



# 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

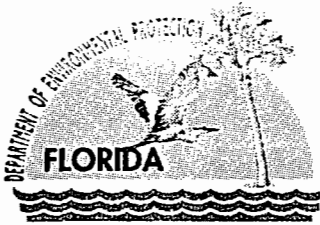
If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

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

DD/jw

cc: Mr. Ewart Anderson, Dade County



# Department of Environmental Protection

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

David B. Struhs  
Secretary

Jeb Bush  
Governor

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 immediately 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

AS/ md  
cc: Legal Counsel  
Cashier  
Reading file  
Sandy Bowman, MS-5510

"More Protection, Less Process"

Printed on recycled paper.



# Department of Environmental Protection

Jeb Bush  
Governor

March 19, 2003

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

RECEIVED  
MAR 20 2003  
David B. Struhs  
Secretary  
Bureau of Air Monitoring  
& Mobile Sources

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

"More Protection, Less Process"

Printed on recycled paper.



RECEIVED  
FEB 24 2003

TITLE V AIR QUALITY GENERAL PERMIT  
FIELD NOTICE OF VIOLATION

3755  
2273



Miami-Dade County Department of  
Environmental Resources Management  
33 S.W. 2<sup>nd</sup> Ave. Suite 900  
Miami, FL 33130-1540  
(305)372-6925 (305)372-6954 fax

Bureau of Air Monitoring  
& Mobile Sources

FACILITY OWNER/COMPANY NAME Midnight Express Cleaners

SITE NAME: Midnight Express Cleaners AIRS ID# ~~02500207~~  
02501777

FACILITY LOCATION 6705 SW 40 st

TYPE OF FACILITY: PERC DC

RESPONSIBLE OFFICIAL: Eina Mantecón PHONE NUMBER: 305 665 2431

YOU ARE HEREBY NOTIFIED that on 1/27/03 the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE, CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
Part II (2) (b)	Owner of facility has failed to renew annual operation permit	Submit payment of permit fee including 50% penalty fee. \$50 + \$25 = \$75	7 DAYS
		<b>RECEIVED</b>	
		FEB 26 2003 Bureau of Finance and Accounting	

ADDITIONAL INFORMATION:

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

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

See attached copy for mailing info.

Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.  
Director

By (please print): Cynthia Fernandez

Section: Air Facilities Date: 1/27/03

Signature: Cynthia Fernandez

Received By (please print): Olivia Jaramilla

Title: Attendant Date: 1/27/03

Signature: Olivia Jaramilla

3755  
2273

UNIVERSITY MICROFILMS INTERNATIONAL  
SERIALS ACQUISITION

Dear Sir/Madam,  
We are sorry that you have received this fax in error. It was intended for another recipient. We have no information regarding the contents of the message. If you have any questions, please contact your local telephone company or the sender of the message.

Thank you for your understanding. We will take steps to prevent such errors in the future.

Yours faithfully,  
[Signature]

UNIVERSITY MICROFILMS INTERNATIONAL

300 North Zeeb Road  
Ann Arbor, MI 48106

UNIVERSITY MICROFILMS INTERNATIONAL  
SERIALS ACQUISITION  
300 North Zeeb Road  
Ann Arbor, MI 48106

UNIVERSITY MICROFILMS INTERNATIONAL  
SERIALS ACQUISITION  
300 North Zeeb Road  
Ann Arbor, MI 48106



Richard Goulets' Master Service Inc.  
6301 SW 106th Ave  
Miami, FL 33173-2856



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

32399-2400

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JAN 28 2000

Part III. Notification of Intent to Use General Permit

Air Quality

Management Division

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	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: Dade Zip Code: 33155		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250777-002		

RECEIVED  
FEB 7 2000  
Bureau of Air Monitoring  
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	Name: GINA MANTECON Title: OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: 6705 SW 40 st. Street Address: City: Miami County: Dade Zip Code: 33155		
8. Responsible Official Telephone Number:	Telephone: (305) 665-2431 Fax: ( ) -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address:	Street Address: City: County: Zip Code:		
11. Facility Contact Telephone Number:	Telephone: ( ) - Fax: ( ) -		

RECEIVED

JAN 28 2000

Facility Information

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

How many dry-to-dry machines do you have on-site? [ 1 ]

Air Quality

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [ ]

How many dryers/reclaimers do you have on-site? [ ]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[ 0 ] 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: [ ]

New store: [ ] New machine [ ]

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



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JAN 28 2000

Air Quality Management Division

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source (NONE REQUIRED)

New machines at small area source Refrigerated condenser

Existing machines at large area source Carbon adsorber   
Refrigerated condenser

New machines at large area source Refrigerated condenser

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

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

How many boilers do you have on-site?

