

# Department of Environmental Protection

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

David B. Struhs Secretary

March 14, 2000

Ms. Gina Mantecon Midnight X-Press Cleaners 6705 Southwest 40 Street Miami, Florida 33155

Re: Facility No.: 0250777-002

Dear Ms. Mantecon:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 28, 2000.

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

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

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

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

Sincerely,

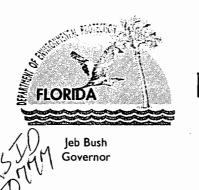
Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County



# Department of

## **Environmental Protection**

Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

April 30, 2003

Georgina T. Mantecon 6301 S.W. 106<sup>th</sup> Ave Miami, FL 33173-2856

Returned Check- SECOND NOTICE

REC: 009746 [REM: 00504233

To Whom It May Concern:

You have been previously notified that your check #1031 issued by you on February 18, 2003, made payable to Florida Department of Environmental Protection has been returned to us and marked "Cancelled". Pursuant to Florida Law, Chapter 215.34 FS, you have seven (7) days from receipt of this notice to tender payment for the full amount of \$75.00 plus a service fee of \$15.00 or 5%, (per check) whichever is greater. The amount due being \$90.00.

It is imperative that we hear from you <u>immediately</u> relative to your returned check. If we do not, your account will be turned over to the State Comptroller Collection agency and the credit bureau will be notified.

To avoid further action, please return this letter and a Cashier's Check or Money Order for \$90.00 within the time specified above to the Department of Environmental Protection, Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, Florida 32315. As soon as we receive your remittance, your dishonored check will be returned. If you have any questions please contact me at (850) 245-2458. Thank You.

Sincerely,

Ann R. Sullivan

Accounting Services Supervisor Bureau of Finance & Accounting

RSullion

AS/ md

cc: Legal Counsel Cashier Reading file

Sandy Bowman, MS-5510



# Department of Environmental Protection

Jeb Bush Governor March 19, 2003 Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000



Georgina T. Mantecon 6301 S.W. 106<sup>th</sup> Ave Miami, FL 33173-2856

RE: Bad Check REC: 009746 REM: 00504233

You are hereby notified that your check #1031 drawn on the Bank of America on February 18, 2003, and made payable to Florida Department of Environmental Protection was returned to us marked "Insufficient Funds."

Pursuant to Chapter 215.34 FS, you have seven (7) days from receipt of this notice to render payment in the full amount of \$75.00, and a service fee of \$15.00 or 5% (per check) whichever is greater. The amount due being \$90.00. Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all available information relating to this incident to the State Attorney for criminal prosecution.

Please return this letter and a CASHIERS CHECK or MONEY ORDER payable to the Department of Environmental Protection in the amount of \$90.00 to the Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, Florida 32315. As soon as we receive your remittance, your dishonored check will be returned. If you have any questions please contact me at (850) 245-2458. Thank You.

Sincerely,

Ann R. Sullivan

Accounting Services Supervisor
Bureau of Finance and Accounting

AS/md

cc: Reading File

Cashier

Sandy Bowman, MS 5510



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, , , , , , , , , , , , , , , , , , ,	Eureau of Air Monitoring		33 S.W. 2 <sup>rd</sup> Ave. Miami, FL 33130- (305)372-6925 (3	Suite 900 1540
FACILITY OWNER/	adices VIA	t Express C	lanes	
SITE NAME: M	idnight Express (	leaners	AIRS ID# 005	tos
FACILITY LOCATIO	ON 6705 SW 4	0 st	025	50777
TYPE OF FACILITY	PERC DC			
RESPONSIBLE OF	FICIAL: <u>Cina Manter</u>	Ø∩ PHONE N	IUMBER: 305 6652	9431
Chapter 403 F.S. ar this Department. In Miami-Dade County	Y NOTIFIED that on	thority granted to me under toon receipt of this <b>NOTICE</b>	he provisions of Section 24-5  CEASE and DESIST from	of the Code of
Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	S CORRECTIV	E ACTIONS REQUIRED	CORRECT ON OR BEFORE
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			Bureau of Finance	<b>&gt;</b>
ADDITIONAL INF				
TYPE OF INSPECT The Annual Complia	ANNUAL ☐ ance Certification form has been properly of	COMPLAINT/DISCOVERY sertified and submitted to the		PECTION 🔏
See a	ottached copy -	for mailine	irop	
F.A.C., may subject	ith the above or continued operation in viol you to the enforcement and penalty provis ice of a Uniform Civil Violation Notice (UCN	sions of Sections 24-55 and 2	de of Miami-Dade County and 4-56 of the Code of Miami-Da	l Chapter 62 de County,
For further informati	on, please contact the Air Facilities Section	n at (305)372-6925.		
John W. Renfrow, P	A.E.			
By (please print):	ynthia femandet	_ Received By (please	print): PANS	SARIMI (
Section: Av	facilities Date: 1/27/03		a dant Date:	1/27/03
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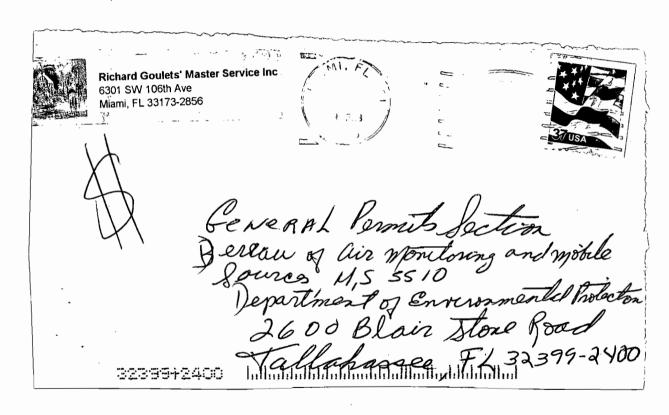
IF YOU RECEIVED THIS FAX IN ERROR AND WOULD	D LIKE TO HAVE YOUR NUMBER REMOVED FROM OU	JR DATABASE, CALL TOLL-FREE AT 800-766-0816.
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# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



