



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 3, 1998

Mr. William E. Clarke, III  
Principal  
Miami Northwestern Senior High School  
1100 Northwest 71st Street  
Miami, Florida 33150

Re: Facility No.: 0250955

Dear Mr. Clarke:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 27, 1998.

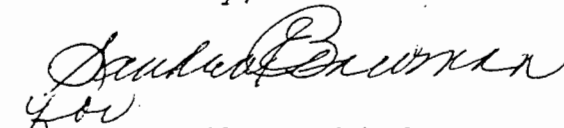
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

3755

396127

2213

RECEIVED  
MAIL ROOM  
JUL - 5 00

THE SCHOOL BOARD OF DADE COUNTY, FLORIDA  
MIAMI NORTHWESTERN, SR. HIGH  
INTERNAL FUND  
1100 NW 71ST STREET  
MIAMI, FL 33150

61632

DATE June 27, 2000 <sup>63-8416203</sup><sub>870</sub>

PAY  
TO THE  
ORDER OF

Department of Environment Protection

\$ 156.00

THE SUM **150 DOL 50 CTS**

DOLLARS  Security features  
included.  
Details on back.

 UNION PLANTERS BANK

Edison Center Office  
6013 NW 7th Avenue, Miami, FL 33127  
Toll Free (877) 848-2265

VOID AFTER SIX MONTHS  
TWO SIGNATURES REQUIRED

FOR

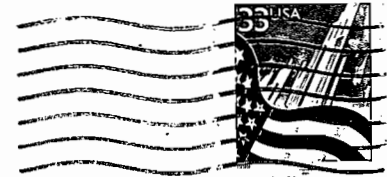
Permits/ A/S ID# 0250955  
1998/1999

Suzette N. Kelder  
[Signature]

MP



MIAMI NORTHWESTERN SENIOR  
HIGH COMMUNITY SCHOOL  
1100 NORTHWEST 71 STREET  
MIAMI, FLORIDA 33150



Title V Air General Permits  
P.O. Box 3070  
Tallahassee, Fla 32315-3070

32315+3070



018104

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

RECEIVED  
 MAR 27 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Dade County Public schools		
2. Site Name (For example, plant name or number):	MIAMI NORTHWESTERN SENIOR HIGH SCHOOL		
3. Hazardous Waste Generator Identification Number:	FLD 981 918 600		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	1100 NW 71st Street	MIAMI	Dade 33150
5. Facility Identification Number (DEP Use):	0250955		

Responsible Official

6. Name and Title of Responsible Official:	William E. Clarke, III, Principal		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City: County: Zip Code:
	MIAMI NORTHWESTERN SENIOR HIGH	1100 N.W. 71st Street	MIAMI FL, Dade 33150
8. Responsible Official Telephone Number:	Telephone:	Fax:	
	(305) 836 - 0991	(305) 691 - 4955	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Michael J. LePage, Instructor.		
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
	1100 NW 71st Street	MIAMI	Dade 33150
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	(305) 836 - 0991 ext 275	(305) 691 - 4955	

02/11/2019

0250955

P14

1(a) Add date control device installed  
If some as purchase date, add some date.

1(c) Should not be marked. Markout and initial.

P16

Responsible, official sign and date for changes.

### 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 06-JAN-97								
(1) w/ ref. condenser	<input checked="" type="checkbox"/>								
(2) w/ carbon adsorber	<input checked="" type="checkbox"/>								
(3) w/ no controls	<input type="checkbox"/>								
Washer Unit									
(4) w/ ref. condenser	<input type="checkbox"/>								
(5) w/ carbon adsorber	<input type="checkbox"/>								
(6) w/ no controls	<input type="checkbox"/>								
Dryer Unit									
(7) w/ ref. condenser	<input type="checkbox"/>								
(8) w/ carbon adsorber	<input type="checkbox"/>								
(9) w/ no controls	<input type="checkbox"/>								
Reclaimer Unit									
(10) w/ ref. condenser	<input type="checkbox"/>								
(11) w/carbon adsorber	<input type="checkbox"/>								
(12) w/ no controls	<input type="checkbox"/>								

(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.*

William E. Clarke, Jr.  
Signature

3/17/98  
Date



**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
 ✓  
 MAR 11 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: D250955 DATE: 4/20/99 TIME IN: 1:22pm TIME OUT: 2:22pm  
 FACILITY NAME: Miami Northwestern Sr. High School  
 FACILITY LOCATION: 1100 NW 41 St.  
Miami, FL 33150  
 RESPONSIBLE OFFICIAL: Dr. Steve Gallon III PHONE: (305) 836-0991  
 CONTACT NAME: Mike LePage PHONE: (305) 836-0991

**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)

<input type="checkbox"/> No notification form
<input type="checkbox"/> 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 39.00 gallons.

