



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 15, 1999

Mr. Nelson Llana
Majestic Cleaners
9765 Southwest 72 Street
Miami, Florida 33173

Re: Facility No.: 0250933

Dear Mr. Llana:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 3, 1999.


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"

Printed on recycled paper.

RECEIVED
MAY 17 1999

RECEIVED
JUN - 3 1999
Bureau of Air Quality
& Environmental Monitoring
PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

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):	Majestic Cleaners II, Inc.
2. Site Name (For example, plant name or number):	Majestic Cleaners
3. Hazardous Waste Generator Identification Number:	FLD 984218057
4. Facility Location: Street Address: City: Miami County: Dade Zip Code: 33173	9705 SW 72 ST
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250933

Responsible Official

6. Name and Title of Responsible Official: Name: Nelson Llana Title: Pres	
7. Responsible Official Mailing Address: Organization/Firm: Same as Above Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (305) 279-2239 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")
7/98	Existing <input checked="" type="radio"/> New	RC <input checked="" type="radio"/> 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?

[70] gallons (You must fill this in)

(b) If less than 12 months, how many? [10] months

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

New store: [_____] New machine [X]

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?

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

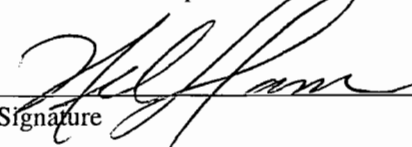
Responsible Official Certification

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.

Nelson Llana

Print name of responsible official



Signature

5/17/99

Date

RECEIVED

OCT 28 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Air Quality Management Division

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
MAJESTIC Cleaners II, Inc.

2. Site Name (For example, plant name or number):
MAJESTIC Cleaners II

3. Hazardous Waste Generator Identification Number:
FLD 984218057

4. Facility Location:
Street Address: 9765 S.W. 72 st
City: Miami County: Dade Zip Code: 33173

5. Facility Identification Number (DEP Use):
02009123

Responsible Official

6. Name and Title of Responsible Official:
Nelson LLAMA, pres.

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: SAME AS ABOVE
City: County: Zip Code:

8. Responsible Official Telephone Number:
Telephone: (305) 279-2239 Fax: () - - -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
S/A

10. Facility Contact Address:
Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

NOV 14 1997

Bureau of Air Monitoring & Mobile Sources

RECEIVED

OCT 28 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Air Quality Management Division

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MAJESTIC Cleaners II, Inc.		
2. Site Name (For example, plant name or number):	MAJESTIC Cleaners II		
3. Hazardous Waste Generator Identification Number:	FLD 984218057		
4. Facility Location:	9765 S.W. 72 st		
Street Address:			
City:	County:	Zip Code:	
Miami	Dade	33173	
5. Facility Identification Number (DEP Use):	0250933		

Responsible Official

6. Name and Title of Responsible Official:	Nelson LLAMA, pres.		
7. Responsible Official Mailing Address:			
Organization/Firm:	SAME AS ABOVE		
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(305) 279 - 2239	Fax:	() - - -

Facility Contact (If different from Responsible Official)

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

RECEIVED

NOV 14 1997

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls		01-6-83							
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed .

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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

- Existing small area source New small area source
 Existing large area source New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

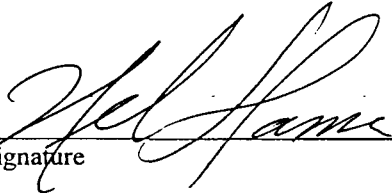
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

Signature



Date

10/27/97

**TITLE V AIR QUALITY GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST INSTRUCTION SHEET
PERCHLOROETHYLENE DRY CLEANERS**

This instruction sheet will assist in the completion of the perchloroethylene dry cleaner compliance inspection checklist. Each section contains guidance for completing the appropriate area of the checklist along with recommended actions for facility noncompliance. If necessary, the inspection should be arranged ahead of time with the facility to ensure that the responsible official is present.

TYPE OF INSPECTION

If conducting an ANNUAL INSPECTION, complete all sections.

If conducting a COMPLAINT/DISCOVERY INSPECTION, complete all sections. If a facility is discovered and has not notified the Department, the inspector should leave the facility a copy of the notification form, check line 3 in Part I, and schedule an annual inspection.

If conducting a REINSPECTION, complete appropriate sections.

AIRS ID#, FACILITY NAME, FACILITY LOCATION

Enter the information as entered/found in the ARMS database.

TIME IN/TIME OUT

Enter the time that you arrive at the facility and the time that the inspection is concluded.

PART I: NOTIFICATION

Review the notification form and complete prior to conducting the compliance evaluation.

