



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 15, 1997

Mr. Loui Samanirgo
Topp Quality Cleaners
9716 Southwest 8th Street
Miami, Florida 33174

Re: Facility No.: 0250892

Dear Mr. Samanirgo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 1997.

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,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

3/8/99 called + phone # is disconnected

(CAB)

0250892

p13 7. add Organization/Firm

p14 1(c) Should not be marked. Mark out
and initial.

p16 Responsible official sign and date
for changes.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
LINE BY LINE, DBA TOPP QUALITY Cleaners

2. Site Name (For example, plant name or number):
TOPP QUALITY Cleaners

3. Hazardous Waste Generator Identification Number:
FLD CES 06

4. Facility Location:
 Street Address: *DADE COUNTY*
 City: *9716 SW 8TH ST* County: *MIAMI* Zip Code: *33174*

5. Facility Identification Number (DEP Use):
0250892

Responsible Official

6. Name and Title of Responsible Official:
LOUI SAMANIRGO, OWNER.

7. Responsible Official Mailing Address:
 Organization/Firm: *Dade County*
 Street Address:
 City: *9716 SW 8TH ST* County: *MIAMI FLA* Zip Code: *33174*

8. Responsible Official Telephone Number:
 Telephone: () - Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
CARLOS ARROYAVE, MANAGER

10. Facility Contact Address:
 Street Address: *SAME AS ABOVE.*
 City: *97* County: Zip Code:

11. Facility Contact Telephone Number:
 Telephone: () - Fax: () - *SAME AS ABOVE*

RECEIVED

NOV 5 1997

Facility Information

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

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

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

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

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

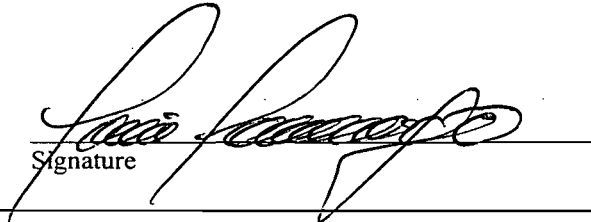
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

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

Responsible Official Certification

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

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


Signature

9-10-97.
Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

OCT 27 1998

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0250892 DATE: 9/30/98 TIME IN: 12:15pm
FACILITY NAME: Topp Quality Cleaners
FACILITY LOCATION: 9716 SW 8 St
Miami, FL 33174
RESPONSIBLE OFFICIAL: Louie Sammaniego PHONE: (305) 241-0366
CONTACT NAME: PHONE:

PART I: NOTIFICATION

- (check appropriate box)
- 1. New facility notified DARM 30 days prior to startup
 - 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 gallons.

MB
10/15/98
ARMS

MB
9/30/98

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?

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

Deborah Griner
Inspector's Name (Please Print)

Deborah Griner
Inspector's Signature

9/30/98

Date of Inspection

9/99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

FDEP Calendas provided during inspection.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:15 pm TIME OUT: 12:35 pm AIRS ID#: 0250892
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Top Quality Cleaners DATE:
 FACILITY LOCATION: 9716 SW 8 St
 Miami FL 33174
 RESPONSIBLE OFFICIAL: Loui Sammaniego PHONE NUMBER: (305) 226-0364

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No measurement + record of refriger. condensor temp. on a weekly basis.	Begin reading + recording temp. on a weekly basis.
No leak detection inspection log.	Begin keeping log.
No 12 month rolling log of perc purchase.	Begin keeping log.
No perc receipts on site.	Keep receipts on site for a minimum of 5 years.

COMMENTS:

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

DATE OF NEXT INSPECTION: 9/99 (Approximate)

INSPECTION CONDUCTED BY: Deborah L. Grunin (Please Print)

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Topp Quality Cleaners RECEIVED DATE: 1/30/98
 FACILITY LOCATION: 9716 SW 8 St. OCT 01 1998
Miami, FL 33174
 Air Quality Management Division

Annual Reporting Period: 9 1997 TO 9 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No logs of condenser temperature + leak inspection + 12 month rolling log
 Exact period of non-compliance: from 9/97 to 9/98
 Action(s) taken to achieve compliance: Begin keeping required logs
 Method used to demonstrate compliance: Calendar

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No perc receipts on site
 Exact period of non-compliance: from 9/97 to 9/98 RECEIVED
 Action(s) taken to achieve compliance: Begin keeping receipts on site OCT 27 1998
 Method used to demonstrate compliance: Keep them in a folder
 Bureau of Air Monitoring & Mobile Sources