JAN 28 2000

#### Part III. Notification of Intent to Use General Permit

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Air Quality

Management Division Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

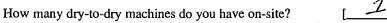
	GINA MANTECON		P
2.	Site Name (For example, plant name or number):		111
	Site Name (For example, plant name or number):  MIDUGHT X - PRESS CLE  Hazardous Waste Generator Identification Number:	ANERS	
3.	Hazardous Waste Generator Identification Number:	S NO C	(1)
	FLD CESOG	obile A	
4.	Facility Location: Street Address: 6705 SW 40 St.	Sour	
	City: Miami County: Dade	Zip Code: 3 3	Tage C
5	Facility Identification Number (DEP Use ONLY = do not fill in):		
	$\mathcal{L}_{\epsilon}$	250777	DOX
Res	sponsible Official		
	Name and Title of Responsible Official:		
Nar	me: GINA MANTECON Title:	OWNER	
7.	Responsible Official Mailing Address:  Organization/Firm: 6 70 5 5 4 0 5 4.  Street Address:	.55	
	City: Many County: bade	Zip Code: 33	55
8.	Responsible Official Telephone Number:		
	Telephone: (305) 665- 2431 Fax: (	)÷ -	
Fac	cility Contact (If different from Responsible Official)		
	Name and Title of Facility Contact (For example, plant manager):		
	SAME	144	
10.	Facility Contact Address:		
	Street Address:		
	City: County:	Zip Code:	
11.	Facility Contact Telephone Number:	_	
	Telephone: ( ) - Fax: (	) -	

DEP Form No. 62-213.900(2) Effective: 2/24/99

**Facility Name and Location** 

#### **Facility Information**

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





JAN 28 2000

For each dry-to-dry mach	ine on-site, please	provide the following informat	ion: Air Quality
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed Div (if already included at time of purchase, write "SAME")
	Existing/Nev	w RC/CA/None required	·
	Existing/Nev	w RC/CA/None required	
<u>.                                    </u>	Existing/Nev	w RC/CA/None required	·
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	iers do you have oi	n-site? []	
1993, it is a NEW unit (n	o units purchased	after September 22, 1993 are al	December 9, 1991 and September 22, lowed to operate under this general
1993, it is a NEW unit (n	o units purchased		lowed to operate under this general
1993, it is a NEW unit (nepermit). For each transference of the Initially Purchased	o units purchased er machine on-site Status	after September 22, 1993 are all please provide the following in Control Device Required*	lowed to operate under this general information:  Date Control Device Installed (if already included at time of
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1993, it is a NEW unit (nepermit). For each transference of the Initially Purchased	o units purchased or machine on-site Status (circle one)  Existing/New  Existing/New  Existing/New	after September 22, 1993 are al please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	lowed to operate under this general information:  Date Control Device Installed (if already included at time of
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1993, it is a NEW unit (need to be permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE K. 2.(a) How much perchlor	o units purchased or machine on-site.  Status (circle one)  Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  AC/CA/None required  CA/CA/None required	lowed to operate under this general information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber
1993, it is a NEW unit (near permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE K. 2.(a) How much perchlor [] gallon	o units purchased or machine on-site of the status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New	after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  AC/CA/None required  AC/CA/None required  AC/CA/None required  AC/CA/None required  AC/CA/None required	lowed to operate under this general information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber
1993, it is a NEW unit (need transferent). For each transferent Initially Purchased From Manufacturer  *CONTROL DEVICE K.  2.(a) How much perchlor [] gallor (b) If less than 12 more	o units purchased or machine on-site of the machine on-site of the status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New	after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  AC/CA/None required  CA ave you used within the last 12 this in)	lowed to operate under this general aformation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months?
1993, it is a NEW unit (need transferent). For each transferent Initially Purchased From Manufacturer  *CONTROL DEVICE K.  2.(a) How much perchlor [] gallor (b) If less than 12 more	o units purchased or machine on-site of the machine on-site of the status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New	after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  AC/CA/None required  AC/CA/None required  AC/CA/None required  AC/CA/None required  AC/CA/None required	lowed to operate under this general information:  Date Control Device Installed (if already included at time of purchase, write "SAME")  = carbon adsorber  months?