PART II: CLASSIFICATION

Review the notification form and check the appropriate facility classification in Section A prior to conducting the compliance evaluation. Verify that this is a correct facility classification during each compliance evaluation.

Complete Section B during an annual or complaint/discovery compliance evaluation. The inspector should check purchase receipts or other records to verify the classification checked above.

PART III: GENERAL CONTROL REQUIREMENTS

Complete during each compliance evaluation.

If the answer is "no" to any of these items, the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

PART IV: PROCESS VENT CONTROLS

Check the facility classification, and complete Section A during the annual compliance evaluation.

If "no" is checked for number 1, the responsible official is required to submit a compliance plan within 30 days of the compliance evaluation to establish milestones for installing appropriate vent controls. The inspector should give the responsible official a copy of the compliance plan guidelines before leaving the facility. The responsible official should be instructed to complete and mail a compliance plan to the inspector within 30 days. The responsible official should also be instructed to notify the inspector in writing of the completion status of each milestone in the compliance plan no later than 15 days after the milestone compliance date. The inspector shall

enter all milestones for compliance into the ARMS database. A reinspection shall be conducted within 60 days of a missed notification by the responsible official on the completion status of a milestone.

If a compliance plan is not submitted within 30 days, the inspector should contact the responsible official and determine why the compliance plan has not been submitted. If the responsible official is having problems with establishing milestones and a completion date for each milestone, the inspector should offer assistance in the completion of the compliance plan. The inspector and the responsible official should establish a reasonable time for the submittal of the completed compliance plan. If this deadline is not met, the inspector should proceed with enforcement.

If a milestone is not completed when the facility is inspected, or if the facility is being reinspected because of a missed milestone completion date, the inspector should determine why the milestone has not been met by the specified completion date. If the inspector determines that the milestone completion date should be rescheduled, the inspector and responsible official should establish a reasonable completion date for the milestone. If this deadline is not met within 60 days of the mutually agreed upon compliance date, then the inspector should proceed with enforcement.

If the answer is "no" to any of numbers 2-7, the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

Complete Section B during compliance evaluation.

If the answer is "no" to any of these, the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

In number 2, if the temperature differential is less than 20°F, the responsible should be instructed to consult the operation manual for the equipment and make appropriate maintenance adjustments.

In number 3, if the perc concentration is greater than 100 ppm, the responsible should be instructed to consult the operation manual for the equipment and make appropriate maintenance adjustments.

PART V: RECORDKEEPING REQUIREMENTS

Complete during the annual compliance evaluation. If applicable, compliance with item 8 should be verified by the inspector prior to conducting the compliance evaluation. The inspector should review the compliance plan and make sure milestones are being met.

If the answer is "no" to any of numbers 1-7, the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

PART VI: LEAK DETECTION AND REPAIRS

Complete numbers 1-3 during the annual compliance evaluation.

If the answer is "no" to any of numbers 1-3, the inspector must inform the responsible official to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector.

Complete number 4 during each compliance evaluation.

If the answer is "yes" to any item of number 4, the inspector must inform the responsible official to correct the problem immediately in accordance with the general permit terms and conditions, to note the correction in the on-

site log, and note the problem and its resolution in the next semi-annual monitoring report. Proceed with enforcement if any of these items are not corrected by the time of the next regularly scheduled inspection.

ADDITIONAL SITE INFORMATION

These sections have been placed on the back of pages for any additional information that may need to be included.

NAME/DATE SECTION

Enter the appropriate information. Note that the inspector need only write the name of the responsible official. The responsible official does not sign this form.

TITLE V AIR GENERAL PERMIT COMPLIANCE PLAN GUIDELINES

The Department of Environmental Protection (DEP) has created the following guidelines to help facilities determine if they are required to submit a compliance plan to the Department. These guidelines will also help facilities develop a compliance plan and identify the required reports that they must submit.

1. If a facility has equipment without the required pollution control device(s) at the time their notification form was submitted to DEP and compliance was not achieved within 30 days of such notification, the responsible official must complete and submit a compliance plan to DEP.
2. The responsible official must develop a compliance plan for the entire location. If a responsible official is in charge of more than one location, a compliance plan must be developed for each location in which equipment is out of compliance.
3. The compliance plan may be in any format the responsible official chooses as long as milestones are identified and specific completion dates are assigned to each milestone. For example, a compliance plan may be in columns, a table, a letter, or any other format that contains the required information.
4. A compliance plan must contain the following: 1) a list of measurable and enforceable milestones and 2) specific dates for the completion of each milestone.

