



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

July 21, 1999

Mr. Noemir Biem-Aime
Nu Look One Hour Cleaners
4609 North Dixie Highway
Pompano Beach, Florida 33064

Re: Facility No.: 0112454

Dear Mr. Biem-Aime:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 1, 1999.

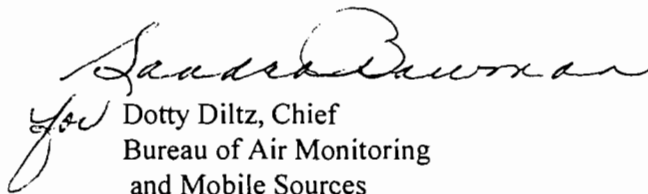
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

0112454

7/2/99 Spoke to Noemie Bien-dime
and she did not know the
exact date of manufacture.

The serial # was read aloud
and contained # 868.

Usually on dry cleaning machines,
the serial # also gives year of
manufacture. Based on this, the
year of manufacture is 1986.

The machine is considered
existing.

p 15

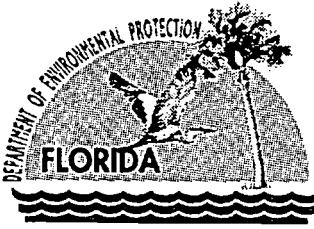
1(a) Add 1986 as manufacture date
"None required" should be marked

p 16 4. Existing machines at small area
source should be marked.

New machines at small area source
should not be marked. Mark with initials.

p 17

R.O. sign and date for changes
made.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 25, 2002

Ms. Jodi R. McMasters
15 Northeast Second Avenue
Deerfield Beach, Florida 33441-3503

Dear Ms. McMasters:

Thank you for your letter informing the Division of Air Resource Management that Nu-Look 1Hr Cleaners (AIRS ID #0112454) was sold July 13, 2001 and is under new ownership. The status of Nu-Look 1Hr Cleaners has been changed to inactive in our database.

Your letter notifying the Department of your change in status serves to fulfill the requirements of Rule 62-213.300 (3), F.A.C. Your name has been removed from our mailing list.

If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

SB/



Bureau of Air Monitoring
& Mobile Sources

MAR 22 2002

RECEIVED

J/K Drycleaning Corporation

15 NE 2nd Avenue
Deerfield Beach, FL 33441

Phone: 954-426-1111
Fax: 954-570-6248

December 27, 2001

2nd Submission 3/20/02

Sandra Bowman
Department of Environmental Protection
Twin Towers Office Building MS5510
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: AIRS ID# 0112454

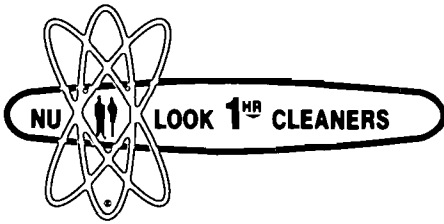
Dear Sandra:

Ownership and operation of Nu-Look 1Hr Cleaners (AIRS ID#0112454) was changed on July 13, 2001. The dry cleaning plant was dismantled and removed on this day. Since then, the new owners have operated the premises as a "drop store". There has not been any type of dry cleaning, laundry or other environmental operations performed on these premises since said date.

Please contact me at the phone number or address listed above as to what action needs to take place at this time. Because this facility no longer is required to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), please send confirmation that payment of the annual operation fee in the amount of \$50.00 is no longer required.

Sincerely,

Jodi R. McMasters
Accounts Payable



J/K Drycleaning Corporation

15 NE 2nd Avenue
Deerfield Beach, FL 33441

Phone: 954-426-1111

Fax: 954-570-6248

December 27, 2001

Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RECEIVED
APR 29 2002
Bureau of Air Monitoring
& Mobile Sources

RE: AIRS ID# 0112454

To Whom It May Concern:

Ownership and operation of Nu-Look 1Hr Cleaners (AIRS ID#0112454) was changed on July 13, 2001. The dry cleaning plant was dismantled and removed on this day. Since then, the new owners have operated the premises as a "drop store". There has not been any type of dry cleaning, laundry or other environmental operations performed on these premises since said date.

Please contact me at the phone number or address listed above as to what action needs to take place at this time. Because this facility no longer is required to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), please send confirmation that payment of the annual operation fee in the amount of \$50.00 is no longer required.

Sincerely,

Jodi R. McMasters
Vice President

Faint, illegible text at the bottom of the page, possibly a carbon copy or bleed-through from the reverse side.