**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 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

Leo Smart  
Inspector's Name (Please Print)

Jan. 20. 1999  
Date of Inspection

Leo Smart  
Inspector's Signature

1/2000  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

I went to North Western Sr High <sup>2298</sup>  
School. Responsible official was  
present made charges to file and received  
signature of A.O.

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1:22 PM TIME OUT: 2:22 P.M. AIRS ID#: 0250955  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Miami Northwestern High School DATE:  
 FACILITY LOCATION: 1100 NW 71st  
 Miami, FL 33150  
 RESPONSIBLE OFFICIAL: Mike LePage PHONE NUMBER: (305) 836-0991

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
Refrigerated Condenser <sup>temperature</sup> measure-ment and records was not kept on a weekly basis	Keep records and measurement of temperature of Refrigerated Condenser (Calendar)
Conducted all temp. monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged was not done.	Need to conduct all temp. monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged.
Is not maintaining rolling monthly total of Perc consumption and leak log	maintain rolling monthly total of Perc consumption and leak log. (Calendar)

COMMENTS: Good Housekeeping.

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

DATE OF NEXT INSPECTION: 11/2000 (Approximate)

INSPECTION CONDUCTED BY: Leo Smart + Deborah Griner (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 872-6922

Page 1 of 1

AMS ID#: 0250955

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Miami Northwestern Sr. High School DATE: 1/20/99
FACILITY LOCATION: 1100 NW 71 St Miami, FL 33150

Annual Reporting Period: 1 1998 TO 1 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:

Temperature (Refrigerated Condenser) Monitoring + Recordkeeping on weekly basis

Exact period of non-compliance: from 1/98 to 1/99

Action(s) taken to achieve compliance: Begin monitoring + keeping records

Method used to demonstrate compliance: Calendar

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

No perc purchase 12 month log + leak inspection log.

Exact period of non-compliance: from 1/98 to 1/99

Action(s) taken to achieve compliance: Begin keeping logs

Method used to demonstrate compliance: Calendar

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: Steve Gallone Name (Please Print) Steve Gallone Signature Date 2-3-99

\*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.

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT (DERM) AIR QUALITY MANAGEMENT DIVISION 33 S.W. SECOND AVENUE, SUITE 900 MIAMI FLORIDA 33130

Attn: Debbie Griner

## Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

RECEIVED  
MAR 27 1998  
Bureau of Air Monitoring  
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Dade County Public schools		
2. Site Name (For example, plant name or number):	MIAMI NORTHWESTERN SENIOR HIGH SCHOOL		
3. Hazardous Waste Generator Identification Number:	FLD 981 918 600		
4. Facility Location:	Street Address: 1100 NW 71st Street		
	City: MIAMI	County: DADE	Zip Code: 33150
5. Facility Identification Number (DEP Use):	0250955		

## Responsible Official

6. Name and Title of Responsible Official:	<del>William E. Clarke III, Principal</del> Steve Gallon III, Principal		
7. Responsible Official Mailing Address:	Organization/Firm: MIAMI NORTHWESTERN SENIOR HIGH		
	Street Address: 1100 W.W. 71st Street		
	City: MIAMI FL.	County: DADE	Zip Code: 33150
8. Responsible Official Telephone Number:	Telephone: (305) 836-0991 Fax: (305) 691-4955		

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Michael J. LePage INSTRUCTOR.		
10. Facility Contact Address:	Street Address: 1100 NW 71st Street		
	City: MIAMI	County: DADE	Zip Code: 33150
11. Facility Contact Telephone Number:	Telephone: (305) 836-0991 ext 275 Fax: (305) 691-4955		



**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>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit	<i>#1 06-JAN-97</i>								
(1) w/ ref. condenser	<input checked="" type="checkbox"/>	<i>06-JAN-97</i>	<i>06-JAN-97</i>						
(2) w/ carbon adsorber	<input checked="" type="checkbox"/>								
(3) w/ no controls									
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  *R.M.H.*

