



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

November 25, 1996

Mr. Mario Suarez  
President  
Si Bon Cleaners & Tailoring Corporation  
8283 Southwest 124 Street  
Miami, Florida 33156

Re: Facility I.D. No. 0250756

Dear Mr. Suarez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

Please note that in November 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. Ewart Anderson, Dade County

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

# 0250756

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4. Should not be marked

(c) is not required  
(f) should be marked

Air Quality Management Division

1. Facility Owner/Operator  
*Si*

2. Site Name (For example, plant name)

3. Hazardous Waste

4. Facility Location  
Street Address:  
City: *Miami*

5. Facility Identification Number

3156

56

6. Name and Title of Responsible Official  
*Ma*

7. Responsible Official Mailing Address.  
Organization/Firm:  
Street Address: *8283 S.W. 124 St.*  
City: *Miami* County: *Dade* Zip Code: *33156*

8. Responsible Official Telephone Number:  
Telephone: *(305) 235-0712* 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: ( ) -

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SEP 5 1996

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|  |   |           |       |
|--|---|-----------|-------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | Si Bon Cleaners & Tailoring Corporation |           |       |
| 2. Site Name (For example, plant name or number):                                  | SAME                                    |           |       |
| 3. Hazardous Waste Generator Identification Number:                                | 139500243                               |           |       |
| 4. Facility Location:  |   |           |       |
| Street Address:  | 8283 S.W. 124 Street                    |           |       |
| City:  | Miami                                   | County:   | Dade  |
|  |   | Zip Code: | 33156 |
| 5. Facility Identification Number (DEP Use):                                       | 0250756                                 |           |       |

## Responsible Official

|  |                        |           |       |
|--|------------------------|-----------|-------|
| 6. Name and Title of Responsible Official: | MARIO SUAREZ President |           |       |
| 7. Responsible Official Mailing Address:   |                        |           |       |
| Organization/Firm:                         |                        |           |       |
| Street Address:                            | 8283 S.W. 124 St.      |           |       |
| City:                                      | Miami                  | County:   | Dade  |
|  |                        | Zip Code: | 33156 |
| 8. Responsible Official Telephone Number:  |                        |           |       |
| Telephone:                                 | (305) 235-0212         | 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:      | ( ) - |

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**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

| Type of Machine        | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>         |    |                                  |                               |    |                                  |                               |    |                                  |                               |
|                        | #1 | 03-OCT-93                        | 12-NOV-93                     | #2 | 08-DEC-91                        |                               | #3 | 02-MAR-92                        | 02-MAR-92                     |
| <b>Dry-to-Dry Unit</b> |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser  | 1  | 3/6/89                           | SAME                          |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls    |    |                                  |                               |    |                                  |                               |    |                                  |                               |

(b) Control devices are required, but not yet installed  [N/A]

(c) No control devices are required to be installed  [N/A]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

Existing small area source       New small area source

Existing large area source       New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### 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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

No 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.*

Mario Suarez  
Signature

8/26/96  
Date

Mario Suarez

X 3/25/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: x Si Bon Cleaners Tailoring Corp DATE: x 3/25/97
FACILITY LOCATION: x 8283 SW 124th MIAMI, 33156

Annual Reporting Period: x 8/26 1996 TO 3/25 1997

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. [X] 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 rolling averages of 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: x MARIO SUAREZ x Mario Suarez x 3/25/97
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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4. Should not be  
marked

(c) is not required

(f) should be marked



# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|  |  |              |  |
|--|--|--------------|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | <i>Si Bon Cleaners &amp; Tailoring Corporation</i> |              |  |
| 2. Site Name (For example, plant name or number):                                  | <i>SAME</i>  |              |  |
| 3. Hazardous Waste Generator Identification Number:                                | <i>139500243</i>                                   |              |  |
| 4. Facility Location:  |  |              |  |
| Street Address:  | <i>8283 S.W. 124 street</i>                        |              |  |
| City:  | County:  | Zip Code:    |  |
| <i>Miami</i>   | <i>DADE</i>  | <i>33156</i> |  |
| 5. Facility Identification Number (DEP Use):                                       | <i>0250756</i>                                     |              |  |

## Responsible Official

|  |                               |              |   |
|--|-------------------------------|--------------|---|
| 6. Name and Title of Responsible Official: | <i>MARIO SUAREZ President</i> |              |   |
| 7. Responsible Official Mailing Address:   |                               |              |   |
| Organization/Firm:                         |                               |              |   |
| Street Address:                            | <i>8283 S.W. 124 st.</i>      |              |   |
| City:                                      | County:                       | Zip Code:    |   |
| <i>Miami</i>                               | <i>DADE.</i>                  | <i>33156</i> |   |
| 8. Responsible Official Telephone Number:  |                               |              |   |
| Telephone:                                 | Fax:                          | ( )          | - |
| <i>(305) 235-0212</i>                      |                               |              |   |

