report requirements.

EPA Regional Administrators: Regional Administrator, U.S. EPA Region I, F. Kennedy Fed. Bldg., Boston, MA 02203; Regional Administrator, U.S. EPA Region II, 225 Park Avenue, New York, NY 10028

Regional Administrator, U.S. EPA Region III, 6th and Walnut Sts., Philadelphia, PA 19106

Regional Administrator, U.S. EPA Region IV, 345 Courtland St., NE., Atlanta, GA 30365

Regional Administrator, U.S. EPA Region V, 230 S. Dearborn St., Chicago, IL 60604

Regional Administrator, U.S. EPA Region VI, 1201 Elm Street, Dallas, TX 75270

Regional Administrator, U.S. EPA Region VII, 324 East 11th Street, Kansas City, MO 64106

Regional Administrator, U.S. EPA Region VIII, 1860 Lincoln Street, Denver, CO 80295

Regional Administrator, U.S. EPA Region IX, 215 Fremont Street, San Francisco, CA 94105

Regional Administrator, U.S. EPA Region X, 1200 Sixth Avenue, Seattle, WA 98101

Item 20. Facility Owner or Operator: Certification of Receipt of Hazardous Materials Covered by This Manifest Except as Noted in Item 19.

Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

Items A-K are not required by Federal regulations for intra- or interstate transportation. However, States may require generators and owners or operators of treatment, storage, or disposal facilities to complete some or all of items A-K as part of State manifest reporting requirements. Generators and owners and operators of treatment, storage, or disposal facilities are advised to contact State officials for guidance on completing the shaded areas of the Manifest.

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street SW., Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office Management and Budget, Washington, DC 20503.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420491 DEC11 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**

RECEIVED

DEC 13 2002

Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID#0112288

PLAZA CLEANERS  
HARRY GREEN  
9980 GRIFFIN ROAD  
COOPER CITY FL  
33328

FOR GOVERNMENT USE ONLY  
Org.: 3755010400 EO: A1  
Fund: 20-2-035001  
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412178 JEC242001

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

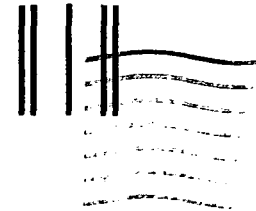
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0112288  
 PLAZA CLEANERS  
 HARRY GREEN  
 9980 GRIFFIN ROAD  
 COOPER CITY FL  
 33328

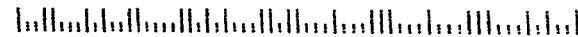
FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273

*Plaza Cleaners  
 9980 Griffin Rd.  
 Cooper City FL 33328*



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. 464753 OCT 31 2006

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 112288  
~~PLAZA CLEANERS~~ *Spring Cleaners*  
9980 Griffin Rd  
COOPER CITY, FL 33328

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 00200

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

RECEIVED  
NOV 0 2006  
Bureau of  
& Mobile  
Communications

Printed on recycled paper.

*Spring Cleaners*  
*9980 Griffin Rd*  
*Cooper City FL 33328*

FT LAUDERDALE  
FL 333  
27 OCT 2006 PM 1 T



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

323153070 8099

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING  
443358 DEC15 2004

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# 112288 10  
PLAZA CLEANERS  
9980 Griffin Rd  
COOPER CITY, FL 33328

Printed on recycled paper.

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

RECEIVED  
DEC 16 2004  
Bureau of Air Monitoring  
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING  
434064 DEC10 2003

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

112288  
HARRY GREEN  
PLAZA CLEANERS  
9980 GRIFFIN ROAD  
COOPER CITY FL 33328

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

X

Plaza Cleaners  
9980 Griffin Rd.  
Cooper City Fl 3332



General Permits Section  
Bureau of Air Mon. + Mobile Sources  
Tel. 5510  
Dept of Environmental Protection  
2600 Blair Stone Rd.  
Tallahassee Fla  
# 32399

32399+6542