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.*

William E. Clarke, Jr.  
Signature

3/17/98  
Date

Steve Dallman

2-2-99

RECEIVED

MAR 13 2000

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250955 DATE: 2/2/00 TIME IN: 0930 TIME OUT: 1000  
FACILITY NAME: Miami Northwestern Sr. High School  
FACILITY LOCATION: 1100 NW 71 st.  
Miami, FL 33150  
RESPONSIBLE OFFICIAL: Dr. Steve Gallon PHONE: (305) 836-0991  
CONTACT NAME: Mike LaPage PHONE: same

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)
- 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)
- 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)
- 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)
- 5. This is a correct facility classification   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 78 gallons.

ARMS  
2/3/00

3/1/00

**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 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

Ivan Fannin  
Inspector's Name (Please Print)

2/2/00  
Date of Inspection

Ivan Fannin  
Inspector's Signature

2/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Good Record Keeping  
House Keeping

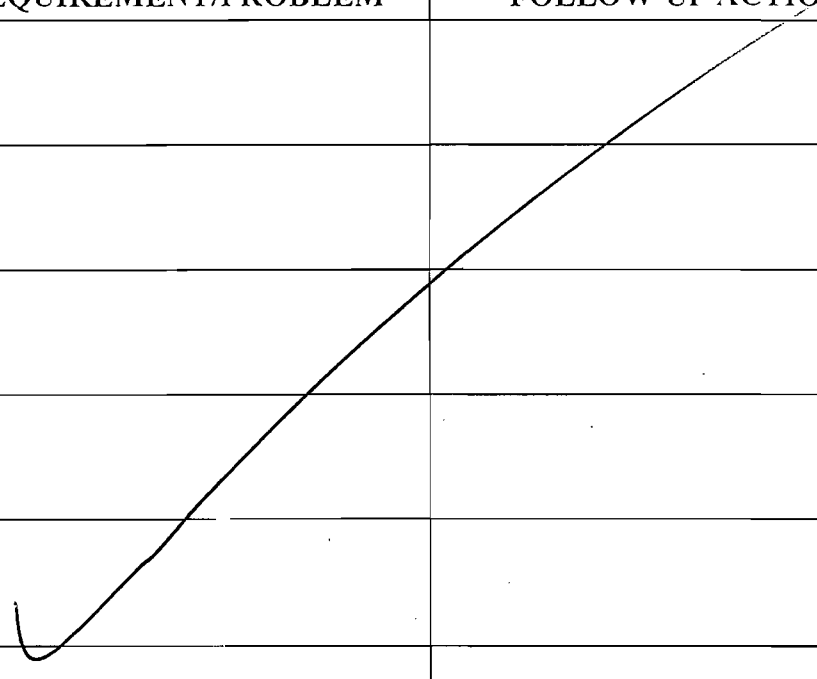


**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0930 TIME OUT: 1000 AIRS ID#: 0280955  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Miami Northwestern Sr. High DATE: 2/2/00  
 FACILITY LOCATION: 1100 NW 71st.  
Miami, FL  
 RESPONSIBLE OFFICIAL: Dr. Steve Gallon PHONE NUMBER: 305-836-0991

- 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: Good Recordkeeping / Housekeeping

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: Ivan Fannin  
(Please Print)

INSPECTOR'S SIGNATURE: Ivan Fannin PHONE NUMBER: 305-372-6925

BEST AVAILABLE COPY

Revised 10/10/96

AIRS ID#: 0250955

*ACC*

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

FACILITY NAME: Miami Northwestern Sr. High DATE: 2/2/00  
 FACILITY LOCATION: 1100 NW 31 st.  
Miami, FL

Annual Reporting Period: Feb 1999 TO Feb 192000

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: Steve Gallow Steve Gallow 2-22-00  
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.

(CUT HERE)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

475649 JUL 22 2007

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

**TOTAL AMOUNT DUE: \$75.00**

Do **NOT** Remove Label

AIRS ID#250955  
DADE COUNTY PUBLIC SCHOOLS  
1100 NW 71st Street  
MIAMI, FLORIDA 33150

Printed on recycled paper.