DEP Form No. 62-213.900(2)

RECEIVED
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.)  JAN 28 2000
Small Area Source
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  Used less than 200 gallons of perc per year)  Used less than 140 gallons of perc per year)
Large Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  Transfer only on-site (used 200 - 1,800 gallons of perc per year)  Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED)  []  New machines at small area source Refrigerated condenser  []
Existing machines at large area source Carbon adsorber Refrigerated condenser  [] Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site  OR
How many boilers do you have on-site? []
For each boiler, indicate its horsepower (HP) rating: [] []
What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 4 fuel oil  [] Other (please list)
6. Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring []
(d) Carbon adsorber exhaust perc concentration monitoring []
(e) Startup, shutdown, malfunction plan

DEP Form No. 62-213.900(2)



#### 7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

[]	I hereby surrender all existing DEP air permits authorizing ope	eration of the facility Indicated by
	this notification form; the permit number(s) are	Management Division
. 🗸	<del></del>	

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

#### Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

Deorgina Mastecon

Print name of responsible official

Signature

1-28-00

. .

Date

DEP Form No. 62-213.900(2) Effective: 2/24/99 Facility Name and Location

GINA

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): (40) シブレルグ

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#### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

BEST AVAILABLE COPY

#### Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. completed form to the address listed in the instructions and keep a copy of the form for yo

						1 1
2.	Site Name (For example, plant name or number)	:				
	MIBNIGHT X-PRE	22≅	CL	EAWERS	•	
3.	Hazardous Waste Generator Identification Numb	er:				
,	FLD CESOG					ı
4.	Facility Location: Street Address: 6705 Sw 40 City: Warn County:		-de	Zip Code;	23126	
A	Profit of the state of the second of the second of	m siles uns	g hugher mark			
Re	ponsible Official					
6. Nai	Name and Title of Responsible Official: ne: Gいいみ MAN できるか		Title:	Ouner		
7.	Responsible Official Mailing Address: Organization/Firm: 6 70 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	40		Zip Code:	33122	-
	Responsible Official Telephone Number: Telephone: (305)665-3431		. Fax: (	) -	•	
Fac	ility Contact (If different from Responsible Off	icial)				,
	Name and Title of Facility Contact (For example,		manager):			
	SAME	-				1
10.	Facility Contact Address:					
	Street Address: City: County:			Zip Code;		
11.	Pacificy Contact Telephone Number: Telephone: ( )		fax: (	) -	Bureau & N	*
កូម៉ឺ ក្រុ	P Form No. 60-213.900(2) active: 2/24/99	14			of Air Monitoring Mobile Sources	AR - 3 2000

- 4 h - 44			
I,(a) DRY-TO-DRY M	ACMINES ON	Y	•
How many dry-to-dry ma	achines do you ha	ive on-site?	
For each dry-to-dry macl	hine on-site, pleas	se provide the following information	n:
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required* ) (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
690	existing	ew RC/CA/None required	Same
	Existing/N	ow RC/CA/None required	
	Existing/N	ew RC/CA/None required	<u></u>
*CONTROL DEVICE K	EY: RC=	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have	on-site? []	
unit. If the transfer mach	ine was purchase to units purchase		
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of
	· · · · · · · · · · · · · · · · · · ·	•	purchase, write "SAME")
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	_	•	purchase, write "SAME")
And the second	Existing/New	RC/CA/None required	purchase, write "SAME")
*CONTROL DEVICE K	Existing/New Existing/New	RC/CA/None required RC/CA/None required	purchase, write "SAME")
*CONTROL DEVICE K	Existing/New Existing/New EY: RC = r roethylene (perc)	RC/CA/None required  RC/CA/None required  efrigerated condenser	purchase, write "SAME")
*CONTROL DEVICE K	Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill	RC/CA/None required  RC/CA/None required  efrigerated condenser	purchase, write "SAME")
*CONTROL DEVICE K 2.(a) How much perchlon [] gallon (b) If less than 12 mor	Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill oths, how many?	RC/CA/None required  RC/CA/None required  efrigerated condenser	purchase, write "SAME")  carbon adsorber  onths?
*CONTROL DEVICE K 2.(a) How much perchlon [] gallon (b) If less than 12 mor	Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill oths, how many?	RC/CA/None required  RC/CA/None required  efrigerated condenser	purchase, write "SAME")  carbon adsorber  onths?