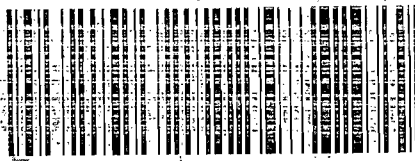
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Loui Sammaniego Loui Sammaniego 9/30/98
 Name (Please Print) Signature Date

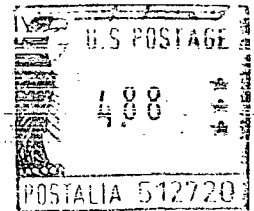
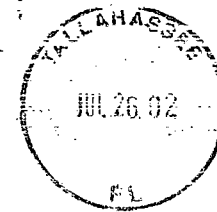
*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 504000
2600 BLAIR STONE ROAD
TALLHASSEE FL 32399-2400



7000 1670 0013 3095 3591



RECEIVED

AUG 19 2002

Bureau of Air
Mobile Sources

MLWA

NOTED, LEFT NO ADDRESS

10 AIRS ID # 0250892001AG
LOUI SAMANIEGO
TOPP QUALITY CLEANERS
9716 SW 8TH STREET
MIAMI FL 33174

BEST AVAILABLE COPY

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 _____</p>	
<p>1. Article Addressed to:</p> <p>10 AIRS ID # 0250892001AG LOUI SAMANIEGO TOPP QUALITY CLEANERS 9716 SW 18TH STREET MIAMI FL 33174</p>		<p>C. Signature _____ <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number _____ (Transfer from service label) 7000 1670 0013 3095 3591</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 (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, March 2001</p>		<p>Domestic Return Receipt 102595-01-M-1424</p>	

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

OFFICIAL USE

Postage \$		<p>Mark Here</p> <p><i>Robert</i></p>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: 10 AIRS ID # 0250892001AG
Street: LOUI SAMANIEGO
City, St: TOPP QUALITY CLEANERS
9716 SW 18TH STREET
MIAMI FL
33174

7000 1670 0013 3095 3591

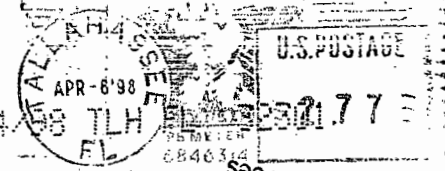
STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 TWIN TOWERS OFFICE BUILDING
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

BEST AVAILABLE COPY

7 333 613 101

12:27 04/14/98 TLH



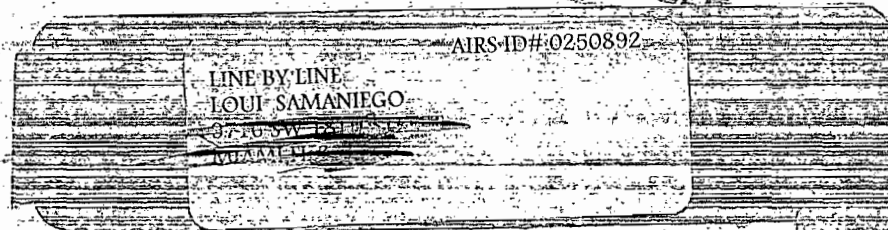
MAIL

550304
 MS 5510

RETURNED TO SENDER
 NO SUCH NUMBER

Bureau of Air Monitoring
 & Mobile Sources
 APR 15 1998

RECEIVED
 N



LINE BY LINE
 LOUI SAMANIEGO
 9716 SW 18TH STREET
 MIAMI FL 33174

AIRS-ID# 0250892

7 333 613 101

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

AIRS-ID# 0250892

LINE BY LINE
 LOUI SAMANIEGO
 9716 SW 18TH STREET
 MIAMI FL 33174

PS Form 3800, April 1995

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

Fold along this line over top of envelope to the right of the return address.

RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0250892

LINE BY LINE
LOUI SAMANIEGO
9716 SW 18TH STREET
MIAMI FL 33174

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

4a. Article Number
2333 613 101

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Certified
<input checked="" type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery

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

Thank you for using Return Receipt Service.

