



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. Orlaida Guerra
Toni's Laundry & Cleaners
1524 West 37 Street
Miami, Florida 33012

Re: Facility No.: 0250907

Dear Mr. Guerra:

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

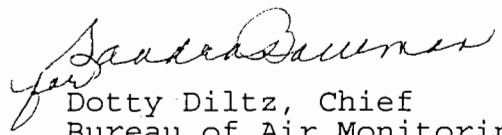
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Tuesday, October 21, 2003 4:27 PM
To: Bowman, Sandy
Cc: Fernandez, Cynthia (DERM)
Subject: RE: ARMS Database

Hi Sandy:

Please be informed that Cynthia is attending training in Tampa and she will be out of the office until Thursday. I need to discuss some of the cases you mention with her before giving you an answer. After that, I will E-mail you the status of all the pending cases.

As far as I know, the following facilities which are part of your list, need to be inactivated from ARMS and ASGP:

1-	0250966	ARTCRAFT	PETROLEUM
2-	0250907	TONI'S LAUNDRY & CLEANER	OOB
3-	0250895	176 BEACH LAUNDRY	OOB

In addition, the following facilities also need to be inactivated from ARMS and ASGP:

1-	0250700	ONE HOUR VALENTONE	DROP-OFF
2-	0250752	CRANDON CLEANERS	PETROLEUM
3-	0250791	DRYCLEAN USA	DROP-OFF
4-	0250793	DRYCLEAN USA	DROP-OFF
5-	0251061	DRYCLEAN USA	PETROLEUM
6-	0251071	DRYCLEAN USA	OOB
7-	0251118	AMERICAN CHROMING	OOB
8-	0251131	MIAMI'S BEST CLEANERS	PETROLEUM

Thanks for your help.

Marcelo.

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

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: Tuesday, October 21, 2003 11:08 AM
To: Barros, Marcelo (DERM)
Subject: RE: ARMS Database

Good Morning Marcelo!

In looking through the ARMS database, I noticed that the entitlement for the following facilities has expired. The last time we heard from each (when they paid their annual emissions fee) is also identified below. The last year invoiced for the annual emissions fee is 2002 (invoices for 2003 will go out in December of 2003)

I suspect some of these facilities are no longer in operation. However, if they are still operating of course they will need to submit another notification form. If not, then I will need to inactivate them. With this information, I am hoping to make the database as current to the information you have as possible.

10/22/2003

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Ranor of Hialeah Corp.</i>
2. Site Name (For example, plant name or number): <i>TOMI'S LAUNDRY & CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 984171094</i>
4. Facility Location: Street Address: <i>1504 W 37 St</i> City: <i>Miami</i> County: <i>Dade</i> Zip Code: <i>33012</i>
5. Facility Identification Number (DEP Use): <i>0250904</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Orlaida Guerra, Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>Same AS Above</i> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(305) 557-9500</i> 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: () -

RECEIVED

NOV 5 1997

0250907

p14 3. Existing large area source should not be marked. Mark out and initial. Existing small area source should be marked.

p15

4. Existing large area source C.A. should not be marked. Mark out and initial.

5(c) Not required. Mark out and initial.

p16

Responsible official sign and date for changes.

p14 (c) Should be marked

01/13/2008

11:11

01/13/2008 11:11

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									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser		01-JUL-81							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls		01-JUL-81							
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		01-JUL-81							

(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?

150.5 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

9/22/97
Date



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)

Signature

Date

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

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Bowman".

Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

RECEIVED

MAR 17 1999

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0250907 DATE: 2/19/99 TIME IN: 10:15am TIME OUT: 11:50am
 FACILITY NAME: Toni's Laundry + Cleaners
 FACILITY LOCATION: 1524 W 37 St
Hialeah, FL 33012
 RESPONSIBLE OFFICIAL: Orlaida Guerra PHONE: (305) 557-9500
 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: No notification form
 (check appropriate box) 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:

- 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 140 gallons.