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

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

RECEIVED

JAN 28 2000

Air Quality  
Management Division

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

Georgina Montecón  
Print name of responsible official

Georgina Montecón  
Signature

1-28-00  
Date

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Post-it brand fax transmittal memo 7571	# of pages
To: Rick Butler	From: Debbie Griner
cc: DEP - DERM	cc: DERM
Dept:	Phone #
Fax # (550) 922-16919	Fax #

Facility Name and Location

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: Dade	Zip Code: 33155

Responsible Official

6. Name and Title of Responsible Official:	Name: GINA MANTECON		Title: OWNER
7. Responsible Official Mailing Address:	Organization/Firm: 6705 SW 40 St.		
	Street Address:	City: Miami	County: Dade
			Zip Code: 33155
8. Responsible Official Telephone Number:	Telephone: (305) 665-2431		
		Fax: ( )	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address:	Street Address:		
	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: ( )		
		Fax: ( )	

**Facility Information**

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

How many dry-to-dry machines do you have on-site? 1

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>6/90</u>	<u>Existing</u> /New	RC/CA/ <u>None required</u>	<u>Same</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?       

How many dryers/reclaimers do you have on-site?       

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

0 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:

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source

(NONE REQUIRED)

New machines at small area source

Refrigerated condenser

Existing machines at large area source

Carbon adsorber

Refrigerated condenser

New machines at large area source

Refrigerated condenser

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

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

OR

How many boilers do you have on-site?

1

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

1  0

What type of fuel do you use?

propane

No. 2 fuel oil

No. 6 fuel oil

natural gas

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

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

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

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

**Responsible Official Certification**

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

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

*Georgina Montecón*  
Print name of responsible official

*Georgina Montecón*  
Signature

1-28-00  
Date

# 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' ( Rick.Butler@dep.state.fl.us )  
**CC:** Barros, Marcelo (DERM) ( BarroM@co.miami-dade.fl.us )  
**CC:** Fannin, Ivan (DERM) ( FanniI@co.miami-dade.fl.us )

**Subject:** Midnight Express Cleaners

Rick-

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

MAR 15 2000

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): 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: Dade Zip Code: 33155
5. Facility Identification Number (DEP Use ONLY - do not fill in)

Responsible Official

6. Name and Title of Responsible Official: Name: GINA MANTECON Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: 6705 SW 40 St. Street Address: City: Miami County: Dade Zip Code: 33155
8. Responsible Official Telephone Number: Telephone: (305) 665-2431 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -



**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 1 ]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>6/90</u>	<u>Existing</u> /New	RC/CA/ <u>None required</u>	<u>Same</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site? [ \_\_\_\_\_ ]

How many dryers/reclaimers do you have on-site? [ \_\_\_\_\_ ]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[ 0 ] 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: [ \_\_\_\_\_ ]

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

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

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

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

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:   1  0

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

#### 6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log   
(b) Leak detection inspection and repair   
(c) Refrigerated condenser temperature monitoring   
(d) Carbon adsorber exhaust perc concentration monitoring   
(e) Startup, shutdown, malfunction plan

BEST AVAILABLE COPY

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipments 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.*

Georgina Montecchi

Print name of responsible official

Georgina Montecchi  
Signature

1-28-00  
Date

Georgina Montecchi  
Signature

3/9/00  
Date

RECEIVED

MAY 7 2004

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

MAY 04 2004

Air Quality  
Management Division

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PARIS CLEANERS OF MIAMI L.L.C.		
2. Site Name (For example, plant name or number):	PARIS DRYCLEANERS.		
3. Hazardous Waste Generator Identification Number:	FLD183275171		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	2920-CORAL WAY-2922	MIAMI	DADE 33145
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250777-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	IRFAN ABID	MANAGER
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	2920-CORAL WAY-2922	
	City:	County: Zip Code:
	MIAMI	DADE 33145
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(305) 446-3013	(305) 446-4477

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	N/A		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
11. Facility Contact Telephone Number:	Telephone: ( ) -	Fax: ( ) -	



**Facility Information**

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

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

1

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
01-03-04	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	SAME
	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	
	Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	

\*CONTROL DEVICE KEY:

RC = refrigerated condenser

CA = carbon adsorber

1.(b) **TRANSFER MACHINES ONLY**

How many washers do you have on-site?

