



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 8, 2003

Mr. Levasseur Elan
Sensation Cleaners
850 Ives Dairy Road
Miami, Florida 33179

Re: Facility No.: 0250915-002

Dear Mr. Elan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 3, 2003.

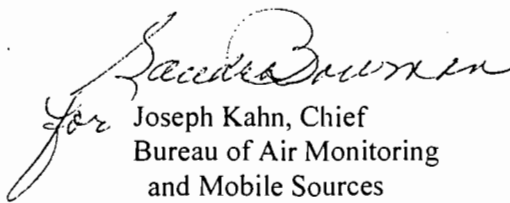
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Ⓢ New Owner ✱

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Monday, June 13, 2005 3:43 PM
To: Bowman, Sandy
Cc: Anderson, Terrence (DERM)
Subject: Re.: ARMS #s 0251095;0250879 and 0250915

Hi Sandy:

Please inactivate from the ARMS and ASGP databases the following facilities:

- 1) Sensations Cleaners 850 Ives Dairy Road/ ARMS # 0250915/ Out of business.
- 2) Ives French Cleaners 20340 N.W. 2 Ave. / ARMS # 0250879/ Now using petroleum based solvent
- 3) Mr. Mohammad's 5656 N.W. 7 Ave. / ARMS # 0251095/ Out of business.

*7/04/03
9/22/02
03/15/01*

Thanks.

Marcelo.

RECEIVED

JUN 03 2003

Air Quality Management Division

RECEIVED

JUN 23 2003

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring & Mobile Sources

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):	SENSATION CLEANERS CO.		
2. Site Name (For example, plant name or number):	SENSATION CLEANERS		
3. Hazardous Waste Generator Identification Number:	FL-CES96		
4. Facility Location:	850 IVES DAIRY RD		
Street Address:			
City:	Miami	County:	Dade
		Zip Code:	33179
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250915-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	LEVASSEUR ELAN	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	SAME		
Street Address:	LEVA		
City:		County:	
		Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(305) 652-6705	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:	() -

Facility Information

1.(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")
MARCH 97	Existing/New	RC/CA/None required	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?

[20] 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 _____)

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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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: 0 0 3

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) Electric

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

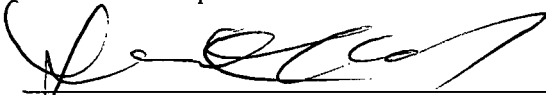
Responsible Official Certification

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

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

LEVASSEUR ELAN

Print name of responsible official



Signature

6/3/03

Date

MS 5510 MC Acct# 5521

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



RECEIVED
DEC 17 2004
Bureau of Air Monitoring
& Mobile Sources

AIRS ID# 250915 10
SENSATION CLEANERS

SENS850 331790219 1B04 15 12/15/04
RETURN TO SENDER
:SENSATION CLEANERS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER





Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

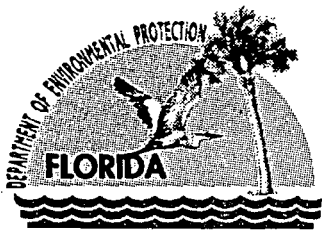
Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250915 10
SENSATION CLEANERS
850 IVES DAIRY ROAD T-61
NORTH MIAMI BEACH, FL 33179

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



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

December 6, 2004

NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2004**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

ATTENTION:

The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.



POSTAGE
REQUIRED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437583 MAR122004

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
MAR 18 2004
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID# 250915

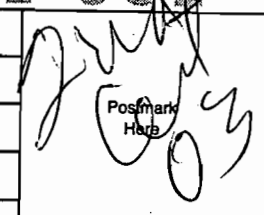
LEVASSEUR ELAN
SENSATION CLEANERS
850 IVES DAIRY ROAD
MIAMI, FL 33179

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

AIRS ID # 250915

Sent To: LEVASSEUR ELAN
 SENSATION CLEANERS
 850 IVES DAIRY ROAD
 MIAMI, FL 33179

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

PS Form 3800, July 2002

7003 0500 0004 0144 9010

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: right;">AIRS ID # 250915</p> <p>LEVASSEUR ELAN SENSATION CLEANERS 850 IVES DAIRY ROAD MIAMI, FL 33179</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Belmas Myriam</i></p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> <p><i>BEIMAS Myriam</i> <i>3/6/14</i></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 type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 9010</p>	

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

MAR 8 2004

RECEIVED



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

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

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	ID# 250915
LEVASSEUR ELAN	
SENSATION CLEANERS	
850 IVES DAIRY ROAD	
MIAMI, FL 33179	

Postmark Here

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 0468

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ID# 250915
 LEVASSEUR ELAN
 SENSATION CLEANERS
 850 IVES DAIRY ROAD
 MIAMI, FL 33179

2. Article Number

(Transfer from service)

7003 2260 0003 5651 0468

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

Levasseur ELAN 2/6/14

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

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
of Mobile Sources

FEB 16 2004

RECEIVED



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.

