

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 10, 1999

Mr. Roch Poirier
Blue Haven Cleaner, Inc.
20170 Pines Boulevard
Pembroke Pines, Florida 33029

Re: Facility No.: 0112452

Dear Mr. Poirier:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 29, 1999.

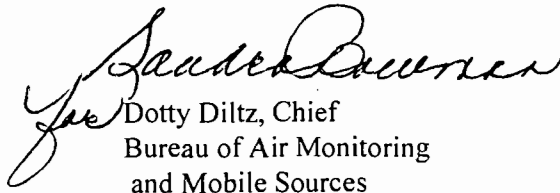
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

0112452

P16

6(e) Required should be marked.

Facility Information

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

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

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")
16 - ³ - 99	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/None required	S A M E
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> 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/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/None required	_____

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

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

gallons (You must fill this in)

(b) If less than 12 months, how many? 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 4-26-99)

7
R
L

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".)

- | | |
|---|--|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input type="checkbox"/> | |

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

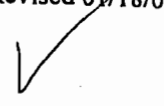
Rich Leibler
Print name of responsible official


Signature

3-19-99
Date

0112452

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Blue Haven Cleaners, Inc DATE: 6/21/00
 FACILITY LOCATION: 20170 Pines Blvd
Pembroke Pines, FL 33029

Annual Reporting Period: June 21 2000 TO June 21 2001

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: _____

#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 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: ROCH POIRIER [Signature] 6-21-00
 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

alt...

AIRS ID#: 0112452 DATE: 6/24/00 TIME IN: 1040 TIME OUT: 1115

FACILITY NAME: Blue Haven Cleaners inc

FACILITY LOCATION: 20170 Pines Blvd, suite 115, Pembroke Pines, FL 33026

RESPONSIBLE OFFICIAL: Rock Poirier PHONE: 444-3010

CONTACT NAME: Same PHONE: same

RECEIVED
AUG - 7 2000
Bureau of Air Monitoring
Mobile Offices

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input checked="" type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>
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) <input type="checkbox"/>	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) <input type="checkbox"/>

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 30 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

N/A

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

N/A

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?
Is the temperature differential equal to or greater than 20° F?
 Y N N/A
 Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?
Is the perc concentration equal to or less than 100 ppm?
 Y N N/A
 Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

- 01 Tanks — Above-Ground
- 02 Tanks — Below-Ground
- 03 40 to 55-Gallon Drums
- 04 Sm. Size Containers (0-09 Gals.)
- 05 Open Pits, Ponds, or Lagoons
- 06 Piled On Grnd, Flr, or Other Surface
- 07 Garbage/Refuse Container
- 08 Lab Packs
- 09 Other-Good Storage Method
- 10 Parts Cleaner/Washer Machines
- 11 Medium Containers (10 To 39) Gallon Containers
- 12 Antifreeze Stored Separately/Labeled
- 13 Bulk RCRA Waste Container


- 01 Landfill — Govt. or Priv. Hauler
- 02 Landfill — Generator Takes
- 03 Buried on Property
- 04 Pit or Pond
- 05 Permitted Hazard. Waste Facil.
- 06 Public Sewer
- 07 Septic Tank
- 08 Recycled or Reused
- 09 Blended or Burned for Fuel
- 10 Hazardous Waste Incineration
- 11 Deep Well Injection
- 12 Filtration Only
- 13 Onsite Neutralization Only
- 14 Wastewater Treatment Unit
- 15 Other Questionable Treatment
- 16 Hazardous Waste Transporter
- 17 Surface Discharge
- 18 Open Burning
- 19 Evaporation After Treatment
- 20 Used Oil Transporter
- 21 Commercial Laundry Service->POTW
- 22 Metal Reclamation/Retort
- 23 Universal Waste Rule Treatment
- 24 CESQG Waste to HHW Collection CTR
- 25 Waste to Energy SW Incinerator

CLASSIFICATION CODES

CODE DESCRIPTION

CESQG Conditionally Exempt Small Quantity Generator
 SQG Small Quantity Generator

HAZARDOUS WASTE GENERATOR CATEGORIES

Key:  = 200 kilograms (kg) hazardous waste (sometimes equivalent to about a 55-gallon drum)

Conditionally Exempt Small Quantity Generator Limits Less than 

In one month, you generate:

No more than 100 kilograms (220 lbs.). This is about half a 55-gallon drum, or about 25 gallons.*

OR

You generate less than 1 kilogram of an acute hazardous waste (e.g. arsenic and cyanide compounds) in one month.