## 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:    | ( )       | - |
| ( )   |         |           |   |

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### Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

| Type of Machine         | ID       | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|-------------------------|----------|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>          |          | <i>#1 03-OCT-93</i>              | <i>12-NOV-93</i>              |    | <i>#2 08-DEC-91</i>              |                               |    | <i>#3 02-MAR-92</i>              | <i>02-MAR-92</i>              |
| <b>Dry-to-Dry Unit</b>  |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser   | <i>1</i> | <i>3/6/89</i>                    | <i>SAME</i>                   |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber  |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls      |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>      |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser   |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber  |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls      |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>       |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser   |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber  |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls      |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>   |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser  |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/ carbon adsorber |          |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls     |          |                                  |                               |    |                                  |                               |    |                                  |                               |

(b) Control devices are required, but not yet installed  *N/A*

(c) No control devices are required to be installed  *N/A*

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

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

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

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.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
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Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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### Responsible Official Certification

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*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature

*Mario Suarez*

Date

*8/26/96*

✓

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#: 0250796      DATE: 3/25/97      TIME IN: 11:30      TIME OUT: 12:00  
 FACILITY NAME: Si BON Cleaners & Tailoring Corp.  
 FACILITY LOCATION: 8283 SW 124 ST  
    MIAMI, 33156

**PART I: NOTIFICATION**

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

- A.
- |   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                         | <input checked="" type="checkbox"/> | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                         | <input type="checkbox"/> |
| 3. Existing large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) | <input type="checkbox"/>            | 4. New large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) | <input type="checkbox"/> |

This is a correct facility classification     Y       N

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 65 gallons.

3/27/97  
 MB  
 3/31/97

**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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <i>NA</i>                               |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <i>NA</i>                               |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?                           | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> 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  
Is the temperature differential equal to or greater than 20° F?  Y  N
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
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
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 averages 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
4. Maintained calibration data? (for direct reading instruments only)  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
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. 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)

If using direct-reading instrumentation, is the equipment:

- 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

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |  |

MARIO SUAREZ

Name of Responsible Official

JAMES NAZARIO

Inspector's Name (Please Print)

3/25/97

Date of Inspection

*[Signature]*

Inspector's Signature

3/98

Approximate Date of Next Inspection





TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 11:30 TIME OUT: 12:00 AIRS ID#: 0750756  
 TYPE OF FACILITY: PERC. DRY CLEANERS  
 FACILITY NAME: SI BON CLEANERS DATE: 3/25/97  
 FACILITY LOCATION: 5252 SW 14 ST  
MIAMI 33157  
 RESPONSIBLE OFFICIAL: MARCO SANCHEZ PHONE NUMBER: 235 0712

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS: EQUIPMENT & RECORDS IN COMPLIANCE.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3/98 (Approximate)

INSPECTION CONDUCTED BY: TRINE NAZAROV (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 3726922

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:45 TIME OUT: 3:15 AIRS ID#: 0250756  
 TYPE OF FACILITY: \_\_\_\_\_  
 FACILITY NAME: West Bay Chemical DATE: 4-7-90  
 FACILITY LOCATION: 2235 SW 124 St  
 RESPONSIBLE OFFICIAL: [Signature] PHONE NUMBER: 325-712

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS: Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: April 1992 (Approximate)

INSPECTION CONDUCTED BY: [Signature] (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 376022

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250756 DATE: 4-7-98 TIME IN: 240 TIME OUT: 300  
FACILITY NAME: Si BON Cleaners & Tailoring Corp.  
FACILITY LOCATION: 8283 SW 124 St.  
MIAMI  
RESPONSIBLE OFFICIAL: MARCO SUAREZ PHONE: 325-0712  
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,  $140 \leq x \leq 2,100$  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)
- 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 70 gallons.

678  
5/13/98  
1/16/98

**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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly averages of perc consumption?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART VI: LEAK DETECTION AND REPAIRS**