Article Addressed to:

AIRS ID# 250915 3rd Cert04
 SENSATION CLEANERS
 850 IVES DAIRY ROAD T-61
 NORTH MIAMI BEACH, FL 33179

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent
 Addressee

B. Received by: (Printed Name) _____ C. Date of Delivery _____

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 Domestic Mail Only - No Insurance Coverage Provided

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

OFFICIAL USE

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

Total Postage AIRS ID# 250915 3rd Cert04
 SENSATION CLEANERS
 850 IVES DAIRY ROAD T-61
 NORTH MIAMI BEACH, FL 33179

Sent To _____
 Street, Apt. N or PO Box No.
 City, State, Zi.

PS Form 3811, February 2004 102585-02-M-1540

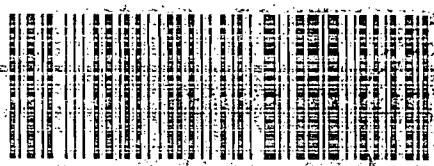
2. Article (Mc) 7004 2510 0004 6986 6088

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540

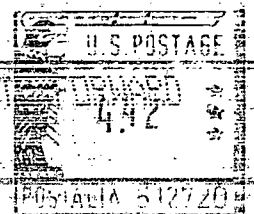
MS# 5510 MC Acct # 5527

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

CERTIFIED MAIL™



7004 2510 0004 6986 6088



44 6

RECEIVED

APR 13 2005

Bureau of _____
 & Mobile Sources

[Handwritten signature]

AIRS ID# 250915 3rd Cert04
 SENSATION CLEANERS
 850 IVES DAIRY ROAD T-61
 NORTH MIAMI BEACH, FL 33179

7004 2510 0004 6986 6088

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 this card to you. Attach this card to the back of the mail piece or on the front if space permits.

A. Signature Agent Addressee
B. Received by (Printed Name) C. Date of Delivery
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

1. Article Addressed to:
AIRS ID#0250915... 2nd Cert 05
SENSATION CLEANERS
850 IVES DAIRY ROAD T-61
NORTH MIAMI BEACH, FL 33179

2. Article Number 7004 2510 0004 6986 5463
(Transfer from service label)

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For Delivery Information Visit our website at www.usps.com
OFFICIAL USE
Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here
To: AIRS ID#0250915... 2nd Cert 05
Sent: SENSATION CLEANERS
850 IVES DAIRY ROAD T-61
Street or P.O. Box: NORTH MIAMI BEACH, FL 33179
City:
PS Form 3800 June 2002 See reverse for instructions

7004 2510 0004 6986 5463

PS Form 3811 February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL



7004 2510 0004 6986 5463

MS# 5510 MC Acct # 8224 9311
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



RETURNED TO SENDER
REASON CHECKED
Undelivered _____ Refused _____
Attempted (or known) _____
Insufficient Address _____
No such street _____ number _____
No such office in state _____
Do not re-mail in this envelope

RECEIVED
FEB 16 2005

AIRS ID#0250915... 2nd Cert 05
SENSATION CLEANERS
850 IVES DAIRY ROAD T-61
NORTH MIAMI BEACH, FL 33179

SENDER COMPLETE THIS SECTION

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

Article Addressed to:

AIRS ID# 250915 1stC
SENSATION CLEANERS
850 IVES DAIRY ROAD T-61
NORTH MIAMI BEACH, FL 33179

COMPLETE THIS SECTION ON DELIVERY

A- Signature Agent
 Addressee

B- Received by: (Printed Name) C- Date of Delivery

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

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

4- Restricted Delivery? (Extra Fee) Yes

2- Article Number: 7003 0500 0004 0144 6316
(Transfer from service label)

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

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

AIRS ID# 250915 1stC
Sen SENSATION CLEANERS
850 IVES DAIRY ROAD T-61
Str or F NORTH MIAMI BEACH, FL 33179
City

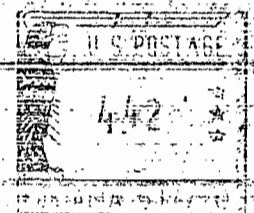
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL™



7003 0500 0004 0144 6316



RETURN TO SENDER
FORWARD ORDER EXPIRED

AIRS ID# 250915 1stC
SENSATION CLEANERS
850 IVES DAIRY ROAD T-61
NORTH MIAMI BEACH, FL

RECEIVED
Bureau of Air Monitoring
& Mobile Sources
FEB 16 2005