0/A

How many dryers/reclaimers do you have on-site?

0/A

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing <input type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	
	Existing <input type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	
	Existing <input type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	

\*CONTROL DEVICE KEY:

RC = refrigerated condenser

CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

159.0 gallons (You must fill this in)

(b) If less than 12 months, how many? 3 months

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
  - Transfer only on-site (used less than 200 gallons of perc per year)
  - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
  - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
  - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

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

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

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

How many boilers do you have on-site?

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

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) DIESEL

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

IRFAN ABID  
Print name of responsible official

X [Signature]  
Signature

04-30-04  
Date



## 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.

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

**SEND TO ADDRESSEE** 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  
 MIAMI FL 33155

A. Received by (Please Print Clearly) B. Date of Delivery  
 B. Mantecon 3/5/01

C. Signature  
 B. Mantecon  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 7000 0600 0026 4125 8041

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7000 0600 0026 4125 8041

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

AIRS ID # 0250777

MIDNIGHT X-PRESS CLEANERS  
 GINA MANTECON  
 6705 SW 40TH STREET  
 MIAMI FL 33155

Use for Instructions

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

**OFFICIAL USE**

7001 0320 0001 7976 0728

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

Postmark  
Here

AIKS ID # 0250111

**Total Postage** MIDNIGHT X-PRESS CLEANERS  
Sent To GINA MANTECON  
Street, Apt. N or PO Box No 6705 SW 40TH STREET  
City, State, Zi MIAMI FL 33155

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>George Mantecon</i> B. Date of Delivery</p> <p>C. Signature <i>George Mantecon</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250777</p> <p>MIDNIGHT X-PRESS CLEANERS GINA MANTECON 6705 SW 40TH STREET MIAMI FL 33155</p> <p><i>700 060000264127 4522</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</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 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span></p>	

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>													
7000 0600 0026 4127 4522	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total F</b></td> <td></td> </tr> </table> </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">Postmark Here</p> <p style="text-align: center;">AIRS ID # 0250777</p> <p><b>Recipient</b>            MIDNIGHT X-PRESS CLEANERS            GINA MANTECON            6705 SW 40TH STREET            MIAMI FL 33155</p> </td> </tr> </table>	<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total F</b></td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total F</b>		<p style="text-align: center;">Postmark Here</p> <p style="text-align: center;">AIRS ID # 0250777</p> <p><b>Recipient</b>            MIDNIGHT X-PRESS CLEANERS            GINA MANTECON            6705 SW 40TH STREET            MIAMI FL 33155</p>
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Postage	\$												
Certified Fee													
Return Receipt Fee (Endorsement Required)													
Restricted Delivery Fee (Endorsement Required)													
<b>Total F</b>													
<p>PS Form 3800, February 2000 <span style="float: right;">See Reverse for Instructions</span></p>													

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>4/14/00</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250777</p> <p>LE GRAND PARIS CLEANERS ANGEL FONTANE 6705 SW 40TH STREET MIAMI FL 33155</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">Z 210 663 133</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p>	
<p>PS Form 3811, July 1999 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span></p>	

Z 210 663 133

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

AIRS ID # 0250777

LE GRAND PARIS CLEANERS  
ANGEL FONTANE  
6705 SW 40TH STREET  
MIAMI FL 33155

3rd  
2000

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

455172 OCT 6 2005

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

*\$75.00*  
**TOTAL AMOUNT DUE: \$50.00**

*3 years*

*✓ 225.00*

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

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

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

OFFICIAL USE

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

Total Postage AIRS ID# 250777 3<sup>rd</sup> Cert04

Sent To MIDNIGHT X-PRESS CLEANERS  
 6705 SW 40th Street  
 Street, Apt. N, MIAMI, FL 33155  
 or PO Box No  
 City, State, Zi

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5937

**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# 250777 3<sup>rd</sup> Cert04  
 MIDNIGHT X-PRESS CLEANERS  
 6705 SW 40th Street  
 MIAMI, FL 33155

2. Article Number  
 (Tr 7004 2510 0004 6986 5937

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

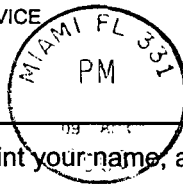
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