AND

You never accumulate more than 1,000 kilograms (2,200 lbs.) of hazardous waste at any time.

100 to 1,000 Kg/mo Small Quantity Generator Limits  to     

In one month, you generate:

More than 100 kilograms (220 lbs.) but less than 1,000 kilograms (2,200 lbs.).
 This is approximately one-half of a drum to 5 drums, or 25 to 250 gallons.*

Generator Limits

     or more

In one month, you generate:

1,000 kilograms (2,200 lbs.) or more.
 This is approximately 5 full drums, or 250 gallons or more.*

OR

You generate 1 kilogram or more of an acute hazardous waste in one month.

* These volume limits are based on the weight of water (8 lb./gallon) and are only provided for the purpose of estimating one's status. Heavier wastes like heavy metal sludges (20 lb./gallon) and chlorinated solvents such as perchloroethylene, freon, and trichloroethylene (12-13.5 lb./gallon) will need to be evaluated based on their actual weight per gallon.

HAZARDOUS MATERIAL MANAGEMENT ADDENDUM
TO
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ID # 0112452 Blue Haven Cleaners, inc. - 20170 Pines Blvd.
WASTE GENERATED

Waste Type Code	Chemical name	Storage Method (Code ¹)	Disposal Method (Code ²)	O F ³	Container Size (Gal.) or WT. (LBS)	Total Quantity (Gallons)	Monthly Use (Gallons)	Hauler Name
M3	Perchloroethylene	11	16	F	11	70	2	Safety Kleen
NO	Dry Cleaning Filters	11	16	F	11	40#	20#	" "

- | | | |
|--|--|---|
| <p style="text-align: center;">1</p> <ul style="list-style-type: none"> 01 Tanks - Above Ground 02 Tanks - Below Ground 03 40 to 55-Gallon Drums 04 Sm. Size Containers (0-9 Gals.) 05 Open Pits, Ponds, or Lagoons 06 Piled on Ground, Floor, or Other Surface 07 Garbage/Refuse Container 08 Lab Packs 09 Other-Good Storage Method 10 Parts Cleaner/Washer Machines 11 Medium Containers (10 to 39 Gallons) 12 Antifreeze Stored Separately/Labeled 13 Bulk RCRA Waste Container | <p style="text-align: center;">2</p> <ul style="list-style-type: none"> 01 Landfill - Govt. or Priv. Hauler 02 Landfill - Generator Takes 03 Buried on Property 04 Pit or Pond 05 Permitted Hazardous Waste Facility 06 Public Sewer 07 Septic Tank 08 Recycled or Reused 09 Blended or Burned for Fuel 10 Hazardous Waste Incineration 11 Deep Well Injection 12 Filtration Only 13 Onsite Neutralization Only 14 Wastewater Treatment Unit | <p style="text-align: center;">2 (continued)</p> <ul style="list-style-type: none"> 15 Other Questionable Treatment 16 Hazardous Waste Transporter 17 Surface Discharge 18 Open Burning 19 Evaporation After Treatment 20 Used Oil Transporter 21 Commercial Laundry Service-POTW 22 Metal Reclamation/Retort 23 Universal Waste Rule Treatment 24 CESQG Waste to HHW Collection CTR 25 Waste to Energy SW Incinerator <p style="text-align: center;">3</p> <p>O Onsite
F Off Site</p> |
|--|--|---|

2 filters/3 mths

Any other hazardous waste streams noted on property: None

Total amount of hazardous waste generated per month: 2 gallons.

