



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 11, 2003

Mr. Lazaro Luis  
One Stop Cleaners & Laundry  
840 Southwest 8<sup>th</sup> Street  
Miami, Florida 33130

Re: Facility No.: 0250893-002

Dear Mr. Luis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 10, 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,

  
*for* Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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

*Printed on recycled paper.*

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PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 10 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):	SOAP & WATER FAC.		
2. Site Name (For example, plant name or number):	ONE STOP CLEANERS & LAUNDRY.		
3. Hazardous Waste Generator Identification Number:	FLD 982159 857		
4. Facility Location: Street Address: City:	840 S.W. 8th STREET	County: MIAMI FL DADE	Zip Code: 33130
5. Facility Identification Number (DEP Use ONLY, do not fill in):	0250893-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	LAZARO LUIS LAZARO LUIS Title: Owner. f.o.		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	SOAP & WATER, INC.	840 South West 8th Street	MIAMI
	County:	Dade	AME Zip Code: 33130
8. Responsible Official Telephone Number: Telephone: ( ) -	Fax: (305) - 856-5451		

Facility Contact (If different from Responsible Official)

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

RECEIVED  
JAN 16 2003  
Bureau of Air Monitoring  
& Mobile Sources

Facility Information

I.(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>2/2001</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

I.(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?

140 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".)

- |  |  |
|--|--|
| <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 checked="" 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:  2  5

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

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.*

LAZARO LYN  
Print name of responsible official

[Signature]  
Signature

1/10/2003  
Date

**Butler, Rick**

---

**From:** Barros, Marcelo (DERM) [BarroM@miamidade.gov]  
**Sent:** Friday, January 24, 2003 4:36 PM  
**To:** Butler, Rick  
**Cc:** Fernandez, Cynthia (DERM); Bowman, Sandy  
**Subject:** RE: Dry Cleaner Notifications

Hi Rick:

Please be informed that the pending issues regarding ARMS #s 0250820 and 0250937 will be resolved by the next week.

The minor non-compliance issue related to ARMS # 0250893 has been already resolved.

I will appreciate if you can tell me which part of the Title V Notifications or Chapter 62 FAC, states that a minor non-compliance issue such as recordkeeping, can affect the eligibility from obtaining a Title V General Permit.

I am taking this opportunity to inform you that two dry cleaning facilities that were permitted by your office recently are not found in the ASGP Database. These companies are Save-on Dry Cleaning, ARMS # 0251123 and Miami's Best Cleaners, ARMS # 0251131. In addition, seems like DEP forgot to mail us the letters that were sent out to these facilities, as well as the Notification Forms that usually you forward us.

Thanks for your help.

Marcelo.

-----Original Message-----

**From:** Butler, Rick [mailto:Rick.Butler@dep.state.fl.us]  
**Sent:** Thursday, January 23, 2003 11:10 AM  
**To:** Cynthia Fernandez (DERM) (E-mail)  
**Cc:** Marcelo Barros (DERM) (E-mail); Bowman, Sandy  
**Subject:** Dry Cleaner Notifications

Hello Cynthia,

A number of Miami-Dade county dry cleaner renewal notifications were recently received in Tallahassee. Five (5) have issues that could affect their eligibility and may be denied. Please review the list below to determine the current status of each facility.

AIRS ID # 0250820 Significant non-compliance (recordkeeping & leaks)  
AIRS ID # 0250893 Minor non-compliance (recordkeeping)  
AIRS ID # 0250906 Minor non-compliance (recordkeeping)  
AIRS ID # 0250929 Minor non-compliance (recordkeeping)  
AIRS ID # 0250937 No payment of 2001 fee (\$50 + \$25 penalty = \$75), Minor non-compliance (recordkeeping)

Please let me know the status of each facility as soon as possible. Feel free to contact me to discuss the facilities.

Thanks,  
Rick Butler

FILE

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

Part III. Notification of Intent to Use General Permit

APR 04 2007

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.

Air Quality Management Division

Facility Name and Location SOAP & WATER

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<u>SOAP AND WATER</u>
2. Site Name (For example, plant name or number):	<u>ONE STOP CLEANER</u>
3. Hazardous Waste Generator Identification Number:	<u>FLD 982159857</u>
4. Facility Location: Street Address: City: <u>MIAMI FL.</u> County: <u>DADE</u> Zip Code: <u>33130</u>	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<u>0250893-002</u>

Responsible Official

6. Name and Title of Responsible Official: Name: <u>RAUL MEDEROS</u> Title: <u>MANAGER</u>
7. Responsible Official Mailing Address: Organization/Firm: <u>840 SW 8th St.</u> Street Address: City: <u>MIAMI FL.</u> County: <u>DADE</u> Zip Code: <u>33130</u>
8. Responsible Official Telephone Number: Telephone: <u>(305) 856-6513</u> Fax: ( X )

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <u>SAME</u>
10. Facility Contact Address: Street Address: City: <u>SAME</u> County: <u>-</u> Zip Code: <u>-</u>
11. Facility Contact Telephone Number: Telephone: <u>(305) 856-6513</u> Fax: ( <u>-</u> )



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

For each boiler, indicate its horsepower (HP) rating:  10

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

**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")
1994	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	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?

