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# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 16, 1997

Mr. Otto Valdes  
New Luis Dry Cleaners  
427 West 29 Street  
Hialeah, Florida 33012

Re: Facility No.: 0250902

Dear Mr. Valdes:

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

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MAIL ROOM  
JAN 27 98

DD/jw

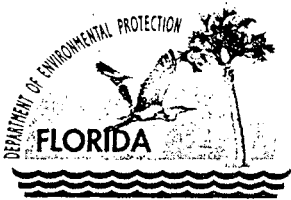
cc: Mr. Ewart Anderson, Dade County

RECEIVED

JAN 29 1998

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

Bureau of Air Monitoring  
& Mobile Sources



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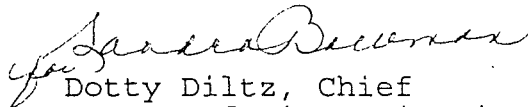
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Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

Department of Environmental Protection  
 Cash Receiving Application (CRAR015)  
 Cash Listing by Deposit #: 980936 THRU 980936  
 Printed: 28-JAN-98 - Page: 16

<u>Cashlisting</u>	<u>Cashlist Area</u>	<u>Description</u>	<u>Contact</u>	<u>Date Deposited</u>
13789	3755	DIV OF AIR RESOURCES	MGMT. PATTY ADAMS	27-JAN-98

<u>Object</u>	<u>Trans#</u>	<u>DDN</u>	<u>Receipt Num</u>	<u>PNR</u>	<u>Name</u>	<u>Check Num</u>	<u>Amount</u>	<u>Reference Acct</u>	<u>Payment</u>	<u>Remittance</u>	<u>Fund</u>
2273	8467	301007	183706		NEW LUIS DRY CLEANERS	3853	50.00	0250902	235459	227181	APCTF
	8467	301014	183713		COUNTYR CLUB DRY CLEANERS	6779	50.00	0250881	235465	227188	APCTF
	8467	301015	183714		FRANKAS RETAIL, INC.	1461	50.00	0990422	235466	227189	APCTF
	8467	301018	183717		SUN CLEANERS	4726	50.00	1050282	235469	227192	APCTF
	8467	301021	183720		FIRST CLASS CLEANERS, INC.	7402	50.00	0950344	235473	227195	APCTF
	8467	301022	183721		EVERGREEN CLEANERS	6944	50.00	0090145	235474	227196	APCTF
	8470	301040	183752		PALMS CLEANERS & COIN LAU	3307	50.00	1030372	235476	227236	APCTF
	8470	301041	183753		RENA -GEORGE CORPORATION	565	50.00	0571035	235477	227237	APCTF
	8470	301042	183754		ROBERT & SHERYL TOMMASINI	6445	50.00	0571055	235478	227238	APCTF
	8470	301053	183766		PHU LOCK, INC. TOTAL VALET	1956	50.00	0950328	235491	227250	APCTF
	8470	301054	183768		MELRICH CORP.	2799	50.00	0112221	235492	227252	APCTF
	8470	301055	183769		SANPIPER DRY CLEANERS, INC	2628	50.00	0610071	235495	227253	APCTF
	8470	301057	183771		MAERICAN EXPRESS	1161	50.00	0250810	235497	227255	APCTF
	8470	301058	183772		CINA INDUSTRY, INC.	3491	50.00	0694812	235499	227256	APCTF
	8470	301059	183773		WEST BOCA DRY CLEANERS	4506	50.00	0990388	235500	227257	APCTF
	8470	301060	183774		STUART DRY CLEANERS & TAI	3139	50.00	0850114	235501	227258	APCTF
	8470	301066	183780		BRANAS A	MONEY ORD	50.00	0250906	235507	227264	APCTF
	8470	301067	183781		POINTE CLEANERS	13752	50.00	1150087	235508	227265	APCTF
	8470	301068	183782		SIR GALLOWAY DRY CLEANERS	018419	50.00	0250685	235509	227266	APCTF
	8470	301069	183783		BAYSIDE CLEANERS	3111	50.00	0910070	235511	227267	APCTF
	8470	301070	183784		ELECTR CHROMIUM CO. INC.	13890	50.00	0950329	235512	227268	APCTF
	8470	301071	183785		DBA NU LOK CLEANERS	1745	50.00	0990367	235513	227269	APCTF
	8470	301072	183786		MONICA INVESTMENTS, INC.	1413	50.00	0990444	235514	227270	APCTF
	8470	301073	183787		GLS CLEANERS, INC.	12649	50.00	0310402	235515	227271	APCTF
	8470	301074	183788		IMPERIAL DRY CLEANERS HEL	4161	50.00	0530051	235516	227272	APCTF
	8470	301075	183789		SIXTY MINUTE CLEANERS	2441	50.00	0112237	235517	227273	APCTF
	8470	301076	183790		REGENCY CLEANERS	1840	50.00	0850122	235518	227274	APCTF
	8470	301077	183791		KEYS CLEANERS	6328	50.00	0870068	235519	227275	APCTF
	8470	301078	183792		VOGUE CLEANERS	2420	50.00	0990502	235520	227276	APCTF
	8470	301079	183793		EVIE-ANN CLEANING OAKBROO	12072	50.00	0990366	235521	227277	APCTF
	8470	301081	183795		WILLA CLEANERS, INC.	3251	50.00	1170063	235523	227279	APCTF
	8470	301082	183796		SPRINGFIELD CLEANERS	1430	50.00	0950373	235524	227280	APCTF
	8470	301088	183802		KING OF CLEANERS, INC.	1806	50.00	0950348	235529	227286	APCTF
	8470	301090	183804		JOE CLEANERS FRANCHISE CO	2296	50.00	0250711	235532	227288	APCTF

