



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 10, 1999

Mr. Mark D. Mills  
Sir Galloway Dry Cleaners, Inc.  
9720 Southwest 184 Street  
Miami, Florida 33157

Re: Facility No.: 0250994

Dear Mr. Mills:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 28, 1999.

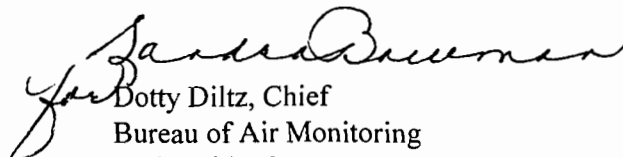
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

*Printed on recycled paper.*

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
APR 23 1999

Part III. Notification of Intent to Use General Permit

Air Quality  
Management Division

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner)	RECEIVED
Sir Galloway Dry Cleaners, Inc	APR 28 1999
2. Site Name (For example, plant name or number):	Bureau of Air Monitoring & Mobile Sources
Plant	
3. Hazardous Waste Generator Identification Number:	
FL 118130806	
4. Facility Location: Street Address: 9720 S.W. 184 street City: Miami County: Dade Zip Code: 33158	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250994

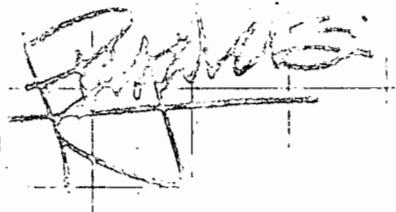
Responsible Official

6. Name and Title of Responsible Official: Name: Mark D. Mills Title: President
7. Responsible Official Mailing Address: 9720 SW 184 ST Organization/Firm: Sir Galloway Dry Cleaners, Inc. Street Address: 9720 SW 184 ST City: Miami County: Dade Zip Code: 33157
8. Responsible Official Telephone Number: Telephone: (305) 252-2000 X-7 Fax: (305) 255-5961

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: ( ) -

BEST AVAILABLE COPY



**PAUL PERGAKIS**  
ARCHITECT A I A  
7870  
MONTGOMERY DR.  
MIAMI, FL 33156  
(305) 255-2355

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 2 ]

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")
3/95	Existing/New	RC/CA/None required	Same
3/95	Existing/New	RC/CA/None required	Same
	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?

[ 292.5 ] 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 [ X ] (date of expected opening Dec '99)

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

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

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

How many boilers do you have on-site?  /

For each boiler, indicate its horsepower (HP) rating:  50

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.*

MARK D. MILLS

Print name of responsible official

Mark Mills, President

Signature

4/20/99

Date

Sir Halloway Dry Cleaners, Inc

## 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.

BEST AVAILABLE COPY

# OFFICE COPY

## NOTICE

SEPARATE PERMIT  
REQUIRED FOR  
ROOFING, PLUMBING  
ELECTRICAL AND  
MECHANICAL WORK

DATE \_\_\_\_\_

(C)

Reg 3/10/1999 ~~Q.F.~~

Reg 10/26/98 J.D.

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT PLAN REVIEW SECTION				
PLAN PROCESSING No. <u>585762</u>				
REVIEW TYPE	APPROVED	DATE	DISAPPROVED	DATE
ENV. CORE			<i>[Signature]</i>	10-27-98 4/15/99
FLOOD PLAIN			<i>[Signature]</i>	10-27-98 4/15/99
INDUSTRIAL FAC.		4/13/99	<i>[Signature]</i>	10/27/98 3/10/99 *
ASBESTOS		4-19-99	<i>[Signature]</i>	10-27-98 * See disapproval
PAVING / DRAINAGE			<i>[Signature]</i>	4/15/99 Letter dated 10/27/98 as noted
STORAGE TANK				Jan 2 3/12/99 Apply for a waiver of fill. 4/14/99
INDUSTRIAL WASTE				
WATER SUPPLY				
WASTEWATER				
AIR	(13)	4/23/99	<i>[Signature]</i>	10-27-98 Requires Air Section Approval (33 SW 2nd Ave 9th Floor) CONTACT MARLBIO BARRIOS Jan 2 3/12/99 4/14/99
AGRICULTURAL				
AIRPORT				
UPLAND & FW. R.				
OTHER				