BRANCO

Domestic Return Receipt

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 TWIN TOWERS OFFICE BUILDING
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

37550301000
 2529 1R MS#5510
 DAMMS
 JOEY ROBERTS

RETURNED TO SENDER
 NO SUCH NUMBER

CERTIFIED MAIL

APR 1 1999
 FL

U.S. POSTAGE
 2.98
 PB METER
 6946314

Bureau of Air Monitoring
 & Mobile Sources

APR - 6 1999

RECEIVED

AIRS ID # 0250892
 TOPP QUALITY CLEANERS
 LOUI SAMANIEGO
 9716 SW 18TH STREET
 MIAMI FL 33174

PS Form 3800, April 1995

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

TOPP QUALITY CLEANERS
 LOUI SAMANIEGO
 9716 SW 18TH STREET
 MIAMI FL 33174
 AIRS ID # 0250892

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail. (See reverse).
 Form 3800

P 174 052 282

Fold at line over top of envelope to

Is your RETURN ADDRESS or return address on the reverse side?

SENDER:

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

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250892

TOPP QUALITY CLEANERS
LOUI SAMANIEGO
9716 SW 18TH STREET
MIAMI FL 33174

4a. Article Number

0174 052 285

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

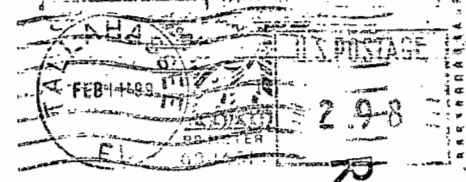
X

Thank you for using Return Receipt Service.

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 TWIN TOWERS OFFICE BUILDING
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

MS# 5510
 37550301000

CERTIFIED
 Z 333 660 577
MAIL



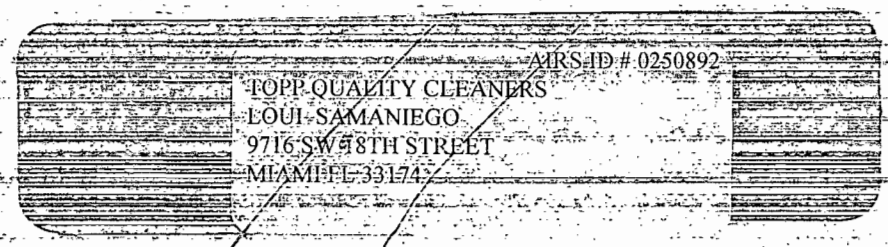
RECEIVED
 FEB 23 1999

Bureau of Air Monitoring
 & Mobile Sources

m lmt



MOVED, LEFT NO ADDRESS



Z 333 660 353

US Postal Service
Receipt for Certified Mail

AIRS ID 0250892
 LINE BY LINE
 LOUI SAMANIEGO
 9716 SW 18TH STREET
 MIAMI FL 33174

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	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Z 333 660 577

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250892
 Do not use for Internet mail (e-mail)
 TOPP-QUALITY CLEANERS
 LOUI SAMANIEGO
 9716 SW 18TH STREET
 MIAMI FL 33174

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	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

From the Office of the Inspector General
U.S. Department of Justice
Washington, D.C. 20535

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250892

TOPP-QUALITY CLEANERS
LOUI SAMANIEGO
9716 SW 18TH STREET
MIAMI FL 33174

4a. Article Number
2335 660 577

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

Thank you for using Return Receipt Service.

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 TWIN TOWERS OFFICE BUILDING
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

Postnet barcode (0-9)

CERTIFIED

Z 333 613 518
 18:34 06/23/98 TLH FL

TALLAHASSEE
 JUN 23 '98
 32301
 FL
 U.S. POSTAGE
 2.77
 PB METER
 4846314

MAIL

550304
 MS5510
 NO SUCH NUMBER
 RETURNED TO SENDER
 NO SUCH NUMBER

POSTNET barcode (0-9)

AIRS ID#0250892

TO: TOPP QUALITY CLEANERS
 LOUI SAMANIEGO
 9716 SW 18TH STREET
 MIAMI FL 33174

Bureau of Air Monitoring
 & Mobile Sources

RECEIVED
 JUN 30 1998
 RETURNED TO SENDER
 NO SUCH NUMBER

POSTNET barcode (0-9)

Z 333 613 518

US Postal Service
Receipt for Certified Mail

AIRS ID#0250892
 TOPP QUALITY CLEANERS
 LOUI SAMANIEGO
 9716 SW 18TH STREET
 MIAMI FL 33174

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	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS or printed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#0250892
 TOP QUALITY CLEANERS
 LOUIS SAMANIEGO
 9716 SW 18TH STREET
 MIAMI FL 33174

4a. Article Number
 015 49 613 910

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X

Thank you for using Return Receipt Service.

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 250942
GABRIEL CLEANERS
10760 SW 24th St
MIAMI, FL 33165

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.

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JUN 14 2006
Bureau of
& MODERN SERVICES