Examples:

Milestone: determine which company the control equipment will be purchased from

Completion date: reasonable time period in which control equipment prices are compared

Milestone: obtain funds to install the control equipment

Completion date: reasonable time period in which a loan is applied for and received

Milestone: determine which company will install the control equipment

Completion date: reasonable time period in which quotes are accepted from different companies

Milestone: install the control equipment

Completion date: reasonable time period in which the parts are ordered and installed

5. The responsible official shall notify DEP in writing, within 15 days after the completion date for each milestone, detailing the achievement of compliance, progress achieved, requirements met or unmet, corrective measures adopted, and an explanation of any measures not met by the completion date for the compliance milestone. The responsible official shall certify that this notice is complete and accurate.
6. For answers to specific questions, please contact the district or local program representative in your area. On the back of these guidelines, you will find a list of these contact names.
7. Mail your signed and dated compliance plan to:

General Permits Section

Bureau of Air Monitoring and Mobile Sources, MS 5510

Department of Environmental Protection

2600 Blair Stone Road

Tallahassee, Florida 32399-2400

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Title V Air Quality General Permit District and Local Program Contacts

<u>Contact Person</u>	<u>Office</u>	<u>Location</u>	<u>Telephone #</u>
Charles Norman	Northwest District	Pensacola	850/444-8364
Ralph Staplin	Northwest District Branch	Tallahassee	850/488-3704
Rick Banks Chris Scott	Northeast District	Jacksonville	904/448-4310
Louis Fernandez Maggie Cangro	Southwest District	Tampa	813/744-6100
Sheila Schneider Saadia Quershi	Central District	Orlando	407/894-7555
Bruce Offord Lou Valcarenghi	Southeast District	West Palm Beach	407/681-6600
Sherrill Culliver Wayne Lewis	South District	Fort Myers	941/332-6975
Jim Edds	South District Branch	Marathon	305/289-2310
Ewart Anderson Marcelo Barros	Dade County	Miami	305/372-6925
Jarrett A. Mack John Coppola	Broward County	Fort Lauderdale	954/519-1248
Lori Tilley Jeffery Winter	Duval County	Jacksonville	904/630-3484
Leroy Shelton Bruce King	Hillsborough County	Tampa	813/272-5530
Al Grasso Rasik Chokshi	Palm Beach County	West Palm Beach	561/355-3070
Gary Robbins Jeff Morris	Pinellas County	Clearwater	813/464-4422
Marie Driscoll Todd Fletcher	Orange County	Orlando	407/836-7400
James Goerd	Sarasota County	Sarasota	941/378-6128

P 174 052 605

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Mr. Nelson Llama, Pres.

Street & Number Majestic Cleaners II In
9765 Southwest 72 Street

Post Office, State, & ZIP Code
Miami Florida 33173

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



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 9, 1997

Mr. Nelson Llama
President
Majestic Cleaners, II, Inc.
9765 Southwest 72 Street
Miami, Florida 33173

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

NOTICE OF INELIGIBILITY TO USE TITLE V AIR GENERAL PERMIT

Dear Mr. Llama:

This is to notify you that the Department, pursuant to your submittal received on November 14, 1997 has determined that your facility does not qualify to use the Title V Air General Permit for drycleaning facilities using perchloroethylene.

The requirements that a facility must meet in order to qualify for use of the Title V Air General Permit are set forth in Rule 62-213.300, Florida Administrative Code (F.A.C.). Your submittal indicates your facility is not eligible for the reason(s) listed below:

- facility information provided is insufficient
- equipment information provided is insufficient
- equipment control information is insufficient
- emissions indicate facility is not eligible
- source category not applicable or incorrect
- certification statement is blank or not signed by Responsible Official
- other: Responsible Official not properly identified. For a proprietorship, the owner must be the Responsible Official.

If you have any questions regarding the Department's determination, please contact Rick Butler or Sandy Bowman at the Bureau of Air Monitoring and Mobile Sources at 850/488-6140. However, if you believe you meet the requirements for a Title V Air General Permit, you may complete the enclosed blank notification form, making

the corrections indicated above, and resubmit it to the Department. Any facility which does not qualify for a Title V air general permit may require a standard air pollution control permit from the Department. A notice of your legal rights begins on the following page.

Your rights under Florida law.

The Department's decision will become final unless a timely petition for an administrative hearing is filed pursuant to sections 120.569 and 120.57 of the Florida Statutes, or a party requests mediation as an alternative remedy under section 120.573 before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for petitioning for a hearing are set forth below, followed by the procedures for requesting mediation.

A person whose substantial interests are affected by the Department's decision may petition for an administrative hearing in accordance with sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this notice. Petitions filed by any other person must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice, whichever occurs first. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with rule 28-5.207 of the Florida Administrative Code.

