



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 23, 1999

Mr. Carolos Mendoza, President
One Low Price Cleaners
8689 Southwest 24B Street
Miami, Florida 33155

Re: Facility No.: 0251011-001

Dear Mr. Mendoza:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 14, 1999.

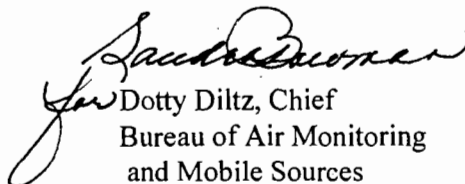
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



2/4/2003

TITLE V AIR QUALITY GENERAL PERMIT
FIELD NOTICE OF VIOLATION



Miami-Dade County Department of
Environmental Resources Management
33 S.W. 2nd Ave. Suite 900
Miami, FL 33130-1540
(305)372-6925 (305)372-6954 fax

CERTIFIED MAIL NO. 7000 1670 0004 7257 0042
RETURN RECEIPT REQUESTED

FACILITY OWNER/COMPANY NAME Carlos Mendoza

SITE NAME: One Low Price Cleaners AIRS ID# 0251011

FACILITY LOCATION 86 89 SW 24 st

TYPE OF FACILITY: Dry cleaning facility

RESPONSIBLE OFFICIAL: Carlos Mendoza PHONE NUMBER: 305-265-0024

YOU ARE HEREBY NOTIFIED that on 02/04/03 the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE, CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
Part II (2)(b)	Owner of facility has failed to renew annual operating permit - 2001	Submit payment of permit fee including 50% penalty fee \$50 + \$25 = \$75	7 Days

ADDITIONAL INFORMATION:

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

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

See attached copy w/ mailing address

Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.
Director

By (please print): Cynthia Fernandez
Section: Air facilities Date: 02/04/03
Signature: Cynthia Fernandez

Received By (please print): Carlos Mendoza
Title: PRESIDENT Date: 02-13-03
Signature: Carlos Mendoza

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

\$ 75 total
write air ID# - check
on

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.

MIAMI FL 331
PM
21 FEB
2003

ALWAYS
USE
ZIP CODE

MIAMI FL 331
PM
21 FEB
2003

MIAMI
FEB 21 '03
FL

ALWAYS
USE
ZIP CODE
PB METER
5413225
U.S. POSTAGE

[Handwritten mark]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

32399+2400 01



RECEIVED
SEP 17 1999

954 610-1401
Mickel Gorman
fx-954-748-8382

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM
Management Division

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
CARLOS MENDOZA & OLGA LUCIA GARZON URIBE

2. Site Name (For example, plant name or number):
ONE LOW PRICE CLEANERS

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
Street Address: 3689 SW 24TH STREET
City: MIAMI County: DADE Zip Code: 33155

Bureau of Air Monitoring & Mobile Sources
OCT 14 1999

RECEIVED

Responsible Official 0251011-001

6. Name and Title of Responsible Official:
Name: CARLOS MENDOZA Title: PRESIDENT

7. Responsible Official Mailing Address:
Organization/Firm: MEMOZA CLEANING CORP
Street Address: 12051 SW 12TH ST
City: PENSACOLA PINES County: BROWARD Zip Code: 33025

8. Responsible Official Telephone Number:
Telephone: (954) 443-2465 Fax: (954) 748-8382

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
AS ABOVE / CARLOS MENDOZA

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

11. Facility Contact Telephone Number:
Telephone: () AS ABOVE Fax: ()

RECEIVED

SEP 17 1999

Facility Information

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

Air Quality Management Division

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

For each dry-to-dry machines 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")
6/99	Existing <input checked="" type="radio"/> New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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

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

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

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

gallons (You must fill this in) → NOT OPEN YET

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

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

New store: New machine

Unopened store (date of expected opening 11/1/99)

RECEIVED
SEP 17 1999

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

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

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

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

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

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

Not open yet
(To open 11/1/99)

RECEIVED
SEP 17 1999

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 _____ Air Quality Management Division
- 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 pollutants 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.