113

ARMS
3/2/99
DG

3/9/99

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 type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input 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 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 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 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 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input checked="" 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

Debora Griner
Inspector's Name (Please Print)

2/18/99
Date of Inspection

Debora Griner
Inspector's Signature

2/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]



Department of Environmental Resources Management
33 S.W. 2nd Avenue
Miami, FL. 33130-1540

F
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SEND TO:

Name: Orlaida Guerra

Company/Department: Toni's Laundry + Cleaners

Phone Number: (305) 557-9560

Fax Number: (305) 573-3306

Message: POR FAVOR FIRMAR ^{EL} ~~LOS~~ DOCUMENTOS

ANEXOS. GRACIAS.

POR FAVOR ENVIE POR FAX AL

NUMERO 305-372-6954.

FROM:

Name: Debbie Griner

Division/Section: Air Quality Mng. Division

Phone Number: (305) 372-6936

Fax Number: (305) 372-6954

Date: 3/1/99

Number of Pages (including this one): 2

BEST AVAILABLE COPY

TRANSMISSION REPORT

CALL NO.	3055733306
DATE AND TIME	03. 01. 99 12:04PM
DURATION	01:26
MODE	
PAGE#	02
RESULT	GOOD

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Toni's Laundry + Cleaners DATE: 2/18/99
 FACILITY LOCATION: 1524 W 37 St
Hialeah, FL 33012

Annual Reporting Period: 2 1998 TO 2 1999

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 leak detection inspection or log

Exact period of non-compliance: from

9/97 to 2/99

Action(s) taken to achieve compliance:

Begin conducting + recording inspection

Method used to demonstrate compliance:

FDEP calendar

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

No 12 month rolling log of perc purchase

Exact period of non-compliance: from

9/97 to 2/99

Action(s) taken to achieve compliance:

Begin keeping rolling log

Method used to demonstrate compliance:

FDEP Calendar

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: Orlaida Guerra

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.

BEST AVAILABLE COPY

HUF

Revised 10/10/86

UNIVERSITY MICROFILMS INTERNATIONAL GENERAL PERMIT
ADDITIONAL PERFORMANCE CERTIFICATION FORM

Name of Facility: University of Tennessee DATE: 2/18/99
 Address: 100 St
100 St
 City/State: 100 St
 Reporting Period: 1998 to 2 00

During the reporting period, did you comply with DEP Rule
 262-0-01-01? YES NO

During the reporting period stated above,

2/99
 recording inspection

During the reporting period stated above,

purchase
 2/99
 using log

Under reasonable inquiry, that the statements
 concerning use of perchloroethylene solvent, based
 on dry facilities or 1,800 gallons per
 ORCA job GUARRA
Richard J. Guarr 3/4/99
 Signature Date

This form is required for all facilities that are subject to verification requirements. It is to be
 filed with the report of the facility.

UNIVERSITY MICROFILMS INTERNATIONAL
 300 N ZEEB RD
 ANN ARBOR MI 48106-1500
 TEL: 734/769-0940

ACMS
 3/19/99
 DG

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:15 am TIME OUT: 10:45 am AIRS ID#: 0250907

TYPE OF FACILITY: Perc Dry Cleaner

FACILITY NAME: Toni's Laundry + Cleaners DATE: 2/18/99

FACILITY LOCATION: 1524 W 37 St
Mialeah, FL 33012

RESPONSIBLE OFFICIAL: Orlaida Guerra PHONE NUMBER: (305)557-9560

- 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
Failed to conduct + record bi-weekly leak inspection.	Begin conducting leak detection inspection on a bi-weekly basis and record results in FDEP calendar (provided)
No 12 month rolling log of Perc purchase.	Begin keeping rolling log in FDEP calendar (provided).

COMMENTS:

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

DATE OF NEXT INSPECTION: 2/2000 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305)372-0925

Fold at line over top of envelope to

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 # 0250907
 TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL 33012

4a. Article Number
 2 333 660 562

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 *Orlaida Guerra*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

2 333 660 562

1999

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250907

TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI 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	
TOTAL Postage & Fees	\$
Postmark or Date	

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

SENDER:

- Complete items 1
- 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.

