



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

September 14, 1999

Mr. Luc Bruna
MICA Dry Cleaners
8618 Northwest 44 Street
Sunrise, Florida 33351

Re: Facility No.: 0112458

Dear Mr. Bruna:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 9, 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

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

Printed on recycled paper.

Jane,
I'm sorry but
this facility #
is 0112458 not
0112438.

Pat



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

September 14, 1999

Mr. Luc Bruna
MICA Dry Cleaners
8618 Northwest 44 Street
Sunrise, Florida 33351

Re: Facility No.: 01124~~7~~⁸

Dear Mr. Bruna:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 9, 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.

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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,


For Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

Printed on recycled paper.

Submitted 9/2/99

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):	MICA Drycleaners Inc.		
2. Site Name (For example, plant name or number):	MICA Drycleaners		
3. Hazardous Waste Generator Identification Number:	FID 05 06		
4. Facility Location: Street Address:	8618 NW 44th Street	County:	Broward
City:	SUNRISE	Zip Code:	33351
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0110130		

Responsible Official

6. Name and Title of Responsible Official: Name:	LUC BRUNA	Title:	Pres
7. Responsible Official Mailing Address: Organization/Firm:	MICA Drycleaners		
Street Address:	8618 NW 44th Street	County:	Broward
City:	SUNRISE	Zip Code:	33351
8. Responsible Official Telephone Number: Telephone:	(954) 741-2922	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:	() -

Bureau of Air Monitoring
& Mobile Sources
AUG 09 1999
RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 2458 0112458 DATE: 12/20/00 TIME IN: 10:50 TIME OUT: 11:25
FACILITY NAME: MICA DRYCLEANERS
FACILITY LOCATION: 8618 NW 44 ST SUNRISE, FL 33351
RESPONSIBLE OFFICIAL: LUC BRUNA PHONE: (954)741-2922
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

DROP OFF SITE

PART II: CLASSIFICATION

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

N/A

- 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, $140 \leq x \leq 2,100$ 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)

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)

Bureau of Air Monitoring
& Mobile Sources

JAN 9 2001

RECEIVED

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 0 gallons.

AIRS ID#: 0112458

Revised 01/18/00

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: MCCA DRY CLEANERS DATE: 12/20/00
 FACILITY LOCATION: 8018 NW 44th St. Sunrise, FL 33351

Annual Reporting Period: SEP 1999 TO DEC 20 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: LVA Juc Bruma
 Name (Please Print) Signature Date 12/20/00

*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.

0112458

ADDITIONAL SITE INFORMATION:

THIS FACILITY IS NOW A DROP OFF SITE.
THE MACHINE IS STILL ON SITE BUT IS NOT
BEING USED. PLEASE MAKE INACTIVE.

ART PENNETTA.

0112458

- See Memo

p 15

(a) Add date of purchase, circle corresponding status. Add date control device installed.

p 16

5. "No such units on-site" should be marked. Mark out "units exempt" and initial

4. If no date is found then facility should be considered a new small source.

(b-c) required for new small source
(e) required for all dry cleaners

p 17

R.O. sign and date for changes

RU
RU

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):	MICA Drycleaners Inc.		
2. Site Name (For example, plant name or number):	MICA Drycleaner		
3. Hazardous Waste Generator Identification Number:	EIDC05QG		
4. Facility Location:	Street Address: 8618 NW 44th St City: SUNRISE County: Broward Zip Code: 33351		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0110458		

Responsible Official

6. Name and Title of Responsible Official:	Name: LUC BRUNA Title: Pres		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 8618 NW 44th St City: SUNRISE County: Broward Zip Code: 33351		
8. Responsible Official Telephone Number:	Telephone: (954) 741-2922 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: () -		

Bureau of Air Monitoring
& Mobile Sources
AUG 09 1999
RECEIVED

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")
_____	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	_____
_____	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?

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/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?

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 _____)

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.

