

Department of Environmental Protection

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

David B. Struhs Secretary

January 2, 2002

Mr. Robert Wenderott Dryclean USA 7771 West Oakland Park Boulevard, Suite 201 Sunrise, Florida 33351

Re: Facility No.: 0112365-002

Dear Mr. Wenderott:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 10, 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. Daniela Banu, Broward County

"More Protection, Less Process"

Printed on recycled paper.

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.

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Dry Clean USA
2.	Site Name (For example, plant name or number):
•	#71324
3.	Hazardous Waste Generator Identification Number:
	FLRODOO23506
4.	Facility Location: Street Address: 10450 Wiles Road
	City: Coral Springs, FZ. County: Broward Zip Code: 33065
<i>5</i> .	Facility Identification Number (DEP Use ONLY - do not fill in):
	11 01/2365-00Q
200.00	
	ponsible Official
	Name and Title of Responsible Official: ne: Robert Worderott Title: Sr. Project Myr.
7.	Responsible Official Mailing Address:
7.	
7.	Organization/Firm: Dryclean USA Street Address: 7771 W. Oakland PK Bivd. Deute 201
7.	
7.	Organization/Firm: Dryclean USA Street Address: 7771 W. Oakland PK Blvd. Scate 201 City: Sun nSe, FC County: Broward Zip Code: 33351 Responsible Official Telephone Number:
	Organization/Firm: Dryclean USA Street Address: 7771 W. Oakland PK Blvd. Sected 1 City: Sun rise, FC County: Broward Zip Code: 33351
	Organization/Firm: Dryclean USA Street Address: 7771 W. Oakland PK Blvd. Scate 201 City: Sun nSe, FC County: Broward Zip Code: 33351 Responsible Official Telephone Number:
8.	Organization/Firm: Pryclean USA Street Address: 7771 W Oakland Pk Blvd. Sected 1 City: Sunnise, FL County: Broward Zip Code: 33851 Responsible Official Telephone Number: Telephone: (981 M47-7599 Ext 1018 Fax: (984) 747-9878.
8.	Organization/Firm: Dryclean USA Street Address: 7771 W Oakland PK Blvd. Section 1 City: Sunnise, FL County: Broward Zip Code: 33351 Responsible Official Telephone Number: Telephone: (931 MYN-7599 EXT 1018 Fax: 934) 747-9878.
8.	Organization/Firm: Pryclean USA Street Address: 7771 W Oakland Pk Blvd. Sected 1 City: Sunnise, FL County: Broward Zip Code: 33851 Responsible Official Telephone Number: Telephone: (981 M47-7599 Ext 1018 Fax: (984) 747-9878.
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8. Fac 9.	Organization/Firm: Pryclean USA Street Address: 7771 W Oak land Pk Blvd. Sected Zip Code: 33251 City: Sunrise, FL County: Broward Zip Code: 33251 Responsible Official Telephone Number: Telephone: (931 MUN-7599 Eyt 1018 Fax: 934) MUN-9878. ility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:
8. Fac 9.	Organization/Firm: Dryclean USA Revol. Sected Street Address: 7771 W Oak and Pk Blvd. Sected Zip Code: 33351 Responsible Official Telephone Number: Telephone: 981 Myn - 7599 Ext 1018 Fax: 984 Myn - 9878. ility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:
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8. Fac 9.	Organization/Firm: Drycken USA Blvd. Sected Street Address: 7771 W Cakland Pk Blvd. Sected Zip Code: 33251 Responsible Official Telephone Number: Telephone: (981 MYN-7599 EXT 1018 Fax: 984)741-9878. ility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:

DEP Form No. 62-213.900(2)