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 \_\_\_\_\_)

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.*

RAUL MEDEROS

Print name of responsible official

Raul Mederos  
Signature

4/4/07  
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.

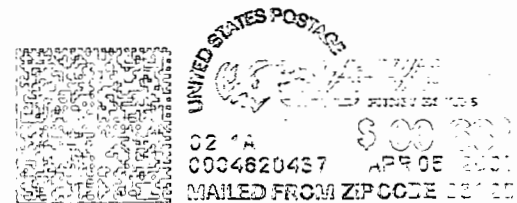
### Responsible Official

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.

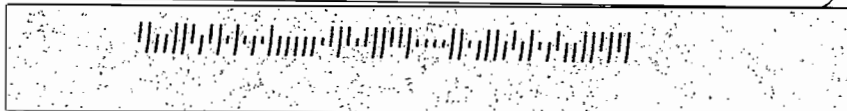
### Facility Contact

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.

Environmental Resources Management DE233387  
Air Quality Management Division  
701 NW 1 Court, Suite 400  
Miami, Florida 33136



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



**Dibble, Dickson**

---

**From:** Anderson, Terrence (DERM) [AnderT@miamidade.gov]  
**Sent:** Wednesday, April 11, 2007 8:35 AM  
**To:** Dibble, Dickson  
**Subject:** RE: AIRS ID# 0250893, SOAP & WATER d.b.a. ONE STOP CLEANER

Good morning,

There is just a change in R/O at the facility, everything else remains the same. Please let me know if you have any additional questions.

Have a good day,

---

**From:** Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]  
**Sent:** Wednesday, April 11, 2007 8:28 AM  
**To:** Anderson, Terrence (DERM)  
**Cc:** Bowman, Sandy  
**Subject:** AIRS ID# 0250893, SOAP & WATER d.b.a. ONE STOP CLEANER

Dear Mr. Anderson,

Good morning!

On 4/4/07 you inspected the above facility and obtained a new PERC D/C Notification form from the new R/O, a Raul Mederos. On your inspection report you noted that the owner, who is listed in ARMS as the R/O-owner, Mr. Lazaro Luis had died.

While I recognize that the R/O has changed on this new form, does this also indicate a change of ownership? In ARMS 0250893-002 the ownership is shown to be SOAP & WATER INC and on this new form they are shown as just SOAP & WATER. I have tried to call the facility, but no one answers the phone. Would you clarify for me whether this is a change in ownership and R/O, or just a change in R/O?

Thank you for your assistance.

*Dick*

**Dickson E. Dibble**

FL Dept of Environmental Protection  
Div. of Air Resource Management  
Bureau of Air Monitoring & Mobile Sources  
Air General Permit Program  
(850) 921-9586  
SunCom 291-9586  
ICG-#345  
**Dickson.Dibble@dep.state.fl.us**

4/11/2007

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage P		AIRS ID # 250893

Sent To **LAZARO LUIS**  
**ONE STOP CLEANERS**  
 Street, Apt. No., or PO Box No. **840 SW 8TH STREET**  
 City, State, ZIP+4 **MIAMI, FL 33130**

PS Form 3800, June 2002

0003 0500 0004 0144 8990

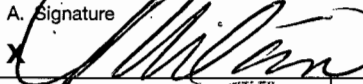
**SENDER: COMPLETE THIS SECTION**

- 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 # 250893  
**LAZARO LUIS**  
**ONE STOP CLEANERS**  
**840 SW 8TH STREET**  
**MIAMI, FL 33130**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery **3/6**

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 8990**

Permit No. G-10

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

DARWIN/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

MAR 11 2004

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<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement)	
Total Postage	AIRS ID# 250893 3 <sup>rd</sup> Cert04
Sent To	ONE STOP CLEANERS
Street, Apt. N or PO Box No.	840 sw 8th street
City, State, Zip	MIAMI, FL 33130
PS Form 3800, June 2002 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Oliver Aguirre</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Oliver</i> 4/8/05</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 solid black; padding: 5px; margin-top: 10px;"> <p>AIRS ID# 250893 3<sup>rd</sup> Cert04 ONE STOP CLEANERS 840 sw 8th street MIAMI, FL 33130</p> </div>	<p>3. Service Type</p> <p><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>2. Article Number (Transfer fr. 7004 2510 0004 6986 5883)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES



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

APR 13 2005

BUR. OF AIR MONITORING  
& MOBILE SOURCES

01



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

AIRS ID#0250893.....2<sup>nd</sup> Cert 05

ONE STOP CLEANERS

840 sw 8th street

MIAMI, FL 33130

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5487

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse, so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>3/4/05</u></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: 5px; margin: 5px 0;"> AIRS ID#0250893.....2<sup>nd</sup> Cert 05  ONE STOP CLEANERS  840 sw 8th street  MIAMI, FL 33130 </div>	<p>3. Service Type</p> <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>2. Article Number</p> <p style="text-align: center; font-size: 1.2em;">7004 2510 0004 6986 5487</p> <p style="font-size: 0.8em;">(Transfer from service)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