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:

AIRS ID # 0250907

TONI'S LAUNDRY & CLEANERS
ORLAIDA GUERRA
1524 W 37TH STREET
MIAMI FL 33012

4a. Article Number
P 174 052 028

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
X *Orlaida Guerra*

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 028

US Postal Service
Receipt for Certified Mail

1999

AIRS ID # 0250907

TONI'S LAUNDRY & CLEANERS
ORLAIDA GUERRA
1524 W 37TH STREET
MIAMI FL 33012

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

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 0250907
 RANOR OF HIALEAH CORP
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL 33012

4a. Article Number
 Z 333 613 366
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
 2/14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X *Orlaida Guerra*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 366

US Postal Service
Receipt for Certified Mail

AIRS ID 0250907

RANOR OF HIALEAH CORP
 ORLAIDA GUERRA
 1524 W. 37TH STREET
 MIAMI 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	
TOTAL Postage & Fees	\$
Postmark or Date	

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

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

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

1. Article Addressed to:

AIRS ID # 0250907

TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL 33012

2. Article Number (Copy from service label)
7000 0600 0026 4125 7563

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

A. Received by (Please Print Clearly) B. Date of Delivery
3/15/11

C. Signature Agent
 Orlaida Guerra 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

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

7000 0600 0026 4125 7563

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

AIRS ID # 0250907

TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL 33012

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly)	B. Date of Delivery
		L. Giraldo	2/12
1. Article Addressed to:		C. Signature	<input type="checkbox"/> Agent
		X L. Giraldo	<input type="checkbox"/> Addressee
<p style="text-align: right;">AIRS ID # 0250907</p> TONI'S LAUNDRY & CLEANERS ORLAIDA GUERRA 1524 W 37TH STREET MIAMI FL 33012		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Copy from service label)		3. Service Type	
7000 0600 0026 7825 6515		<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.	
PS Form 3811, July 1999		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-99-M-1789	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
Postmark Here		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		
		AIRS ID # 0250907
Recip:	TONI'S LAUNDRY & CLEANERS	
Street:	ORLAIDA GUERRA	
	1524 W 37TH STREET	
City:	MIAMI FL 33012	
PS Form 3811, July 1999		

7000 0600 0026 7825 6515

Fold at line over top of envelope to
of envelope to do reverse

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

AIRS ID # 0250907

TONI'S LAUNDRY & CLEANERS
ORLAIDA GUERRA
1524 W 37TH STREET
MIAMI FL 33012

A. Received by (Please Print Clearly) _____ B. Date of Delivery 2/14

C. Signature X Orlanda Guerra Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
8174 052 695

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

P 174 052 695

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250907

TONI'S LAUNDRY & CLEANERS
ORLAIDA GUERRA
1524 W 37TH STREET
MIAMI FL 33012

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

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 7/14/02
<p>1. Article Addressed to:</p> <p>AIRS ID # 0250907 TONI'S LAUNDRY & CLEANERS ORLAIDA GUERRA 1524 W 37TH STREET MIAMI FL 33012</p>	C. Signature <input checked="" type="checkbox"/> <i>Orlaida Guerra</i>	
<p>2. Article Number (Copy from service label)</p>	D. Is delivery address different from item 1? If YES, enter delivery address below: <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<p>PS Form 3811, July 1999</p>	3. Service Type <ul style="list-style-type: none"> <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>Domestic Return Receipt</p>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <p>7001 0320 0001 7975 9609</p> <p>102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	AIRS ID # 0250907
Sent	TONI'S LAUNDRY & CLEANERS
Street or P.O. Box	ORLAIDA GUERRA
City	1524 W 37TH STREET
	MIAMI FL 33012
PS Form 3811, July 1999	Instructions