Facility Name and Location

Facility Intermation	ACHINES ONI		
	ACHINES ONL	LY ·	
1.(a) DRY-TO-DRY M	ACITINES ONL		
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry mac	hine on-site, pleas	se provide the following informati	on:
Date Initially Purchased	Status	Control Device Required*	Date Control Device Installed
From Manufacturer	(circle one	(circle one)	(if already included at time o purchase, write "SAME")
· /		_ ^	purchase, write SAIVIL)
1198	Existing/N	ew) RC/CA/None required	SAME
f	Fasiation - Al	and DC/CA/Name required	
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC How many washers do yo	THINES ONLY ou have on-site?		= carbon adsorber
1.(b) TRANSFER MAC How many washers do yo	THINES ONLY ou have on-site?		= carbon adsorber
1.(b) TRANSFER MAC How many washers do yo How many dryers/reclain	CHINES ONLY ou have on-site? ners do you have	on-site?	
1.(b) TRANSFER MAC How many washers do yo How many dryers/reclain If the transfer machine w unit. If the transfer mach	eHINES ONLY ou have on-site? ners do you have as purchased from ine was purchased	on-site? [] on the manufacturer prior to or on the manufacturer between	December 9, 1991, it is an EXIST December 9, 1991 and September
1.(b) TRANSFER MAC How many washers do yo How many dryers/reclain If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (n	THINES ONLY ou have on-site? ners do you have ras purchased from tine was purchased to units purchased	on-site? In the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all	December 9, 1991, it is an EXIS . December 9, 1991 and September lowed to operate under this general
1.(b) TRANSFER MAC How many washers do yo How many dryers/reclain If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (n permit). For each transf	thines only ou have on-site? mers do you have the surchased from the was purchased the ounits purchased the machine on-site	on-site? D on the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all e, please provide the following in	December 9, 1991, it is an EXIS . December 9, 1991 and September lowed to operate under this generation:
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1.(b) TRANSFER MAC How many washers do yo How many dryers/reclain If the transfer machine we unit. If the transfer mach 1993, it is a NEW unit (permit). For each transfer	thines only ou have on-site? mers do you have the surchased from the was purchased the ounits purchased the machine on-site	on-site? In the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required*	December 9, 1991, it is an EXIS . December 9, 1991 and September lowed to operate under this generation:
1.(b) TRANSFER MAC How many washers do yo How many dryers/reclain If the transfer machine we unit. If the transfer mach 1993, it is a NEW unit (permit). For each transfer	thines only ou have on-site? ners do you have tas purchased from tine was purchased to units purchased er machine on-sit Status (circle one)	on-site? [] In the manufacturer prior to or on diffrom the manufacturer between differ September 22, 1993 are all e, please provide the following in Control Device Required* (circle one)	December 9, 1991, it is an EXIST December 9, 1991 and September lowed to operate under this general formation: Date Control Device Installed (if already included at time of
1.(b) TRANSFER MAC How many washers do you How many dryers/reclain If the transfer machine we unit. If the transfer mach 1993, it is a NEW unit (permit). For each transfer	thines only ou have on-site? ners do you have ras purchased from ine was purchased to units purchased er machine on-sit Status	on-site? In the manufacturer prior to or on d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required*	December 9, 1991, it is an EXIST December 9, 1991 and September lowed to operate under this general formation: Date Control Device Installed (if already included at time of
1.(b) TRANSFER MAC How many washers do yo How many dryers/reclain If the transfer machine we unit. If the transfer mach 1993, it is a NEW unit (permit). For each transfer	thines only ou have on-site? ners do you have tas purchased from tine was purchased to units purchased er machine on-sit Status (circle one)	on-site? [] In the manufacturer prior to or on diffrom the manufacturer between differ September 22, 1993 are all e, please provide the following in Control Device Required* (circle one)	December 9, 1991, it is an EXIST December 9, 1991 and September lowed to operate under this general formation: Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r	chines only ou have on-site? ners do you have ras purchased from ine was purchased ounits purchased er machine on-sit Status (circle one) Existing/New	on-site? In the manufacturer prior to or one of from the manufacturer between dighter after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required	December 9, 1991, it is an EXIST December 9, 1991 and September lowed to operate under this general formation: Date Control Device Installed (if already included at time of

*CONTROL DEVICE KEY:

RC = refrigerated condenser

CA = carbon adsorber

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

[406] 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 _____)