# 0250902

p14 1(c) should be marked

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	OTTO VALDES		
2. Site Name (For example, plant name or number):	NEW LOIS DRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 984171694		
4. Facility Location:	Street Address: 427 W 29 St		
	City: Hialeah	County: Dade	Zip Code: 33012
5. Facility Identification Number (DEP Use):	0250902		

## Responsible Official

6. Name and Title of Responsible Official:	OTTO VALDES, Owner		
7. Responsible Official Mailing Address:	Organization/Firm:		
	Street Address: Same AS Above		
	City:	County:	Zip Code:
8. Responsible Official Telephone Number:	Telephone: (305) 887-8022 Fax: ( ) -		

## Facility Contact (If different from Responsible Official)

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

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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
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		01-SEP-87	01-SEP-87						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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) \_\_\_\_\_

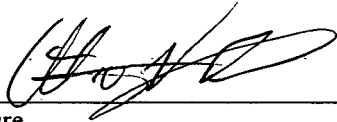
No air permits currently exist for the operation of the facility indicated in this notification form.

**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



Date

9/18/97



# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>250902</u>	DATE:	<u>8-26-98</u>	TIME IN:	<u>1100</u>	TIME OUT:	<u>1130</u>
FACILITY NAME:	<u>NEW LUIS DRY CLEANERS</u>						
FACILITY LOCATION:	<u>427 W. 29 ST.</u> <u>HAIALEAH,</u>						
RESPONSIBLE OFFICIAL:	<u>OTTO VALDES</u>	PHONE:	<u>305-887-8027</u>				
CONTACT NAME:	<u>CARIDAD VALDES</u>	PHONE:	<u>305-887-8027</u>				

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SEP 28 1998  
Bureau of Air Monitoring  
& Mobile Sources

**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)

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store/out of business/petroleum

A.

1. Existing small area source <input checked="" type="checkbox"/> 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)	2. New small area source <input type="checkbox"/> 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)
3. Existing large area source <input type="checkbox"/> 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)	4. New large area source <input type="checkbox"/> 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)

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

If no, please check the appropriate classification:

<input type="checkbox"/> facility qualified for a general permit as number _____ above
<input type="checkbox"/> 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 20 gallons. (VERBAL ESTIMATE)

MB  
9/18/98  
ARMS

MB  
9/3/98

**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?  Y  N  N/A
2. Examining the containers for leakage?  Y  N  N/A
3. Closing and securing machine doors except during loading/unloading?  Y  N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  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?  Y  N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  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)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- 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

M. ENRIQUE FLORES

Inspector's Name (Please Print)

*M. Enrique Flores*

Inspector's Signature

8/26/98

Date of Inspection

8/99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- \* STATE'S INSPECTION CALENDAR AND DERM'S BOOKLET ON POLLUTION CONTROL WERE GIVEN TO MR. VALDES.
- \* INSTRUCTIONS ON HOW TO MAINTAIN REQUIRED RECORDKEEPING, C.R. ROLLING LOG, LEAK INSPECTIONS WERE GIVEN IN SPANISH TO BOTH MR & MRS VALDES.

INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1100 TIME OUT: 1130 AIRS ID#: 250902  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: NEW LUIS DRY CLEANER DATE: 8-26-98  
 FACILITY LOCATION: 427 W. 29 ST.  
 HIALEAH, 33012  
 RESPONSIBLE OFFICIAL: OTTO VALDES PHONE NUMBER: 305-887-8022

- 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
DID NOT MAINTAIN A ROLLING LOG OF PERC PURCHASES FOR LAST 12 MONTHS	START KEEPING TRACK OF PERC PURCHASED
DID NOT MAINTAIN RECORDS OF LEAK INSPECTIONS	KEEP RECORDS OF LEAK INSPECTIONS DONE ON DRY-TO-DRY MACHINE

COMMENTS: EQUIPMENT IN GOOD WORKING ORDER.  
 EXPLAINED HOW TO USE INSPECTION CALENDAR (STATE'S)  
 IN SPANISH

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

DATE OF NEXT INSPECTION: 8/99 (Approximate)

INSPECTION CONDUCTED BY: M. ENRIQUE FLORES (Please Print)

INSPECTOR'S SIGNATURE: *M. Enrique Flores* PHONE NUMBER: 305-377-6925

AIR# ID#: 250902

ACC ✓

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NEW LUIS DRY CLEANERS DATE: 8-26-98  
 FACILITY LOCATION: 427 W. 29 ST.  
HALEPH

Annual Reporting Period: 8/97 19 TO 8/98 19

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:

DID NOT MAINTAIN ROLLING LOG OF PERO PURCHASES AND LEAK INSPECTION RECORDS

Exact period of non-compliance: from 8/97 to 8/98

Action(s) taken to achieve compliance: START MAINTAINING ROLLING LOG AND INSPECTION RECORDS

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to **RECEIVED**

Action(s) taken to achieve compliance: \_\_\_\_\_ **SEP 28 1998**

Method used to demonstrate compliance: \_\_\_\_\_ 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: CARIDAD B. VALDES Caridad B. Valdes 8-26-98  
Name (Please Print) Signature Date

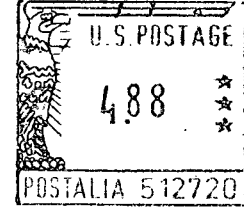
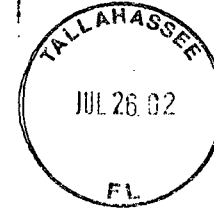
\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DEPT. OF ENVIRONMENTAL 248955  
RESOURCES MANAGEMENT (DERM)  
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 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400



7000 1670 0013 3095 3461



- Forwarding Order Expired
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Attempted, Not Known
- No Such Street
- No Such Number
- Refused

*Handwritten scribbles and a large 'X' mark over the return address area.*

10  
FORAIRS ID # 0250902001AG  
OTTO VALDES  
NEW LUIS DRY CLEANERS  
427 W 29TH STREET  
HIALEAH FL 33012  
 Forwarding Order Expired  
 Insufficient Address  
 Moved, Left No Address  
 Unclaimed  
 Attempted, Not Known  
 No Such Street  
 No Such Number

RECEIVED

AUG 06 2002

Bureau of Air Monitoring  
& Mobile Sources



Fold at line over top of envelope to the right of the return address

**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.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

NEW LUIS DRY CLEANERS  
 OTTO VALDES  
 427 W 29TH STREET  
 HIALEAH FL 33012

AIRS ID # 0250902

4a. Article Number

Z 333 660 570

4b. Service Type

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

7. Date of Delivery

2/13/99

5. Received By: (Print Name)

JOHN SU

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 570 1999

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID # 0250902

NEW LUIS DRY CLEANERS  
 OTTO VALDES  
 427 W 29TH STREET  
 HIALEAH FL 33012

PS Form 3800, April 1995

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

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 0250902

OTTO VALDES  
 OTTO VALDES  
 427 W 29TH STREET  
 HIALEAH FL 33012

4a. Article Number

*Z 333 613 363*

4b. Service Type

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

7. Date of Delivery

*2/4/98*

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*Otto Valdes*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 363

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID 0250902

OTTO VALDES  
 OTTO VALDES  
 427 W 29TH STREET  
 HIALEAH FL 33012

PS Form 3800, April 1995

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

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>	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
10 AIRS ID # 0250902001AG OTTO VALDES NEW LUIS DRY CLEANERS 427 W 29TH STREET HIALEAH FL 33012	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label) 7000 1670 0013 3095 3461	D. Is delivery address different from item 1? If YES, enter delivery address below:	
PS Form 3811, March 2001	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. Service Type	
	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		
102595-01-M-1424		

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here <i>Receipt 02</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
AIRS ID # 0250902001AG	
Sent To: 10	
Street: OTTO VALDES	
City, St: NEW LUIS DRY CLEANERS	
33012	



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360929

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

**TOTAL AMOUNT DUE: \$50.00** ✓

Do NOT Remove Label

AIRS ID # 0250902  
 NEW LUIS DRY CLEANERS  
~~427 W 29TH STREET~~ SEE TING CHANG  
 HIALEAH FL 33012

RECEIVED  
MAIL ROOM  
FEB 18 99

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: B1  
 Fund: 20-2-035001  
 Obj.: 002273