CARLOS MENDOZA
Print name of responsible official

Carlos Mendoza
Signature

09-17-99
Date



Department of Environmental Resources Management
33 S.W. 2nd Avenue
Miami, FL. 33130-1540

F
A
X

T
R
A
N
S
M
I
T
T
A
L

RECEIVED

OCT 14 1999

Bureau of Air Monitoring
& Mobile Sources

SEND TO:

Name: Rick Butler

Company/Department: DARM

Phone Number: (850) 921-9580

Fax Number: (850) 922-6979

Message: Rick -

Here they are! Sorry to keep you waiting. Please call with any questions.

FROM:

Name: Debbie Griner

Division/Section: AQMD / DERM.

Phone Number: (305) 372-6936

Fax Number: (305) 372-6954

Date: 10/13/99

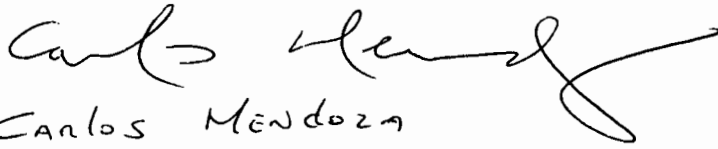
Number of Pages (including this one): 9

Miami, Feb. 20/2000

DOTTY Diltz, Chief
BUREAU OF AIR MONITORING
and MOBILE SOURCES
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ONE LOW PRICED CLEANERS THAT IS ON 8689 S.W.
24 MIAMI, FL 33155 OPENED JANUARY
14/2000 FOR THAT REASON I INFORM YOU
ABOUT YOUR MISTAKE IN YOUR LETTER THAT
SAYS: "YOUR ANNUAL EMISSIONS FEE IS \$50
FOR CALENDAR YEAR 1999."

Sincerely,


CARLOS MENDOZA
OWNER.

DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
14th FLOOR
MIAMI, FL 33130

1899 OCCUPATIONAL LICENSE TAX 2000
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2000
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

421456-5
BUSINESS NAME / LOCATION
ONE LOW PRICE CLEANERS
8689 CORAL WAY
33155 UNIN DADE COUNTY

NEW
LICENSE NO. 440159-2

OWNER
MENDOZA CLEANING CORP
Sec. Type of Business
213 CLEANER/LAUNDRY/ALTERATIONS

EMPLOYEES
18

THIS IS AN OCCUPATIONAL
TAX ONLY. IT DOES NOT
PERMIT THE LICENSEE TO
VIOLATE ANY EXISTING
REGULATORY OR ZONING
LAWS OF THE COUNTY OR
CITIES. NOR DOES IT
EXEMPT THE LICENSEE
FROM ANY OTHER LICENSE
OR PERMIT REQUIRED BY
LAW. THIS IS NOT A CERTI-
FICATION OF THE
LICENSEE'S QUALIFICA-
TION.

DO NOT FORWARD

ONE LOW PRICE CLEANERS
CARLOS MENDOZA PRES
8689 CORAL WAY
MIAMI FL 33155

PAYMENT RECEIVED
DADE COUNTY TAX
COLLECTOR:

01/14/2000
030157001
000135.00
SEE OTHER SIDE





DEPARTMENT OF PLANNING AND REGULATION
 MIAMI-DADE COUNTY
 PERMANENT CERTIFICATE OF USE AND OCCUPANCY

SEC: 10 TWP: 54 RNG: 40
 FOLIO: 3040103000020

CERT NO: 2000032499
 PROCESS NO: U2000004325
 ZONE: BU2
 FEE: \$147.85

GROUP: G

MAILING ADDRESS/CONTACT PERSON:
 MENDOZA DRY CLEANERS
 8689 SW 24 ST
 MIAMI, FL

CORP NAME/D/B/A AND ADDRESS:
 MENDOZA DRY CLEANERS
 ONE LOW PRICE CLEANERS
 8689 SW 24 ST

BUSINESS USE: SERVICES-(DRY CLEANER, LAUNDRY, ETC.)
 USE SPECIFICS: DRY CLEANER

CONDITIONS:
 MUST COMPLY WITH IN3-DCSO CONDITIONS

LEGAL DESCRIPTION: 10 54 40 18.896 AC M/L
 5785FT OF W1250FT OF SW1/4 LESS

DATE OF CO ISSUANCE: 1/14/2000 BLDG PERMIT NO: 1999113506
 THIS CERTIFICATE MUST BE POSTED ON PREMISES.