Hazardous waste disposal manifests are maintained on-site for five years and are available upon request for inspection. Yes No

Was any hazardous material/waste discarded into dumpsters or refuse containers? Yes No

All secondary containment has sufficient volume to hold material required. Yes No

Floor drains in a hazardous material handling, usage or storage area, which lead to drain field, septic tank or storm water system, are secured or permanently sealed to prevent the release of hazardous materials. Yes No

Hazardous waste containers in hazardous waste storage areas are properly labeled as hazardous waste; an accumulation date is marked on the label; and the waste has not been stored on site for more than 180 days (Small Quantity Generator) or 90 days (Generator) beyond the accumulation date. (Not applicable for Conditionally Exempt Small Quantity Generators.) Yes No

A follow up inspection by Pollution Prevention Personnel, to address possible enforcement activities, is required at this site. Yes No

Comments: *REP 6/21/00*

UNITED STATES POSTAL SERVICE



First-Class Mail
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USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

APR 7 2004

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7003 0500 0004 0144 7726

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

2nd Ct
 Postmark Here
2003

AIRS ID # 112452

Total Postage: **ROCH POIRIER**
 Sent To: **BLUE HAVEN CLEANER INC**
 Street, Apt. N or PO Box No: **20170 PINES BLVD**
 City, State, Zi: **PEMBROKE PINES, FL 33029**

PS Form 3800, June 2002

See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 112452

ROCH POIRIER
BLUE HAVEN CLEANER INC
20170 PINES BLVD
PEMBROKE PINES, FL 33029

2. Article Number

(Transfer from)

7003 0500 0004 0144 7726

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery **3/6**

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED

MAR 9 2004

Bureau of Air Monitoring
and Assessment

STATE MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
LOCAL OFFICE 6510
2000 FAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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7003 0500 0004 0140 8000

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

Handwritten signature
 103
 Postmark Here

0112452001AG 10
 BLUE HAVEN CLEANER INC
 20170 Pines Blvd
 PEMBROKE PINES, FL 33029

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

0112452001AG 10
 BLUE HAVEN CLEANER INC
 20170 Pines Blvd
 PEMBROKE PINES, FL 33029

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Handwritten signature*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/17/04

D. Is delivery address different from item 1? Yes

.if YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

7003 0500 0004 0140 8000

UNITED STATES POSTAL SERVICE

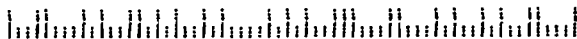


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

RECEIVED
FEB 19 2004
Bureau of Air Monitoring
& Mobile Sources



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OFFICIAL USE

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

ID# 112452

1 ROCH POIRIER

Se BLUE HAVEN CLEANER INC

20170 PINES BLVD

Si or PEMBROKE PINES, FL 33029

Ci

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 7703

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 112452
 ROCH POIRIER
 BLUE HAVEN CLEANER INC
 20170 PINES BLVD
 PEMBROKE PINES, FL 33029

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by *(Printed Name)* C. Date of Delivery
2/12

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

7003 2260 0003 5650 7703

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

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

FEB 16 2004

RECEIVED



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

OFFICIAL USE

7001 0320 0001 7976 5938

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

02
 3
 Postmaster Here
[Signature]

AIRS ID#0112452

Sent 7
 Street, or PO
 City, S

BLUE HAVEN CLEANER INC
 ROCH POIRIER
 20170 PINES BLVD
 PEMBROKE PINES FL
 33029

PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0112452

BLUE HAVEN CLEANER INC
 ROCH POIRIER
 20170 PINES BLVD
 PEMBROKE PINES FL
 33029

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 4/10

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7001 0320 0001 7976 5938
 (Transfer from serial number)

(TAN)
3800

inquiry
M

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 SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Source

APR 14 2003

RECEIVED

01



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

OFFICIAL USE

7001 0320 0001 7976 2913

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

[Handwritten Signature]
 Postmark Here

AIRS ID#0112452

Sent To BLUE HAVEN CLEANER INC
 Street, Apt. No., or PO Box No. ROCH POIRIER
 20170 PINES BLVD
 City, State, ZIP+4 PEMBROKE PINES FL
 33029

PS Form 3800, Jan 01

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0112452

BLUE HAVEN CLEANER INC
 ROCH POIRIER
 20170 PINES BLVD
 PEMBROKE PINES FL
 33029

2. Article Number
 (Transfer from service label)

7001 0320 0001 7976 2913

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 3/10

C. Signature *[Handwritten Signature]* Agent
 Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 12 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

