

# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

January 29, 1997

Mr. Edward English  
President  
Pine Island Cleaners  
1890 North Pine Island Road  
Plantation, Florida 33322

Re: Facility No. 0112332

Dear Mr. English:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 19, 1996.

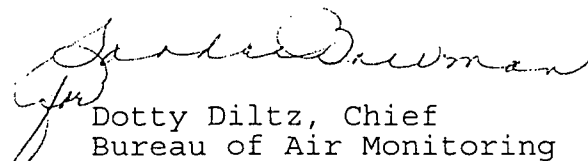
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

BEST AVAILABLE COPY

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISF VERY

RE-INSPECTION

TIME IN: 1 PM TIME OUT: 2 PM AIRS ID#: 0112332  
 TYPE OF FACILITY: Pine Island Cleaners  
 FACILITY NAME: Larochelle Cleaners DATE: 3-30-98  
 FACILITY LOCATION: 1890 N. Pine Island Road  
Plantation Florida 33322  
 RESPONSIBLE OFFICIAL: \_\_\_\_\_ PHONE NUMBER: 0112332

- 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
<u>closed -</u>	
<u>new Business (cleaners)</u>	
<u>to move in soon</u>	
	<u>new App for new</u>
	<u>cleaners</u>
	<u>"Kim's"</u>

RECEIVED  
 APR 20 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

Application Left with Kim's Cleaners.

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES  NO

DATE OF NEXT INSPECTION: \_\_\_\_\_ (Approximate)

INSPECTION CONDUCTED BY: B Thomas (Please Print)

INSPECTOR'S SIGNATURE: B Thomas PHONE NUMBER: 519-1459

#011-2332

Pine Island Cleaners

p.14 1.(c) mark out "X" and initial

p.15 4. Should be new small area

Source w/ refrig. con.

5.(f) required

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	LA ROCHELLE CLEANERS INC.		
2. Site Name (For example, plant name or number):	PINE ISLAND CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 981022361		
4. Facility Location: Street Address:	1890 N. PINE ISLAND RD.		
City:	County:	Zip Code:	
PLANTATION FL.	BROWARD	33322	
5. Facility Identification Number (DEP Use):	0112332		

## Responsible Official

6. Name and Title of Responsible Official:	EDWARD ENGLISH, PRESIDENT		
7. Responsible Official Mailing Address:	PINE ISLAND CLEANERS		
Organization/Firm:	1890 N. PINE ISLAND RD.		
Street Address:	City:	County:	Zip Code:
PLANTATION	FL.	BROWARD	33322
8. Responsible Official Telephone Number:	Telephone: (954) 424 1294 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: ( )		

RECEIVED

SEP 19 1996

Bureau of Air Monitoring  
& Mobile Sources



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

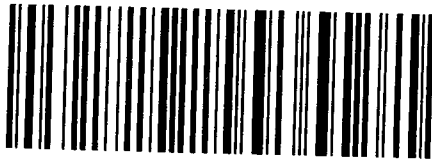
*Ed Englund*

Date

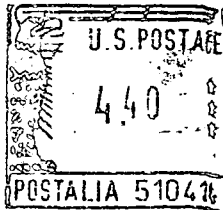
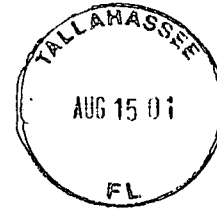
*7/30/96*

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

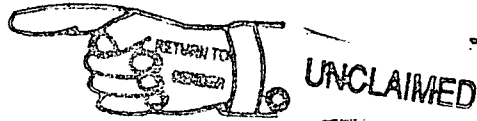
CERTIFIED MAIL



7000 0520 0020 9372 9347



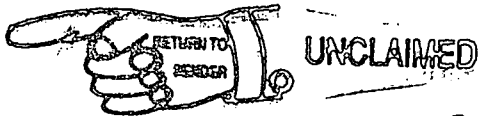
2229  
Fuller LN  
8-18-01



10 AIRS ID # 0112332001AG  
EDWARD ENGLISH  
PINE ISLAND CLEANERS  
1890 N PINE ISLAND ROAD  
PLANTATION FL 33322

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
SEP 13 2001



NAME \_\_\_\_\_  
1st Notice 8/25  
2nd Notice 9/5  
Return 9/5



SENI

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

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 X  Agent  Addressee

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

1. Article Addressed to:

10 AIRS ID # 0112332001AG  
EDWARD ENGLISH  
PINE ISLAND CLEANERS  
1890 N PINE ISLAND ROAD  
PLANTATION FL 33322

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)

7000 0520 0020 9372 9347

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 0520 0020 9372 9347

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

Postmark Here

To: 10 AIRS ID # 0112332001AG  
R: EDWARD ENGLISH (mailer)  
St: PINE ISLAND CLEANERS  
1890 N PINE ISLAND ROAD  
Ci: PLANTATION FL 33322

PS Form 3800, February 2000 See Reverse of Instructions

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.