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID # 0250907
Sent To	TONI'S LAUNDRY & CLEANERS
Street, Apt. No. or PO Box No.	ORLAIDA GUERRA 1524 W 37TH STREET
City, State, Zip	MIAMI FL 33012
PS Form 3800, January 2001 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery 3/8/02</td> </tr> <tr> <td>C. Signature <i>[Signature]</i></td> <td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? YES, enter delivery address below:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery 3/8/02	C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly)	B. Date of Delivery 3/8/02						
C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee						
D. Is delivery address different from item 1? YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250907</p> <p>TONI'S LAUNDRY & CLEANERS ORLAIDA GUERRA 1524 W 37TH STREET MIAMI FL 33012</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>						
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>						
7001 0320 0001 7976 2159							
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789							

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

7000 0520 0020 9373 1036

--

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

Total AIRS ID # 0250907
Recip: TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA (Initials)
 1524 W 37TH STREET
 MIAMI FL
 33012

PS Form 3800, February 2000 See Reverse for Instructions

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 # 0250907
 TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL
 33012

2. Article Number (Copy from service label)
 7000 0520002093731036

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *J. Guerra* B. Date of Delivery *2/19*

C. Signature *[Signature]* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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.

Do you 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# 0250907

RANOR OF HIALEAH CORP
ORLAIDA GUERRA
1524 W 37TH STREET
MIAMI FL 33012

4a. Article Number

2333612908

4b. Service Type

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

7. Date of Delivery

4/8

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

Thank you for using Return Receipt Service.

Fold at line over top of envelope to the right of the return receipt.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

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

Bureau of Air Monitoring
& Mobile Sources

APR 10 1999

RECEIVED



Z 333613 521

US Postal Service

Receipt for Certified Mail

AIRS ID# 0250907

TONY'S LAUNDRY AND CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI 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	
TOTAL Postage & Fees	\$
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# 0250907
 TONY'S LAUNDRY AND CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL 33012

4a. Article Number

233613 521

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

4/25

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

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

Bureau of Air Monitoring
& Mobile Sources

JUN 30 1998

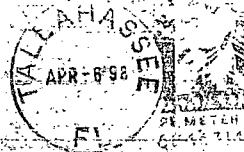
RECEIVED

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

CERTIFIED

Z 333 613 120

MAIL



U.S. POSTAGE

277

550304
MS5510

AIRS ID# 0250908

MAYRA A INVESTMENTS
MAYRA ALVAREZ
2750 W 68TH STREET BAY 109
HIALLAH FL 33016

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

Initials:

RECEIVED
APR 14 1998
Business & Mobile Services Monitoring

Fold at line over top of envelope

Is your RETURN ADDRESS 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# 0250908

MAYRA A INVESTMENTS
MAYRA ALVAREZ
2750 W 68TH STREET BAY 109
HIALEAH FL 33016

4a. Article Number
233613120

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

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

Thank you for using Return Receipt Service.

3811, December 1994

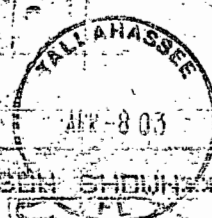
102595-97-B-0179 Domestic Return Receipt

5510

5521

CERTIFIED MAIL

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

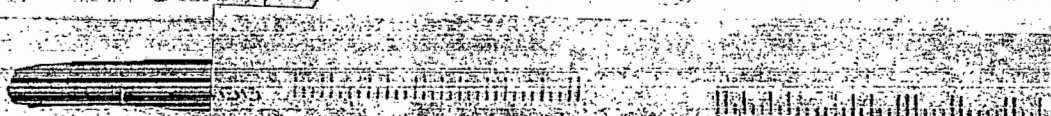
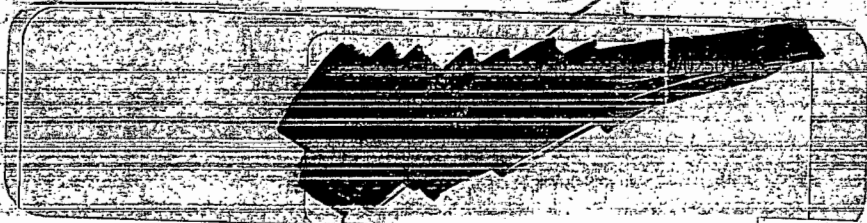


