

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 23, 2002

Mr. Armando Lopez
La Ciencia Quality Dry Cleaner, Inc.
201 Northwest 37 Avenue
Miami, Florida 33125

Re: Facility No.: 0250922-002

Dear Mr. Lopez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 20, 2002.

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,

Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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

Printed on recycled paper.

Fees Paid 97-01

SOC 4

Compliance In

Bowman, Sandy

From: Gordon, Ray (DERM) [GordoR@miamidade.gov]
Sent: Thursday, March 08, 2007 11:07 AM
To: Bowman, Sandy
Subject: RE: Title V General Permits

Re: AIRS ID # 0250707
AIRS ID # 0251078
AIRS ID # 0250922

All three facilities were inspected yesterday and are closed

Ray A. Gordon
Air Compliance Project Manager
Office:305-372-6925
gordor@miamidade.gov

"Delivering Excellence Every Day"

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

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: March 07, 2007 12:31 PM
To: Gordon, Ray (DERM)
Subject: RE: Title V General Permits

Ray,

Thank you very much for getting back with me on this. I appreciate it.

Sandy Bowman

From: Gordon, Ray (DERM) [mailto:GordoR@miamidade.gov]
Sent: Wednesday, March 07, 2007 9:48 AM
To: Bowman, Sandy
Subject: RE: Title V General Permits

Sandy

We were in the middle of moving our office and was not able to check out these facilities. We will check them today and let you know

Ray A. Gordon
Air Compliance Project Manager
Office:305-372-6925
gordor@miamidade.gov

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Sent: Thursday, March 08, 2007 11:07 AM
To: Bowman, Sandy
Subject: RE: Title V General Permits

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AIRS ID # 0251078
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Sent: Wednesday, March 07, 2007 9:48 AM
To: Bowman, Sandy
Subject: RE: Title V General Permits

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Ray A. Gordon
Air Compliance Project Manager
Office:305-372-6925
gordor@miamidade.gov

3/12/2007



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

To: Users of the Title V Air General Permits

Records in the Division of Air Resource Management indicate 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 entitled to operate for no more than five years with a permit under Section 403.0872, Florida Statutes (F.S.). Rule 62-213.300, F.A.C., establishes that the duration of the permit is for five years, and no later than 30 days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.

The enclosed notification form is for your convenience if you wish to maintain your eligibility. Please complete and submit this form to the following address.

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

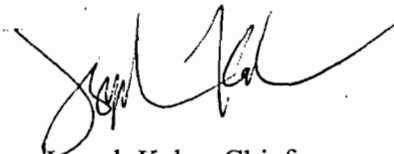
It is important to note that facilities not in compliance with the conditions of their existing Title V Air General Permit may not be eligible to use a new general permit after the existing authority period expires. Such facilities will be required to make application for an operating permit as a major source under Title V. It is very important for facilities to assure that they are now in compliance with their general permit conditions to avoid this costly situation.

Users of the Title V Air General Permits
Page Two

Rule 62-213.300(2)(d), F.A.C., states the Title V Air General Permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that action is a violation of the permit. Eligibility for use of the Title V Air General Permit may be nullified if the conditions of the permit are not being met. Any facility not eligible to operate under the terms of a Title V Air General Permit should apply for an operating permit as a major source under Title V.

If you have any questions regarding your eligibility to operate as a Title V Air General Permit facility, please contact Rick Butler at 850/921-9586 or e-mail rick.butler@dep.state.fl.us or Sandy Bowman at 850/921-9583 or e-mail sandy.bowman@dep.state.fl.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Kahn", with a long horizontal flourish extending to the right.

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/

Enclosure

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

- If you are a new owner, please check this and return this form with your completed notification form.

- If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

09/13/2002

CB
Spoke to Armando Lopez and he stated that he has only one dry-to-dry cleaning machine located at the La Cienia facility. Mr. Lopez stated that the machine has a built in refrigerated condenser as the control device. He also stated that he has no perchloroethylene using transfer machines.

Page 15

1. (a) Existing should be circled under Status for date entered.
None Required should be circled for existing machines at small sources.
1. (b) Mark out information if it does not refer to perchloroethylene using machines.