Luc Broun
Print name of responsible official

Luc Broun
Signature

8/9/99
Date

Memorandum

To: File 0112458-001

CC:

From: Rick Butler *RB*

Date: 08/09/99

Re: Notification clarification

On Tuesday August 30 1999, I spoke with Luc Bruna, president of Mica Drycleaner, Inc., and I asked him to locate and provide the original purchase date for the dry to dry cleaning machine at his facility. I spoke with Mr. Bruna on September 7 to obtain the original purchase date. He did not have the date of purchase for the machine. He did say the dry cleaning machine is at least 10 years old. The machine has a refrigerated condenser as a control device. The date of installation for the control device was not stated. Mr. Bruna listed on the notification form 80 gallons of perc purchased in the past 12 months. Based on the perc information and the absence of the date information, I am recommending this facility operate as a NEW SMALL SOURCE unless proven differently.

CHROMIUM ELECTROPLATING/ANODIZING

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112358 DATE: 11/28/06 TIME IN: 10:30 TIME OUT: 11:40

FACILITY NAME: CERTIFIED METAL FINISHING

FACILITY LOCATION: 1420 SW 28 AVE POMPANO BEACH FL 33069

RESPONSIBLE OFFICIAL: DAVID SEXTON PHONE: 954-979-0707

CONTACT NAME: LARRY KAUFFMAN 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 a general permit

PART II: CLASSIFICATION

Facility type(s)/applicable standard indicated on notification form:

Hard Chromium Plating

- a. Existing Large (0.015 mg/dscm) b. Existing Small (0.03 mg/dscm)
- c. New (0.015 mg/dscm) d. Alternative Standard for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year)

Decorative Chromium Plating/Anodizing

- a. Chromic Acid Bath Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.
- b. Trivalent Chromium Bath With wetting agent
Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
- c. Chromium Anodizing Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf)
Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft)
May only be selected if a wetting agent is used.

PART III: CONTROL TECHNOLOGY

Control device selected	In use?
1. <input type="checkbox"/> Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
2. <input type="checkbox"/> Fiber Bed Mist Eliminator	<input type="checkbox"/> Y <input type="checkbox"/> N
3. <input type="checkbox"/> Packed Bed Scrubber	<input type="checkbox"/> Y <input type="checkbox"/> N
4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad	<input type="checkbox"/> Y <input type="checkbox"/> N
5. <input type="checkbox"/> Foam Blanket Fume Suppressant	<input type="checkbox"/> Y <input type="checkbox"/> N
6. <input checked="" type="checkbox"/> Fume Suppressant w/ Wetting Agent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Has the facility conducted an initial performance test to establish monitoring parameters? Y N N/A
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

PART IV: RECORDKEEPING AND REPORTING REQUIREMENTS

Has the responsible official maintained the following records?

- Quarterly inspection records for add-on air pollution control devices and monitoring equipment. *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Operations and Maintenance Plan (OMP). *(applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad)* Y N N/A
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). Y N
- Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. Y N
- Results of all performance tests. Y N N/A
- Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* Y N N/A

<p>Composite Mesh Pad Measure the pressure drop across the CMP daily.</p> <p>Fiber-Bed Mist Eliminator Measure the pressure drop across the FBME and the upstream device daily.</p> <p>Foam Blanket Fume Suppressant Measure the foam blanket thickness at the appropriate interval.</p>	<p>Packed Bed Scrubber Measure the pressure drop across the PBS and the inlet velocity daily.</p> <p>Packed Bed Scrubber/Composite Mesh Pad Measure the pressure drop across the CMP daily.</p> <p>Fume Suppressant w/ Wetting Agent Measure the surface tension at the appropriate interval.</p>
---	--

- Purchase records of wetting agent components. Y N N/A
- Records of the date and time that fume suppressants are added to the bath. Y N N/A
- Records of rectifier capacity, if used to determine facility size. Y N N/A
- Records of the total process operating time. Y N
- Records identifying specific periods of excess emissions. Y N
- Startup, Shutdown & Malfunction Plan Y N

PART V: ADDITIONAL SITE INFORMATION

[Empty box for additional site information]

ART PENNETTA

Inspector's Name

Art Pennetta

Inspector's Signature

Nov 28, 2000

Date of Inspection

Nov 2001

Approximate Date of Next Inspection

**CHROMIUM ELECTROPLATING/ANODIZING
AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

ACC

FACILITY NAME: CERTIFIED METAL FINISHING DATE: 11/28/00

FACILITY LOCATION: 1420 SW 28 AVE POMPANO BCH, FL. 33069

Annual Reporting Period: NOV 30 1999 TO NOV 28 ~~19~~ 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.