A petition must contain the following information:

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number, and the county in which the facility is located;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by the petitioner, if any;
- (e) A statement of the facts that the petitioner contends warrant reversal or modification of the Department's action or proposed action;

(f) A statement identifying the rules or statutes that the petitioner contends require reversal or modification of the Department's action or proposed action; and

(g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take with respect to the decision or proposed decision addressed in this notice.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

A person whose substantial interests are affected by the Department's proposed decision, may elect to pursue mediation by asking all parties to the proceeding to agree to such mediation and by filing with the Department a request for mediation and the written agreement of all such parties to mediate the dispute. The request and agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, by the same deadline as set forth above for the filing of a petition.

A request for mediation must contain the following information:

- (a) The name, address, and telephone number of the person requesting mediation and that person's representative, if any;
- (b) A statement of the preliminary agency action;
- (c) A statement of the relief sought; and
- (d) Either an explanation of how the requester's substantial interests will be affected by the action or proposed action addressed in this notice or a statement clearly identifying the petition for hearing that the requester has already filed, and incorporating it by reference.

The agreement to mediate must include the following:

- (a) The names, addresses, and telephone numbers of any persons who may attend the mediation;
- (b) The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
- (c) The agreed allocation of the costs and fees associated with the mediation;
- (d) The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
- (e) The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;
- (f) The name of each party's representative who shall have authority to settle or recommend settlement; and
- (g) The signatures of all parties or their authorized representatives.

As provided in section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by sections 120.569 and 120.57 for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under sections 120.569 and 120.57 remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

In addition to the above, a person subject to regulation has a right to apply for a variance from or waiver of the requirements of particular rules, on certain conditions, under section 120.542 of the Florida Statutes. The relief provided by this state statute applies only to state rules, not statutes, and not to any federal regulatory requirements. Applying for a variance or waiver does not substitute or extend the time for filing a petition for an administrative hearing or exercising any other right that a person may have in relation to the action proposed in this notice.

The application for a variance or waiver is made by filing a petition with the Office of General Counsel of the Department, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. The petition must specify the following information:

- (a) The name, address, and telephone number of the petitioner;
- (b) The name, address, and telephone number of the attorney or qualified representative of the petitioner, if any;
- (c) Each rule or portion of a rule from which a variance or waiver is requested;
- (d) The citation to the statute underlying (implemented by) the rule identified in (c) above;
- (e) The type of action requested;
- (f) The specific facts that would justify a variance or waiver for the petitioner;
- (g) The reason why the variance or waiver would serve the purposes of the underlying statute (implemented by the rule); and
- (h) A statement whether the variance or waiver is permanent or temporary and, if temporary, a statement of the dates showing the duration of the variance or waiver requested.

The Department will grant a variance or waiver when the petition demonstrates both that the application of the rule would create a substantial hardship or violate principles of fairness, as each of those terms is defined in section 120.542(2) of the Florida Statutes, and that the purpose of the underlying statute will be or has been achieved by other means by the petitioner.

Persons subject to regulation pursuant to any federally delegated or approved air program should be aware that Florida is specifically not authorized to issue variances or

waivers from any requirements of any such federally delegated or approved program. The requirements of the program remain fully enforceable by the Administrator of EPA and by any person under the Clean Air Act unless and until the Administrator separately approves any variance or waiver in accordance with the procedures of the federal program.

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Howard L. Rhodes, Director
Division of Air Resources Management

APPLICANT: Majestic Cleaners II, Inc.

FDEP TRACKING NO.: I.D. No.: 0250933

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT and all copies were mailed before the close of business on December 10, 1997 to the persons listed below.

Clerk Stamp

FILING AND ACKNOWLEDGMENT, on
this date, pursuant to section 120.52(11), Florida Statutes,
with the designated Department
Clerk, receipt of which is
hereby acknowledged.

Clerk Date

Copies furnished to:

Marilyn Jewell 12/10/97

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

OCT 28 1997

Facility Name and Location

Air Quality Management Division

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
MAJESTIC Cleaners II, Inc.

