



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 30, 2002

Ms. Lisette Gonzalez
Laoman's Dry Cleaners
1611 Alton Road
Miami Beach, Florida 33139

Re: Facility No.: 0250939-002

Dear Ms. Gonzalez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 25, 2002.

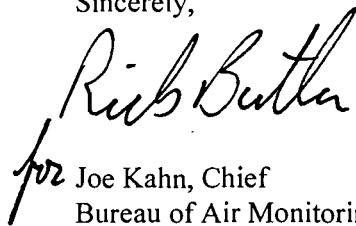
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


for Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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

Printed on recycled paper.

Fees Paid 97-01

SOC 5

Compliance SNC?

AIRS ID # 0250939-002

Page 15

1. (a) New should be circled under Status for 1996 machine.
Date Control Device Installed should be entered in space provided.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
NOV 25 2002
Bureau of Air Monitoring
& Mobile Sources

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. 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): <i>Laoman's Inn</i>
2. Site Name (For example, plant name or number): <i>Laoman's Dry Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>Chem Klean Corp. FLD 117 629 923</i>
4. Facility Location: Street Address: <i>1611 Alton Road - Miami Beach</i> City: <i>Miami Florida Beach</i> County: <i>DADE</i> Zip Code: <i>33139</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0250939-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Lisette Gonzalez</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>1611 Alton Road Miami Beach</i> City: <i>Miami</i> County: <i>DADE</i> Zip Code: <i>33139</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 534-4389</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Alex Montes (manager)</i>
10. Facility Contact Address: Street Address: <i>1611 Alton Road</i> City: <i>Miami Beach</i> County: <i>Miami Beach</i> Zip Code: <i>33139</i>
11. Facility Contact Telephone Number: Telephone: () <i>the same</i> Fax: () -

Facility Information

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1996	Existing	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

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?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

Indicate with an "X". Select one classification only.)

Small Area Source

Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)

Transfer only on-site (used less than 200 gallons of perc per year)

Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)

Transfer only on-site (used 200 - 1,800 gallons of perc per year)

Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

(Indicate with an "X".)

Existing machines at small area source

(NONE REQUIRED)

New machines at small area source

Refrigerated condenser

Existing machines at large area source

Carbon adsorber

Refrigerated condenser

New machines at 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 (see attached memo for the criteria).

All steam and hot water generating units exempt OR

No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 15

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

Instructions for Completing Part III of Notification Form

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

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

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

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

Facility Name and Location

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

Responsible Official

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

Facility Contact

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

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.

Lisette Gonzalez
Print name of responsible official

Signature

[Handwritten Signature]

Date

10-02-02

1. (a) New should be circled under Status for 1996 machine.
Date Control Device Installed should be entered in space provided.

Butler, Rick

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Thursday, December 05, 2002 9:51 AM
To: Butler, Rick
Cc: Villamil, Sonia (DERM); Fernandez, Cynthia (DERM)
Subject: RE: Dry Cleaners

Rick:

Thanks for reporting us this situation.

Please be informed that based on a field NOV that was issued to Laoman's Dry Cleaners, a SNC was incorporated into the ARMS database for this company. Later, Camilo conducted a follow-up inspection to this site and found them in compliance. This information was incorporated into the ASGP database, but unfortunately was never closed in the ARMS database.

Sonia Villamil will be fixing this error today and she will check to see if we have some other similar cases.

I am taking this opportunity to inform you that a new inspector will be taking Camilo's position. Her name is Cynthia Fernandez and in case I am not in the office and you need something from us you can contact her at (305)372-6922.

Again, thanks for your help.

Marcelo.

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

From: Butler, Rick [mailto:Rick.Butler@dep.state.fl.us]
Sent: Tuesday, December 03, 2002 2:38 PM
To: barrom@miamidade.gov
Subject: Dry Cleaners

Marcelo,

I am contacting you on Laoman's Dry Cleaners (ID# 0250939). A notification was submitted to DEP on November 25, 2002. Upon review of the facility information I noticed the compliance status for the last inspection in ARMS is SNC. I also noticed no follow up inspection. Has the current compliance status of this facility been verified? If no, then is the facility still in a SNC status?

Thanks in advance for your help.