NO 5521

BAMMS/DCO
JOEY ROBERTS

5510

- Forwarded
- Insured
- Registered
- Signature Required
- No Such Recipient



- Forwarded
- Mailbox Expired
- Invalid Address
- Unclaimed
- Attempted; Not Known
- No Such Street
- No Such Number

U.S. DEPARTMENT OF AIR MAIL
Mobile Sources

APR 21 2003

RECEIVED

SENDER COPY		ONE-DIRECTION	
<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. 		A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:		C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p style="text-align: right;">AIRS ID#0250907</p> <p>TONI'S LAUNDRY & CLEANERS ORLAIDA GUERRA 1524 W 37TH STREET MIAMI FL 33012</p>		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Copy from service label)		3. Service Type	
<i>1000 1670 0013 3109 2084</i>		<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.	
PS Form 3811, July 1999		4. Restricted Delivery? (Extra Fee)	
		<input type="checkbox"/> Yes	
Domestic Return Receipt		102595-99-M-1789	

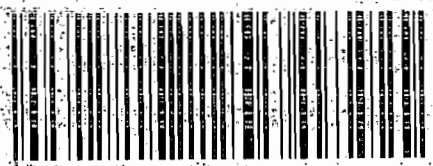
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	<i>02</i> <i>3rd</i> <i>missive</i> <small>Mark Here</small>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	AIRS ID#0250907
Sent To	TONI'S LAUNDRY & CLEANERS
Street, Apt.	ORLAIDA GUERRA 1524 W 37TH STREET
City, State	MIAMI FL 33012
PS Form 3811, May 2000	

7000 1670 0013 3109 2084

MS# 5510

MC Acct # 5021

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



POSTNET 0310 5001 779 4888 5101 4



Do NOT Remove Label

AIRS-ID#0250907

TONI'S LAUNDRY & CLEANERS
ORLANDO, FLORIDA
1524 W. H. ...
MIAMI, FL

REASON CHECKED
Unintelligible Address
Incorrect Postage
No Return Address
No Such Place
No Such Person
No Such Business
No Such Organization
Number
No Address
Order Expired

RECEIVED
MAR 17 2003
U.S. MAIL
Tallahassee, FL 32309

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#0250907

TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL
 33012

2. Article Number
(Transfer from service label)

7001 0320 0001 7975 4635

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
X
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

5E94 5262 1000 02E0 1002

Postage \$

Certified Fee

Return Receipt Fee:
(Endorsement Required)

Restricted Delivery Fee:
(Endorsement Required)

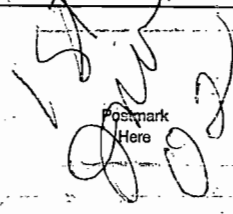
Postmark

[Handwritten Signature]

AIRS ID#0250907

TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL
 33012

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:		C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
AIRS ID#0250907 TONI'S LAUNDRY & CLEANERS ORLAIDA GUERRA 1524 W 37TH STREET MIAMI FL 33012		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number		3. Service Type	
7000287000070275388 (Transfer from service label)		<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.	
PS Form 3811, March 2001		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 
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID#0250907
Sent To	TONI'S LAUNDRY & CLEANERS
Street, Apt. No.	ORLAIDA GUERRA
City, State, ZIP	1524 W 37TH STREET
	MIAMI FL
	33012
PS Form 3800, May 2000	
See Reverse for Instructions	

United States Postal Service

Sorry We Missed You! We'll Deliver for You

Today's Date

Sender's Name

Item is at:

___ Post Office (See back)

Available for Pick-up After

Date:

Time:

We will redeliver or you or your agent can pick up. See reverse.

~~Letter~~

Large envelope, magazine, catalog, etc.