D035  
D035-2

SITE INSPECTED  
ON 11-10-98 mef

\* See disapproval  
Letter dated 10/27/98 as noted  
Jan 2 3/12/99 Apply for a waiver of fill. 4/14/99  
Requires Air Section  
Approval (33 SW 2nd Ave  
9th Floor)  
CONTACT MARLBIO  
BARRIOS Jan 2  
3/12/99  
4/14/99



Under Construction

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED  
JUN 25 1999  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCO

RE-INSPECTION



AIRS ID#: 0250994 DATE: 6/11/99 TIME IN: 3:00 TIME OUT: 3:05  
 FACILITY NAME: Sir Galloway Cleaners  
 FACILITY LOCATION: 9720 SW 184 St  
Miami, FL 33157  
 RESPONSIBLE OFFICIAL: Mark Mills PHONE: (305)252-2000  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

Under Constr

- No notification form
- Drop store/out of business/petroleum

A.

- |   |  |
|---|--|
| <p>1. Existing small area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>         transfer only, <math>x &lt; 200</math> gal/yr<br/>         both types, <math>x &lt; 140</math> gal/yr<br/>         (constructed before 12/9/91)</p>   | <p>2. New small area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>         transfer only, <math>x &lt; 200</math> gal/yr<br/>         both types, <math>x &lt; 140</math> gal/yr<br/>         (constructed on or after 12/9/91)</p>                                  |
| <p>3. Existing large area source <input checked="" type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>         transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>         both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>         (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>         transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>         both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>         (constructed on or after 12/9/91)</p> |
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 \_\_\_\_\_ gallons.

Review + ARMS

6/17/99

DG of 5

**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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input 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

Deborah Griner  
Inspector's Name (Please Print)

6/16/99  
Date of Inspection

[Signature]  
Inspector's Signature

6/2000  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

Facility still under construction.  
Cleared lot.



ENVIRONMENTAL RESOURCES MANAGEMENT  
33 S.W. 2nd AVENUE  
MIAMI, FLORIDA 33130-1540  
(305) 372-6789

0250994

TELEPHONE COMMUNICATION

DATE: 6/14/00

TIME: 2:05 pm

CALLER: Debbie Griner

TITLE: PC Inspector

SUBJECT: Jim Galloway Cleaners - under construction

CONTACT NAME: Mark Mills

TITLE: President

COMPANY: Jim Galloway Cleaners

PHONE #: (305)252-2000

ADDRESS: 9720 SW 184 St.

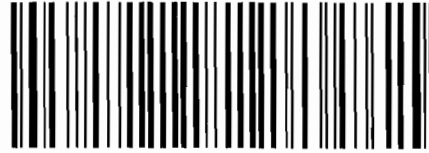
MESSAGE:

Facility was never constructed. Selling land.

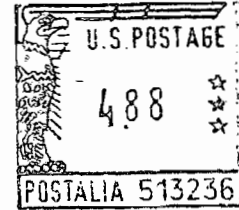
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\_\_\_\_\_

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

CERTIFIED MAIL™



7003 0500 0004 0140 7836



RECEIVED

FEB 24 2004

Bureau of Air Mail  
& Mobile Sources

U.S. Postal Service™  
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

*03*  
*M...*  
Postmark  
Here

0250994001AG 10  
SIR GALLOWAY DRY CLEANERS INC  
9720 SW 184 Street  
MIAMI, FL 33157

PS Form 3800, June 2002

See Reverse for Instructions

*unR*  
*2-17-04*

0250994001AG 10  
SIR GALLOWAY DRY CLEANERS INC  
9720 SW 184 Street  
MIAMI, FL 33157



ADDRESSEE UNDELIVERABLE

7003 0500 0004 0140 7836

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**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:

