

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

August 6, 2002

Mr. Rolando Alvarez  
SSS of America Dry Cleaner, Incorporated  
7935 Southwest 17<sup>th</sup> Terrace  
Miami, Florida 33155

Re: Facility No.: 0250686-004

Dear Mr. Alvarez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 5, 2002.

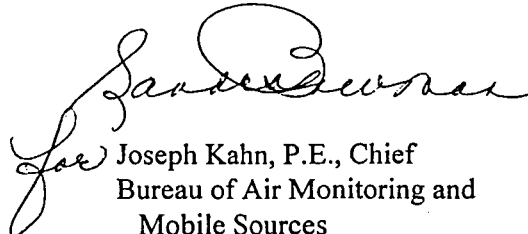
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, P.E., Chief  
Bureau of Air Monitoring and  
Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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

RECEIVED

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

JUL 02 2002

JUL 05 2002

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Air Quality  
Management Division

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):	SSS OF AMERICA DRY CLEANER INC		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	115-0098		
4. Facility Location:	3980 WEST 12 AVE		
Street Address:			
City:	HiALEAH	County:	FL
		Zip Code:	33012
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250686-004		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	ROLANDO ALVAREZ	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	1935 SW 17 TERR		
Street Address:			
City:	MIA	County:	FL
		Zip Code:	33155
8. Responsible Official Telephone Number:			
Telephone:	(305) 264-8431	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ROLANDO ALVAREZ JR VICE PRESIDENT		
10. Facility Contact Address:	7935 SW 17 TERR		
Street Address:			
City:	MIAMI	County:	FL
		Zip Code:	33155
11. Facility Contact Telephone Number:			
Telephone:	(305) 322-3516	Fax:	( ) -

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 11 ]

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")
12-3-96	Existing <u>New</u>	<u>RC</u> /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? [ ]

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?

[ 1 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 2 ] 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.*

ROLANDO ALVAREZ  
Print name of responsible official

Rolando Alvarez  
Signature

7-1-2002  
Date



CITY OF HIALEAH

501 PALM AVENUE, HIALEAH, FLORIDA 33010

APPLICATION FOR OCCUPATIONAL LICENSE

LICENSE NUMBER 7276-31 ZONING CLASSIFICATION                      TOTAL FEE \$                     

New  Renewal  Transfer of Ownership

Transfer of Location

Change of Name/Mailing Address EXEMPTIONS : Full  Partial

DECAL NUMBER                     

Zone Review  Driver's License  State License  Vehicle Inspection CASH

Fire Inspection  Health Dept.  C.C. Dade  First Aid Cert. CHECK

D.E.R.M.  Bill of Sale-Notarized  Insurance  Sworn Affidavit

Articles of Corp  Enterprise Zone  Police Background  Vehicle Registration

Application processed by                      Date                      Inspected by                      Date                     

Date Entry by                      Date                      Revenue Entry by                      Date                     

PLEASE PRINT OR TYPE (BLUE/ BLACK INK ONLY) NO CORRECTION FLUID ALLOWED

1. Business Name SSS OF AMERICA DRY CLEANER INC Date of Application                     

Owner's Name/Corporation Name Rolando Alvarez

2. Location of Business 3980 WEST 12 AVE HIALEAH 33012 305-824-4996

ADDRESS BAY, SUITE, APT. NO., CITY, ZIP TELEPHONE

Mailing Address SAME

(If different from above) ADDRESS BAY, SUITE, APT. NO., CITY, ZIP TELEPHONE

3. Driver's License # A-416-720-63-107 Date of Birth 3-27-63 Expiration Date 3-27-07

4. Name of Person(s) who manage, control or qualify for this business in the City of Hialeah:

(A) Name Rolando Alvarez

(B) Home Address 7935 SW 17 TERR City MIA Zip 33155 Home Phone 305-264-                    

(C) Emergency Contact Roly Alvarez Telephone: 322-3516 8431

5. If a firm or corporation, the name, address, city, zip and home phone number of the officers

- Rolando Alvarez President 305-264-8431
- Rolando Alvarez Jr Vice President 305-322-3516

6. Type of Business  Manufacturer  Wholesale  Retail  Service  Other                     

SPECIFIC Products or Services SERVICES

7. Number of seats, work stations or units: 3 Square feet of Property/Warehouse 700 SF

Amount of Inventory 10,000 Number of employees [ 3 ] [ 1 ] [ 2 ]

TOTAL FEMALE MALE

8. If Business is operated from vehicle: Number of Vehicles 1

I affirm that the above is true and correct to the best of my knowledge. I am aware of penalties and/or revocation of license for false statements.