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

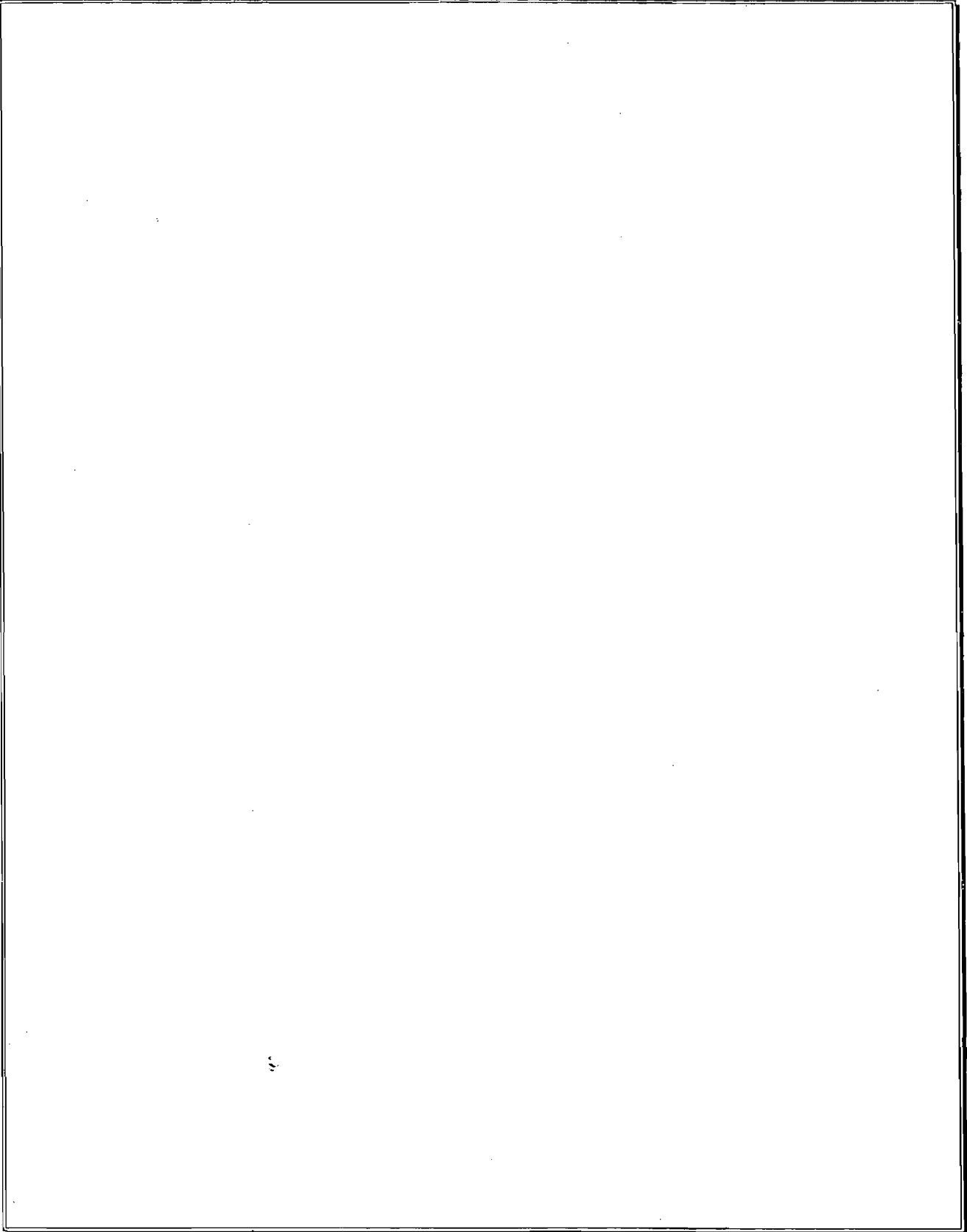
James Nazarew  
 Inspector's Name (Please Print)

4-7-98  
 Date of Inspection

[Signature]  
 Inspector's Signature

April 1999  
 Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**



AIRS ID#: 0250756

BEST AVAILABLE COPY

Revised 10/10/96

ACC ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

APR 14 1998

FACILITY NAME: Si BON CLEANERS & TAILORING Co. DATE: 4-7-98  
 FACILITY LOCATION: 8283 SW 124 ST. Management Division:  
MIAMI

Annual Reporting Period: 3-25 1997 TO 4-7 1998

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: \_\_\_\_\_

RECEIVED

MAY 19 1998

Bureau of Air Monitoring  
& Mobile Sources

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 rolling averages of 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: MARIO SUAREZ Mario Suarez 4/7/98  
 Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DEPT. OF ENVIRONMENTAL 248955  
 RESOURCES MANAGEMENT (DERM)  
 AIR QUALITY MANAGEMENT DIVISION  
 33 S.W. SECOND AVENUE, SUITE 900  
 MIAMI, FLORIDA 33130-1540



# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

3/31/99 2:00pm 2:30pm

|  |             |                              |                 |
|--|-------------|------------------------------|-----------------|
| AIRS ID#: <u>0250756</u>   | DATE: _____ | TIME IN: _____               | TIME OUT: _____ |
| FACILITY NAME: <u>Si Bon Cleaners + Tailoring Corp</u>             |             |                              |                 |
| FACILITY LOCATION: <u>8283 SW 124 St</u><br><u>Miami, FL 33156</u> |             |                              |                 |
| RESPONSIBLE OFFICIAL: <u>Mario Suarez</u>                          |             | PHONE: <u>(305) 235-0712</u> |                 |
| CONTACT NAME: _____  |             | PHONE: _____                 |                 |

**PART I: NOTIFICATION**

(check appropriate box)

|   |                          |
|---|--------------------------|
| 1. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |

**PART II: CLASSIFICATION**

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

|   |   |
|---|---|
| <input type="checkbox"/> No notification form | <input type="checkbox"/> Drop store/out of business/petroleum |
|---|---|

**A.**

|  |  |
|--|--|
| 1. Existing small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                                | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)   |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(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:

|   |
|---|
| <input type="checkbox"/> facility qualified for a general permit as number _____ above          |
| <input type="checkbox"/> 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 70 gallons.