RESPONSIBLE OFFICIAL: DAVID W. SEXTON JR [Signature] 11/28/00
Name (Please Print) Signature Date

RES

*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.

MICA Cleaners
8618 N.W. 44th Street
Sunrise, FL 33351



General Permits Section
Bureau of Air Monitoring & Mobile Sources, MS
5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399/2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389184

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

MICA DRYCLEANER
LUC BRUNA
8618 NW 44TH STREET
SUNRISE FL 33351
AIRS ID # 0112458

RECEIVED
DEC 10 1999
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAIL ROOM
DEC - 8 99

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

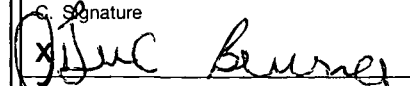
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 7825 6973

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

AIRS ID # 0112458

Rec: MICA DRYCLEANER
 LUC BRUNA
 Street 8618 NW 44TH STREET
 City: SUNRISE FL 33351

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. 		<p>A. Received by (Please Print Clearly) LUC BRUNA</p> <p>B. Date of Delivery 2-9-01</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0112458</p> <p>MICA DRYCLEANER LUC BRUNA 8618 NW 44TH STREET SUNRISE FL 33351</p>		<p>C. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Copy from service label) 7000 0600 0026 7825 6973</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>PS Form 3811, July 1999</p>		<p>Domestic Return Receipt</p>	
		<p>102595-99-M-1789</p>	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406797 MAR 5 2001

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

pd

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112458

MICA DRYCLEANER
LUC BRUNA
8618 NW 44TH STREET
SUNRISE FL 33351

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)

7000 0600 0026 4125 8119

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

AIRS ID # 0112458

MICA DRYCLEANER
 LUC BRUNA
 8618 NW 44TH STREET
 SUNRISE FL 33351

Use for Instructions

SEND

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

SECTION ON DELIVERY

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

1. Article Addressed to:

MICA DRYCLEANER
 LUC BRUNA
 8618 NW 44TH STREET
 SUNRISE FL 33351

AIRS ID # 0112458

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

3/5/11

C. Signature

X *Luc Bruna*

- Agent
- Addressee

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

- Yes
- No

3. Service Type

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

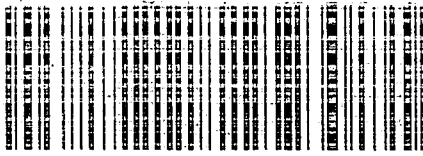
4. Restricted Delivery? (Extra Fee)

- Yes

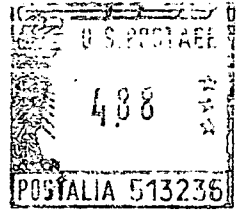
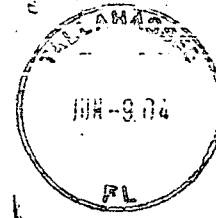
2. Article Number (Copy from service label)

7000 0600 0026 4125 8119

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



7003 0500 0004 0144 6187



RETURN
TO SENDER
MOVED LEAVE
NO ADDRESS

Bureau of Air Monitoring
& Mobile Sources

JUN 24 2004

RECEIVED

[Handwritten signature]

AIRS ID # 0112458001AG 10
MICA DRYCLEANER
8618 NW 44th Street
SUNSHINE, 33351

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

Article Addressed to:

AIRS ID # 0112458001AG 10
 MICA DRYCLEANER
 8618 NW 44th Street
 SUNSHINE, 33351

A. Signature: **X** Agent Addressee

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

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) **7003 0500 0004 0144 6187**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

7003 0500 0004 0144 6187

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

Received
 Postmark Here
Jul - Sep 04

To: AIRS ID # 0112458001AG 10
 Srt: MICA DRYCLEANER
 Str: 8618 NW 44th Street
 or: SUNSHINE, 33351
 Cn:

Instructions