

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

August 22, 2001

Ms. Renee Jara  
Eagle Cleaners  
4520 Hollywood Boulevard  
Hollywood, Florida 33021

Re: Facility No.: 0112561-001

Dear Ms. Jara:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 18, 2001.

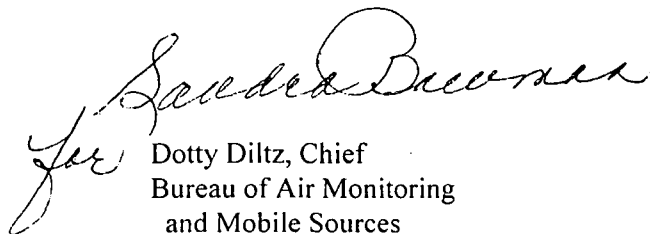
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

**Cc:** Bittle, Clifton

**Subject:** TVGP - Facilities

Hello Bruce, the following facilities need to be inactivated in ARMS:

o 112273 Warrickleen	Drop Off	Perc	8745 Sw 57th Street	Cooper City
o 112561 Eagle Cleaners	Drop Off	Perc	4520 Hollywood Blvd	Hollywood
o 112527 Kellstrom Industries	OOB	Degreaser	3701 Flamingo Road	Miramar
o 112341 One Hour Cleaners	Drop Off	Perc	9075 Taft Street	Pembroke Pines
o 112437 Spring Cleaners	Drop Off	Perc	9920 Pines Blvd	PembrokePines

Thanks, any questions please let me know.

Cynthia V. Fernandez

NRS II

954 519 1459

0112561-001

p15  
1(a) (RC) should be circled under Control  
Device Required

p16  
6(e) Required for all sources.

p17  
Responsible official sign and date for  
changes made.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

## DISTRICT ROUTING SLIP

To: \_\_\_\_\_ DATE: \_\_\_\_\_

CC To:

	<b>PENSACOLA</b>	<b>NORTHWEST DISTRICT</b>	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	<b>TAMPA</b>	<b>SOUTHWEST DISTRICT</b>	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	<b>ORLANDO</b>	<b>CENTRAL DISTRICT</b>	
	Melbourne	Central District Satellite Office	
	<b>JACKSONVILLE</b>	<b>NORTHEAST DISTRICT</b>	
	Gainesville	Northeast District Branch Office	
	<b>FORT MYERS</b>	<b>SOUTH DISTRICT</b>	
	Marathon	South District Branch Office	
	<b>WEST PALM BEACH</b>	<b>SOUTHEAST DISTRICT</b>	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional  
Date Due: \_\_\_\_\_

Reply Required  
Date Due: \_\_\_\_\_

Info Only

Comments:

From: \_\_\_\_\_

Tel: \_\_\_\_\_

RECEIVED

JUL 18 2001

Bureau of Air Monitoring  
C. 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):	RAWEN INC O/B/A EAGLE CLEANERS
2. Site Name (For example, plant name or number):	EAGLE CLEANER
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:                      County:                      Zip Code:	4520 HOLLYWOOD BLVD HOLLYWOOD                      BROWARD                      33021
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0112561-001

Responsible Official

6. Name and Title of Responsible Official: Name:                      Title:	RENES JANA                      PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:                      County:                      Zip Code:	SAME AS Y
8. Responsible Official Telephone Number: Telephone:                      Fax:	(954) 962-2600                      (954) 983-2589

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	PABLO JANA
10. Facility Contact Address: Street Address: City:                      County:                      Zip Code:	<del>PABLO J</del> 4520 HOLLYWOOD BLVD HOLLYWOOD                      BROWARD                      33021
11. Facility Contact Telephone Number: Telephone:                      Fax:	(954) 962-2600                      (954) 983-2266

**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")
<u>11/96</u>	Existing/ <u>New</u>	RC/CA/None required	<u>SAME</u>
_____	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?

  100   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".)

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

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

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

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:   15

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.*

GENEE JANA  
Print name of responsible official

[Signature]  
Signature

7/11/01  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458738 FEB 8 2006

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 112561 1st  
EAGLE CLEANERS  
4520 Hollywood Blvd  
HOLLYWOOD, FL 33021

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

451042 APR 14 2005

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

**TOTAL AMOUNT DUE: \$75.00**

Do **NOT** Remove Label

AIRS ID# 112561 3<sup>rd</sup> Cert04  
EAGLE CLEANERS  
4520 Hollywood Blvd  
HOLLYWOOD, FL 33021

Printed on recycled paper.

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Bureau of All Monitoring  
& Mobile Sources

APR 18 2005

RECEIVED

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OFFICIAL USE

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

AIRS ID# 112561 3<sup>rd</sup> Cert04  
EAGLE CLEANERS  
4520 Hollywood Blvd  
HOLLYWOOD, FL 33021

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 6613

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">AIRS ID# 112561 3<sup>rd</sup> Cert04  EAGLE CLEANERS  4520 Hollywood Blvd  HOLLYWOOD, FL 33021</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0004 6986 6613</p>	

UNITED STATES POSTAL SERVICE



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

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

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

RECEIVED

APR 14 2005

Bureau of Environmental Monitoring

& Mobile Sources



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

Sent To AIRS ID#0112561.....2<sup>nd</sup> Cert 05  
EAGLE CLEANERS  
Street, Apt. No., or P.O. Box No. 4520 Hollywood Blvd  
City, State, ZIP+4 HOLLYWOOD, FL 33021

PS Form 3800, JUN 01

7004 2510 0002 3939 7576

**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#0112561.....2<sup>nd</sup> Cert 05  
EAGLE CLEANERS  
4520 Hollywood Blvd  
HOLLYWOOD, FL 33021