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

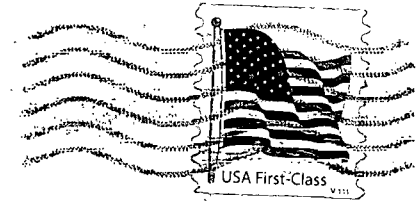
FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Bureau of Administration  
JUL 22 2007  
RECEIVED

MIAMI NORTHWESTERN SR. HIGH COMMUNITY SCH.  
STUDENT SERVICE DEPARTMENT  
1100 N.W. 71ST STREET  
MIAMI, FLORIDA 33150

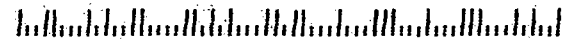
MIAMI FL 331

20 JUN 2007 PM 6:1



Title V Air General Permits  
Receipts  
PO Box 3070  
Tallahassee, FL 32315-3070

32315+3070

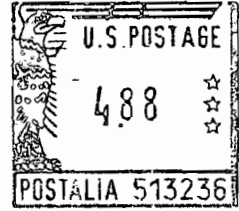


STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400



7001 0320 0001 7976 3163

CERTIFIED MAIL



RC  
3/22/03

*[Handwritten signature]*

*[Handwritten signature]*  
3/25/03

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed /  Refused
- Attempted /  Not Known
- No Such Street /  Number
- Vacant /  Inhabitable
- No Mail Recipients
- Box Closed - No Order
- Returned For Better Address
- Postage Due



RECEIVED  
APR 8 2003  
Bureau of Air Monitoring  
& Mobile Sources

10 AIRS ID# 0250955001AC  
MIAMI NORTHWESTERN HIGH SCHOOL  
WILLIAM E CLARKE  
1100 NW 71ST STREET  
MIAMI FL 33150

PRINTED ADDRESS FOR ADDRESSEE TO BE PLACED ON THE FRONT OF ENVELOPE TO THE RIGHT

**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:

10 AIRS ID# 0250955001AG  
 MIAMI NORTHWESTERN HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL 33150

2. Article Number:  
 (Transfer) 7001 0320 0001 7976 3163

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL USE**

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

03  
 Recert  
 Postmark Here

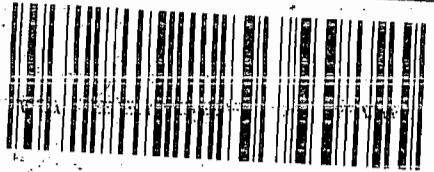
Total 10 AIRS ID# 0250955001AG  
 Sent To MIAMI NORTHWESTERN HIGH SCHOOL  
 WILLIAM E CLARKE III  
 Street, or PO 1100 NW 71ST STREET  
 City, St MIAMI FL 33150

7001 0320 0001 7976 3163

MS# 0510 MC Acct # 5521

**CERTIFIED MAIL**

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



7001 0320 0001 7975 9586

*Walt*

*697*

MAY 3 2002  
Bureau of Environmental Monitoring  
P.O. Box 100000

*Does not work here*

AIRS ID # 0250985  
MIAMI-NW SR HIGH SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150

- Post Deliverable An Addressee Unable To Forward
- Return to Sender
- Return to Office
- Return to Post Office
- Unclaimed  Refused
- Attempted-Not Known
- No Such Street  Number
- Vacant  Illegible
- No Mail Receipts
- Box Closed-No Order

**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 # 0250955  
 MIAMI NW SR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL 33150

2. Article Number (Copy from service label)

7001 0320 0001 7975 95A6

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

Addressee  Agent

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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

7001 0320 0001 7975 95A6

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
AIRS ID # 0250955		
Sent to: MIAMI NORTHWESTERN SENIOR HIGH SCHOOL		
Street: WILLIAM E CLARKE III		
City: 1100 NW 71ST STREET		
State: MIAMI FL 33150		
Instructions		



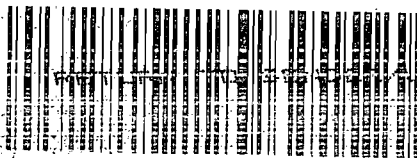
6610

6621

**CERTIFIED MAIL**

MS# \_\_\_\_\_ MC Acct # \_\_\_\_\_

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



MAILED TO FORWARD

7001 0320 0001 7976 2128

*Model*

AIRS ID #0236955  
MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 32150

MAR 7 2002  
Deliverable As Addressed  
Age 21  
Resident of this Area  
Uninsured  
Such Street Number  
Parent  
No Mail Forward  
Box Closed



**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 # 0250955  
 MIAMI NORTHWESTERN SENIOR HIGH  
 SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL 33150