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#: 0112332  
**LAROCHELLE CLEANERS**  
**EDWARD ENGLISH**  
**8190 N PINE ISLAND ROAD**  
**PLANTATION FL 33322**

4a. Article Number

*P265 302 397*

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

Domestic Return Receipt

Z 333 633 175

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

AIRS ID 0112332

**LAROCHELLE CLEANERS**  
**EDWARD ENGLISH**  
**1890 N PINE ISLAND ROAD**  
**PLANTATION FL 33322**

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262721

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

RECEIVED  
MAIL ROOM

MAR -7 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#112332  
PINE ISLAND CLEANERS  
EDWARD ENGLISH  
1890 N PINE ISLAND ROAD  
PLANTATION FL 33322

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



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

February 12, 1997

## **FINAL NOTICE OF ANNUAL EMISSIONS FEE** **VIA CERTIFIED MAIL WITH RETURN RECEIPT**

TO: Holder of Title V Air General Permit

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

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

Your annual emissions fee is \$50.00. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice with the enclosed replacement invoice are being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by March 1, 1997, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment please follow the directions on the enclosed invoice form. If you have any questions you may call Marnie Brynes, Claire Benz or Sandy Bowman at 904/488-6140.

Sincerely yours,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

Enc.: Invoice Form

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

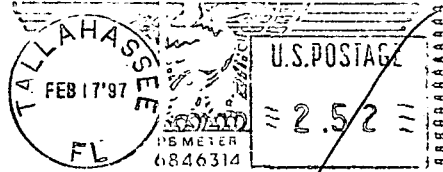
Printed on recycled paper.

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

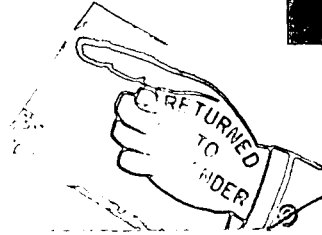
**CERTIFIED**

P 265 302 397

**MAIL**



550304  
MS5510

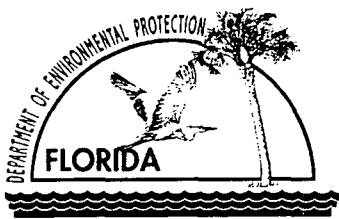


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES  
NUMBER 9

1870 O

333241215





# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
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, 1997. 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 32399-2400

(cut here)

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

## TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#: 0112332  
LAROCHELLE CLEANERS  
EDWARD ENGLISH  
8190 N PINE ISLAND ROAD  
PLANTATION FL 33322

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

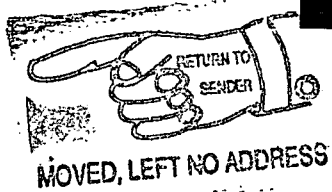


POSTAGE  
REQUIRED

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

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

550304



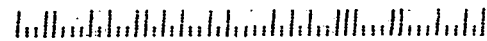
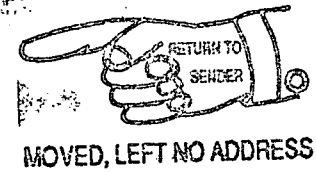
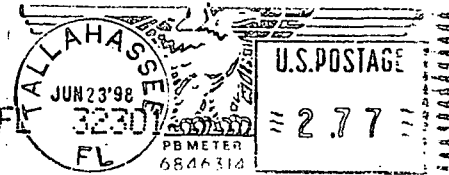
**CERTIFIED**

Z 333 613 747

18:34 06/23/98 TLH FL

**MAIL**

*MLM*





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

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# 0112332

PINE ISLAND CLEANERS  
 EDWARD ENGLISH  
 1890 N PINE ISLAND ROAD  
 PLANTATION FL 33322

4a. Article Number

2333 613 747

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.

RECEIVED

JUL - 6 1998

Bureau of Air Monitoring  
& Mobile Sources



Sorry We Missed You!  
We ReDeliver For You!