Page 16

4. Existing Machines at small area source None Required should be marked.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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):	LA CIENCIA QUALITY DRY CLEANER INC		
2. Site Name (For example, plant name or number):	SAME AS ABOVE		
3. Hazardous Waste Generator Identification Number:	FLD 982-174-724		
4. Facility Location:	Street Address: 201 N.W. 37TH AVENUE City: MIAMI - FL County: DADE Zip Code: 33125		
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250922-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: ARMANDO LOPEZ Title: PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 12090 S.W. 3RD STREET City: MIAMI, FL County: DADE Zip Code: 33184		
8. Responsible Official Telephone Number:	Telephone: (305) 642-0500 Fax: ()		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	GUILLERMO RODRIGUEZ - ACCOUNTANT		
10. Facility Contact Address:	Street Address: 4011 WEST PALM BLVD ST. 403 City: MIAMI FLA County: DADE Zip Code: 33134		
11. Facility Contact Telephone Number:	Telephone: (305) 649-7128 Fax: (305) 643-2905		

Bureau of Air Monitoring
& Mobile Sources

AUG 20 2002

RECEIVED

Bureau of Air Monitoring
& Mobile Sources
AUG 20 2002
RECEIVED

Facility Information

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

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
01/01/90	Existing/New	RC/CA/None required	DRY TO DRY
_____	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")
01/01/90	Existing/New	RC/CA/None required	DRY TO DRY
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser ^{YES} CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
 (Indicate with an "X".)

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

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
 No such units on-site

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
IWS-003241-2002-2003.
- 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.

ARMANDO LOPEZ
Print name of responsible official


Signature

08/15/02
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434962 JAN 5 2004

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

250922
ARMANDO LOPEZ
LA CIENCIA QUALITY DRY CLEANER
12090 SW 3RD STREET
MIAMI FL 33184

Bureau of Air Monitoring
& Missile Sources

JAN 8 2004

RECEIVED

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



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary - Designee

February 1, 2007

SECOND 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, 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 the calendar year **2006**. 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, 2007**, may be subject to a 50 percent 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.

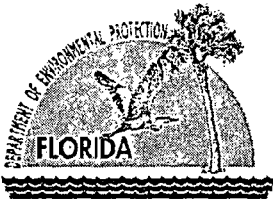
To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dick Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

/SV

Enclosure: Invoice Form



Department of Environmental Protection

Charlie Crist
Governor

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

Michael W. Sole
Secretary - Designee

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#250922
LA CIENCIA QUALITY DRY
CLEANER INC
201 NW 37TH AVENUE
MIAMI, FLORIDA 33185

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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



POSTAGE
REQUIRED

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

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# 250922 3rd Cert04
 LA CIENCIA QUALITY DRY CLEANER
 201 NW 37TH AVENUE
 MIAMI, FL 33184

FORWARDED

2. Article Number (Trace) 7004 2510 0004 6986 5999

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 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

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 Required)		

Total Postage: AIRS ID# 250922 3rd Cert04
 Sent To: LA CIENCIA QUALITY DRY CLEANER
 201 NW 37TH AVENUE
 MIAMI, FL 33185

PS Form 3811, February 2004
 See Reverse for Instructions

MS# 5510 MC Acct # 5827 5524

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

CERTIFIED MAIL™



7004 2510 0004 6986 5999

U.S. POSTAGE
 RECEIVED
 MAR 13 2005
 Bureau of Economic Analysis
 Monitoring Sources

FORWARDED

FWD UNCLAIMED

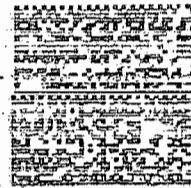
AIRS ID# 250922 3rd Cert04
 LA CIENCIA QUALITY DRY CLEANER
 201 NW 37TH AVENUE
 MIAMI, FL 33184

12090 S.W. 3 ST.
 Miami, FL 33184

1st Notice 9/4
 2nd Notice 10/24
 Return

~~WASH~~ 5510 ~~MCMG Act~~ #5527

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



01CH16501646
~~\$00.399~~
03/08/2007
Mailed From 32399
US POSTAGE

RECEIVED
MAR 19 2007

Inactivated

AIRS ID#250922
LA CIENCIA QUALITY DRY CLEANER
INC
201 NW 37TH AVENUE
MIAMI, FLORIDA 33185
Bureau of Air, Water, and
& Mobile Sources

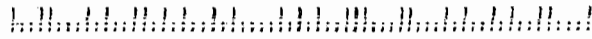
CS

2nd Attempt Returned

NIXIE 331 1 07 03/15/07
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 32399240099 *0838-16450-08-05

33185+4007-0223992400



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.

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

1. Article Addressed to:

 AIRS ID#0250922.....2nd Cert 05
 LA CIENCIA QUALITY DRY CLEANER
 201 NW 37TH AVENUE
 MIAMI, FL 33185

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

 3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service)
 7004 2510 0004 6986 5456

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

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 Required)	

AIRS ID#0250922.....2nd Cert 05
 LA CIENCIA QUALITY DRY CLEANER
 201 NW 37TH AVENUE
 MIAMI, FL 33185

PS Form 3800, June 2002 See Reverse for Instructions

MS# 5510 MC Acct# 5574

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

CERTIFIED MAIL

7004 2510 0004 6986 5456

MAR - 2 05

442
POSTALIA 012360

FORWARDING ORDER EXPIRED

RETURN TO SENDER
FORWARDING ORDER EXPIRED

RECEIVED
 MAR 10 2005
 Air Monitoring
 Mobile Sources

AIRS ID#0250922.....2nd Cert 05
 LA CIENCIA QUALITY DRY CLEANER
 201 NW 37TH AVENUE
 MIAMI, FL 33185

NON DELIVERY

SENDER'S COPY

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#0250922
 LA CIENCIA QUALITY DRY CLEANER
 ARMANDO LOPEZ
 12090 SW 3RD STREET
 MIAMI FL
 33184