Rick Butler

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JAN 17 2003

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):	Laomans INC
2. Site Name (For example, plant name or number):	Laomans Cleaners
3. Hazardous Waste Generator Identification Number:	FCD 117629923
4. Facility Location: Street Address: City:	1611 AITON Rd - M. Berk
County:	M. Berk
Zip Code:	33139
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250939-002

Responsible Official

6. Name and Title of Responsible Official: Name:	Alex Montes	Title:	Manager
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Same	County:	
Zip Code:			
8. Responsible Official Telephone Number: Telephone:	(305) 534 4389	Fax:	(305) 534-1260

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: () -

Bureau of Air Monitoring
& Mobile Sources

JAN 23 2003

RECEIVED

Facility Information

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
July 94	Existing/New	RC/CA/None required	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

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

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

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

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

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

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

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

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

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

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 0 1 5

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.

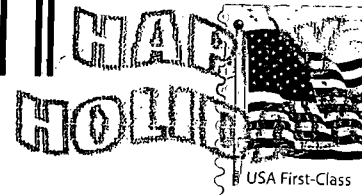
Alex Montez
Print name of responsible official


Signature

1/17/03
Date

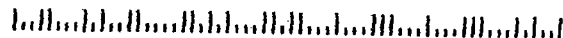
Looman's Inc
1611 Alton Road
Miami Beach
33139

SOUTH FLORIDA POST OFFICE
FL 33001
09 JAN 2008 PM 3 T



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

3231533070 8099



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

APPLIED
TO 2004
ANN. OPERATING
YEAR

479977 JAN11 2008

TOTAL AMOUNT DUE: \$75.00

X = EXCEEDS
✓ - ARMS

Do NOT Remove Label

AIRS ID#250939
LAOMAN'S INC
1611 ALTON ROAD
MIAMI BEACH, FLORIDA 33139

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

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FUND: 20-2-035001
OBJECT: 002273

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Total Pr AIRS ID# 250939 3rd Cert04
 LAOMAN'S DRY CLEANER

Sent To 1611 ALTON ROAD
 Street, A
 or PO Bx MIAMI BEACH, FL 33139
 City, State

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0004 6986 6095

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# 250939 3rd Cert04
 LAOMAN'S DRY CLEANER
 1611 ALTON ROAD
 MIAMI BEACH, FL 33139

2. Article Number

(Tra)

7004 2510 0004 6986 6095

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Isabel Leon

Agent

Addressee

B. Received by (Printed Name)

Isabel Leon

C. Date of Delivery

4/8/05

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

ified
mail

788 W

UNITED STATES POSTAL SERVICE



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Permit No. G-10

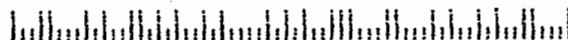
• Sender: Please print your name, address, and ZIP+4 in this box •

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

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APR 13 2005

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Restricted Delivery Fee (Endorsement Required)	

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AIRS ID#0250939.....2nd Cert 05
 LAOMAN'S DRY CLEANER
 1611 ALTON ROAD
 MIAMI BEACH, FL 33139

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5449

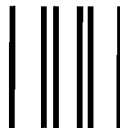
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kelly</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Address see</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Kelly</i> <i>2/4/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>AIRS ID#0250939.....2nd Cert 05 LAOMAN'S DRY CLEANER 1611 ALTON ROAD MIAMI BEACH, FL 33139</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0004 6986 5449

ified

186 477

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

Mobile Source
"All Monitor"

MAR 9 2005

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage: AIRS ID# 250939 1stC

Sent To: LAOMAN'S DRY CLEANER
1611 ALTON ROAD
MIAMI BEACH, FL 33139

Street, Apt. No or PO Box No.
City, State, Zip

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4179

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse, so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> AIRS ID# 250939 1stC LAOMAN'S DRY CLEANER 1611 ALTON ROAD MIAMI BEACH, FL 33139 </div>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery 2/7/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>						
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>	<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.
<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.						
7004 2510 0002 3939 4179	Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540							

UNITED STATES POSTAL SERVICE



First-Class Mail
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DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2000 SLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 20 6 2005

RECEIVED

01



7003 0500 0004 0144 4688

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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

Handwritten signature and date: 4/13/04

Total Postage & **ATKS ID # 250939**

Sent To **LAOMAN'S DRY CLEANER
 LISETTE GONZALEZ**

Street, Apt. No.,
 or PO Box No. **1611 ALTON ROAD**
 City, State, ZIP+4 **MIAMI BEACH, FL 33139**

PS Form 3800, June 2002, PSN 7500-01-000-9000

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:

