

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

February 18, 2003

Mr. Mark H. Wuerzbarger
The Dry Cleaner
2170 Northeast 123 Street
North Miami, Florida 33181

Re: Facility No.: 0250874-002

Dear Mr. Wuerzbarger:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 2003.


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

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

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

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

Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Feed 97-01

SOC 5

Comp IN

Bowman, Sandy

From: Gordon, Ray (DERM) [GordoR@miamidade.gov]
Sent: Thursday, June 26, 2008 2:33 PM
To: Bowman, Sandy
Cc: Grant, Patricia; Dibble, Dickson
Subject: RE: 0250874

Another one

Closed as of 6/09/2008

Ray A. Gordon

Special Projects Administrator

Office: 305-372-6925

gordor@miamidade.gov

"Delivering Excellence Every Day"

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: June 26, 2008 2:00 PM
To: Gordon, Ray (DERM)
Cc: Grant, Patricia; Dibble, Dickson
Subject: RE: 0251091

Ray,

As requested, AIRS ID #0251091-003 has been inactivated in ARMS. The update to GPCI will shortly follow. Thank you for keeping us informed.

Sandy Bowman

Environmental Administrator

Division of Air Resource Management

850/921-9583 or sandy.bowman@dep.state.fl.us

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

From: Gordon, Ray (DERM) [mailto:GordoR@miamidade.gov]
Sent: Thursday, June 26, 2008 1:05 PM
To: Dibble, Dickson
Cc: Bowman, Sandy
Subject: 0251091

6/26/2008



AIRS ID 025084

 Bureau of Air Quality
& Mobile Sources
SEP 13 2005

 RECEIVED
 Environmental Resources Management
 Air Quality Management Division
 33 SW 2nd Avenue • 9th Floor
 Miami, Florida 33130-1540
 305-372-6925 F 305-372-6954

miamidade.gov

ADA Coordination

Agenda Coordination

Animal Services

Art in Public Places

Audit and Management Services

Aviation

Building

Building Code Compliance

Business Development

Capital Improvements

Citizens' Independent Transportation Trust

Commission on Ethics and Public Trust

Communications

Community Action Agency

Community & Economic Development

Community Relations

Consumer Services

Corrections & Rehabilitation

Cultural Affairs

Elections

Emergency Management

Employee Relations

Empowerment Trust

Enterprise Technology Services

Environmental Resources Management

Fair Employment Practices

Finance

Fire Rescue

General Services Administration

Historic Preservation

Homeless Trust

Housing Agency

Housing Finance Authority

Human Services

Independent Review Panel

International Trade Consortium

Juvenile Assessment Center

Medical Examiner

Metro-Miami Action Plan

Metropolitan Planning Organization

Park and Recreation

Planning and Zoning

Police

Procurement Management

Property Appraisal

Public Library System

Public Works

Safe Neighborhood Parks

Seaport

Solid Waste Management

Strategic Business Management

Team Metro

Transit

Task Force on Urban Economic Revitalization

Vizcaya Museum And Gardens

Water & Sewer

August 30, 2005

 CERTIFIED MAIL NO 7003 -1010 -0002 -0222 -4402
 RETURN RECEIPT REQUESTED

 Mr. Mark Wuerzburger
 The Dry Cleaner
 2170 NE 123 Street
 North Miami, FL 33181

RE: Payment of Annual Fee and Late Payment Fee (AIRS ID # 0250874)

Dear Mr. Wuerzburger

For your facility to maintain its eligibility for the Title V Air General Permit, rule 62-213.300(3)(b), F.A.C. states "the owner or operator of the facility must, upon written notice from the department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation subject to the rules of the general permit."

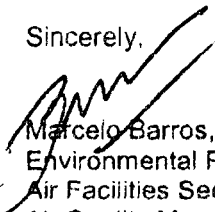
Florida Department of Environmental Protection (FDEP) records currently indicate that your facility is not in compliance with the annual emissions fee payment. A notice of your obligation was sent to you by mail along with an invoice form and instructions. The annual emissions fee for your facility is \$ 50.00 for calendar year(s) 2002, 2003 & 2004 In addition, according to Rule 62-213.205 (1)(g) F.A.C., the FDEP is assessing a 50% late payment penalty against your facility for a final fee of \$ 225.00.

Failure to comply by September 15, 2005, with the terms of the attached Field Notice of Violation (FNOV) and to pay the annual fee(s) with penalties may constitutes grounds for revocation of your Title V General Permit or be subject to receive a Uniform Civil Violation Notice (UCVN) with penalties issued by the Department of Environmental Resources Management (DERM)

Please indicate your AIRDS I.D. # on your check or money order and mail your payment to Florida Department of Environmental Protection (FDEP) Title V Air General Permit, Receipts, Post Office Box 3070, Tallahassee, FL 32399-2400.