413754 FEB 4 2002

TOTAL AMOUNT DUE: \$50.00



Do **NOT** Remove Label

AIRS ID # 0112452
BLUE HAVEN CLEANER INC
ROCH POIRIER
20170 PINES BLVD
PEMBROKE PINES FL
33029

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

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

OFFICIAL USE

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

Postmark
 Here

Total Postage

AIRS ID#0112451

Sent To
 SUTTON PLACE CLEANERS
 KYU-YOUNG JUNG
 Street, Apt.
 or PO Box 814 S FEDERAL HWY
 City, State, DEERFIELD BEACH FL
 33441

PS Form 3811

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

OFFICIAL USE

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

Postmark
 Here

Total

AIRS ID#0112452

Sent To
 BLUE HAVEN CLEANER INC
 ROCH POIRIER
 Street, Apt.
 or PO 20170 PINES BLVD
 City, State, PEMBROKE PINES FL
 33029

PS Form 3811

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0112452

BLUE HAVEN CLEANER INC
 ROCH POIRIER
 20170 PINES BLVD
 PEMBROKE PINES FL
 33029

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 7277

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

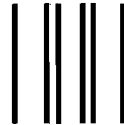
4. Restricted Delivery? (Extra Fee)

Yes

Postage
paid here

Permit
No. G-10

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 4/15/89
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0112452</p> <p>BLUE HAVEN CLEANER INC ROCH POIRIER 20170 PINES BLVD PEMBROKE PINES FL 33029</p> <p style="font-size: 2em; font-weight: bold;">Z 210 661 189</p>	C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>2. Article Number (Copy from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 1999</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: right;">102595-99-M-1789</p>	

Z 210 661 189

US Postal Service
Receipt for Certified Mail
Postage and Fees Paid

AIRS ID # 0112452

BLUE HAVEN CLEANER INC
ROCH POIRIER
20170 PINES BLVD
PEMBROKE PINES FL 33029

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

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

7000 0600 0026 7825 6966

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total F	AIRS ID # 0112452
Recipient	BLUE HAVEN CLEANER INC
Street, A	ROCH POIRIER
City, Sta	20170 PINES BLVD
	PEMBROKE PINES FL 33029

PS Form 3800, February 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0112452

BLUE HAVEN CLEANER INC
 ROCH POIRIER
 20170 PINES BLVD
 PEMBROKE PINES FL 33029

2. Article Number (Copy from service label)

7000 0600 0026 7825 6966

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

2/10/01

C. Signature

[Handwritten Signature]

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

7000 0600 0026 4125 7808

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

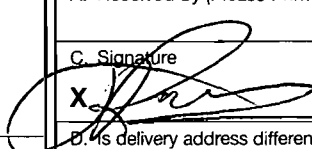
AIRS ID # 0112452

BLUE HAVEN CLEANER INC
 ROCH POIRIER
 20170 PINES BLVD
 PEMBROKE PINES FL 33029

PS Form 3800, February 2000

THIS SECTION ON DELIVERY

SE PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT NOTCHED LINE. Reverse for Instructions

<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery 3/6/01
	C. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: AIRS ID # 0112452 BLUE HAVEN CLEANER INC ROCH POIRIER 20170 PINES BLVD PEMBROKE PINES FL 33029	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
2. Article Number <i>(Copy from service label)</i> 7000 0600 0026 4125 7808		

Z 333 667 081 2000

US Postal Service
Receipt for Certified Mail

AIRS ID # 0112452

BLUE HAVEN CLEANER INC
ROCH POIRIER
20170 PINES BLVD
PEMBROKE PINES FL 33029

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	

SENDER: COMPLETE THIS

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

LIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0112452
BLUE HAVEN CLEANER INC
ROCH POIRIER
20170 PINES BLVD
PEMBROKE PINES FL 33029

Z 333 667 081

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) _____ B. Date of Delivery 2/12/00

C. Signature [Signature] Agent Addressee

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392225

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 # 0112452
BLUE HAVEN CLEANER INC
ROCH POIRIER
20170 PINES BLVD
PEMBROKE PINES FL 33029

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

RECEIVED
MAIL ROOM
FEB 16 00