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

APR 12 2005

RECEIVED



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

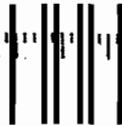
Sent To AIRS ID#0250777.....2<sup>nd</sup> Cert 05  
MIDNIGHT X-PRESS CLEANERS  
Street, Apt. No.; or PO Box No. 6705 SW 40th Street  
City, State, ZIP+4 MIAMI, FL 33155

PS Form 3800

7004 2510 0002 3939 3202

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> <p style="margin-left: 20px;">AIRS ID#0250777.....2<sup>nd</sup> Cert 05  MIDNIGHT X-PRESS CLEANERS  6705 SW 40th Street  MIAMI, FL 33155</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>3/4/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>	
<p>7004 2510 0002 3939 3202</p>	

UNITED STATES POSTAL SERVICE



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

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

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

RECEIVED  
MAR 7 2005  
Bureau of Air Monitoring  
& Mobile Sources

<b>U.S. Postal Service™</b>											
<b>CERTIFIED MAIL™ RECEIPT</b>											
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> ®											
<b>OFFICIAL USE</b>											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total Postage &amp; Fees</b></td> <td><b>\$</b></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	<b>\$</b>	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	<b>\$</b>										
Sent To <u>                    </u> AIRS ID# 250777 1stC MIDNIGHT X-PRESS CLEANERS Street, Apt. No., or PO Box No. 6705 SW 40th Street City, State, ZIP+4 MIAMI, FL 33155											
PS Form 3800, Ju											

7003 0500 0004 0144 6989

**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# 250777 1stC  
 MIDNIGHT X-PRESS CLEANERS  
 6705 SW 40th Street  
 MIAMI, FL 33155

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Boyer M...*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 2/7/05

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 6989

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  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF ENVIRONMENTAL PROTECTION  
Mobile Source

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FEB 11 2005



7003 0500 0004 0144 8693

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	

*2nd CX*  
Postmark Here  
*2003*

AIRS ID# 250777

**Sent To** GINA MANTECON  
 MIDNIGHT X-PRESS CLEANERS  
 Street, Apt. No. or PO Box No. 6705 SW 40TH STREET  
 City, State, Zi MIAMI, FL 33155

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

**OFFICIAL USE**

7001 0320 0001 7975 5625

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

*[Handwritten Signature]*  
 Postmark Here

**Total** AIRS ID#0250777  
**MIDNIGHT X-PRESS CLEANERS**

Sent **GINA MANTECON**  
**6705 SW 40TH STREET**  
 Street or PO **MIAMI FL**  
 City **33155**

PS Form 3800, January 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:

AIRS ID#0250777  
**MIDNIGHT X-PRESS CLEANERS**  
**GINA MANTECON**  
**6705 SW 40TH STREET**  
**MIAMI FL**  
**33155**

2. Article  
 (Tran

7001 0320 0001 7975 5625

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*3/10/03*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

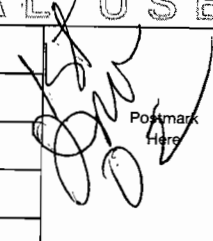
• Sender: Please print your name, address, and ZIP+4 in this box •

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

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MAR 13 2005



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b> \$	
AIRS ID#0250777	
Sent To	
MIDNIGHT X-PRESS CLEANERS	
GINA MANTECON	
Street, Apt. No., or PO Box No. 6705 SW 40TH STREET	
City, State, ZIP+ MIAMI FL 33155	
PS Form 3800	

7001 0320 0001 7975 5434

**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#0250777

MIDNIGHT X-PRESS CLEANERS  
GINA MANTECON  
6705 SW 40TH STREET  
MIAMI FL  
33155

2. Article Number (Copy from service label)

7001 0320 0001 7975 5434

**COMPLETE THIS SECTION ON DELIVERY**

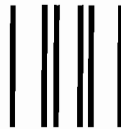
- A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 02/07/02
- C. Signature *Gina Mantecon*  Agent  Addressee
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

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

4. Restricted Delivery? (Extra Fee)  Yes



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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  
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& Mobile Sources

FEB 10 2003

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)									
AIRS ID # 0250777									
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
To: MIDNIGHT X-PRESS CLEANERS Re: GINA MANTECON <span style="float: right;">(mailer)</span> 6705 SW 40TH STREET Stre MIAMI FL 33155 City									
PS Form 3800, February 2000 See Reverse for Instructions									