If you have any questions regarding this letter, please contact me, or Terrence Anderson of the Air Facilities Section at (305) 372-6925.

Sincerely,


 Marcelo Barros,
 Environmental Resources Project Supervisor
 Air Facilities Section
 Air Quality Management Division

 MB/ta
 Attachment

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 16 2003

Air Quality

Part III. Notification of Intent to Use General Permit 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):	NANMARK INC. D/B/A THE DRY CLEANER		
2. Site Name (For example, plant name or number):	THE DRY CLEANER		
3. Hazardous Waste Generator Identification Number:	GAD981269095		
4. Facility Location:	Street Address:	City:	Zip Code:
	2170 NE 123rd Street	MIAMI, FL	33181
		County: DADE	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250874-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	MARK H. WUERZBURGER	PRESIDENT
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
		2170 NE 123rd Street
	City:	County:
	MIAMI	DADE
		Zip Code: 33181
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(305) 892 0848	(305) 892-2418

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:	Zip Code:
		County:	
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	()	()	

Bureau of Air Monitoring
& Mobile Sources

JAN 23 2003

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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")
1/90	Existing	RC/CA	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

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

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

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

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

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

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

[85] gallons (You must fill this in)

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

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

New store: [_____] New machine [_____]

Unopened store [_____] (date of expected opening _____)

BEST AVAILABLE COPY

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? 2

For each boiler, indicate its horsepower (HP) rating: 3

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) ELECTRIC

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:

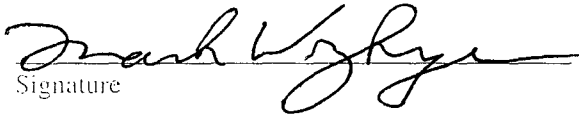
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

MARK H. WERZBURGER
Print name of responsible official


Signature

1/16/03
Date

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458450 MAR 12 2006

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 250873 1st
VERY CLEAN DRY CLEANERS
11865 SW 26th St #E8
MIAMI, FL 33175

Bureau of
& Mobile
MAR 0 2 2006
E C F
D

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

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

467358 JAN182007

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250874
NANMARK INC
2170 NE 123RD STREET
NORTH MIAMI, FLORIDA 33181

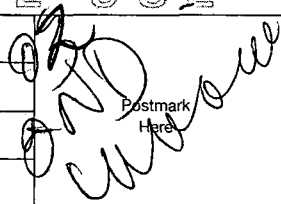
3111 av. N. A1 MIAMI FL
& Mobile Source

JAN 25 2007

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

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

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CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	AIRS ID#0250874
Sent To	THE DRY CLEANER
	MARK WUERZBURGER
Street, Apt. 1 or PO Box N	2170 NE 123RD STREET
City, State, Z	NORTH MIAMI FL 33181
PS Form 3800, January 2001	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>Dardine Jean Pierre</i> 3-8-03</p> <p>C. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0250874</p> <p>THE DRY CLEANER MARK WUERZBURGER 2170 NE 123RD STREET NORTH MIAMI FL 33181</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. <i>7001 0320 0001 7976 4450</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

Bureau of Air Monitoring
& Mobile Sources

MAR 12 2003

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32399/2400



U.S. Postal Service
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OFFICIAL USE

4112 BOTE E100 0991 0000

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

02
 3rd
 Int'l
 Postmark
 Here

Total Postage AIRS ID#0250874

Sent To **THE DRY CLEANER**
MARK WUERZBURGER
 Street, Apt. **2170 NE 123RD STREET**
NORTH MIAMI FL
 City, State, **33181**

PS Form 3800, May 2000 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THE DRY CLEANER
MARK WUERZBURGER
2170 NE 123RD STREET
NORTH MIAMI FL
33181

AIRS ID#0250874

ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

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

2. Article Number (Copy from service label)

70001676001331092114

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

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

APR 15 2003

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

Bureau of Air Monitoring
& Mobile Sources

10 000



U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
ID# 250874	
Sent MARK WUERZBURGER THE DRY CLEANER or P.O. 2170 NE 123RD STREET City NORTH MIAMI, FL 33181	
PSF	Instructions

2691 1595 E000 0922 E001
 2260 0003 5651 1922

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	
<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 250872 DENIS LAMARRE NORMANDY CLEANERS 962 NORMANDY AVENUE MIAMI BEACH, FL 33141 </div> <p>2. Article Number (Transfer from service label)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input 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 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>
7003 2260 0003 5651 1922	