DBP Form No. 62-213.900(2) Effective: 2/24/99

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	Small Area Source				•
	Dry-to-dry machi			allons of perc per year)	
:	Transfer only on- Both machine typ			allons of perc per year) allons of perc per year)	
	Large Area Source	. []		· · ·	
	Dry-to-dry machi			lions of perc per year)	
	Transfer only on- Both machine typ			llons of perc per year) llons of perc per year)	
	t control technology is requi	red on machines	pursuant to section (5)	of Part II of this notifi	ication form?
	Existing machines at small	l area source		nes at small area source	ł
* **	(NONE REQUIRED)	لحكما	Refrigerated	condenser	
	Existing machines at large Carbon adsorber	area source		les at large area source	
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;* ):	Kettiferanen connenser				
	s/-s/-Enrice Controllers				
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5. A fa Rule 62	s/-s/-Enrice Controllers	at all steam and h	ot water generating ur	nits on-site meet the fol	
5. A fa Rule 62 exempti	ecility which contains non-ex 2-213.300, F.A.C. Verify the ion criteria or that no such u	at all steam and i mits exist on-site	ot water generating ur	nits on-site meet the fol	
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5. A fa Rule 62 exempti Ali stea No such How ma	ecility which contains non-ex 2-213,300, F.A.C. Verify the ion criteria or that no such u am and hot water generating h units on-site any boilers do you have on-s	at all steam and inits exist on-site units exist on-site units exempt site?  [] propane	tot water generating un (see attached memo fo	nits on-site meet the follow the criteria).	
5. A fa Rule 62 exempti Ali stea No such How ma	acility which contains non-ext-2-213.300, F.A.C. Verify the ion criteria or that no such user and hot water generating the units on-site any boilers do you have on-site the boiler, indicate its horseposite.	at all steam and inits exist on-site units exempt site?  (HP) rating:	ot water generating un (see attached memo for LX) OR  [X] OR  [X] naturation of the control of t	nits on-site meet the follow the criteria).	
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5. A fa Rule 62 exempti Ali stea No such How ma For each What ty  6. Equip Check a (a) Pure (b) Leaf (c) Refe	acility which contains non-expective which contains non-expection criteria or that no such use and hot water generating the units on-site any boilers do you have on-site any boilers do you have on-site per of fuel do you use?  The present Monitoring and Recordal logs which are required to these receipts and solvent put k detection inspection and resident	at all steam and inits exist on-site units exist on-site units exempt  site? []  ower (HP) rating: [] propane [] No. 2 fue [] No. 6 fue  ordkeeping Inform to be kept on-site urchases/solvent a  spair ture monitoring	ot water generating un (see attached memo for [X] OR  [X] OR  [X] nature [X] nature [X] noil [X] Other [X] Other [X] accordance with the addition log	ral gas fuel oil r (please list)	llowing

DEP Form No. 62-213,900(2) Effective: 2/24/99

#### 7. Surrender of Existing DEP Air Pormit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DBP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
- No DBP sir 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.

Georgins Mynteron

Print name of responsible official

yens ()

Mgnature

1-28-00

1111

....

Date

DEP Form No. 62-213.900(2)

#### INTEROFFICE MEMORANDUM

Date:

02-Mar-2000 04:05pm

From:

Griner, Debbie

DERM)

( GrineD@co.miami-

dade.fl.us

Dept: Tel No:

To: 'Rick.Butler@dep.state.fl.us'

Barros, Marcelo (DERM)

CC: Fannin, Ivan (DERM) ( Rick.Butler@dep.state.fl.us )

( BarroM@co.miami-dade.fl.us ) ( FanniI@co.miami-dade.fl.us )

Subject: Midnight Express Cleaners

#### Rick-

CC:

I went by Midnight Express Cleaners today and found the following:

10 HP boiler, fueled by natural gas

- same machine as previous owner, therefore: 6/90 installation
- Existing small source.
- previously Le Grand Paris Cleaners 0250777

The RO was not on site so I could not get a signature for changes to the Initial Notification (IN). I will fax you the IN with the changes and additions. I hope you can issue the permit like that and in the meantime I will continue to try to get the RO's signature. Please let me know if that will satisfy the deadline you have to issue the permit. Thanks.