ATKS ID # 250939
LAOMAN'S DRY CLEANER
LISETTE GONZALEZ
1611 ALTON ROAD
MIAMI BEACH, FL 33139

Handwritten: #250939

2. Article Number
 (Transfer from service label)

7003 0500 0004 0144 4688

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Isabel Leon* Agent
 Addressee

B. Received by (Printed Name) *Isabel Leon* C. Date of Delivery *4/13/04*

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

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



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• 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

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7003 0500 0004 0144 9072

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

[Handwritten Signature]
 Postmark Here

Total Postage _____ AIRS ID # 250939

Sent To LISETTE GONZALEZ
LAOMAN'S DRY CLEANER
 Street, Apt. No., or PO Box No. 1611 ALTON ROAD
 City, State, ZIP MIAMI BEACH, FL 33139

PS Form 3800, June 2002

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 # 250939.

LISETTE GONZALEZ
 LAOMAN'S DRY CLEANER
 1611 ALTON ROAD
 MIAMI BEACH, FL 33139

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 9072

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name) Isabel Leon C. Date of Delivery 3/6/04

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

UNITED STATES POSTAL SERVICE



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USPS
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DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
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TALLAHASSEE, FLORIDA 32399-2400

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

Total Postage **ID# 250939**

LISETTE GONZALEZ
LAOMAN'S DRY CLEANER
1611 ALTON ROAD
MIAMI BEACH, FL 33139

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 9387

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 250939 LISETTE GONZALEZ LAOMAN'S DRY CLEANER 1611 ALTON ROAD MIAMI BEACH, FL 33139</p> </div>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; margin-right: 50px;">2/26/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7003 2260 0003 5650 9387
PS Form 3811, August 2001	Domestic Return Receipt 102595-02-M-1540

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

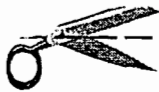
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DARV/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2000 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

430692 JUN 6 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID#0250939
LAOMAN'S DRY CLEANER LISETTE GONZALEZ 1611 ALTON ROAD MIAMI BEACH FL 33139

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

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& Mobile Services

JUN 9 2003

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CERTIFIED MAIL RECEIPT
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7000 1670 0013 3109 2060

OFFICIAL USE

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

DZD
3/10/03
[Signature]
 Postmark Here

AIRS ID#0250939

Total P: LAOMAN'S DRY CLEANER

Sent To LISETTE GONZALEZ

1611 ALTON ROAD

Street, At MIAMI BEACH FL

33139

City, State

PS Form 3800, May 2000

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:

AIRS ID#0250939

LAOMAN'S DRY CLEANER
 LISETTE GONZALEZ
 1611 ALTON ROAD
 MIAMI BEACH FL
 33139

COMPLETE THIS SECTION ON DELIVERY

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

4/10/03

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)

1800016400013310900060

rier

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DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
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(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7975 4437

OFFICIAL USE

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

Lisette Gonzalez
 Postmark Here

AIRS ID#0250939

S6 LAOMAN'S DRY CLEANER
 LISETTE GONZALEZ
 Str 1611 ALTON ROAD
 or MIAMI BEACH FL
 City 33139

PSI 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:

AIRS ID#0250939

LAOMAN'S DRY CLEANER
 LISETTE GONZALEZ
 1611 ALTON ROAD
 MIAMI BEACH FL
 33139

2. Article Number
 (Transfer from service label)

7001 0320 0001 7975 4437

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lisette Gonzalez* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 _____ 03.08

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



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

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DEPT. OF ENVIRONMENTAL PROTECTION
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7001 0320 0001 7976 5020

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

[Handwritten Signature]
 Postmark
 (Here)

AIRS ID#0250939

LAOMAN'S DRY CLEANER
 LISETTE GONZALEZ
 1611 ALTON ROAD
 MIAMI BEACH FL
 33139

PS Form 3811, January 2001 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:

AIRS ID#0250939

LAOMAN'S DRY CLEANER
 LISETTE GONZALEZ
 1611 ALTON ROAD
 MIAMI BEACH FL
 33139

2. Article Number (Copy from service label)

7001 0320 0001 7976 5020

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery 2-7

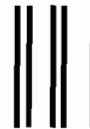
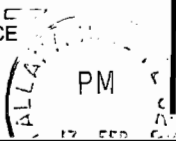
C. Signature *[Signature]*
 Agent
 Addressee

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

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
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