THIS CERTIFICATE OF OCCUPANCY IS VALID FOR AN UNLIMITED TIME, UNLESS REVOKED FOR CAUSE, PROVIDED THE USE COMPLIES WITH APPLICABLE CODE REQUIREMENTS OF MIAMI-DADE COUNTY AND PROVIDED THERE IS NO CHANGE OF USE, BUSINESS NAME OR OWNERSHIP, AND NO ENLARGEMENT, ALTERATION OR ADDITION IN THE USE, BUILDING OR STRUCTURE. SUCH CHANGES REQUIRE A NEW CERTIFICATE OF USE AND OCCUPANCY, WITH THE ZONING PERMITS SECTION AT 305-271-1242.

PLEASE CONTACT THE MIAMI DADE OCCUPATIONAL LICENSE OFFICE FOR THEIR REQUIREMENTS AT 305-270-4949.

1/14/20 0 12:22 HAL2 20001140067 RBNZBZNY CENTRAL 147.85



WESTCHESTER
 SHOPPING
 CENTER

CARLOS MENDOZA
 Owner / Manager

8689 S.W. 24 St.
 Miami, Florida 33155
 Phone: (305) 265-0024
 Pager: (305) 417-5759

Hours:
 M - F, 7:00 a.m. - 7:00 p.m.
 Sat., 8:00 a.m. - 7:00 p.m.

RECEIVED

954 610-1401
Michele Gorman
fx-954-748-8382

SEP 17 1999

OCT 1 8 1999

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM
Bureau of Air Management Division
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

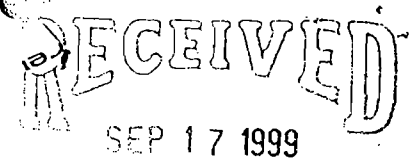
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CARLOS MENDOZA & OLGA LUCIA GARZON URIBE	
2. Site Name (For example, plant name or number):	ONE LOW PRICE CLEANERS	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location:		
Street Address:	9689 SW 24TH STREET	Zip Code: 33155
City:	MIAMI	County: DADE

Responsible Official

6. Name and Title of Responsible Official:		
Name:	CARLOS MENDOZA	Title: PRESIDENT
7. Responsible Official Mailing Address:	12051 SW 12TH ST	
Organization/Firm:	MENDOZA CLEANING CORP	
Street Address:		
City:	PENDLETON PINES	County: BROWARD
		Zip Code: 33025
8. Responsible Official Telephone Number:		
Telephone:	(954) 443-2465	Fax: (954) 748-8382

Facility Contact (If different from Responsible Official)

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



Facility Information

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

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

Air Quality Management Division

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")
6/99	Existing/ <u>New</u>	<u>RC</u> /CA/None required	SAME
_____	Existing/Now	RC/CA/None required	_____
_____	Existing/Now	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/Now	RC/CA/None required	_____
_____	Existing/Now	RC/CA/None required	_____
_____	Existing/Now	RC/CA/None required	_____

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

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

gallons (You must fill this in) → NOT OPEN YET

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

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

New store: New machine

Unopened store (date of expected opening 11/1/99)

RECEIVED
SEP 17 1999

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

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

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

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

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

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

NOT OPEN YET
(TO OPEN 11/1/99)

RECEIVED

SEP 17 1999

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 _____

Air Quality
Management Division

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 pollutants 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.