# RECEIVED

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

MAR 1 5 2000

Part III. Notification of Intent to Use General Permit & Mobile Sources

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
GINA MANTECON	
2. Site Name (For example, plant name or number):	
MIDNIGHT X-PRESS CLEANERS	
3. Hazardous Waste Generator Identification Number:	
FLD CESOG	
4. Facility Location:	
Street Address: 6705 SW 40 St. City: Miami County: Dela Zip Code: 33155	
City: Miami County: Dade Zip Code: 33155	ĺ
5. Facility Identification Number (DEP Use ONLY = do not fill in):	
Responsible Official	
6. Name and Title of Responsible Official:	
Name: GINA MANVECON Title: OWNER	
7. Responsible Official Mailing Address: Organization/Firm: し つって いって いって いって いって いっこう Street Address:	
City: Many County: Bade Zip Code: 33,55	
8. Responsible Official Telephone Number: Telephone: (305)665- コロスト Fax: ( ) -	
The silitan Country of Country Country Department of Country Depar	
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):	$\neg$
SAME	
10. Facility Contact Address:	
Street Address:	
City: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) -	

DEP Form No. 62-213.900(2)

**Facility Name and Location** 

#### **Facility Information**

#### 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") )ame Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser CA = carbon adsorber \*CONTROL DEVICE KEY: 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Control Device Required\* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [\_\_\_\_\_\_\_] gallons (You must fill this in) (b) If less than 12 months, how many? [4] months Check why it is less than 12 months: New owner: [\_\_\_\_] Did not keep records: [\_\_\_\_]

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: [\_\_\_\_] New machine [\_\_\_\_]

Unopened store [\_\_\_\_] (date of expected opening \_

3. What is the facility's source classification based or Indicate with an "X". Select one classification o	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source []	
Transfer only on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source  Carbon adsorber []  Refrigerated condenser []	New machines at large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions unlike 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site (	
All steam and hot water generating units exempt No such units on-site	[ <u>X</u> ] OR
How many boilers do you have on-site? []	
For each boiler, indicate its horsepower (HP) rating:	
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	<del>*</del> — *
6. Equipment Monitoring and Recordkeeping Information	ation
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ad	ddition log [ <u>×</u> ]
(b) Leak detection inspection and repair	[ <u>×</u> ]
(c) Refrigerated condenser temperature monitoring	( <b>A</b> )
(d) Carbon adsorber exhaust perc concentration moni	toring []
(e) Startup, shutdown, malfunction plan	[ <i>X</i> ]

DEP Form No. 62-213.900(2)

:135

### BEST AVAILABLE COPY

7. Sucrender	of Existing DEP Air Permit(s)	
Please indica	use with an "X" the appropriate selection;	
<u></u>	I hereby surrender all existing DEP air permit this notification form; the permit number(s) a	is authorizing operation of the facility indicated in
لكنا	No DEP air permits currently exist for the op- form.	eration of the facility indicated in this notification
Responsible	Official Certification	
this notign statement maintain comply v I will pro-	fication. I hereby certify, based on information us made in this notification are true, accurate at the air pollutant emissions units and air pollution with all terms and conditions of this general performantly notify the Department of any changes to the property of the property of the performance of the property of the Department of the changes to the property of the Department of the changes to the property of the Department of the changes to the performance of t	on control equipment described above so as to nit as set forth in Part II of this notification form.
Spe	ouguis Monteon	3/9/00
10189	na we	Dull

DEP Form No 62 213 900(2) Effective: 2/24/99

# RECEIVED



Air Quality Management Division

#### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring

Part III. Notification of Intent to Use General Permit

Part III. Notification of Intent to Use General Permit

8 Mobile Sources

Prior to filling out this form, please read the instructions provided at the end of the form. Send

C	completed form to the address listed in the instructions and keep a copy of the form for your files.
Fac	cility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PARIS CLEANERS OF MIAMILILIC,
2.	Site Name (For example, plant name or number):
	PARIS DRYCLOANERS.
3.	Hazardous Waste Generator Identification Number:
	FLD183275171
4.	Facility Location: Street Address: 2920 - CORAL WAY - 2922
	Street Address: 2920-CORAL WAY-2922  City: MIAMI  County: DADE  Zip Code: 33145
5.	Facility Identification Number (DEP Use ONLY - do not fill in):
	0250777-002
Da	proposible Official
6.	sponsible Official  Name and Title of Responsible Official:
Na	•
7.	Responsible Official Mailing Address:
	Organization/Firm: 2920 - CORAL WAY - 2922 Street Address:
	City: County: SASE Zip Code: B 3 1 1 E
	V-1(-1)(
8.	Responsible Official Telephone Number:  Telephone: (305) 446-3013  Fax: (305) 446-4477
Fac	cility Contact (If different from Responsible Official)
	Name and Title of Facility Contact (For example, plant manager):
	NA
10.	Facility Contact Address:
	Street Address:
11.	Street Address: City: County: Zip Code: Facility Contact Telephone Number:
11.	Street Address: City: County: Zip Code:

DEP Form No. 62-213.900(2)