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

Bureau of Air Monitoring
Mobile Sources

FEB 9 2004

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PLEASE STICKER ABOVE OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ID# 250874
 MARK WUERZBURGER
 THE DRY CLEANER
 2170 NE 123RD STREET
 NORTH MIAMI, FL 33181

2. Article
(Transit)

7003 2260 0003 5651 1892

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below. No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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

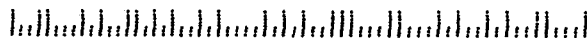
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

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

2nd Ct
Postmark Here
2003

AIRS ID # 250874

Sent To
 MARK WUERZBURGER
 THE DRY CLEANER
 2170 NE 123RD STREET
 NORTH MIAMI, FL 33181

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

PS Form 3800, 1-01

7003 0500 0004 0144 8952

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: right;">AIRS ID # 250874</p> <p>MARK WUERZBURGER THE DRY CLEANER 2170 NE 123RD STREET NORTH MIAMI, FL 33181</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>J. Barthelmy</i> 3-6-03</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 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 0500 0004 0144 8952</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE



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

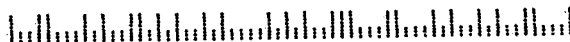
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Director of Air Monitoring
Mobile Sources

MAR 11 2004

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7003 0500 0004 0144 4633

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

OFFICIAL USE

Postage	\$	<i>BN 3</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	TAIRS ID # 250874	

Sent To THE DRY CLEANER
MARK WUERZBURGER
2170 NE 123RD STREET
NORTH MIAMI, FL 33181
#0250874

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2005 GSA FPMR (41 CFR) 101-11.6

PLACE STICKER AT TOP OF ENVELOPE TO PROTECT RETURN ADDRESS FROM DAMAGE

SECTION

Also complete desired, on the reverse to you, the mailpiece,

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Mark Wuerzburger

B. Received by (Printed Name) C. Date of Delivery
4/13/04

D. Is delivery address different from item? 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.

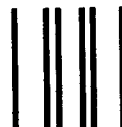
4. Restricted Delivery? (Extra Fee) Yes

7003 0500 0004 0144 4633

Domestic Return Receipt 102595-02-M-1540

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE



• Sender: Please print your name, address, and ZIP

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APR 8 2004

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

Bureau of Air Monitoring
& Mobile Sources

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OFFICIAL USE

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

AIRS ID# 250874 1stC

Se THE DRY CLEANER

Si 2170 NE 123RD STREET

or NORTH MIAMI, FL 33181

Ci

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 2779

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>AIRS ID# 250874 1stC THE DRY CLEANER 2170 NE 123RD STREET NORTH MIAMI, FL 33181</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <i>(Printed Name)</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <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 2779</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2005

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For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
AIRS ID#0250874.....2 nd Cert 05 THE DRY CLEANER 2170 NE 123RD STREET NORTH MIAMI, FL 33181	
PS Form 3800, June 2002 See Reverse for Instructions	

7004 2510 0004 6986 5326
 9265 9869 4000 DT52 4707

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to: <i>F.O.# 0250874 2nd Cert 05</i> <i>THE DRY CLEANER</i> <i>2170 NE 123RD ST</i> <i>NORTH MIAMI, FL 33181</i>	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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
<i>7004 2514 0004 6986 5326</i>	

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

Division of Air
& Mobile Source



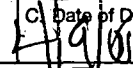
MAR 17 2005

CEIVE I

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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# 250874 3 rd Cert04
Sent To	THE DRY CLEANER
Street, Apt. No., or PO Box No.	2170 NE 123RD STREET
City, State, ZIP+	NORTH MIAMI, FL 33181
PS Form 3800, June 2002	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px dashed black; padding: 10px; margin-top: 10px;"> <p>AIRS ID# 250874 3rd Cert04 THE DRY CLEANER 2170 NE 123RD STREET NORTH MIAMI, FL 33181</p> </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0004 6986 6057

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

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APR 13 2005

Division of Environmental Quality
& Mobile Sources

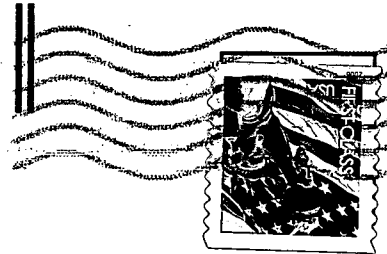
01



THE DRY CLEANER
2170 N.E. 123rd ST.
NORTH MIAMI, FL 33181

MIAMI FL 331

16 JAN 2007 PM 5 L



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