3/31/99  
ARMS  
DG

MB  
4/1/99

**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?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> N |                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input type="checkbox"/> N |                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly total of perc consumption?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 4. Maintained calibration data? <i>(for applicable direct reading instruments)</i>   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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

*Deborah Griner*

Inspector's Name (Please Print)

*3/31/99*

Date of Inspection

*Deborah Griner*

Inspector's Signature

*3/2000*

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a double-line border, occupying most of the page. It is intended for providing additional site information.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:00 pm TIME OUT: 2:30 pm AIRS ID#: 0250756  
 TYPE OF FACILITY: Peric Dry Cleaner  
 FACILITY NAME: Si Bon Cleaners DATE: 3/31/99  
 FACILITY LOCATION: 8283 SW 124 St  
Miami, FL 33156  
 RESPONSIBLE OFFICIAL: Mario Suarez PHONE NUMBER: (305) 235-0712

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS: Good Recordkeeping + Housekeeping

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3/2000  
(Approximate)

INSPECTION CONDUCTED BY: Deborah Griner  
(Please Print)

INSPECTOR'S SIGNATURE: Deborah Griner PHONE NUMBER: (305) 372-6925

ACC

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

|                    |                        |       |                |
|--------------------|------------------------|-------|----------------|
| FACILITY NAME:     | <u>Si Bon Cleaners</u> | DATE: | <u>3/31/99</u> |
| FACILITY LOCATION: | <u>8283 SW 124 St</u>  |       |                |
|                    | <u>Miami, FL 33156</u> |       |                |

Annual Reporting Period: 3 1998 TO 3 1999

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 rolling averages of 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: Mario Suarez Mario Suarez 3/31/99  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

✓ TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250756 DATE: 3/30/00 TIME IN: 1:30pm TIME OUT: 1:45pm  
FACILITY NAME: Sibon Cleaners + Tailoring Corp.  
FACILITY LOCATION: 8283 SW 124 St.  
Miami, FL 33156  
RESPONSIBLE OFFICIAL: Mario Suarez PHONE: (305)235-0712  
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

RECEIVED  
JUN 15 2000  
Bureau of Air  
& Mobile  
Sources

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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)

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 50 gallons.

4/5/00  
DJG



**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 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Deborah Griner  
Inspector's Name (Please Print)

3/30/00  
Date of Inspection

Deborah G  
Inspector's Signature

4/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine not operating at time of inspection

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:30pm TIME OUT: 1:45pm AIRS ID#: 0250756  
 TYPE OF FACILITY: Perc Dry Cleaners  
 FACILITY NAME: SiBon Cleaners DATE: 3/30/00  
 FACILITY LOCATION: 8283 SW 124 St  
Miami, FL 33156  
 RESPONSIBLE OFFICIAL: Mario Suarez PHONE NUMBER: (305)235-0712

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 4/01  
(Approximate)

INSPECTION CONDUCTED BY: Debora Griker  
(Please Print)

INSPECTOR'S SIGNATURE: *Debora Griker* PHONE NUMBER: (305)372-6936

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393196

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**

RECEIVED  
MAIL ROOM

MAR - 6 00

Do NOT Remove Label

AIRS ID # 0250756  
SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL 33156

Bureau of Air Monitoring  
& Mobile Sources

MAR - 8 2000

RECEIVED

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260899 ✓

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

RECEIVED  
MAIL ROOM

FEB 19 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0250756  
SI BON CLEANERS & TAILORS CORP  
MARIO SUAREZ  
3283 SW 124 ST  
MIAMI FL 33156

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0309430

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 0250756  
SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL 33156

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
APR 3 1998

RECEIVED  
MAIL ROOM  
APR - 1 98

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



Fold along line over top of envelope to

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250756

SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL 33156

4a. Article Number  
**P174052687**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2-27-99**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X [Signature]**

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 174 052 687

(999)

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0250756

SI BON CLEANERS & TAILORING CORP  
 MARIO SUAREZ  
 8283 SW 124 ST  
 MIAMI FL 33156

|   |           |
|---|-----------|
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

**SEND**

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0250756  
**SI BON CLEANERS & TAILORING CORP**  
**MARIO SUAREZ**  
**8283 SW 124 ST**  
**MIAMI FL 33156**

4a. Article Number  
**265 302 434**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2/20/97** (P)

5. Received By (Print Name)  
**Maria Galban**

6. Signature: (Addressee or Agent)  
**Maria Galban**

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 434

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

AIRS ID#: 0250756  
**SI BON CLEANERS & TAILORING CORP**  
**MARIO SUAREZ**  
**8283 SW 124 ST**  
**MIAMI FL 33156**

|   |                |
|---|----------------|
| Certified Fee   |                |
| Special Delivery Fee  |                |
| Restricted Delivery Fee                                     |                |
| Return Receipt Showing to Whom & Date Delivered             |                |
| Return Receipt Showing to Whom, Date, & Addressee's Address |                |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b>      |
| Postmark or Date  | <b>2/17/97</b> |

PS Form 3800, April 1995

Fold at line over top of envelope to

| 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. Received by (Please Print Clearly) <i>Maria Garcia</i> B. Date of Delivery <i>2/12/00</i></p> <p>C. Signature <i>Maria Garcia</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250756</p> <p>SI BON CLEANERS &amp; TAILORING CORP<br/>MARIO SUAREZ<br/>823 SW 124 ST<br/>MIAMI FL 33156</p> <p style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">Z 333667 101</p>   | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>       |
| <p>2. Article Number (Copy from service label)</p>   |  |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>  |  |

