

Department of Environmental Protection

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

Colleen M. Castille Secretary

February 28, 2005

Ms. Iris Garcia King Cleaners Biz Corporation 1982 West 60th Street Hialeah, Florida 33012

Re: Facility No.: 0250916-004

Dear Ms. Garcia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 24, 2005.

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,

Joseph Kahn, Chief Bureau of Air Monitoring

and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush Governor

Department of Environmental Protection

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

Colleen M. Castille Secretary

February 28, 2005

Ms. Iris Garcia King Cleaners Biz Corporation 1982 West 60th Street Hialeah, Florida 33012

Re: Facility No.: 0250916-004

Dear Ms. Garcia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 24, 2005.

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.

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وم Joseph Kahn, Chief

Bureau of Air Monitoring

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"More Protection, Less Process"

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RECEIVED

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JAN 28 200

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

BECEINED

JAN 2 4 2005

Bureau of Air Monitoring
Air Quality
& Mobile Sourcepart III. Notification of Intent to Use General Permit Management Division

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

	acility Name and Location	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	KING CLEANERS BIZ CORP	
2.	Site Name (For example, plant name or number):	
	SAME	
3.	Hazardous Waste Generator Identification Number:	
4.	Facility Location: Street Address: 1982 W 60 to 8 t	· · · · · · · · · · · · · · · · · · ·
	Street Address: 1982 W 60.70 County: DAde Zip Code:	73019
	City. ITIALEAN PL County. DIA III Employee.	30012
15	Parallic Historican and Assessment Use & U.S. Continue:	
	esponsible Official	
1	Name and Title of Responsible Official:	,
Nar	INIS N GANCIA Title: Presid	ant
7.	Responsible Official Mailing Address:	
	Organization/Firm: KING CLEANERS BIL CORP.	
}	Street Address: 1982 West bothst	
	City: If CEAG FL County: On de Zip Code:	330/2
8.		
	Telephone: (305)205-3965 Fax: (305) 55%	3974
L		
	acility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
10.	D. Facility Contact Address:	
	Gr A.I.A	
	Street Address: City: County: Zip Code:	
	City. County. Zip Court.	
11.	1 Facility Contact Telephone Number:	
	Telephone: () Fax: () -	

DEP Form No. 62-213.900(2)

14 17

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many ary-io-ory ma		·	•
For each dry-to-dry mach	ine on-site, please	provide the following information	on:
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")
2/24/97	Existing/Nev	w ROCA/None required	SAME
	Existing/Nev	w RC/CA/None required	·
<u> </u>	Existing/Nev	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclaim	iers do youthave of	n-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between 1	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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 K	EY: RC = re	frigerated condenser CA =	carbon adsorber
2.(a) How much perchlo	roethylene (perc) h	have you used within the last 12 r	months?
[] gallo	ns (You must fill	this in)	
(b) If less than 12 mor	nths, how many? [] months	
Check why it is le	ss than 12 months:	New owner: [🔀] Did not kee	ep records: [X]
	. :	New store: [] New machin	e []
		Unopened store [] (date of	expected opening)

3. What is the facility's source classiful Indicate with an "X". Select one		n the definitions found in section (3) of Part II? only.)			
Small Area Source	[🗶]				
Dry-to-dry maching Transfer only on-si Both machine type	ite .	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)			
Large Area Source	[]				
Dry-to-dry machin Transfer only on-si Both machine type	ite	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)			
4. What control technology is require (Indicate with an "X".)	ed on machines	pursuant to section (5) of Part II of this notification for	orm?		
Existing machines at small (NONE REQUIRED) [area source	New machines at small area source Refrigerated condenser [_X_]			
Existing machines at large at Carbon adsorber [Refrigerated condenser [area source	New machines at large area source Refrigerated condenser []			
Rule 62-213.300, F.A.C. Verify tha	t all steam and h	units shall not be eligible to use the general permit put not water generating units on-site meet the following (see attached memo for the criteria).	rsuant to		
All steam and hot water generating to No such units on-site	units exempt	[] OR			
How many boilers do you have on-si	te? []				
For each boiler, indicate its horsepor	wer (HP) rating:	: (6) (2) (_)			
What type of fuel do you use? [] propane] No. 2 fuel] No. 6 fuel	[] natural gas el oil [] No. 4 fuel oil el oil [] Other (please list)			
6. Equipment Monitoring and Recordkeeping Information					
Check all logs which are required to	be kept on-site	in accordance with the requirements of this general p	ermit:		
(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					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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.					
This N GARCIA Print name of responsible official					
Fignature Danie 1/15/05					

RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

JAN 2 4 2000

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.

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Ī
	KING CLEANERS BUZ CORP	
2.	Site Name (For example, plant name or number):	
	SAME	
3.	Hazardous Waste Generator Identification Number:	
4.	Facility Location: Street Address: 1982 W 60 ta 8 t	
	City: HALEAH FL County: DAde Zip Code: 33012	
5.1	Factiny Identification Number (DEP Use (ONLY) and not fill (1):	
	0650906909	
Res	ponsible Official	
6.	Name and Title of Responsible Official:	
Naı	Responsible Official Mailing Address: Title: President	
7.	Responsible Official Mailing Address	
	Organization/Firm: KING CLCANERS BIL CORP. Street Address: 1982 West bothst	-
	City: HIALEAU FL County: DAde Zip Code: 330/2	.
8.	Responsible Official Telephone Number:	
	Telephone: (305) 205-3965 Fax: (305) 558 3974	
	3	
_	ility Contact (If different from Responsible Official)	٦
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: () -	

DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility Name and Location

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	on:
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")
2/24/97	Existing/Ne	ew RCCA/None required	SAME
	Existing/Ne	ew RC/CA/None required	·
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclaim	ners do you have	on-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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	
	, ,	ı	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	= carbon adsorber
2 (a) How much perchlo	roethylene (nerc)	have you used within the last 12	months?
•	ns (You must fill	,	inolidis;
(b) If less than 12 mor	-		on managed at [😾]
Check why it is les	ss than 12 months	s: New owner: [×] Did not ke	•
• •	;	New store: New machin	•
		Unopened store [] (date of	expected opening)

3. What is the facility's source classification bas Indicate with an "X". Select one classificat	sed on the definitions found in section (3) of Part II?				
Small Area Source	<u> </u>				
Dry-to-dry machines only on- Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)				
Large Area Source					
Dry-to-dry machines only on- Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)				
4. What control technology is required on mach (Indicate with an "X".)	ines pursuant to section (5) of Part II of this notification form?				
Existing machines at small area source (NONE REQUIRED) []	New machines at small area source Refrigerated condenser [X]				
Existing machines at large area source Carbon adsorber [] Refrigerated condenser []	New machines at large area source Refrigerated condenser []				
	ions units shall not be eligible to use the general permit pursuant to and hot water generating units on-site meet the following state (see attached memo for the criteria).				
All steam and hot water generating units exemp	ot [] OR []				
How many boilers do you have on-site?]				
For each boiler, indicate its horsepower (HP) ra	ting: [6] [5] [_]				
	ane [] natural gas 2 fuel oil [] No. 4 fuel oil 5 fuel oil [] Other (please list)				
6. Equipment Monitoring and Recordkeeping Ir	nformation				
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	<u></u> 1				
(c) Refrigerated condenser temperature monitor	ring []				
(d) Carbon adsorber exhaust perc concentration monitoring []					
(e) Startup, shutdown, malfunction plan					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicate	e 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
this notifi statement maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.
A	e of responsible official interior 1/15/05
Signature	Date

3247435

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Expines 2/24/2010

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APR 2 5 2005

Bureau of Air Monitoring & Mobile Sources

Part III. Notification of Intent to Use General Permit

completed form to the address listed in the instructions and keep a copy of the form for your files.