2. Site Name (For example, plant name or number):
MAJESTIC Cleaners II

3. Hazardous Waste Generator Identification Number:
FLD 984218057

4. Facility Location: 9765 S.W. 72 st
Street Address:
City: Miami County: Dade Zip Code: 33173

5. Facility Identification Number (DEP Use):
0850933

Responsible Official

6. Name and Title of Responsible Official:
Nelson LLAMA, pres.

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: SAME AS ABOVE
City: County: Zip Code:

8. Responsible Official Telephone Number:
Telephone: (305) 279-2239 Fax: () - - -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
S/A

10. Facility Contact Address:
Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

NOV 14 1997

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls		01-6-83							
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

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

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

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

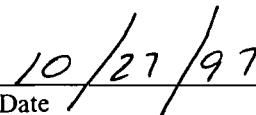
Responsible Official Certification

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

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



Signature



Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 250933 DATE: 8-27-98 TIME IN: 1330 TIME OUT: 1400
FACILITY NAME: MAJESTIC CLEANERS II
FACILITY LOCATION: 9765 SW 72 ST.
MIAMI, 33173
RESPONSIBLE OFFICIAL: NELSON LLAMA PHONE: 305-279-7239
CONTACT NAME: " PHONE: "

Bureau of Air Monitoring & Mobile Sources
SEP 28 1998
RECEIVED

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)

No notification form
 Drop store/out of business/petroleum

A.

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

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 N/A gallons.

MB
9/18/98
ARMS

MB
9/4/98

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | | | |
|---|---------------------------------------|----------------------------|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <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 type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" 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 N/A
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 N/A
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

M. ENRIQUE FLORES

Inspector's Name (Please Print)

M. Enrique Flores

Inspector's Signature

8/27/98

Date of Inspection

8/99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

N/A'S * NEW DRY TO DRY MACHINE INSTALLED ON JULY 11, 1998. THE ONLY PERC PURCHASED WAS THE FIRST 50 GALLONS FOR INITIAL SET UP.

- STATE'S INSPECTION CALENDAR AND DERM'S BOOKLET ON POLLUTION CONTROL FOR DRY CLEANERS WERE GIVEN TO MR. LLAMA.
- INSTRUCTIONS ON HOW TO KEEP A ROLLING LOG OF PERC PURCHASES, RECORDING THE 45° ~~AND~~ LEAK INSPECTION REPORTS WERE ALSO GIVEN TO MR. LLAMA.
- NO INSPECTION SUMMARY REPORT AND/OR ANNUAL COMPLIANCE CERTIFICATION FORM WERE FILLED OUT SINCE THE PERIOD OF COMPLIANCE HAD ONLY BEEN FOR THE LAST SIX WEEKS.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250933 DATE: 3/31/99 TIME IN: 2:45 pm TIME OUT: 3:15 pm
FACILITY NAME: Majestic Cleaners II
FACILITY LOCATION: 9705 SW 72 St
Miami, FL 33173
RESPONSIBLE OFFICIAL: Nelson Llama PHONE: (305) 279-2239
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 2. New small area source
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)
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 4. New large area source
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)
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 2 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 54 gallons.

3/31/99
ARMS
DG

WB
4/1/99

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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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

Compliance Plan not in file,
but yes bought new closed loop
machine.

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

Y N N/A

Muck cookers

Y N N/A

Door gaskets and seating

Y N N/A

Stills

Y N N/A

Filter gaskets and seating

Y N N/A

Exhaust dampers

Y N N/A

Pumps

Y N N/A

Diverter valves

Y N N/A

Solvent tanks and containers

Y N N/A

Cartridge filter housings

Y N N/A

Water separators

Y N 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

Debera Griner
Inspector's Name (Please Print)

3/31/99
Date of Inspection

Debera Griner
Inspector's Signature

3/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Aerotech machine purchased and installed 7/98.
Compliance plan not available. Therefore don't
know if installation was completed according
to timeline agreed to by FDEP.

Mr. Llama (RO) did not receive a 1999
FDEP calendar in the mail. I will
mail one out to him.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:45 pm TIME OUT: 3:15 pm AIRS ID#: D250933
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Majestic Cleaners II DATE: 3/31/99
 FACILITY LOCATION: 9765 SW 72 St
Miami, FL 33173
 RESPONSIBLE OFFICIAL: Nelson Llana PHONE NUMBER: (305)279-2239

- 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

COMMENTS: New Aerotech Machine installed 7/98.
Will mail a FDEP calendar (1999).

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

DATE OF NEXT INSPECTION: 3/2000
 (Approximate)

INSPECTION CONDUCTED BY: Deborah Griner
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305)372-10925

AIRS ID#: 0250933

AEC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majestic Cleaners II DATE: 3/31/99
 FACILITY LOCATION: 9765 SW 72 St
Miami, FL 33173

Annual Reporting Period: 3 1998 TO 3 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:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s)-taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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: Nelson Llana [Signature] 3/31/99
 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.