Z 333 667 101 2000

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage

AIRS ID # 0250756

SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL 33156

|   |           |
|---|-----------|
| Postage   | \$        |
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800, April 1995



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363294

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**

RECEIVED  
MAIL ROOM  
MAR - 5 99

Do NOT Remove Label

AIRS ID # 0250756  
SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL 33156 --

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested\*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250756

SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL 33156

4a. Article Number  
**Z 333 660 275**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2-14**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *Mario Suarez*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 275

US Postal Service  
**Receipt for Certified Mail**

AIRS ID 0250756

SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL 33156

|   |           |  |
|---|-----------|--|
| Postage   | \$        |  |
| Certified Fee   |           |  |
| Special Delivery Fee  |           |  |
| Restricted Delivery Fee                                     |           |  |
| Return Receipt Showing to Whom & Date Delivered             |           |  |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |  |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |  |
| Postmark or Date  |           |  |

PS Form 3800, April 1995

(CUT HERE)

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

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

457766

RECEIVED

JUL 01 2005

Bureau of Air Monitoring  
& Mobile Sources

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#0250756.....2<sup>nd</sup> Cert 05  
SI BON CLEANERS & TAILORING CORP  
8283 SW 124 Street  
MIAMI, FL 33156

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

*Printed on recycled paper.*

| 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 type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p>  |
| <p>1. Article Addressed to:</p> <p>AIRS ID# 250756 3<sup>rd</sup> Cert04<br/> SI BON CLEANERS &amp; TAILORING<br/> CORP<br/> 8283 SW 124 Street<br/> MIAMI, FL 33156</p>   | <p>B. Received by (Printed Name) C. Date of Delivery<br/> <br/> 4/2/05</p>   |
| <p>2. Article Number (Trans) 7004 2510 0004 6986 5838</p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
| <p>PS Form 3811, February 2004</p>   | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

| U.S. Postal Service™<br><b>CERTIFIED MAIL™ RECEIPT</b><br>(Domestic Mail Only; No Insurance Coverage Provided)  |         |    |               |  |  |  |   |  |                      |  |                  |
|---|---------|----|---------------|--|--|--|---|--|----------------------|--|------------------|
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>  |         |    |               |  |  |  |   |  |                      |  |                  |
| <b>OFFICIAL USE</b>   |         |    |               |  |  |  |   |  |                      |  |                  |
| <table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee<br/>(Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee<br/>(Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total Postage</b></td> <td></td> </tr> </table> | Postage | \$ | Certified Fee |  | Return Receipt Fee<br>(Endorsement Required) |  | Restricted Delivery Fee<br>(Endorsement Required) |  | <b>Total Postage</b> |  | Postmark<br>Here |
| Postage   | \$      |    |               |  |  |  |   |  |                      |  |                  |
| Certified Fee   |         |    |               |  |  |  |   |  |                      |  |                  |
| Return Receipt Fee<br>(Endorsement Required)  |         |    |               |  |  |  |   |  |                      |  |                  |
| Restricted Delivery Fee<br>(Endorsement Required)   |         |    |               |  |  |  |   |  |                      |  |                  |
| <b>Total Postage</b>  |         |    |               |  |  |  |   |  |                      |  |                  |
| <p><b>Sent To</b> AIRS ID# 250756 3<sup>rd</sup> Cert04<br/> SI BON CLEANERS &amp; TAILORING<br/> CORP<br/> 8283 SW 124 Street<br/> MIAMI, FL 33156</p>   |         |    |               |  |  |  |   |  |                      |  |                  |
| PS Form 3800, June 2002 See Reverse for Instructions  |         |    |               |  |  |  |   |  |                      |  |                  |

U.S. Postal Service™  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

|   |    |  |
|---|----|--|
| Postage   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |
| Total Postage & Fees                              |    |  |

Postmark  
Here

Sent To: AIRS ID#0250756.....2<sup>nd</sup> Cert 05  
 SI BON CLEANERS & TAILORING CORP

Street, Apt. # or PO Box No: 8283 SW 124 Street

City, State, Z: MIAMI, FL 33156

PS Form 3811

7004 2510 0002 3939 3172

**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#0250756.....2<sup>nd</sup> Cert 05  
 SI BON CLEANERS & TAILORING CORP  
 8283 SW 124 Street  
 MIAMI, FL 33156

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*x Evelyn Rosario*  Agent  Addressee

B. Received by (Printed Name) *Evelyn Rosario*

C. Date of Delivery *3/4/05*

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

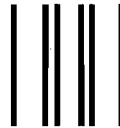
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7004 2510 0002 3939 3172



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

BUR. OF AIR MONITORING  
& MOBILE SOURCE

MAR 15 2005

RECEIVED

32399/2400





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  
FEB 13 2004  
Bureau of Air Monitoring  
& Mobile Sources