Prior to filling out this form, please read the instructions provided at the end of the form. Send

Fac	ility Name and Location					
1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	FING CLEANERS BIL CORP.					
2.	Site Name (For example, plant name or number):					
3.	Hazardous Waste Generator Identification Number:					
4.	Facility Location: 1982 West 60th ST					
	Street Address:					
	Street Address: City: IfIALEAN FL County: dAde Zip Code: 33012					
5.	Facility Identification Number (DEP Use ONLY - do not fill in):					
	0250916-004					
	ponsible Official					
6.	Name and Title of Responsible Official:					
Nar	Responsible Official Mailing Address: 1982 west both St					
7.	Responsible Official Mailing Address: 1982 west both St					
	Organization Fini.					
	City: /f, A Lenh PL County: drae Zip Code: 33012					
	1/////					
8.	Responsible Official Telephone Number:					
	Telephone: (305) 205-3965 Fax: (305) 558-3974					
	786 326 - 7435					
Fac	cility 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? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") After 1991 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 adsorber1.(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 Control Device Required* Status Date Control Device Installed From Manufacturer (circle one) (circle one) (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 adsorber2.(a) How-much perchloroethylene (perc) have you used within the last 12 months? [] gallons (You must fill this in)

DEP Form No. 62-213.900(2) Effective: 2/24/99

(b) If less than 12 months, how many? [15] months

New store: New machine

Unopened store [__] (date of expected opening _____

Check why it is less than 12 months: New owner: [] 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.)						
Small A	rea Source					
	Dry-to-dry machines Transfer only on-site Both machine types	;	(used les	ss than 140 gallons ss than 200 gallons ss than 140 gallons	of perc p	per year)
Large A	rea Source					
	Dry-to-dry machines Transfer only on-site Both machine types	;	(used 20	0 - 2,100 gallons o 0 - 1,800 gallons o 0 - 1,800 gallons o	of perc pe	r year)
4. What control to (Indicate with	echnology is required an "X".)	on machines 1	pursuant to	o section (5) of Pa	rt II of thi	is notification form?
	machines at small are REQUIRED) [_	ea source		New machines at Refrigerated cond		a source
Carbon	machines at large are adsorber [a source		New machines at Refrigerated cond		a source
Rule 62-213.300		ll steam and h	ot water g	enerating units on-		neral permit pursuant to the following exemption
All steam and ho No such units on	t water generating uni -site	ts exempt		OR		
How many boiler	rs do you have on-site	? []				
For each boiler, i	ndicate its horsepowe	r (HP) rating:	<u> 8</u> 11	<u>[P</u>] []		
What type of fue	l do you use?] propane] No. 2 fue] No. 6 fue		natural gas No. 4 fuel Other (ple	oil	
6. Equipment Mo	onitoring and Recordk	eeping Inform	nation			
Check all logs wi	hich are required to be	kept on-site i	in accorda	nce with the requir	rements o	f this general permit:
(a) Purchase rece	eipts and solvent purch	nases/solvent a	addition lo	g		
(b) Leak detection	n inspection and repair	ir		•		
(c) Refrigerated	condenser temperature	monitoring				
(d) Carbon adsor	d) Carbon adsorber exhaust perc concentration monitoring					
(e) Startup, shute	e) Startup, shutdown, malfunction plan					

7. Surrender of Existing DE	EP Air Permit(s)	
Please indicate with an "X"	the appropriate selection:	
	render all existing DEP air permits a form; the permit number(s) are	authorizing operation of the facility indicated in this
No DEP air	permits currently exist for the opera	tion of the facility indicated in this notification form
Responsible Official Certi	fication	
this notification. I here statements made in this maintain the air pollute comply with all terms to	eby certify, based on information and sometification are true, accurate and ant emissions units and air pollution and conditions of this general permit the Department of any changes to the SAUCIA	n Part II of this form, of the facility addressed in d belief formed after reasonable inquiry, that the complete. Further, I agree to operate and control equipment described above so as to as set forth in Part II of this notification form.
Signature	lassami	4/20/05 Date