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based on the Indicate with an "X". Select one classification only	the contract of the contract o
Small Area Source	
Transfer only on-site (us	sed less than 140 gallons of perc per year) sed less than 200 gallons of perc per year) sed less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (us	sed 140 - 2,100 gallons of perc per year) sed 200 - 1,800 gallons of perc per year) sed 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines purs (Indicate with an "X".)	suant to section (5) of Part II of this notification form?
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 Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption criteria or that no such units exist on-site (see	vater generating units on-site meet the following
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	2
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil	natural gas No. 4 fuel oil Other (please list)
6. Equipment Monitoring and Recordkeeping Information	on
Check all logs which are required to be kept on-site in ac	ecordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent additional additional control of the solvent additional	ion log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	[<u>\(\) \(\) \</u>
(d) Carbon adsorber exhaust perc concentration monitori	ing
(e) Startup, shutdown, malfunction plan	<u> </u>

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
this notification statement, maintain comply was a will probability. Print name	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Impuly notify the Department of any changes to the information contained in this notification. Device the devoted the polynomial of the information contained in this notification.
Signature	Date [

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.

DY Cleam USA
2. Site Name (For example, plant name or number):
#71324.
3. Hazardous Waste Generator Identification Number:
FLRODOD23506
4. Facility Location: Street Address: 10450 Wiles Road City: Coval Springs, FZ County: Broward Zip Code: 33065
5. Facility Identification Number (DEP Use ONLY - do not fill in):
01/2365-002
Responsible Official
6. Name and Title of Responsible Official: Name: Robert Worderott Title: Sr. Project Myr.
7. Responsible Official Mailing Address: Organization/Firm: Dryclean USA Street Address: 7771 W. Oakland PK Blvd. Deuterol
City: Sun rise, FL County: Broward Zip Code: 33851
8. Responsible Official Telephone Number: Telephone: (981) MUN - 7599 EXX 1018 Fax: (984) NUN - 9878.
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: () -

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	LY ·	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	se provide the following information	n:
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/N	ew RC/CA/None required	SAME
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	•
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site? []	
unit. If the transfer maching 1993, it is a NEW unit (r	ine was purchase to units purchase		ormation:
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 K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
1/2/	roethylene (perc)	have you used within the last 12 m l this in)	onths?
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les			
	ss than 12 months	s: New owner: Did not keep	p records: []
•	ss than 12 months	s: New owner: Did not keep New store: New machine	

3What is the facility's source classification based of Indicate with an "X". Select one classification of	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site Large Area Source	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
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 Rule 62-213.300, F.A.C. Verify that all steam and be exemption criteria or that no such units exist on-site	
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	
What type of fuel do you use? No. 2 fue No. 6 fue	
6. Equipment Monitoring and Recordkeeping Inform	nation
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 a	addition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	[2]
(d) Carbon adsorber exhaust perc concentration mor	nitoring [X]
(e) Startup, shutdown, malfunction plan	(<u>X</u>

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
ROV	sext Wendowott
Print nam	ne of responsible official
Signature	Date /

DEP Form No. 62-213.900(2)

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal
 - ☐ If you are a new owner, please check this and return this form with your completed notification form.
 - If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.
- If you do not wish to continue your eligibility, please disregard this notice.



Department of Environmental Protection

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

Colleen M. Castille Secretary

TO: Holder of Title V Air General Permit

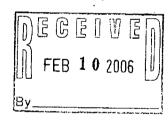
Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

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

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

(CUT HERE)

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112365 1st DRYCLEAN USA - KEYSTONE PLAZA #11324 10450 Wiles Road CORAL SPRINGS, FL 33065 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



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

*112365 ROBERT WENDEROTT DRYCLEAN USA - KEYSTONE PLAZA #11324 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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#0112365 DRYCLEAN USA KEYSTONE PLAZA #11324 ROBERT WENDEROTT 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

	4							
SENDER: COMPLETE THIS SECTION	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 Derivery C. Signature Agent Addressee D. Is delivery address different from item 12. Yes							
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No							
AIRS ID # 025080 5 001AG								
LEAN USA #72147 NOAKLAND PARK BLVD #201 USE FL 33351	3. Service Type Certified Mail							
	4. Restricted Delivery? (Extra Fee)							
2. Article Number (Copy from service label) 7000 2870 0000 70273919								
PS Form 3811, July 1999 Domestic Re	sturn Receipt 102595-00-M-0952							

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Qomestic Mail Only; No Insurance Coverage Provided)											
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3600 E. University Drive Suite D1600 Phoenix, AZ 85034 (602) 643-1300