**U.S. Postal Service™**  
**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   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |
| <b>Total Postage</b>                              |    |  |

Postmark Here  
2003

AIRS ID # 250756

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| <b>Sent To</b>                    | MARIO SUAREZ                      |
| <b>Street, Apt. 1 or PO Box N</b> | SI BON CLEANERS & TAILORING       |
| <b>City, State, Z</b>             | 8283 SW 124 ST<br>MIAMI, FL 33156 |

PS Form 3800, June 2002

| 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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: right;">AIRS ID # 250756</p> <p>MARIO SUAREZ<br/> SI BON CLEANERS &amp; TAILORING<br/> 8283 SW 124 ST<br/> MIAMI, FL 33156</p> </div> | <p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right; margin-right: 50px;">3-6-04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>2. Article Number<br/> (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px 0;"> 7003 0500 0004 0144 8679 </div>  | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |



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

OFFICIAL USE

|   |    |  |
|---|----|--|
| Postage   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |
| Total Postage                                     |    |  |

3203  
 Postmark Here  
*imo*

7003 0500 0004 0144 4558

SENT TO: SI BON CLEANERS & TAILORING INC  
 MARIO SUAREZ  
 8283 SW 124 ST  
 MIAMI, FL 33156

PS Form 3800, August 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:

SI BON CLEANERS & TAILORING INC  
 MARIO SUAREZ  
 8283 SW 124 ST  
 MIAMI, FL 33156

#0250756

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*K. Evelyn*

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

4/5/04

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

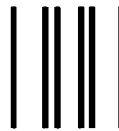
3. Service Type

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) 7003 0500 0004 0144 4558

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 •

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

Bureau of Air Monitoring  
& Mobile Sources

APR 8 2004

RECEIVED

32399+2400 01





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

AIRS ID#0250756  
SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL  
33156

425233 MAR 10 2003  
RECEIVED

MAR 13 2003  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001 Bureau of Air Monitoring  
Obj.: 002273 & Mobile Sources



| U.S. Postal Service<br>CERTIFIED MAIL RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided) |  |
|---|--|
| <b>OFFICIAL USE</b>   |  |
| Postage \$  | <br>Postmark Here! |
| Certified Fee   |  |
| Return Receipt Fee<br>(Endorsement Required)  |  |
| Restricted Delivery Fee<br>(Endorsement Required)   |  |
| <b>Total Postage &amp; Fees \$</b>  |  |
| AIRS ID#0250756   |  |
| Sent To   | SI BON CLEANERS & TAILORING CORP   |
| Street, Apt. No.,<br>or PO Box No.  | MARIO SUAREZ<br>8283 SW 124 ST   |
| City, State, ZIP+4  | MIAMI FL<br>33156  |
| PS Form 3800, July 1999   |  |

7001 0320 0001 7975 5489

**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#0250756

SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL  
33156

**COMPLETE THIS SECTION ON DELIVERY**

|   |  |
|---|--|
| A. Received by (Please Print Clearly)   | B. Date of Delivery<br><b>2-7-03</b>                                 |
| C. Signature<br><b>X</b>  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1?<br>If YES, enter delivery address below:                        | <input type="checkbox"/> Yes<br><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)  Yes

2. Article Number (Copy from service label) **7001 0320 0001 7975 5489**

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 •

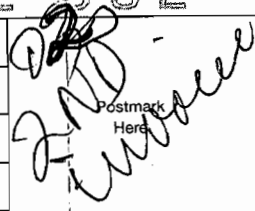
DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Environmental Sources

FEB 10 2003

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| U.S. Postal Service<br>CERTIFIED MAIL RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided) |  |
|---|--|
| OFFICIAL USE  |  |
| Postage \$  |  |
| Certified Fee   |  |
| Return Receipt Fee<br>(Endorsement Required)  |  |
| Restricted Delivery Fee<br>(Endorsement Required)   |  |
| Total Post  | AIRS ID#0250756  |
| Sent To   | SI BON CLEANERS & TAILORING CORP   |
|   | MARIO SUAREZ   |
| Street, Apt.<br>or PO Box   | 8283 SW 124 ST   |
| City, State   | MIAMI FL   |
|   | 33156  |

7001 0320 0001 7976 4498

PS Form 3800, January 2001

**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:

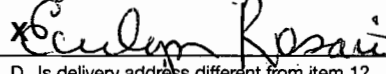
AIRS ID#0250756  
SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL  
33156

**COMPLETE THIS SECTION ON DELIVERY**

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

3/8/03

C. 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

2. Article Number

7001 0320 0001 7976 4498

UNITED STATES POSTAL SERVICE



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

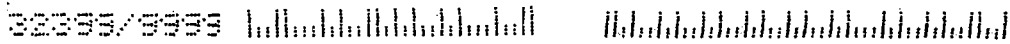
• Sender: Please print your name, address, and ZIP+4 in this box.