✓ RECEIVED

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MAR 13 2000

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250933 DATE: 2/25/00 TIME IN: 3:15 pm TIME OUT: 3:45 pm
FACILITY NAME: Majestic Cleaners II
FACILITY LOCATION: 9765 SW 72 St.
Miami, FL 33173
RESPONSIBLE OFFICIAL: Nelson Llana PHONE: (305)279-2239
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:
(check appropriate box) No notification form
 Drop store/out of business/petroleum ..

A.

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

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 600 gallons.

ARMS
3/2/00
DG

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly ~~bi-weekly~~ basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A

6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N N/A

Muck cookers Y N N/A

Door gaskets and seating Y N N/A

Stills Y N N/A

Filter gaskets and seating Y N N/A

Exhaust dampers Y N N/A

Pumps Y N N/A

Diverter valves Y N N/A

Solvent tanks and containers Y N N/A

Cartridge filter housings Y N N/A

Water separators Y N 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

Debra Griner
Inspector's Name (Please Print)

2/25/00
Date of Inspection

Debra G.
Inspector's Signature

2/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- Machine in cool-down cycle at time of inspection. Ref. condenser temperature was at $\sim 41^{\circ}\text{F}$. Mr. Llama now knows which unit (F) to monitor.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 3:15pm TIME OUT: 3:45pm AIRS ID#: 0250933
 TYPE OF FACILITY: perc Dry Cleaners
 FACILITY NAME: Majestic Cleaners II DATE: 2/25/00
 FACILITY LOCATION: 9705 SW 72 St.
Miami, FL 33173
 RESPONSIBLE OFFICIAL: Nelson Lama PHONE NUMBER: (305)279-2239

- 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

COMMENTS: _____

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

DATE OF NEXT INSPECTION: 2/01
(Approximate)

INSPECTION CONDUCTED BY: Debora Griner
(Please Print)

INSPECTOR'S SIGNATURE: Debora Griner PHONE NUMBER: (305)372-6936

Acc

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Majestic Cleaners II DATE: 2/25/00
 FACILITY LOCATION: 9705 SW 72 St
Miami, FL 33173

Annual Reporting Period: 2 19 99 TO 2 ²⁰⁰⁰ ₁₉

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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: Nelson Llana [Signature] 2/25/00
 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.

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 # 0250933

MAJESTIC CLEANERS II
 NELSON LLAMA
 9765 SW 72ND STREET
 MIAMI FL
 33173

2. Article Number (Copy from service label)
 7000 0520 0020 9373 0930

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 X 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 0520 0020 9373 0930

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

Postmark Here

AIRS ID # 0250933

1 MAJESTIC CLEANERS II
 NELSON LLAMA
 9765 SW 72ND STREET
 MIAMI FL
 33173

PS Form 3800, February 2000 See Reverse for Instructions

MS# 5610 MC Acct # 5521

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

RETURNED TO SENDER
 UNCLAIMED
 3/11/02

AIRS ID # 0250933

MAJESTIC CLEANERS II
 NELSON LLAMA
 9765 SW 72ND STREET
 MIAMI FL
 33173

CERTIFIED MAIL



7000 0520 0020 9373 0930

Bureau of Air Monitoring
 & Mobile Sources
 RECEIVED
 MAR 11 2002

U.S. POSTAGE
 394
 POSTALIA 513236

Handwritten signature

3317398499 240000

0250933

No Refrigerated Condenser
No Carbon Absorber

Debbie Griner (Inspector)

old machine 10+ yrs

uses 200 gals per/yr

hopes to buy a new machine

12/2/97 Spoke to Nelson Ilama and he gave
the information above.

12/5/97 Spoke to inspector Debbie Griner
(Dade County) and she also stated he
has no control equipment on his
dry cleaning equipment.

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

7001 0320 0001 7976 5006

OFFICIAL USE

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

Postmark Here

AIRS ID#0250933

St MAJESTIC CLEANERS II
 NELSON LLAMA
 Si 9765 SW 72ND STREET
 or MIAMI FL
 C 33173

PS For Instructions

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#0250933

MAJESTIC CLEANERS II
 NELSON LLAMA
 9765 SW 72ND STREET
 MIAMI-FL
 33173

COMPLETE THIS SECTION ON DELIVERY

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

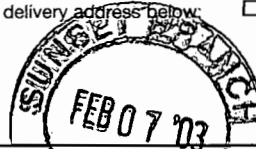
Roberto LLAMA 2/7/03

C. Signature

[Signature]

- 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)

7001 0320 0001 7976 5006

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 6510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUREAU OF AIR MONITORING
& MOBILE SOURCES
FEB 11 2003
RECEIVED

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)	