0250994001AG 10  
 SIR GALLOWAY DRY CLEANERS INC  
 9720 SW 184 Street  
 MIAMI, FL 33157

**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

2. Article Number  
 (*Transfer from service label*) 7003 0500 0004 0140 7836



BEST AVAILABLE COPY

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

MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

CERTIFIED

Z 210 662 428

MAIL

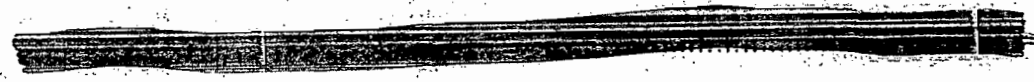
RETURN TO  
SENDER  
VACANT

TALLAHASSEE  
FEB 24 00  
FL

U.S. POSTAGE  
298  
POSTALIA 512157

AIRS ID # 0250994  
SIR GALLOWAY DRY-CLEANERS INC  
MARK D MILLS  
STREET  
MIAMI

VAC LOT  
Bureau of Air Monitoring  
& Mobile Sources  
Mar 13 2000  
RECEIVED  
ADDRESS UNKNOWN  
RETURN TO  
SENDER



**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 # 0250994

SIR GALLOWAY DRY CLEANERS INC  
 MARK D MILLS  
 9720 SW 184 STREET  
 MIAMI FL 33157

2. Article Number (Copy from service label)

2210 662 428

**COMPLETE THIS SECTION ON DELIVERY**

- 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

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

Z 210 662 428

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

AIRS ID # 0250994

SIR GALLOWAY DRY CLEANERS INC  
 MARK D MILLS  
 9720 SW 184 STREET  
 MIAMI FL 33157

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

BEST AVAILABLE COPY

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

MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

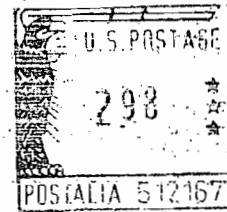
**CERTIFIED**

Z 210 663 171

04/17/00

03:31

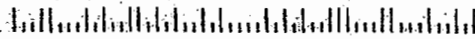
**MAIL**



*NSN*  
Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
APR 17 2000  
REGISTRATION NUMBER

32399-2400



SENDER COMPLETE

NON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250994  
SIR GALEWAY DRY CLEANERS INC  
MARK D MILLS  
9720 SW 184 STREET  
MIAMI FL 33157

2 210 663 171

2. Article Number (Copy from service label)

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

*Thomas P. Palmer*

C. Signature

*Thomas P. Palmer*  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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

BEST AVAILABLE COPY

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

**CERTIFIED**

Z 333 667 149

**MAIL**

*[Handwritten signature]*  
SENDER

ADDRESSEE UNKNOWN

TALLAHASSEE  
FEB 10 10  
FL

U.S. POSTAGE  
298  
POSTALIA 512167

MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

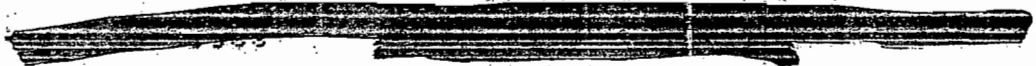
~~GALLOWAY DRY CLEANERS INC  
MIAMI, FLORIDA  
9720 SW 11th Street  
MIAMI, FL 33155~~

*Use det  
law  
5/28/00  
SEARCHED  
SERIALIZED  
INDEXED  
VACANT*

Bureau of Air Monitoring  
& Mobile Sources

FEB 25 2000

RECEIVED



**SENDER COMPL**

- 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 # 0250994

SIR GALLOWAY DRY CLEANERS INC  
 MARK D MILLS  
 9720 SW 184 STREET  
 MIAMI FL 33157

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

---

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)  
 7 333 667 149

PS Form 3811, July 1999

Domestic Return Receipt 102595-99-M-1709

Z 333 667 149

US Postal Service  
**Receipt for Certified Mail** 2000  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to  
 AIRS ID # 0250994  
 SIR GALLOWAY DRY CLEANERS INC  
 MARK D MILLS  
 9720 SW 184 STREET  
 MIAMI FL 33157

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	
TOTAL Postage & Fees	\$
Postmark or Date	