BUREAU OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2000 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

MAR 13 2003

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

408506 MAY14 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: \$75.00**

*3755*  
*2273* *pd*

Do **NOT** Remove Label

AIRS ID # 0250756  
SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL 33156

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

| U.S. Postal Service<br>CERTIFIED MAIL RECEIPT<br><i>(Domestic Mail Only; No Insurance Coverage Provided)</i> |   |
|--|---|
| OFFICIAL USE   |   |
| Postage \$   | Postmark<br>Here  |
| Certified Fee  |   |
| Return Receipt Fee<br>(Endorsement Required)   |   |
| Restricted Delivery Fee<br>(Endorsement Required)  |   |
| Total Postage & Fees \$  |   |
| AIRS ID # 0250756  |   |
| Sent<br>Street<br>or P.O.<br>Box<br>City, State<br>ZIP   | SI BON CLEANERS & TAILORING CORP<br>MARIO SUAREZ<br>8283 SW 124 ST<br>MIAMI FL<br>33156 |
| PSI  | Instructions  |

7001 0320 0001 7976 1626

| 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> | A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>3/8/92</u>   |
| 1. Article Addressed to:<br><br><div style="text-align: right;">AIRS ID # 0250756</div> SI BON CLEANERS & TAILORING CORP<br>MARIO SUAREZ<br>8283 SW 124 ST<br>MIAMI FL<br>33156  | C. Signature <u><i>Mario Suarez</i></u><br><input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee                      |
| 2. _____   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |

2. 7001 0320 0001 7976 1626

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 •

DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 3510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32369-2310

Bureau of Air  
Mobile Source  
Monitoring  
MAR 14 2002

RECEIVED



PLACE STICKER AT TOP OF ENVELOPE

| 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. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery <u>2-9-02</u></p> <p>C. Signature <u>[Signature]</u> <input checked="" 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<br/>If YES, enter delivery address below: _____</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250756</p> <p>SI BON CLEANERS &amp; TAILORING CORP<br/>MARIO SUAREZ<br/>8283 SW 124 ST<br/>MIAMI FL<br/>33156</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 (Copy from service label)<br/><u>7000 0520 0020 9373 0671</u></p>   |   |
| <p>PS Form 3811, July 1999 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span></p>  |   |

| U.S. Postal Service<br>CERTIFIED MAIL RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided) |   |
|---|---|
| Postage \$ _____  | Postmark Here   |
| Certified Fee _____   |   |
| Return Receipt Fee (Endorsement Required) _____   |   |
| Restricted Delivery Fee (Endorsement Required) _____  |   |
| AIRS ID # 0250756   |   |
| To SI BON CLEANERS & TAILORING CORP   |   |
| Re: MARIO SUAREZ  | (mailer)  |
| 8283 SW 124 ST  | _____   |
| Str: MIAMI FL   | _____   |
| City 33156  | _____   |
| 7000 0520 0020 9373 0671  | PS Form 3800, February 2000 <span style="float: right;">See Reverse for Instructions</span> |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415131 MAR11 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 # 0250756  
SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL  
33156

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

Fold along line over top of envelope

| 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. Received by (Please Print Clearly) <b>MARIA GALBAN</b> B. Date of Delivery <b>4/04</b></p> <p>C. Signature <i>Maria Galban</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>                         |
| <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250756</p> <p>SI BON CLEANERS &amp; TAILORING CORP<br/> MARIO SUAREZ<br/> 8283 SW 124 ST<br/> MIAMI FL 33156</p> <p style="text-align: center;">Z 210 661 172</p>   | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p><input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Copy from service label)</p> <p style="text-align: center;">Z 210 661 172</p>  | <div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; text-align: center; line-height: 60px; margin: 0 auto;">             MIAMI FL 33156<br/>             PM<br/>             APR 4 1995           </div>   |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>  |  |

Z 210 661 172

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

|  |    |
|--|----|
| Sent to  |    |
| Street & Number  |    |
| Post Office, State, & ZIP Code                             |    |
| Postage  | \$ |
| Certified Fee  |    |
| Special Delivery Fee                                       |    |
| Restricted Delivery Fee                                    |    |
| Return Receipt Showing to Whom & Date Delivered            |    |
| Return Receipt Showing to Whom, Date & Addressee's Address |    |

AIRS ID # 0250756

SI BON CLEANERS & TAILORING CORP  
MARIO SUAREZ  
8283 SW 124 ST  
MIAMI FL 33156

APR 1995

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

| 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. Received by (Please Print Clearly) _____ B. Date of Delivery <u>3-6-99</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No<br/> If YES, enter delivery address below: _____</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250756</p> <p>SI BON CLEANERS &amp; TAILORING CORP<br/> MARIO SUAREZ<br/> 8283 SW 124 ST<br/> MIAMI FL 33156</p>  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>                   |
| <p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.2em; font-family: monospace;">7000 0600 0026 4125 8058</p>   |  |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>  |  |