Bank One, Columbus, NA Circleville, OH 1-800-879-8400 56-1544-441

49840

448979 MAR14

Check Amount

Check Date 3/7/2005

**\$150.00

Void After 120 Days

PAY TO THE ORDER OF

DEPT. ENVIRONMENTAL PROTECTION

DEPT. ENVIRONMENTAL PROTECTION TITLE V AIR PERMITS

RECEIPTS P.O. BOX 3070

One Hundred Fifty Dollars and 0 Cents

TALLAHASSEE, FL 32315-3070

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

2 Signatures required for amounts over \$5,000.00

049840

DEPTENVIR

DEPT. ENVIRONMENTAL PROTECTION

2/25/2005

2/25/2005

Date: 3/7/2005

49840

\$75.00

\$75.00

Account Nbr. Inve Nbr.

> CKŔQ0225 AIRS#112348 CKRQ0225 AIRS # 112365

Invc Date Invc Amount

> \$75.00 \$75.00 \$75.00 \$75.00

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Net Check Amount

- AIN ID

0112343

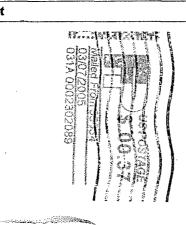
Amount Paid

0112365

Total Check Amount

\$150.00





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#0112365.....2nd Cert 05 DRYCLEAN USA - KEYSTONE PLAZA #11324 10450 Wiles Road CORAL SPRINGS, FL 33065

Printed on recycled paper.

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: 47 FUND: 20-2-035001 OBJECT: 002273

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939 7	For delivery informat	tion visit our website	at www.usps.com _®	
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	Return Receipt Fee (Endorsement Required)		Postmark Here	
570	Restricted Delivery Fee (Endorsement Required)			
ru 	Total Postage & Fees A IRS	\$ ID#01123652 ^{no}	d Cert 05	
7004	Sent To DRYC #1132	CLEAN USA - KE		
	City, State, ZIP+ CORA	AL SPRINGS, FL	33065	
	PS Form 3800		•	

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SENDER: COMPLETE THIS SECTION	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. Signature X
Article Addressed to:	D. Is delivery address different from Item 1? ☐ Yes' If YES, enter delivery address below: ☐ No
AIRS ID#01123652 nd Cert 05 DRYCLEAN USA - KEYSTONE PLAZA #11324	
10450 Wiles Road CORAL SPRINGS, FL 33065	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label) 7004 25	10 0002 3939 7514
PS Form 3811, February 2004 Domestic Retu	um Receipt 102595-02-M-1540

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 AIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

+	U.S. Postal S	Service™ D MAIL™ REG	CEIPT								
38	(Domestic Mail Only; No Insurance Coverage Provided)										
	For delivery information visit our website at www.usps.com										
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문	Street, Apt. No. 1045	50 Wiles Road	-								
		RAL SPRINGS, FL	J 33065								
	City, State, ZIP										
	PS Form 3800, June 20	02	See Reverse for Instructions								

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SENDER: COMPLETE THIS SECTION	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. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery Cools Cools
1. Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID# 112365 1stC DRYCLEAN USA - KEYSTONE PLAZA #11324	
10450 Wiles Road CORAL SPRINGS, FL 33065	3 Service Type Certified Mail
7004 2510 0002 3939 38	44 cted Delivery? (Extra Fee)
Article Number (Transfer from service label)	, set
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

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 & MOBILS SSURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32393-2650

lalladdallalddadddalladlalladladdd

SENDER: COMPLETO STICKER AT TOP OF ENVELOPE E RICHT OF RETURN ADDRESS.	HT OT + 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. 1. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
EDDIE J RODRIGUEZ RYCLEAN USA - KEYSTONE PLAZA (11324 771W OAKLAND PARK BLVD STE 201 UNRISE FL 33351	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7000 2870000 7027 3858 PS Form 3811, July 1999 Domestic Ref	

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)												
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님	City, 5	#1132 7771\	.4	KLA	ND						****		-



Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 17/0 Z

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112365 DRYCLEAN USA - KEYSTONE #11324 ROBERT WENDEROTT 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273