AIRS ID # 0250933

Total Post MAJESTIC CLEANERS II

Sent To **NELSON LLAMA**


9765 SW 72ND STREET

MIAMI FL

33173

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0001 7976 2142

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> <p style="text-align: right; margin-right: 50px;">AIRS ID # 0250933</p> <p>MAJESTIC CLEANERS II NELSON LLAMA 9765 SW 72ND STREET MIAMI FL 33173</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i> <i>Nelson Llama</i></td> <td style="width: 50%;">B. Date of Delivery <i>3/8/02</i></td> </tr> <tr> <td colspan="2">C. Signature <i>[Signature]</i></td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</td> </tr> </table> <div style="text-align: center; margin: 10px 0;">  </div> <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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>	A. Received by <i>(Please Print Clearly)</i> <i>Nelson Llama</i>	B. Date of Delivery <i>3/8/02</i>	C. Signature <i>[Signature]</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below	
A. Received by <i>(Please Print Clearly)</i> <i>Nelson Llama</i>	B. Date of Delivery <i>3/8/02</i>						
C. Signature <i>[Signature]</i>							
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below							
<p>7001 0320 0001 7976 2142</p> <p>PS Form 3811, July 1999 102595-99-M-1789</p>							

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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

Total P. ID# 250933

Sent To **NELSON LLAMA**

Street, Apt. or PO Box **MAJESTIC CLEANERS II**

City, State **9765 SW 72ND STREET**

MIAMI, FL 33173

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 0406

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# 250933
 NELSON LLAMA
 MAJESTIC CLEANERS II
 9765 SW 72ND STREET
 MIAMI, FL 33173

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

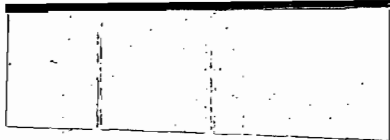
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input checked="" type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from) **7003 2260 0003 5651 0406**



UNITED STATES POSTAL SERVICE



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

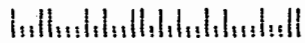
• Sender: Please print your name, address, and ZIP+4 in this box.

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 17 2004

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7003 0500 0004 0140 7812

U.S. Postal Service™
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(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)	

[Handwritten Signature]
Postmark Here

0250933002AG
MAJESTIC CLEANERS II INC
9765 SW 72ND STREET
MIAMI, FL 33173

10

PS Form 3800, June 2002

See Reverse for Instructions

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:

0250933002AG
MAJESTIC CLEANERS II INC
9765 SW 72ND STREET
MIAMI, FL 33173

10

2. Article Number

(Transfer from service label)

7003 0500 0004 0140 7812

COMPLTE THIS SECTION ON DELIVERY

A. Signature Agent
[Handwritten Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
[Handwritten Name] 2/17/04

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

ffier

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 23 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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
FEB 14 2003
Bureau of Air Monitoring
& Mobile Sources
422728 FEB10 2003

Do NOT Remove Label

AIRS ID#0250933
MAJESTIC CLEANERS II
NELSON LLAMA
9765 SW 72ND STREET
MIAMI FL
33173

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

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

415632 APR 3 2002
RECEIVED
APR 5 2002
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0250933
MAJESTIC CLEANERS II
NELSON LLAMA
9765 SW 72ND STREET
MIAMI FL
33173

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

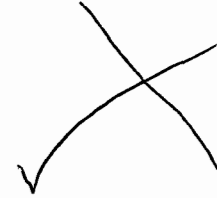


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437443 MAR 8 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

RECEIVED
MAR 12 2004

Bureau of Air Monitoring
& Mobile Sources

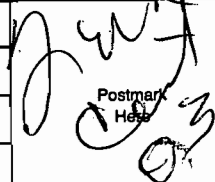
ID# 250933
NELSON LLAMA
MAJESTIC CLEANERS II
9765 SW 72ND STREET
MIAMI, FL 33173

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

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 # 250933

Sent To **NELSON LLAMA**
MAJESTIC CLEANERS II
 Street, Apt. No., or PO Box No. **9765 S'W 72ND STREET**
 City, State, ZIP+ **MIAMI, FL 33173**

PS Form 3800, J

7003 0500 0004 0144 9058

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 # 250933

NELSON LLAMA
 MAJESTIC CLEANERS II
 9765 SW 72ND STREET
 MIAMI, FL 33173

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Nelson Llama**

C. Date of Delivery **3/6/04**

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

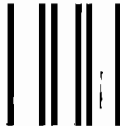
3. Service Type

<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.