2. Article Number (Copy from service label)
 4000 1670 0013 3109 2017

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

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X Agent
 Addressee

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

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

7000 1670 0013 3109 2017

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)

Postmark Here
02/3/2003

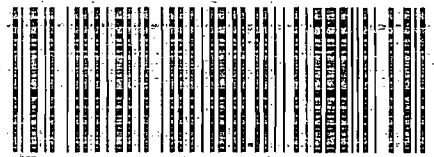
Total P. AIRS ID#0250922
 LA CIENCIA QUALITY DRY CLEANER

Sent To ARMANDO LOPEZ
 12090 SW 3RD STREET
 Street, Apt MIAMI FL
 City, State 33184

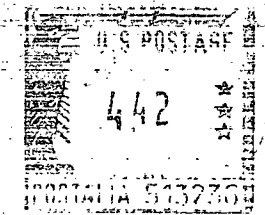
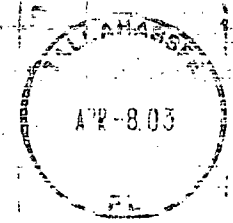
PS Form 3800, May 2000 See Reverse for Instructions

5510 5521

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



7000 1670 0013 3109 2017



BAMMS/BCO
 JOEY ROBERTS
 5510

AIRS ID#0250922
 LA CIENCIA QUALITY DRY CLEANER
 ARMANDO LOPEZ
 12090 SW 3RD STREET
 MIAMI FL
 33184

NAME
 1st Notice
 2nd Notice
 Return

Bureau of Air Monitoring
 & Mobile Sources

RECEIVED
 APR 30 2003

DELIVERED

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#0250922

LA CIENCIA QUALITY DRY CLEANER
 ARMANDO LOPEZ
 12090 SW 3RD STREET
 MIAMI FL
 33184

2. Article Number
(Transfer from service label)

7001 0320 0001 7975 4581

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-154

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)

OFFICIAL USE

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

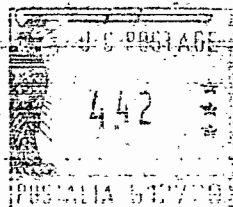
Postmark Here

AIRS ID#0250922

To
 Str. or I
 City
 LA CIENCIA QUALITY DRY CLEANER
 ARMANDO LOPEZ
 12090 SW 3RD STREET
 MIAMI FL
 33184

MS# 5510 MC Acct # 5521

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



7001 0320 0001 7975 4581

UNCLAIMED

1st Notice 3-10
 2nd Notice
 Return 2-J

CEIV

APR 9 2003

Monitoring & Mobile Sources

AIRS ID#0250922
 LA CIENCIA QUALITY DRY CLEANER
 ARMANDO LOPEZ
 12090 SW 3RD STREET
 MIAMI FL
 33184

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#0250922

LA CIENCIA QUALITY DRY CLEANER
 ARMANDO LOPEZ
 12090 SW 3RD STREET
 MIAMI FL
 33184

2. Article Number 7001 0320 0001 7976 4924
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X 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

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) _____

Postmark Here

[Handwritten Signature]

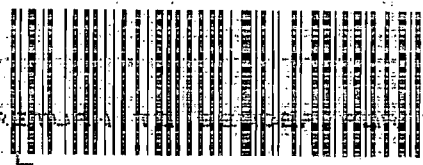
AIRS ID#0250922

LA CIENCIA QUALITY DRY CLEANER
 ARMANDO LOPEZ
 12090 SW 3RD STREET
 MIAMI FL
 33184

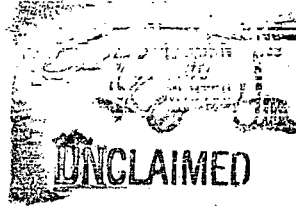
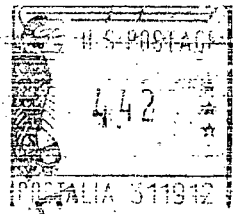
7001 0320 0001 7976 4924

MS# 5510 MC Acct # 5521

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



7001 0320 0001 7976 4924



AIRS ID#0250922

LA CIENCIA QUALITY DRY CLEANER
 ARMANDO LOPEZ
 12090 SW 3RD STREET
 MIAMI FL
 33184

RECEIVED
 MAR 03 2001
 Bureau of Environmental Monitoring Sources