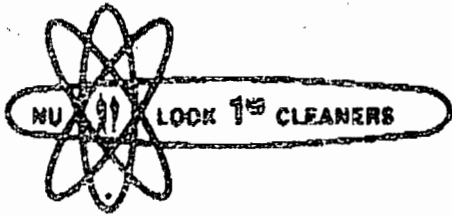
RECEIVED
D.E.P.
2002 JAN -2, PM 3:45
STORAGE TANK
REGULATION

1/29/02

Spoke with Sharon at J/K Drycleaning Corp. about Mr Toob 1 hour Cleaners (IO# 0112454). She stated that the new owners acquired the facility, July 13, 2001 and promptly removed the perc dry to dry machine. The new owner did not notify for the 45 GP because there is no perc usage on site. An inspection conducted by Broward County staff confirmed the "drop store" status in August 2001.

The previous owner is responsible for the fee and there is no change of status notification from the previous owner.

Kid Butler



J/K Drycleaning Corporation

15 NE 2nd Avenue
Deerfield Beach, FL 33441

Phone: 954-426-1111
Fax: 954-570-6248

December 27, 2001

Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: AIRS ID# 0112454

To Whom It May Concern:

Ownership and operation of Nu-Look 1Hr Cleaners (AIRS ID#0112454) was changed on July 13, 2001. The dry cleaning plant was dismantled and removed on this day. Since then, the new owners have operated the premises as a "drop store". There has not been any type of dry cleaning, laundry or other environmental operations performed on these premises since said date.

Please contact me at the phone number or address listed above as to what action needs to take place at this time. Because this facility no longer is required to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), please send confirmation that payment of the annual operation fee in the amount of \$50.00 is no longer required.

Sincerely,

Jodi R. McMasters
Vice President

Post-It® Fax Note	7571	Date	1/29/02	# of pages	1
To	Rak Butler	From	Nu-Look 1Hr Cleaners		
Co./Dept.	ENVIRONMENTAL	Co.	SHARON		
Phone #	850-488-0114	Phone #	954-426-1111		
Fax #	850-982-1362	Fax #	954-570-6248		

AIRS ID#: 011 2454



Revised 01/18/00

*AMS
DCC*

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NU-LOOK ONE HOUR CLEANERS DATE: 6/27/00
 FACILITY LOCATION: 41009 N DIXIE HWY. POMPANO BEACH, FL 33064

Annual Reporting Period: JUNE 1 1999 TO JUNE 27 2000

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: VALES PIERRE Vals 6/27/00
 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.

Entitled 7/1/99

RECEIVED

JUN 1 1999

Bureau of Air Monitoring & Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	NU LOOK ONE HOUR CLEANERS		
2. Site Name (For example, plant name or number):	NU LOOK ONE HOUR CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD984167791		
4. Facility Location:	Street Address: 4609 N. DIXIE HWY. City: POMPANO BCH County: BROWARD Zip Code: 33064		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112454		

Responsible Official

6. Name and Title of Responsible Official:	Name: NOEMIE BION-AIME Title: Owner		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: City: 4609 N DIXIE HWY County: BROWARD Zip Code: 33064		
8. Responsible Official Telephone Number:	Telephone: (954) 783-0133 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: () -		

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUN 1 1995
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): NU LOOK ONE HOUR CLEANERS
2. Site Name (For example, plant name or number): NU LOOK ONE HOUR CLEANERS
3. Hazardous Waste Generator Identification Number: FLD984167791
4. Facility Location: Street Address: 4609 N. DIXIE HWY. City: POMPANO BCH County: BROWARD Zip Code: 33064
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112454

Responsible Official

6. Name and Title of Responsible Official: Name: NOEMIE BIAN-AIME Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: H609 N DIXIE HWY County: POMPANO BCH Zip Code: 33064
8. Responsible Official Telephone Number: Telephone: (954) 783-0133 Fax: () -

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

For each dry-to-dry machine on-site, please provide the following information:

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

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [0]

How many dryers/reclaimers do you have on-site? [0]

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

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

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

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

[35] gallons (You must fill this in)

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

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

Small Area Source

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

Large Area Source

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

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

Existing machines at small area source
 (NONE REQUIRED)

New machines at small area source
 Refrigerated condenser

Existing machines at large area source
 Carbon adsorber
 Refrigerated condenser

New machines at large area source
 Refrigerated condenser

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

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

How many boilers do you have on-site?

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.