| U.S. Postal Service   |         |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |
|---|---------|----|--|---------------|--|--|---|--|--|--|--|--|----------------------|--|--|----------------------|
| CERTIFIED MAIL RECEIPT  |         |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |
| (Domestic Mail Only; No Insurance Coverage Provided)  |         |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Postage</td> <td style="width: 10%;">\$</td> <td style="width: 50%;"></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Total Postage &amp; Fees</td> <td></td> </tr> </table> | Postage | \$ |  | Certified Fee |  |  | Return Receipt Fee (Endorsement Required) |  |  | Restricted Delivery Fee (Endorsement Required) |  |  | Total Postage & Fees |  |  | <p>Postmark Here</p> |
| Postage   | \$      |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |
| Certified Fee   |         |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |
| Return Receipt Fee (Endorsement Required)   |         |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |
| Restricted Delivery Fee (Endorsement Required)  |         |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |
| Total Postage & Fees  |         |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |
| <p style="font-size: 1.2em; font-family: monospace;">7000 0600 0026 4125 8058</p> <p style="text-align: right;">AIRS ID # 0250756</p> <p>SI BON CLEANERS &amp; TAILORING CORP<br/> MARIO SUAREZ<br/> 8283 SW 124 ST<br/> MIAMI FL 33156</p>   |         |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |
| <p>See reverse for Instructions</p>   |         |    |  |               |  |  |   |  |  |  |  |  |                      |  |  |                      |

BEST AVAILABLE COPY

| SENDER: CO   |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"><li>Complete items 1, 2, and 4. 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> |  | A. Received by (Please Print Clearly)  | B. Date of Delivery<br>2-9-01  |
| 1. Article Addressed to:<br><br>AIRS ID # 0250756<br>SI BON CLEANERS & TAILORING CORP<br>MARIO SUAREZ<br>8283 SW 124 ST<br>MIAMI FL 33156  |  | C. Signature<br>x <i>Mario Suarez</i>  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |
|  |  | D. Is delivery address different from item 1?<br>If YES, enter delivery address below: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
|  |  | 3. Service Type  | <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
|  |  | 4. Restricted Delivery? (Extra Fee)  | <input type="checkbox"/> Yes   |
| 2. Article Number (Copy from service label)<br>7000 0600 0026 4126 6530  |  |  |  |
| PS Form 3811, July 1999  |  | Domestic Return Receipt  | 102595-99-M-1789   |

| U.S. Postal Service<br>CERTIFIED MAIL RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided)     |               |
|---|---------------|
| 7000 0600 0026 4126 6530  |               |
| Postage \$  | Postmark Here |
| Certified Fee   |               |
| Return Receipt Fee (Endorsement Required)   |               |
| Restricted Delivery Fee (Endorsement Required)  |               |
| AIRS ID # 0250756<br>SI BON CLEANERS & TAILORING CORP<br>MARIO SUAREZ<br>8283 SW 124 ST<br>MIAMI FL 33156 |               |
| PS Form 3800, February 2000 See Reverse for Instructions  |               |

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250756

SI BON CLEANERS & TAILORING CORP  
 MARIO SUAREZ  
 8283 SW 124 ST  
 MIAMI FL 33156

4a. Article Number  
 2333 660 676

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
 X *Maria Suarez*

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 676

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0250756

SI BON CLEANERS & TAILORING CORP  
 MARIO SUAREZ  
 8283 SW 124 ST  
 MIAMI FL 33156

|   |    |
|---|----|
|   |    |
| Special Delivery Fee  |    |
| Restricted Delivery Fee                                     |    |
| Return Receipt Showing to Whom & Date Delivered             |    |
| Return Receipt Showing to Whom, Date, & Addressee's Address |    |
| TOTAL Postage & Fees  | \$ |
| Postmark or Date  |    |

PS Form 3800, April 1995

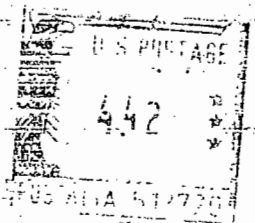
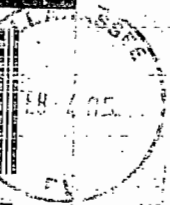
MS# **5510** MC Acct # **5621**

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

**CERTIFIED MAIL™**



7003 0500 0004 0144 6873



*UNCLAS*  
*RETURN TO SENDER*

*NOT 27 FD*

AIRS ID# 250756-1stC  
SI-BON CLEANERS & TAILORING  
CORP.  
8283-SW-124-Street  
MIAMI, FL 33156

Bureau of Air Mail  
& Mobile Services

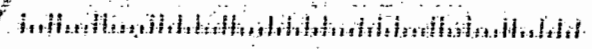
**RECEIVED**  
**MAR 2 2005**

**FEB 7 2005**

**FEB 22 2005**

3315645957

*UNCLAS*



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

**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# 250756 1stC  
 SI BON CLEANERS & TAILORING  
 CORP  
 8283 SW 124 Street  
 MIAMI, FL 33156

2. Article Number  
(Transfer from service label)

7003 0500 0004 0144 6873

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  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



7003 0500 0004 0144 6873  
E289 44TD 4000 0050 0002

U.S. Postal Service™

**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<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

AIRS ID# 250756 1stC

Sent To

SI BON CLEANERS & TAILORING  
CORP

Street, Apt. No.,  
or PO Box No.

8283 SW 124 Street

City, State, ZIP+4

MIAMI, FL 33156

PS Form 3800, J1