**COMPLETE THIS SECTION**

A. Received by (Please Print) \_\_\_\_\_ Date of Delivery \_\_\_\_\_

C. Signature \_\_\_\_\_  
 Agent  
 Addn

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

Article Number (Copy from service label)

7001 0320 0001 7976 2128

PS Form 3811, July 1999

Domestic Return Receipt

102595-01-M-1789

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

8212 9462 1000 0250 1000

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		AIRS ID # 0250955
Sent To		MIAMI NORTHWESTERN SENIOR HIGH SCHOOL
Street, Apt. or P.O. Box		WILLIAM E CLARKE III 1100 NW 71ST STREET
City, State		MIAMI FL 33150

PS Form 3800, January 1997

CERTIFIED

P. 174-052-289

MAIL

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

37550301000  
2529 1R MS#5510  
BAMMS  
JOEY ROBERTS

*closed  
4-2-4/12*

*Returned  
to sender*

MIAMI ID # 0250955  
MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E. CLARKE III  
1300 NW 71ST STREET  
MIAMI FL 33150

MOVED LEFT NO  
NOT LISTED  
NO APT. NUMBER  
NO SUITE NUMBER  
NO SUCH NUMBER  
ATTEMPTED NOT KNOWN  
FORWARDING ORDER EXP  
NO BUSINESS LISTED  
DECEASED  
REFUSED

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:  
 AIRS ID # 0250955  
 MIAMI NORTHWESTERN SENIOR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100-NW 71ST STREET  
 MIAMI FL 33150

4a. Article Number  
 P174052285

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

4c. Date of Delivery

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 X

Addresssee's Address (Only if requested and fee is paid)

RECEIVED  
 APR 25 1999  
 Bureau of Air Mail  
 & Mobile Sources

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

P. 174 052 285

1999

U.S. Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to  
 AIRS ID # 0250955  
 MIAMI NORTHWESTERN SENIOR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL 33150

PS Form 3300, April 1995

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	

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32309-2400

**CERTIFIED**

2 333 660 643

**MAIL**

87350301000

PERSON CHECKED  
Unclaimed  
Address  
Post Office  
City

*Left  
to  
Another  
School*

*closed  
2-18-99*

MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM T. CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150

AIRS ID # 0250955

RECEIVED  
FEB 25 1999  
Bureau of Air Monitoring  
& Mobile Sources

3315072434

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:

AIRS ID # 0250955

MIAMI NORTHWESTERN SENIOR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL 33150

4a. Article Number  
 Z 333 660 643

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

Z 333 660 643

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for international Mail (See reverse)  
 AIRS ID # 0250955

MIAMI NORTHWESTERN SENIOR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL 33150

PS Form 3800 April 1995

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	

**CERTIFIED**

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

Z 210 663 149

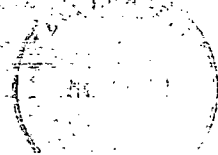
**MAIL**

AC5521

DAMMS/DCO  
JOEY ROBERTS  
5510

AIRS-ID # 0250956

MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150



*Handwritten signature/initials*

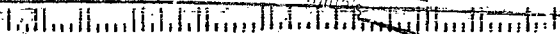
- Insufficient Address
- Moved, Let New Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- Route No.
- Date \_\_\_\_\_
- Can / Initials \_\_\_\_\_

Bureau of the North Carolina State Police

APR 11 1994

RECEIVED

33150X3294 59



SENDER COMPLETE

- 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 # 0250955

MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150

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

C. Signature \_\_\_\_\_  Agent  
 Addressee

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

**Z 210 663 149**

2. Article Number (Copy from service label)

Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**Z 210 663 149**

US Postal Service

### Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID # 0250955

MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Postage	\$ <i>late</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Recipient	Miami Northwestern Senior High
Street, Apt.	Michel LePage
City, State	1100 Northwest 71st Street Miami, Florida 33150
PS Form	Instructions

2001 +  
2002  
see ltr

Postmark Here

AIAS # 0250955

7000 0600 0026 4128 9090

**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:

Miami Northwestern Senior High  
Michel LePage  
1100 Northwest 71st Street  
Miami, Florida 33150