DEP Form No. 62-213.900(2) Effective: 2/24/99

#### **Facility Information**

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



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

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
01-03-04	Existing Nev	RCCA/None required	SAUE
_ <b>∨~</b>	Existing Nev	RC/CA/None required	
· 	Existing/Nev	w RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = re$	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	./.	
How many washers do yo	u have on-site?	<b>8</b> //	
How many dryers/reclaim	ers do you have o	n-site? [ <b>b</b> /A	
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	ne was purchased o units purchased		
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
			1 ,
	Existing/New	RC/CA/None required	
	Existing/New Existing/New	RC/CA/None required RC/CA/None required	
	-	•	
*CONTROL DEVICE K	Existing/New Existing/New	RC/CA/None required  RC/CA/None required	carbon adsorber
2.(a) How much perchlor	Existing/New Existing/New EY: RC = re	RC/CA/None required  RC/CA/None required  frigerated condenser	carbon adsorber
2.(a) How much perchlor	Existing/New  Existing/New  EY: RC = re  roethylene (perc) has (You must fill	RC/CA/None required  RC/CA/None required  frigerated condenser	carbon adsorber
2.(a) How much perchlor  159.2 gallor  (b) If less than 12 mor	Existing/New Existing/New EY: RC = re roethylene (perc) has (You must fill on the percentage).	RC/CA/None required  RC/CA/None required  frigerated condenser	carbon adsorber
2.(a) How much perchlor  159.2 gallor  (b) If less than 12 mor	Existing/New Existing/New EY: RC = re roethylene (perc) has (You must fill on the percentage).	RC/CA/None required  RC/CA/None required  frigerated condenser	carbon adsorber conths?

DEP Form No. 62-213.900(2)

3. What is the facility's source cla Indicate with an "X". Select		n the definitions found in section (3) of Part II? only.)				
Small Area Source						
Dry-to-dry mac Transfer only o Both machine t		(used less than 1'40 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)				
Large Area Source	[**************************************					
Dry-to-dry mac Transfer only o Both machine t		(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)				
4. What control technology is req (Indicate with an "X".)	uired on machines	pursuant to section (5) of Part II of this notification form?				
Existing machines at sm (NONE REQUIRED)	all area source	New machines at small area source Refrigerated condenser				
Existing machines at lar Carbon adsorber Refrigerated condenser	ge area source	New machines at large area source Refrigerated condenser				
Rule 62-213.300, F.A.C. Verify	that all steam and h	units shall not be eligible to use the general permit pursuant to the water generating units on-site meet the following (see attached memo for the criteria).				
All steam and hot water generating No such units on-site	ng units exempt	OR				
How many boilers do you have or	n-site?					
For each boiler, indicate its horse	power (HP) rating:	<u>30</u>				
What type of fuel do you use?	] propane [] No. 2 fue [] No. 6 fue					
6. Equipment Monitoring and Re	cordkeeping Inform	nation				
Check all logs which are required	l to be kept on-site	in accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent	purchases/solvent	addition log				
(b) Leak detection inspection and	repair					
(c) Refrigerated condenser tempe	rature monitoring	nitoring				
(d) Carbon adsorber exhaust perc	concentration mor	nitoring				
(e) Startup, shutdown, malfuncti	e) Startup, shutdown, malfunction plan					

DEP Form No. 62-213.900(2)

# Please indicate with an "X" the appropriate selection: I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are No DEP air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification. I will promptly notify the Department of any changes to the information contained in this notification. TREAM MELL Print name of responsible official ON -30-04 Date

DEP Form No. 62-213.900(2)

7. Surrender of Existing DEP Air Permit(s)

#### Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

#### **Facility Name and Location**

- 1. **Facility Owner/Company Name** Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. **Site Name** Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. **Hazardous Waste Generator Identification Number** Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. **Facility Location** Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. **Facility Identification Number (DEP Use ONLY)** Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

#### Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. **Responsible Official Mailing Address** Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. **Responsible Official Telephone Number** Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

#### **Facility Contact**

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

D THE BIGHT OF RETURN ADDRESS	
<ul> <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. Battle of Delivery  G. Signature  Agent  Addressee  D. Is delivery address different from item 12  Yes
1. Article Addressed to:  AIRS ID # 0250777 \ MIDNIGHT X-PRESS CLEANERS	D.\ Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
GINA MANTECON 6705 SW 40TH STREET MIAMI FL 33155	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 0026 4/25	804/
PS Form 3811, July 1999 Domestic Retr	urn Receipt 102595-99-M-1789

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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 Pelivery  Signature  Agent Manageressee
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6705 SW 40TH STREET MIAMI FL 33155	3. Service Type Certified Mail
000 0600002641274522	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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7000	Street, MIAMI FL 33155				
12	City, St. PS Form 3800, February 2	000	See Reverse for Instructions		

