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, of 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,

for 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-Aime and she did not know the exact date of manufacture. The serial # was read aloud and contained #'s 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.

p15
1(a) Add 1986 as manufacture date "None required" should be marked

p16 4. Existing machines at small area source should be marked. New machines at small area source should not be marked. Marked + initial.

p17
R.O. sign and date for changes made.

Department of
Environmental Protection

Jeb Bush
Governor

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/

NU LOOK 1HR CLEANERS

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

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

1/29/02

Spoke with Sharon at J/K Drycleaning Corp. about the Tools Thom Cleaners (ID# 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 TSCP 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.

Rick Butler

NU LOOK 1HR CLEANERS

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 7671	Date 1/29/02	# of pages ▶ 1
To Rick Butler	From Nu-Look 1Hr. Cleaners	
Co./Dept. Environmental	Co. SHARON	
Phone # 850-488-0114	Phone # 954-426-1111	
Fax # 850-922-1362	Fax # 954-570-6248	

AIRS ID#: 011 2454

Revised 01/18/00

Ams/Ace

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NU-LOOK ONE HOUR CLEANERS **DATE:** 6/27/00

FACILITY LOCATION: 4609 N DIXIE HWY. POMPANO BCH, 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 (Name (Please Print)) Vales (Signature) 6/27/00 (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 BIEN-AIME Title: owner
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address:
   City: County: Zip Code:
   4609 N DIXIE HWY POMPANO BCH FL 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: ( ) -

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

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NU LOOK ONE HOUR CLEANERS

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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 BIEN-AIME Title: owner

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address:
City: 4609 N DIXIE HWY POMPANO BCH County: Zip Code: Fl 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? [0]

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.

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: 4609 N. DIXIE HWY POMPANO

RESPONSIBLE OFFICIAL: NOEMIE BIRNBAUM **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)

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)

3. Existing large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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? ☐Y ☐N ☑N/A

   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	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☐Y ☐N ☑N/A
Water separators	☑Y ☐N ☐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 Pett
Inspector's Signature

JUNE 2001
Approximate Date of Next Inspection

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

7001 1140 0001 7556 4354

OFFICIAL USE

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

Postmark Here

Recsn 7
Jul - Sep 04

Ser
Stre
or P
City,

AIRS ID # 0112454001AG 10
NU LOOK ONE HOUR CLEANERS
4609 N Dixie Hwy
POMPANO BEACH, 33064

PS Form 3800, 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Chadwick ☐ 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

2. Article Number (Transfer from service label) 7001 1140 0001 7556 4354

PS Form 3811, August 2001 Domestic Return 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
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
JUN 16 2001
Bureau of Air Monitoring & Mobile Sources

01

7000 0600 0026 7825 6775

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	

Postmark Here

Recipi

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

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 # 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 *(Please Print Clearly)*

B. Date of Delivery 2-9-01

C. Signature
X Rosio M. Perez ☐ 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

2. Article Number *(Copy from service label)*
7000 0600 0026 7825 6775

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

TALLAHASSEE FL 32301-7002

U.S. POSTAGE 3.94 POSTALIA 513236

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

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

7000 0520 0020 9373 0275

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

Postmark Here

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

mailer)

Instructions

SEND[illegible] LETE 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 *(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

2. Article Number *(Copy from service label)*

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

Certified Mail Provides:

BEST AVAILABLE COPY

7001 0320 0001 7976 1596

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)	
Total Postage & Fees	$

Postmark Here

Sent To: AIRS ID # 0112454
NU LOOK ONE HOUR CLEANERS
NOEMIE BIEN-AIME
Street or P.O. Box: 4609 N DIXIE HWY
City, State: POMPANO BEACH FL
33064

PS Form 3800, July 1999 — 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 # 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 *(Please Print Clearly)*: K

B. Date of Delivery: 3-8

C. Signature: X [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

7001 0320 0001 7976 1596

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

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.

RECEIVED

TOTAL AMOUNT DUE: $50.00

DEC 30 1999

Bureau of Air Monitoring & Mobile Sources

RECEIVED MAIL ROOM DEC 28 99

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: B1
Fund: 20-2-035001
Obj.: 002273