Permit No. G-10

- Sender: Please print your name, address, and ZIP+4<sup>®</sup> in this box

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

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total <b>ID# 250893</b>		
Sent To: <b>LAZARO LUIS</b>		
Street, or PO: <b>ONE STOP CLEANERS</b>		
City, S: <b>840 SW 8TH STREET</b>		
<b>MIAMI, FL 33130</b>		

PS Form 3800, June 2002 See Reverse for Instructions

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# 250893            LAZARO LUIS            ONE STOP CLEANERS            840 SW 8TH STREET            MIAMI, FL 33130</p> </div>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p style="font-size: 1.5em; font-family: cursive;">[Handwritten Signature]</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right; font-size: 1.2em;">2/6/09</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</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>
2. Article Number (Transfer from serv.)	7003 2260 0003 5651 0345

AL S

First-  
Post

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

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

Source of Air Monitoring  
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**OFFICIAL USE**

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

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0250893

**Sent To** ONE STOP CLEANERS  
 ROSELIA LUIS  
 840 SW 8TH STREET  
**Street, Apt. No.; or** MIAMI FL  
 33130  
**City, State, ZIP+ 4**

PS Form 3800, May 2000 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:

ONE STOP CLEANERS  
 ROSELIA LUIS  
 840 SW 8TH STREET  
 MIAMI FL  
 33130

AIRS ID#0250893

70002670000070275456

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 2/7/03

C. Signature  
 *[Handwritten Signature]*  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

F.  
Pc

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

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TALLAHASSEE, FLORIDA 32399-2400



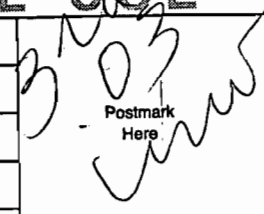


4964 444 0144 0000 0050 0007

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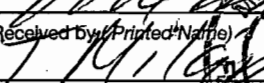
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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>		
<b>Sent To</b>	AIRS ID # 250893 ONE STOP CLEANERS LAZARO LUIS 840 SW 8TH STREET MIAMI, FL 33130	
<b>Street, Apt. No., or PO Box No.</b>		
<b>City, State, ZIP+</b>		

PS Form 3800, June 2002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><b>X</b> </p> <p>B. Received By (Printed Name)</p> <p></p> <p>C. Date of Delivery</p> <p>3</p> <p>D. Is delivery address different from item #250893? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>AIRS ID # 250893          ONE STOP CLEANERS          LAZARO LUIS          840 SW 8TH STREET          MIAMI, FL 33130</p> <p>#0250893</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>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 4664</p>	

Pos

Permit No. G-10

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7001 0320 0001 7975 5571

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

Postmark Here

AIRS ID#0250893

**Sent To** ONE STOP CLEANERS  
ROSELIA LUIS

**Street, or PO Box** 840 SW 8TH STREET

**City, State** MIAMI FL 33130

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <b>MAR 2003</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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: right;">AIRS ID#0250893</p> <p>ONE STOP CLEANERS  ROSELIA LUIS  840 SW 8TH STREET  MIAMI FL  33130</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (If _____)</p> <p style="font-size: 1.5em; text-align: center;">7001 0320 0001 7975 5571</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1035</span></p>	

JSTA.

FORM NO. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID# 250893 1stC  
 ONE STOP CLEANERS  
 840 sw 8th street  
 MIAMI, FL 33130

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 2748

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>AIRS ID# 250893 1stC            ONE STOP CLEANERS            840 sw 8th street            MIAMI, FL 33130</p> </div> <p>2. Article Number            (Transfer from service label)</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><b>X</b> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery 2-7-05</span></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>7004 2510 0002 3939 2748</p>	
<p>PS Form 3811, August 2001 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

POS

FORM NO. G-10

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

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& Mobile Sources

FEB 11 2005

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

425658 MAR13 2003

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

ONE STOP CLEANERS  
ROSELIA LUIS  
840 SW 8TH STREET  
MIAMI FL  
33130

AIRS ID#0250893

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

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MAR 17 2003

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438323 APR 14 2004

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

**TOTAL AMOUNT DUE: \$75.00**

0250823

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APR 20 2004

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ONE STOP CLEANERS  
LAZARO LUIS  
840 SW 8TH STREET  
MIAMI, FL 33130

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: B1  
FUND: 20-2-035001  
OBJECT: 002273

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466052 DEC14 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# 250893 SOAP & WATER INC. 840 sw 8th street MIAMI, FLORIDA 33130	Bureau of Air Mail & Mobile Services DEC 15 2006
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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

(CUT HERE)

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

454011 JUL 13 2005

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# 250893 3<sup>rd</sup> Cert04  
ONE STOP CLEANERS  
840 sw 8th street  
MIAMI, FL 33130

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

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& MODERATION