SENDER: COMPLETE THI	COMPLETE THIS SECTION ON DELIVERY
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	Special Delivery Fee				
2	Restricted Delivery Fee				
199	Return Receipt Showing to Whom & Date Delivered				
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address				
800	TOTAL Postage & Fees	\$			
m 3	Postmark or Date				
S Fo			1		
- 4					

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING
455172 OCT 8 2865

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 # 0250777

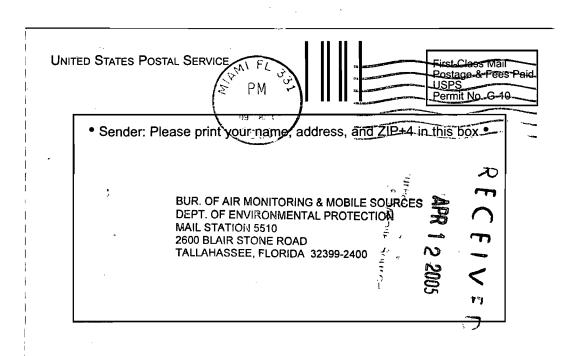
MIDNIGHT X-PRESS CLEANERS GINA MANTECON 6705 SW 40TH STREET MIAMI FL 33155 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

986 5937	(Domestic Mail C	Service IIII D. MAIL III. RE DINIV. NO INSUFANCE ALION VISIT OUT WEDSITE I. C. A. L.	Coverage Provided): **
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70	Street, Apt. N MIAM		
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	(\$) <b>7</b> 0m \$200 June 200	2	enollendenheolleseken eest

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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. Signature  X
Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID# 250777 3 <sup>rd</sup> Cert04 MIDNIGHT X-PRESS CLEANERS 6705 SW 40th Street	DA
MIAMI, FL 33155	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Art 7004 2510 0004 6986	5937
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-1540



939 3202	U.S. Postal Service CERTIFIED MAIL. RE (Domestic Mail Only: Notinsurance) Fordelivery information visitour website OFFICIAL	Coverage Provided)			
m	Postage \$				
2000	Certified Fee	<b>.</b>			
📙	Return Receipt Fee (Endorsement Required)	Postmark Here			
510	Restricted Delivery Fee (Endorsement Required)	.			
n	Total Postage & Fees \$				
4007	Sent To  AIRS ID#02507772 <sup>nd</sup> Cert 05  MIDNIGHT X-PRESS CLEANERS  Street, Apt. No.; 6705 SW 40th Street or PO Box No.  City, State, ZiP4  MIAMI, FL 33155				
	PS Form 3500,				

A. Signature  A. Signature  A. Ager O. 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		
4. Restricted Delivery? (Extra Fee) Yes		
2. Article Number 7004 2510 0002 3939 3202 (Transfer from service label)		

United States Postal States Postal States Hirst-Class Mail © Postage & Fees Paid USPS BUR. OF AIR MONITORING & MOBILE SOURCEMAN
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510

MOBILE SOURCEMAN
MOBILE SOURCE

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

F989	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
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<b>_</b>	<u>Orr</u>	IGIAL	. USE			
11	Postage	\$				
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7003	AIRS ID# 250777 1stC  MIDNIGHT X-PRESS CLEANERS  Street, Apt. No.; or PO Box No.  City, State, ZiP+4  AIRS ID# 250777 1stC  MIDNIGHT X-PRESS CLEANERS  6705 SW 40th Street  MIAMI, FL 33155					
	PS Form 3800, Ju					

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <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 mailplece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature    Agent   Da Addressee     B. Received by (Printed Name)   C. Date of Delivery     D. Is delivery address different from item 11   Yes     If YES, enter delivery address below:   No		
AIRS ID# 250777 1stC MIDNIGHT X-PRESS CLEANERS 6705 SW 40th Street MIAMI, FL 33155	3. Service Type  DX 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)			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15			

United States Postal Service



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

DARM/MOBILE SOURCE CONTROL PROCEAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
PBLAIR STONE ROAD
SSEE, FLORIDA 32399-2400 Sender: Please print your name, address, and ZIP+4 in this box

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0200	Restricted Delivery (Endorsement Requi		
ſ	Total Postag	AIRS ID*#*250777	
7003		GINA MANTECON AIDNIGHT X-PRESS CLEANERS	
Street; Apt. No 6705 SW 40TH STD		705 SW 40TH STREET	
		IIAMI, FL 33155 -	
	PS Form 3800 auun	Brauz-	

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided	,
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17	Return Receipt Fee (Endorsement Required)	
0001	Restricted Delivery Fee (Endorsement Required)	
20	AIRS ID#0250777  **MIDNIGHT X-PRESS CLEANERS**  ——————————————————————————————————	
03.5	Sent GINA MANTECON	
_	6705 SW 40TH STREET	
7007	or P( 33155	
	PS Form 3800. January 2001	structions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID#0250777  MIDNIGHT X-PRESS CLEANERS GINA MANTECON 6705 SW 40TH STREET	A. Signature  X Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
MIAMI FL 33155	3. Service Type  Certified Mail □ Express Mail
·	Registered
	4. Restricted Delivery? (Extra Fee)
2. Artic————————————————————————————————————	425