JRC President TITLE OF APPLICANT Rolando Alvarez NAME OF APPLICANT [Signature] SIGNATURE AND SEAL 6-12-02 DATE

w/s.  
NO COI.

Folio - 04-3002-054-0010

NAME	
LAST	
FIRST	
MIDDLE	
AGE	
SEX	
HGT	
WEIGHT	
HAIR	
EYES	
HAZEL	
SCAR	
REMARKS	
ISSUE DATE	
EXPIRES	
CLASS	
ENDORSE	
REVIEWER	
DATE	
REMARKS	

MB 07-01-02



Derm Number: 2002-0701-1059-2745  
 Contact Name: CO  
 Contact Phone: (0)  
 Folio:  
 Project Name: SSS OF AMERICA DRY CLEANER  
 Date Received: 07/01/2002  
 Reviewer Name: MIGUEL DE ARMAS



MB

7/2/02

Florida CDL CLASS A



The Sunshine State

LICENSE NUMBER

**A416-720-63-107-0**

ROLANDO ALVAREZ  
 7935 SW 17 TERRACE  
 MIAMI, FL 33156-0000

BIRTH DATE	SEX	HGT.	WEIGHT	ENDORSE
03-27-63	M	6-02		

ISSUED	EXPIRES	ENDORSE
11-23-00	03-27-07	00-00-00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

467288 JAN 17 2007

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# 250686  
SSS OF AMERICA DRY  
CLEANER INC  
3980 W 12 Avenue  
HIALEAH, FLORIDA 33412

Bureau  
& Mobile Sources  
AIR MONITORING

JAN 22 2007

RECEIVED

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

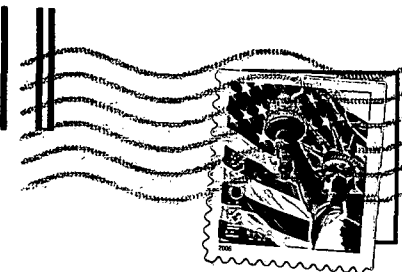
Printed on recycled paper.



SSS OF AMERICA  
3780 W 12 AVE  
Hialeah FL 33012

MIAMI FL 331

13 JAN 2007 PM 5 T



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

32315+3070-70 8099



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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

459548 MAR 22 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

250686            10  
SSS OF AMERICA DRY CLEANER  
3980 W 12 Avenue  
HIALEAH, FL        33412

RECEIVED  
MAR 26 2006  
Bureau of Air Monitoring  
& Mobile Sources

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

*Printed on recycled paper.*

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

450788 APR11 2005

**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#0250686.....2<sup>nd</sup> Cert 05  
SSS OF AMERICA DRY CLEANER  
3980 W 12 Avenue  
HIALEAH, FL 33412

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

*Printed on recycled paper.*

(CUT HERE)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

452679 MAY19 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# 250686 3<sup>rd</sup> Cert04  
SSS OF AMERICA DRY CLEANER  
3980 W 12 Avenue  
HIALEAH, FL 33412

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

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Bureau of Air Monitoring  
& Mobile Sources

MAY 26 2005

RECEIVED

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

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage:	AIRS ID# 250686 3 <sup>rd</sup> Cert04
Sent To	SSS OF AMERICA DRY CLEANER
<i>Street, Apt. No or PO Box No.</i>	3980 W 12 Avenue
<i>City, State, Zip</i>	HIALEAH, FL 33412

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5814

**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# 250686 3<sup>rd</sup> Cert04  
 SSS OF AMERICA DRY CLEANER  
 3980 W 12 Avenue  
 HIALEAH, FL 33412

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) 	C. Date of Delivery 9-8
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input 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) <input type="checkbox"/> Yes	

2. Article Number (Tra) 7004 2510 0004 6986 5814

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

Air Monitor  
Mobile Sources

APR 11 2005

RECEIVED



7004 2510 0002 3939 3066

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

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

AIRS ID#0250686.....2<sup>nd</sup> Cert 05  
**Sent To** SSS OF AMERICA DRY CLEANER  
 3980 W 12 Avenue  
 Street, Apt. # or PO Box N HIALEAH, FL 33412  
 City, State, Z

PS Form 3806

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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>1. Article Addressed to:</p> <p>AIRS ID#0250686.....2<sup>nd</sup> Cert 05        SSS OF AMERICA DRY CLEANER        3980 W 12 Avenue        HIALEAH, FL 33412</p> <p>2. Article Number        (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery        3-4-05</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>
--	--