Article No. 2333613747  
Today's Date 6-24 Sender's Name \_\_\_\_\_

Item  Post Office (see reverse)  
is at:  \_\_\_\_\_

**We ReDeliver or you  
can pick up, see back**

IF CHECKED, YOU MUST BE PRESENT AT TIME OF DELIVERY TO SIGN FOR ITEM.

- Letter
- Large envelope, magazine, catalog, etc.
- Parcel
- Delivery Restricted to Addressee
- Perishable Item
- \_\_\_\_\_

- Express Mail (redelivery next delivery day unless you call to hold at post office)
- Certified
- Insured
- Registered
- Return Receipt for Merchandise
- Recorded Delivery (International)
- Special Delivery

Article Requiring Payment:  
 Postage Due  
 COD  Customs  
Amount Due: \$ \_\_\_\_\_

FINAL NOTICE  
Article will be returned to sender on: \_\_\_\_\_

Addressee Name (Print) Edward English

Address 1890 NPI

Received By (Print Name and Sign) X

Delivered By \_\_\_\_\_

Date \_\_\_\_\_

Customer: Describe any Visible Damage \_\_\_\_\_

PS Form 3849, December 1994

Delivery Notice/Reminder/Receipt

Z 333 613 747

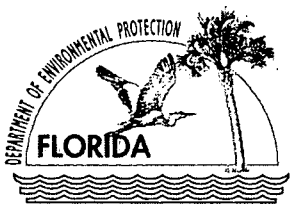
US Postal Service  
**Receipt for Certified Mail**

AIRS ID# 0112332

PINE ISLAND CLEANERS  
EDWARD ENGLISH  
1890 N PINE ISLAND ROAD  
PLANTATION FL 33322

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

## LETTER OF NONCOMPLIANCE

AIRS ID# 0112332

**TO:** PINE ISLAND CLEANERS  
EDWARD ENGLISH  
1890 N PINE ISLAND ROAD  
PLANTATION FL 33322

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

*I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.*

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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

Facility Owner or Operator  
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

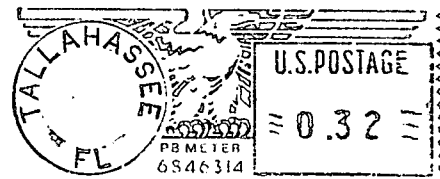
A handwritten signature in cursive script, appearing to read "Sandra Bowman".

Sandra Bowman  
Title V Air General Permit Program

/SB

cc: District/Local program

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





# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 2, 1998

## NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year 1997 you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1997. A notice of your obligation to pay the annual emissions fee was sent to you by certified mail, along with an invoice form and instructions.

As of this date, the Department has not received your annual emissions fee. Therefore, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of \$75.00 for calendar year 1997.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will revoke your facility's Title V Air General Permit and may also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your immediate attention to this matter.

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

Enclosure: Invoice Form

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

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

**CERTIFIED**

Z 333 613 097

ISS#408



U.S. POSTAGE

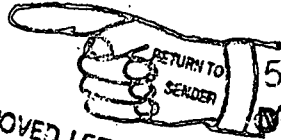
FL 333 18

2.77

TALLAHASSEE, FLORIDA 32309-1000

19 04-08-98

**MAIL**



RETURN TO  
SENDER

550304

MS5510

MOVED, LEFT NO ADDRESS

Bureau of Air Monitoring  
& Mobile Sources

APR 16 1998

**RECEIVED**

RETURN TO  
SENDER

MOVED, LEFT NO ADDRESS

LAROCHELLE CLEANERS  
EDWARD ENGLISH  
1890 N PINE ISLAND ROAD  
PLANTATION FL 33322

AIRS ID# 0112332

32399-2400





# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
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 32399-2400**

 (cut here)

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

## TOTAL AMOUNT DUE: \$50.00

**Do NOT Remove Label**

AIRS ID#0112332  
LAROCHELLE CLEANERS  
EDWARD ENGLISH  
1890 N PINE ISLAND ROAD  
PLANTATION FL 33322

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





POSTAGE  
REQUIRED

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

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# 0112332

LAROCHELLE CLEANERS  
EDWARD ENGLISH  
1890 N PINE ISLAND ROAD  
PLANTATION FL 33322

4a. Article Number

Z 333 613 097

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 333 613 097

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

AIRS ID# 0112332

LAROCHELLE CLEANERS  
EDWARD ENGLISH  
1890 N PINE ISLAND ROAD  
PLANTATION FL 33322

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	