*AIAS # 0250955*

2. Article Number  
(Transfer from service label)

*7000 0600 0026 4128 9090*

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 Agent  
 Addressee
- B. Received by (Printed Name)  
*Gary W. Kras*
- C. Date of Delivery  
*4-14-03*
- 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  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
APR 22 2005  
Bureau of Air Monitoring & Mobile Sources



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

7001 0320 0001 7975 4451

OFFICIAL USE

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

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0250955

MIAMI NORTHWESTERN SR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL  
 33150

PS Form 3800, 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#0250955  
 MIAMI NORTHWESTERN SR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL  
 33150

2. Article Number

*(Transfer from service label)*

7001 0320 0001 7975 4451

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *[Handwritten Signature]*

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

MAR 12

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  
MAIL STATION 5610  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

MAR 24 2003

RECEIVED

BEST AVAILABLE COPY

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

**OFFICIAL USE**

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

Postmark Here

7001 0320 0001 7976 5129

AIRES ID#0250955

MIAMI NORTHWESTERN SR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL  
 33150

See 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:

AIRES ID#0250955

MIAMI NORTHWESTERN SR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL  
 33150

2. Article Number (Copy from service label)

7001 0320 0001 7976 5129

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

07 FEB 2003

Agent  
 Addressee

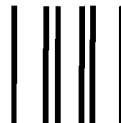
Yes  
 No

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 •

BUREAU 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 10 2003

RECEIVED

MIA  
WIL  
1100  
MLA  
3310



P 174 052 166

1999

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0250955

MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

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

7000 0520 0020 9373 1005

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

Postmark Here

**Total** AIRS ID # 0250955  
MIAMI NORTHWESTERN SENIOR HIGH SCHOOL  
**Rec.** WILLIAM E CLARKE III  
**Street** 1100 NW 71ST STREET  
**City,** MIAMI FL 33150

PS Form 3800, February 2000

See Reverse for Instructions

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
AIRS ID # 0250955  
MIAMI NORTHWESTERN SENIOR HIGH SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL. 33150

4a. Article Number  
P174 052 166

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

MAR 1999

5. Received By: (Print Name)

8. Addressee's Address (Only if Requested and fee is paid)

6. Signature: (Addressee or Agent)

*Yanette Ant...*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

7000 0600 0026 7825 6461

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

[Redacted]

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Tot:</b>		

AIRES ID # 0250955

**Reci** MIAMI NORTHWESTERN SENIOR HIGH SCHOOL  
**Stree** WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
**City** MIAMI FL 33150

PS Form 3811, July 1999 See reverse for instructions

7000 0600 0026 4125 7761

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

[Redacted]

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Tot:</b>		

AIRES ID # 0250955

MIAMI NORTHWESTERN SENIOR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL 33150

PS Form 3811, July 1999 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:

AIRES ID # 0250955

MIAMI NORTHWESTERN SENIOR HIGH SCHOOL  
 WILLIAM E CLARKE III  
 1100 NW 71ST STREET  
 MIAMI FL 33150

2. Article Number (Copy from service label)  
 7000 0600 0026 7825 6461

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 \_\_\_\_\_ 2/12

C. Signature  
 x *Yanette Hunt*  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



Z 210 661 875

2000

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID # 0250955

MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

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

<b>SENDER: COMPLETE</b>	<b>IN ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly)      B. Date of Delivery</p> <p>C. Signature  <input checked="" type="checkbox"/> <i>Yanette</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</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 style="text-align: right;">AIRS ID # 0250955</p> <p>MIAMI NORTHWESTERN SENIOR HIGH SCHOOL WILLIAM E CLARKE III 1100 NW 71ST STREET MIAMI FL 33150</p> <p style="text-align: center; font-size: 1.2em;">Z 210 661 875</p>	<p>3. Service Type</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>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
2. Article Number (Copy from service label)	
PS Form 3811, July 1999      Domestic Return Receipt      102595-99-M-1789	

Z 210 661 329 30

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0250955

MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150

PS Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Z 333 667 244 2000

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0250955

MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150

PS Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

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:

AIRS ID # 0250955  
MIAMI NORTHWESTERN SENIOR HIGH  
SCHOOL  
WILLIAM E CLARKE III  
1100 NW 71ST STREET  
MIAMI FL 33150

4a. Article Number

2210 661 329

4b. Service Type

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

7. Date of Delivery

4-4-01

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Fold at line over top of envelope to the right of the postmark

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

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

Bureau of Air Monitoring  
& Mobile Sources

APR 16 2001

RECEIVED