4. Restricted Delivery? (Extra Fee) Yes

7003 0500 0004 0144 9058

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

RECEIVED
MAR 11 2004
Director of Air Pollution
Control
Tallahassee, Florida



P 174 052 501

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided
AIRS ID # 0250933

MAJESTIC CLEANERS II
NELSON LLAMA
9765 SW 72ND STREET
MIAMI FL 33173

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

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:

MAJESTIC CLEANERS II
NELSON LLAMA
9765 SW 72ND STREET
MIAMI FL 33173

AIRS ID # 0250933

4a. Article Number

P 174 052 501

4b. Service Type

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

7. Date of Delivery

2/16/00

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Migna Viroz*

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.

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

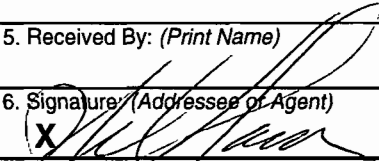
SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p>MR NELSON LLAMA PRESIDENT MAJESTIC CLEANERS II INC 9765 SOUTHWEST 72 STREET MIAMI FLORIDA 33173</p>	<p>4a. Article Number</p> <p>P 174 052 605</p>
<p>5. Received By: (Print Name)</p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>
<p>6. Signature (Addressee or Agent)</p> <p>X </p>	<p>7. Date of Delivery</p> <p>12/13/92</p>
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 210 661 857

US Postal Service
Receipt for Certified Mail

2000

AIRS ID # 0250933

MAJESTIC CLEANERS II
NELSON LLAMA
9765 SW 72ND STREET
MIAMI FL 33173

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

Fold at line over top of envelope to

RETURN 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 # 0250933

MAJESTIC CLEANERS II
NELSON LLAMA
9765 SW 72ND STREET
MIAMI FL 33173

Z 210 661 857

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

2/28/00

C. Signature

- 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

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 •

RECEIVED

MAR - 6 2000

Bureau of Air Monitoring
& Mobile Sources

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



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

7000 0600 0026 4125 7778

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		AIRS ID # 0250933
F MAJESTIC CLEANERS II S NELSON LLAMA C 9765 SW 72ND STREET MIAMI FL 33173		

For Instructions

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

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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i></td> <td style="width: 50%;">B. Date of Delivery 3/5/01</td> </tr> <tr> <td colspan="2">C. Signature x Mirna Viroz</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery 3/5/01	C. Signature x Mirna Viroz		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery 3/5/01								
C. Signature x Mirna Viroz									
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
1. Article Addressed to: <div style="text-align: right; margin-right: 20px;">AIRS ID # 0250933</div> MAJESTIC CLEANERS II NELSON LLAMA 9765 SW 72ND STREET MIAMI FL 33173	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.								
2. Article Number <i>(Copy from service label)</i> 7000 0600 0026 4125 7778									
4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes									

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

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
1. Article Addressed to: <div style="text-align: right;">AIRS ID # 0250933</div> MAJESTIC CLEANERS II NELSON LLAMA 9765 SW 72ND STREET MIAMI FL 33173	C. Signature x <i>Nelson Llama</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label) <i>7000 0600 0026 7825 6676</i>	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PS Form 3811, July 1999	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt 102595-99-M-1789		

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$ 	Postmark Here
To:		
<i>Rec.</i> MAJESTIC CLEANERS II <i>Stre</i> NELSON LLAMA <i>City</i> 9765 SW 72ND STREET MIAMI FL 33173	AIRS ID # 0250933	
PS Form 3811, July 1999 Instructions		

7000 0600 0026 7825 6676

Z 210 661 185

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID # 0250933

MAJESTIC CLEANERS II
NELSON LLAMA
9765 SW 72ND STREET
MIAMI FL 33173

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	

SENDER: COMPLETE

Fold at line over top of envelope to

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:

MAJESTIC CLEANERS II
NELSON LLAMA
9765 SW 72ND STREET
MIAMI FL 33173

AIRS ID # 0250933

Z 210 661 185

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

B. Date of Delivery

4/5/01

C. Signature

X *Nelson Llama*

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

Nelson Llama

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

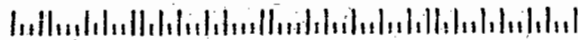
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR - 9 2001

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

408010 APR 23 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

pl

Bureau of Air Monitoring
& Mobile Sources
APR 25 2001

RECEIVED

Do NOT Remove Label

AIRS ID # 0250933
 MAJESTIC CLEANERS II
 NELSON LLAMA
 9765 SW 72ND STREET
 MIAMI FL 33173

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

0393207

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

MAR -6 00

Do NOT Remove Label

AIRS ID # 0250933
 MAJESTIC CLEANERS II
 NELSON LLAMA
 9765 SW 72ND STREET
 MIAMI FL 33173

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

Bureau of Air Monitoring
& Mobile Sources

MAR - 2000

RECEIVED