7000 0520 0020 9373 0855

PLACE STICKER AT TOP 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>	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td>C. Signature</td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	C. Signature	<input type="checkbox"/> Agent	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly)	B. Date of Delivery								
C. Signature	<input type="checkbox"/> Agent								
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Addressee								
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
1. Article Addressed to:  <div style="text-align: center;">             AIRS ID # 0250777              MIDNIGHT X-PRESS CLEANERS              GINA MANTECON              6705 SW 40TH STREET              MIAMI FL              33155           </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.								
2. Article Number (Copy from service label) <b>70000520002093730855</b>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes								

UNITED STATES POSTAL SERVICE



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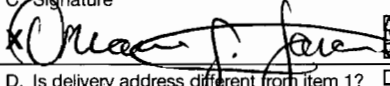
DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 6610  
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TALLAHASSEE, FLORIDA 32399-2400

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OFFICIAL USE	
Postage \$	0250777 31092220 Mantecon
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0250777	
Tot	
Sent MIDNIGHT X-PRESS CLEANERS	
Street GINA MANTECON	
City 6705 SW 40TH STREET	
MIAMI FL	
33155	
PS Form 3800, May 2000 <span style="float: right;">See Reverse for Instructions</span>	

SENDER: COM [REDACTED]		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 <i>(Please Print Clearly)</i> _____ B. Date of Delivery <u>4/19/03</u>	
1. Article Addressed to:  <div style="text-align: right;">AIRS ID#0250777</div> MIDNIGHT X-PRESS CLEANERS GINA MANTECON 6705 SW 40TH STREET MIAMI FL 33155		C. Signature  <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
2. Article Number <i>(Copy from service label)</i> <u>99001670001331092220</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
PS Form 3811, July 1999 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span>			

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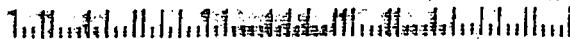
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
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Postage	\$	<i>2203</i> Postmark Here <i>inv</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To AIRS ID # 250777 MIDNIGHT X-PRESS CLEANERS GINA MANTECON 6705 SW 40TH STREET MIAMI, FL 33155		
Street, Apt. No., or PO Box No. City, State, ZIP+4		

PS Form 3800, June 2002

7003 0500 0004 0144 4565

**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 # 250777  
 MIDNIGHT X-PRESS CLEANERS  
 GINA MANTECON  
 6705 SW 40TH STREET  
 MIAMI, FL 33155  
# 0250777

**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

2. Article Number (Transfer from service label) 7003 0500 0004 0144 4565

UNITED STATES POSTAL SERVICE



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

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

Bureau of Air Monitoring  
& Mobile Sources

APR 7 2004

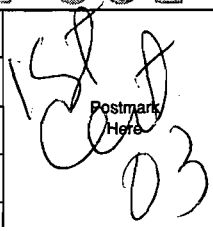
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**OFFICIAL USE**

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

ID# 250777

Sent **GINA MANTECON**

MIDNIGHT X-PRESS CLEANERS

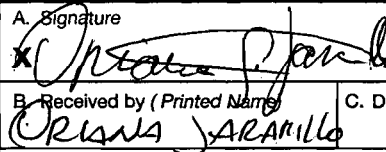
Street or PO **6705 SW 40TH STREET**

City **MIAMI, FL 33155**

PS Form 3811, August 2001

7003 2260 0003 5651 2073

PLACE STICKER AT TOP OF ENVELOPE TO THIS

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-top: 10px;"> <p>ID# 250777            GINA MANTECON            MIDNIGHT X-PRESS CLEANERS            6705 SW 40TH STREET            MIAMI, FL 33155</p> </div> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature   <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <b>CRISTINA JARAMILLO</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5651 2073</p>	



UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

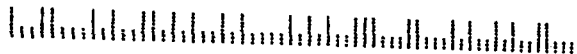
• Sender: Please print your name, address, and ZIP+4 in this box •

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Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2004

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GEORGINA MANTECON  
6705 SW 40 ST.  
MIAMI, FL. 33165.

**RECEIVED**

MAR 4 2002

Bureau of Finance  
and Accounting  
REVENUE

75.00 pd 3/1/02  
~~75.00~~ Y 2000  
TRANSMITTAL # 20191  
CR # 692  
Remit # 462651  
NO-permit 0250777-2

GENERAL Permit Section

Bureau of Air Monitoring

3755  
2273

~~MS 5510~~ MS 5510

2600 LAERSTONE ROAD.

TALLAH. FLORIDA. 32399-2400