DEP Form No. 62-213.900(2)

Effective: 2/24/99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 459761 MAR 7 2008

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

TOTAL AMOUNT DUE: \$50.000

Do NOT Remove Label

AIRS ID# 250916 1st KINGS CLEANERS 1982 W 60TH STREET HIALEAH, FL 33012

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000 BENIESTING OBJECT CODE 002000 BESJETTTING CATEGORY 000200

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

FUND: 20-2-035001 OBJECT: 002273

SENDERECOMPLETE IT IS SECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse.	COMPLETE-THIS SECTION ON DELIVERY EA-Signature A Signature A Agent C Addressee C Addressee C Addressee C Addressee	
se that we can return the card to you. Attach this card to the back of the mailpiece, or, on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? Yes: D. Is delivery address different from Item 1? D. Is delivery address different from Item 1. D. Is	
Article Addressed to:	if YES, entire delivery address below: ☐ No ☐ Certified Fee ☐ Postmers	
AIRS ID# 250916 3 rd Cert04 GLORIA & DAUGHTERS INC	Centionsement Required Centionsement Required	4 17 x x (succession)
	GLORIA & DAUGHTERS INC ☐ Registered ☐ Return Receipt for Merchandise ☐ Sent To 1982 W 60TH STREET 4. Restricted Delivery (Extra Fee) ☐ Yes ☐ Sincert Apr. HIALEAH, FL 33012	
23 Article Number 7004 2510 0004 698 RS.Form.3811 February 2004 Domestic Ref	B. 550B	
MS# 5510 MC Acct # 551	CERTIFIED MAIL	
Department of Environmental Prot 2600 Blair Stone Rd Tallahassee FL 32399-2400	ection ====================================	
	7004 25%0 0004 6986 5506 2 POSTALIA 512/201	Part of the second seco
Thorwarding O Thorwarding O Thorward I add no A the first of the fi	AIRS ID# 250916 3rd Cert04 GLORIA & DAUGHTERS INC	
Moved Left No Altempted No Such Street Not Know	GLORIA & DAUGHTERS INC	
· · · · · · · · · · · · · · · · · · ·	personate of the Manhalladhalladhalladhalladhalladha	PRODUCTORS

kinggar Berganasa Sepanasa dan kanangan penjadah sebagai kanangan penjadah sebagai kenangan penjadah sebagai kenangan	BEST AVAILA	ABLE COPY		
Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.	GOMPHETETHIS SECTION ON DELIVERY A. Signature. ☐ Agent	U.S. Postal Schvice. CERTIFIED WAIL: REC [2006sus mell only should surrance on	SIPT	
☐ 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.	B. Received by (Printe-1 Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery C. Date of Delivery C. D. Is delivery address different from Item 17 11 Yes 11 YES, enter delivery address below:	1 OFFICIAL	USE	
AIRS 10#025097629 05 CLORIA & DAUGIE & INC 1982 W 60TH ST HIALEAH, FI 53012	3: Service Type	Retiring Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS-ID#0250916:2nd Cert 05	Postmärk s.	
³ Article Númber 7004 -2 510	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.C.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	I GEORIA & DAUGHTERS INC		
MS# /5510 MC Acct # 55	CERTIFIED MAIL		Reverse for instructions:	
Department of Environmental Prot 2600 Blair Stone Rd Tallahassee FL 32399-2400	ection 7004 2510 0004 69	PRISTALL	12 1014a 4 5123(iii)	
1 JH	AIRS ID#0250916. 2nd Cert 05	RECEIV	O P	
	1982 WiffOTH STREET 33042 JAHNSELLH FUR Expired Unclaimed No Address No Such Street No Such Number	APR 4 2 Bureau of Air M & Mobile So	onitoring	
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