___ Parcel

___ Restricted Delivery

___ Perishable Item

___ Other:

For Delivery: (Enter total number of items delivered by service type)

For Notice Left: (Check applicable item)

___ Express Mail (We will attempt to deliver on the next delivery day unless you instruct the post office to hold it.)

Certified

___ Recorded Delivery

___ Firm Bill

___ Registered

___ Insured

___ Return Receipt for Merchandise

___ Delivery Confirmation

___ Signature Confirmation

___ Confirmation

If checked, you or your agent must be present at time of delivery to sign for item

Article Number(s)

2000167000133025

3546

Notice Left Section

Customer Name and Address

TOWNS LAUNDRY + CLEANERS

Article Requiring Payment


Amount Due

Postage Due COD Customs \$

Final Notice: Article will be returned to sender on

Delivered By and Date

We will redeliver OR you or your agent can pick up your mail at the post office. (Bring this form and proper ID. If your agent will pick up, sign below in item 2, and enter agent's name here):

1.  a. Check all that apply in section 3;
b. Sign in section 2 below;
c. Leave this notice where the carrier can see it.

PROMENADE POSTAL STORE
3690 WEST 18TH AVENUE
HIALEAH FL 33012-9998
M-F 8:30 AM-5:00 PM SAT 8:30 AM-12:30 P
1-800-275-8777

2. Sign Here to Authorize Redelivery or to Authorize an Agent to Sign for You:

Delivery Section

3. Redeliver (Enter day of week.):

Signature

X

(Allow at least two delivery days for redelivery, or call your post office to arrange delivery.)

- Leave item at my address

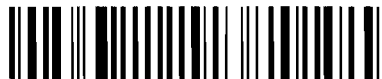
Printed Name

Delivery Address

(Specify where to leave. Example: "porch", "side door". This option is not available if box is checked on the front requiring your signature at time of delivery.)

- Refused Forward Return

USPS



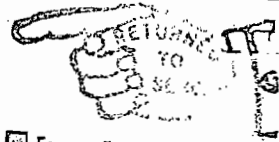
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	
1. Article Addressed to:	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
10 AIRS ID # 0250907001AG ORLAIDA GUERRA TONI'S LAUNDRY & CLEANERS 1524 W 37TH STREET MIAMI FL 33012	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	
2. Article Number	<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.	
(Transfer from service label) 7000 1670 0013 3095 3546	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001	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>recert 02</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent to	10 AIRS ID # 0250907001AG
Street	ORLAIDA GUERRA
City, State	TONI'S LAUNDRY & CLEANERS
	1524 W 37TH STREET
	MIAMI FL
	33012

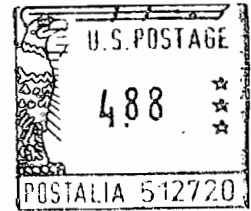
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



000 1670 0013 3095 3546



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



UNK

10 AIRS ID.# 0250907001AG
ORLAIDA GUERRA
TONI'S LAUNDRY & CLEANERS
1524 W 37TH STREET
MIAMI FL
33012

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED



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

32315X3070





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407054 MAR 9 2001

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 # 0250907
 TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL 33012

Bureau of Air Monitoring
& Mobile Sources

MAR 12 2001

RECEIVED

FOR GOVERNMENT USE ONLY
 Org.: 3755010000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3755 330277
2273

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

RECEIVED
MAIL ROOM
JUL 14 98

Do **NOT** Remove Label

AIRS ID# 0250907
RANOR OF HIALEAH CORP
ORLAIDA GUERRA
1524 W 37TH STREET
MIAMI FL 33012

Bureau of Air Monitoring
& Mobile Sources

JUL 16 1998
RECEIVED

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

JO

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0364897

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

RECEIVED
MAIL ROOM
MAR 23 99

AIRS ID # 0250907

TONI'S LAUNDRY & CLEANERS
 ORLAIDA GUERRA
 1524 W 37TH STREET
 MIAMI FL 33012

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392257

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 # 0250907
TONI'S LAUNDRY & CLEANERS
ORLAIDA GUERRA
1524 W 37TH STREET
MIAMI FL 33012

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

RECEIVED
MAIL ROOM
FEB 17 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0364898

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 # 0250907
TONI'S LAUNDRY & CLEANERS
ORLAIDA GUERRA
1524 W 37TH STREET
MIAMI FL 33012

RECEIVED
MAIL ROOM
MAR 23 2011
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273