7004 2510 0002 3939 3066

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

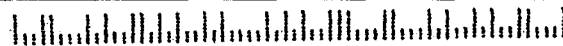
• Sender: Please print your name, address, and ZIP+4 in this box •

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

RECEIVED  
MAR 9 2005  
BUREAU OF AIR MONITORING  
& MOBILE SOURCE

RECEIVED  
MAR 9 2005

RECEIVED





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OFFICIAL USE

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

To: AIRS ID# 250686 1stC  
 SSS OF AMERICA DRY CLEANER  
 3980 W 12 Avenue  
 HIALEAH, FL 33412

Instructions

7004 2510 0002 3938 6716

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

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         AIRS ID# 250686 1stC          SSS OF AMERICA DRY CLEANER          3980 W 12 Avenue          HIALEAH, FL 33412       </div> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)      C. Date of Delivery  <span style="float: right;">2/17/05</span></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</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input checked="" type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 1.2em; font-weight: bold;">7004 2510 0002 3938 6716</div>							

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 3F10  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

U.S. MAIL  
Mobile Source Control

FEB 16 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

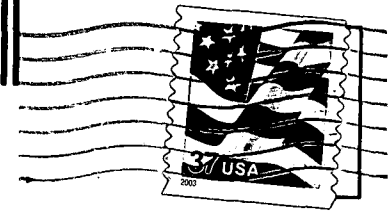
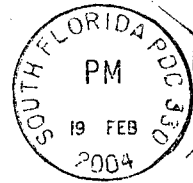
ID# 250686  
ROLANDO ALVAREZ  
SSS OF AMERICA DRY CLEANER  
7935 SW 17TH TERRACE  
MIAMI, FL 33155

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

436750 FEB 23 2004

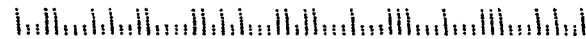
RECEIVED  
FEB 27 2004  
Bureau of Air Monitoring  
& Mobile Sources

DRY CLEANER AMERICA  
3980 W 12 AUG  
Hialeah FL 33012



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

32315+3070 99

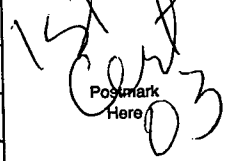


2E9T 1595 E000 0922 E00L

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**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Total ID# 250686

Sent **ROLANDO ALVAREZ**

Street, or PO **SSS OF AMERICA DRY CLEANER**

City, State **7935 SW 17TH TERRACE**

**MIAMI, FL 33155**

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ID# 250686  
 ROLANDO ALVAREZ  
 SSS OF AMERICA DRY CLEANER  
 7935 SW 17TH TERRACE  
 MIAMI, FL 33155

2. Article Number  
 (Transfer from service label)

7003 2260 0003 5651 1632

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) - C. Date of Delivery  
 ELENA MORI 2-14-04

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

Change of ownership.  
ARMS #. 250686.

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Remit. 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

FEB 17 2004

RECEIVED



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	AIRS ID#0250686
<b>Sent To</b> SSS OF AMERICA DRY CLEANER ROLANDO ALVAREZ <b>Street, Apt. 1 or PO Box N</b> 7935 SW 17TH TERRACE MIAMI FL <b>City, State, Z</b> 33155	
PS Form 3800	

7001 0320 0001 7975 7919

**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#0250686

SSS OF AMERICA DRY CLEANER  
 ROLANDO ALVAREZ  
 7935 SW 17TH TERRACE  
 MIAMI FL  
 33155

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 7919

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

R. Raymond

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

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 •

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MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED







(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4

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**

422912 FEB13 2003

Do **NOT** Remove Label

AIRS ID#0250686  
 SSS OF AMERICA DRY CLEANER  
 ROLANDO ALVAREZ  
 7935 SW 17TH TERRACE  
 MIAMI FL  
 33155

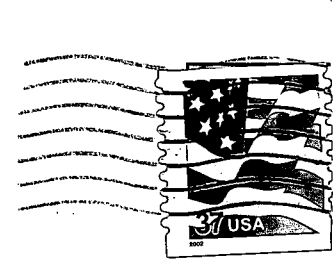
Bureau of Air Monitoring  
& Mobile Sources

FEB 19 2003

RECEIVED

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

SSS OF AMERICA DRY CLEANER  
3980 W 12 AVG  
HIALSAH FL 33012



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

32315+3070 66