~~Mr. Noemie~~ Noemie Bien-Aime
Print name of responsible official

Noemie Bien Aime
Signature

5/4/99
Date

PERCHLOROETHYLENE DRY CLEANERS

**TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0112454 **DATE:** 6/27/00 **TIME IN:** 11:10 **TIME OUT:** 11:40
FACILITY NAME: NU-LOOK ONE HOUR CLEANERS
FACILITY LOCATION: 4109 N. DIXIE HWY POMPANO
RESPONSIBLE OFFICIAL: NOEMIE BIFEMALIE **PHONE:** (954) 783-2133
CONTACT NAME: — **PHONE:** —

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 10 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)

- 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:

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? Y N N/A
Is the temperature differential equal to or greater than 20° F? 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? 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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ART PENNETTA

Inspector's Name (Please Print)

6/27/00

Date of Inspection

Art Pennetta

Inspector's Signature

JUNE 2001

Approximate Date of Next Inspection

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

45EH 9552 7000 04TT 7000

OFFICIAL USE

Postage	\$	Recsn? Postmark Here Jul - Sep 04/1
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		
AIRS ID # 0112454001AG 10 Ser. NU LOOK ONE HOUR CLEANERS 4609 N Dixie Hwy Street or POMPANO BEACH, 33064 City,		

PS Form 3811, January 2001 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 # 0112454001AG 10
 NU LOOK ONE HOUR CLEANERS
 4609 N Dixie Hwy
 POMPANO BEACH, 33064

2. Article Number
 (Transfer from service label)

7001 1140 0001 7556 4354

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Charles Nease Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 6/12/04

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

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
JUN 16 2001



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

7000 0600 0026 7825 6775

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

AIRS ID # 0112454

Recipi: NU LOOK ONE HOUR CLEANERS
 NOEMIE BIEN-AIME
 Street: 4609 N DIXIE HWY
 City: POMPANO BEACH FL 33064

PS Form 3800, February 2000. See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <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. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0112454</p> <p>NU LOOK ONE HOUR CLEANERS NOEMIE BIEN-AIME 4609 N DIXIE HWY POMPANO BEACH FL 33064</p> <p>2. Article Number (Copy from service label) 7000 0600 0026 7825 6775</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery 2-9-01</p> <p>C. Signature X <i>Rosio M. Benito</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	---

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING
405103 FEB12 2001

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

2/12/01 pd

Do NOT Remove Label

AIRS ID # 0112454
NU LOOK ONE HOUR CLEANERS
NOEMIE BIEN-AIME
4609 N DIXIE HWY
POMPANO BEACH FL 33064

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

MS#

5510

MC Acct #

5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL

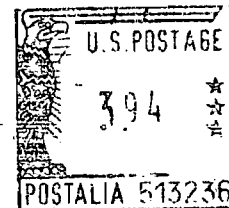
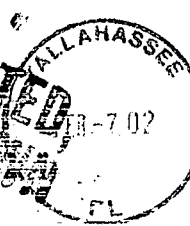


7000 0520 0020 9373 0275

UNK



**ATTEMPTED
NOT KNOWN**



AIRS ID # 0112454
NU LOOK ONE HOUR CLEANERS
NOEMIE BIEN-AIME
4609 N DIXIE HWY
POMPANO BEACH FL
33064

7000 0520 0020 9373 0275

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
AIRS ID # 0112454	
No. NU LOOK ONE HOUR CLEANERS	
NOEMIE BIEN-AIME	
Str 4609 N DIXIE HWY	
POMPANO BEACH FL	
City 33064	
PS Form 3800, September 1995	

Postmark Here

mailer)

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:

AIRKS ID # 0112454
 NU LOOK-ONE HOUR CLEANERS
 NOEMIE BIEN-AIME
 4609 N. DIXIE HWY
 POMPANO BEACH FL
 33064

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X 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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Certified Mail Provides

BEST AVAILABLE COPY

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

OFFICIAL USE

7001 0320 0001 7976 1596

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

Postmark
Here

AIRS ID # 0112454

Semi **NU LOOK ONE HOUR CLEANERS**
 NOEMIE BIEN-AIME
 4609 N DIXIE HWY
 POMPANO BEACH FL
 33064

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 # 0112454
 NU LOOK ONE HOUR CLEANERS
 NOEMIE BIEN-AIME
 4609 N DIXIE HWY
 POMPANO BEACH FL
 33064

COMPLETE THIS SECTION ON DELIVERY

A. Received by <i>(Please Print Clearly)</i> R	B. Date of Delivery 3-8
C. Signature X <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <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? *(Extra Fee)* Yes

7001 0320 0001 7976 1596

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390140 ✓

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 # 0112454
NU LOOK ONE HOUR CLEANERS
NOEMIE BIEN-AIME
4609 N DIXIE HWY
POMPANO BEACH FL 33064

RECEIVED

DEC 30 1999

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAIL ROOM

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