United States Postal Service

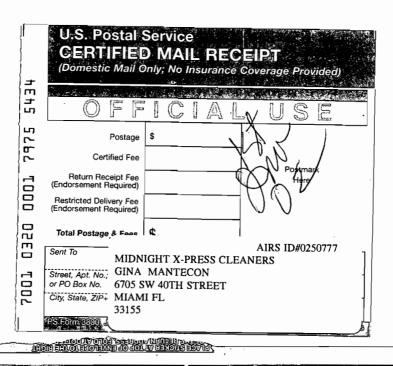
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First-Class Mail Postage & Fees Paid USPS Permit No. G-10

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510

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## **SENDER: COMPLETE THIS SECTION** COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature 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. D. Is delivery address different from item 1? 1. Article Addressed to: ☐ No If YES, enter delivery address below: AIRS ID#0250777 MIDNIGHT X-PRESS CLEANERS GINA MANTECON 6705 SW#40TH STREET MIAMI FL 3. Service Type 33155 ☐ Certified Mail ☐ Express Mail □ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. / 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) 7001 0320 0001 7975 5434

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 •

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

	U.S. Postal Service CERTIFIED, MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
0855			
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Jä.	Certified Fee		Postmark
	Return Recelpt Fee (Endorsement Required)		Here
H	Restricted Delivery Fee (Endorsement Required)		
0	To MIDNIGHT X	AIRS ID # 0250 -PRESS CLEANER	
52	Re GINA MANT		maller)
	6705 SW 40TI		
	Stre MIAMI FL		
7000	33155		
1	City		
}	PS Form 3800 Febru	ary 2000	See Reverse for Instructions

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DENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <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  C. Signatur  Agent  Addressee  D. Is delivery address different from item 1?  Yes	
Article Addressed to:	If YES, enter delivery address below:	
AIRS ID # 0250777 MIDNIGHT X-PRESS CLEANERS GINA MANTECON 6705 SW 40TH STREET MIAMI FL 33155	3. Service Type Certified Mail	
• • • • • • • • • • • • • • • • • • • •	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label) 9373 0855		
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789	

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

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

Bureau of Air Monitor np DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF EUVIROUMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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	-City. 33155		
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SENDER: COV 39015VN3 40 901 TA A3	N ON DELIVERY
<ul> <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> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes
AIRS ID#0250777 MIDNIGHT X-PRESS CLEANERS	If YES, enter delivery address below:   No
GINA MANTECON 6705 SW 40TH STREET	3. Service Type
MIAMI FL	↑ Certified Mail  □ Express Mail
33155	Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 9000/67000/33/09222	20
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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 •

ase print your name, address, and a Mobile Sources Sources Sources Sources Sources Station 5510 Station 5510

0144 4565	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com  OFFICIALU  FERRE
}	Postage \$ g/2
4000	Certified Fee
=	Return Reclept Fee (Endorsement Required)
500	Restricted Delivery Fee (Endorsement Required)
m I	Total Postage & AIRS ID # 250777  MIDNIGHT X-PRESS CLEANERS
700	Sent To GINA MANTECON
<u></u>	Street, Apt. No.; 6705 SW 40TH STREET or PO Box No. MIAMI, FL 33155
	PS Form 3800, June 2002

## PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. ived by ( Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1/1 1. Article Addressed to: If YES, enter delivery address below: AJKS ID # 2507/7 MIDNIGHT X-PRESS CLEANERS **GINA MANTECON** 6705 SW 40TH STREET MIAMI, FL 33155 3. Service Type 0250777 Certified Mail Registered ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7003 0500 0004 0144 4565 (Transfer from service iabei)

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 BUT OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

TALLAHASSEE, FLORIDA 32399-2400

Monitoring

'APR 7 2004

(Domestic Mail C	D MAIL™ RECEIPT Only; No Insurance Coverage Provided)
G OFF	etion visit our website at www.usps.coms ICIAL USE
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or PC 6705 SW 40	
City, MIAMI, FL	33133
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ID# 250777 GINA MANTECON MIDNIGHT X-PRESS CLEANERS 6705 SW 40TH STREET MIAMI, FL 33155	3. Service Type  Cortified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes		
2. Article Number	Testifold Delivery (Exhaut 66)		
	0003 5651 2073		
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540		

UNITED STATES POSTAL SERVICE

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

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

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

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

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TO 2

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GEORGIA MANTECOD

6705 SW 40 ST.

Missis FL. 33165.

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