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

**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

<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

7004 2510 0002 3939 7576

UNITED STATES POSTAL SERVICE



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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

MAR 7 2005

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

AIRS ID# 112561 1stC  
EAGLE CLEANERS  
4520 Hollywood Blvd  
HOLLYWOOD, FL 33021

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 8358

**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# 112561 1stC  
EAGLE CLEANERS  
4520 Hollywood Blvd  
HOLLYWOOD, FL 33021

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery  
2/7

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

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

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

7003 0500 0004 0144 8358

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid  
USPS  
Permit No. G-10

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

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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FEB 10 2005



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437540 MAR 11 2004

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 # 112561

RENEE JARA  
EAGLE CLEANERS  
4520 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

~~RECEIVED~~  
MAR 17 2004  
Bureau of AI Monitoring  
& Mobile Sources



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

Postmark Here  
*2nd CK*  
*2003*

AIRS ID # 112561

Total Postage

Sent To **RENEE JARA**  
**EAGLE CLEANERS**  
**4520 HOLLYWOOD BLVD**  
**HOLLYWOOD, FL 33021**

Street, Apt. No., or PO Box No.  
 City, State, ZIP+

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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 # 112561

**RENEE JARA**  
**EAGLE CLEANERS**  
**4520 HOLLYWOOD BLVD**  
**HOLLYWOOD, FL 33021**

2. Article Number

7003 0500 0004 0144 7733

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*@.Yone*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*3/8*

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

ad to

UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

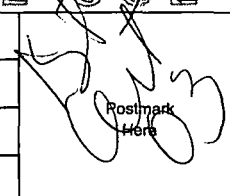
• Sender: Please print your name, address, and ZIP+4 in this box.

MOVABLE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2000 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Office of Air Monitoring  
and Assessment

MAR 11 2004

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<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
ID# 112561 RENEE JARA EAGLE CLEANERS 4520 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	
PS Form 3800, June 2002 <span style="float: right;">See Reverse for Instructions</span>	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ID# 112561  
 RENEE JARA  
 EAGLE CLEANERS  
 4520 HOLLYWOOD BLVD  
 HOLLYWOOD, FL 33021

2. Article Number

*(Transfer from service label)*

7003 2260 0003 5650 7550

**COMPLETE THIS SECTION ON DELIVERY**

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

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

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**U.S. Postal Service**  
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**OFFICIAL USE**

7001 0320 0001 7976 5259

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

Postmark  
Here

AIRS ID#0112561

EAGLE CLEANERS  
 RENEE JARA  
 4520 HOLLYWOOD BLVD  
 HOLLYWOOD FL  
 33021

See back 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#0112594  
 ALTERATIONS BY RUTH & DRY CLEANING  
 JULIEN SMETS  
 9707 WEST BROWARD BLVD  
 PLANTATION FL  
 33324

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

*Ruth Smets*

2/7/03

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 form)*

7001 0320 0001 7976 5259

UNITED STATES POSTAL SERVICE



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

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

BUREAU OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF THE ENVIRONMENTAL PROTECTION  
MAIL STOP 1000  
2600 BLVD. S.W. ROAD  
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Monitoring  
& Mobile Source

FEB 12 2003

RECEIVED

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

**OFFICIAL USE**

7001 0320 0001 7976 1770

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

Postmark  
Here

AIRS ID # 0112561

Sen **EAGLE CLEANERS**  
 Renee JARA  
 Stre or F **4520 HOLLYWOOD BLVD**  
 City **HOLLYWOOD FL**  
**33021**

PSN

Instructions

**SENDER: COMPLETE THIS SECTION**

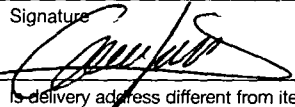
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:


AIRS ID # 0112561

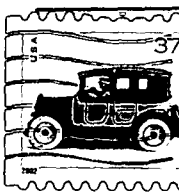
**EAGLE CLEANERS**  
**RENEE JARA**  
**4520 HOLLYWOOD BLVD**  
**HOLLYWOOD FL**  
**33021**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery <b>3/8</b>
C. Signature <b>X</b> 	<input 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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	


2. **7001 0320 0001 7976 1770**

 Mr. Pablo R. Jara  
4008 N 46th Ave.  
Hollywood, FL 33021



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315+3070 99 

 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422366 JAN30 2003

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#0112561  
EAGLE CLEANERS  
RENEE JARA  
4520 HOLLYWOOD BLVD  
HOLLYWOOD FL  
33021

Bureau of Internal Revenue  
& Mon. Sources

FEB 07 2003

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

 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415184 MAR14 2002

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 # 0112561  
EAGLE CLEANERS  
RENEE JARA  
4520 HOLLYWOOD BLVD  
HOLLYWOOD FL  
33021

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 0520 9378 0121  
 1210 E3E6 0200 0250 0002

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Tot</b>	AIRS ID # 0112561	
<b>Rec</b>	EAGLE CLEANERS	Postmark Here
	RENEE JARA	
<b>Stre</b>	4520 HOLLYWOOD BLVD	
<b>City</b>	HOLLYWOOD FL 33021	

PS Form 3800, February 2000 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

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

<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery 2/9/02
	C. Signature x <i>Renee Jara</i>	<input 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.	
1. Article Addressed to:  AIRS ID # 0112561 EAGLE CLEANERS RENEE JARA 4520 HOLLYWOOD BLVD HOLLYWOOD FL 33021	4. Restricted Delivery? <i>(Extra Fee)</i>	<input type="checkbox"/> Yes
2. Article Number <i>(Copy from service label)</i>		