Carlos Mendoza
Print name of responsible official

Carlos Mendoza
Signature

09-17-99
Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	DATE:	TIME IN:	TIME OUT:
AIRS ID#: <u>051011</u>	DATE: <u>5/16/00</u>	TIME IN: <u>1445</u>	TIME OUT: <u>1530</u>
FACILITY NAME: <u>One Low Price Cleaners</u>			
FACILITY LOCATION: <u>8689 SW 24 St.</u> <u>Miami, FL</u>			
RESPONSIBLE OFFICIAL: <u>Carlos Mendoza</u>		PHONE: <u>305 265 0034</u> 305 443 2465	
CONTACT NAME: _____		PHONE: _____	

RECEIVED
 JUN 1 2000
 Bureau of Air Management
 & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 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: 150 gallons.

ADMS
5/19/00
[Signature]

5/23/00
[Signature]

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 Fanni

Inspector's Name (Please Print)

5/16/00

Date of Inspection

Ivan Fanni
Inspector's Signature

5/01

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- New source, first inspection
- Explained requirements to R.O.
- provided calendar
- good housekeeping

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1445 TIME OUT: 1530 AIRS ID#: 0251011

TYPE OF FACILITY: Peric Dry Cleaners

FACILITY NAME: One Low Price Cleaners DATE: 5/16/00

FACILITY LOCATION: 8689 SW 24 st.

Miami, FL

RESPONSIBLE OFFICIAL: Carlos Mendosa PHONE NUMBER: 305-265-0024

- 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
<u>Not maintaining recordkeeping: leak, temp., and rolling log</u>	<u>Begin recordkeeping</u>

COMMENTS: - Good Housekeeping
- First insp.

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

DATE OF NEXT INSPECTION: 5/01
(Approximate)

INSPECTION CONDUCTED BY: Tuan Fannin
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 305-372-6922

Acc

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

FACILITY NAME: One Low Price Cleaners DATE: 5/16/00
 FACILITY LOCATION: 8689 SW 24 st.
Miami, FL

Annual Reporting Period: Jan ~~1999~~ 1999 TO May 2000

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:

Not maintaining recordkeeping

Exact period of non-compliance: from Jan 00 to May 00

Action(s) taken to achieve compliance: Begin recordkeeping

Method used to demonstrate compliance: FDEP Calendar

#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: CARLOS MENDOZA Carlos Mendoza 5/16/00
 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.

7001 0320 0001 7975 9760

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

OFFICIAL USE

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID # 0251011		
Se	ONE LOW PRICE CLEANERS CARLOS MENDOZA	
St or	12051 SW 12TH STREET	
Ci	PEMBROKE PINES FL 33155	

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 # 0251011~~

~~ONE LOW PRICE CLEANERS~~
~~CARLOS MENDOZA~~
~~12051 SW 12TH STREET~~
~~PEMBROKE PINES FL 33155~~

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____

Agent
 Addressee

Reason for return (check one):
 Date of delivery address different from item 1?
 Unclaimed (enter delivery address below)
 Refused
 Attempted Not Known
 Insufficient Address
 No Such Street
 No Such Number
 No Such Office in State

Do not re-mail in this envelope

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7001 0320 0001 7975 9760

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

MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



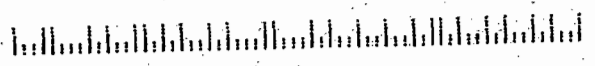
RETURN TO SENDER UNDELIVERED NOT KNOWN 7001 0320 0001 7975 9760

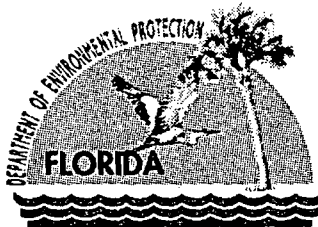
UNK

- REASON CHECKED**
- Unclaimed _____
- Refused _____
- Attempted Not Known _____
- Insufficient Address _____
- No Such Street _____
- No Such Number _____
- No Such Office in State _____
- Do not re-mail in this envelope

55025

1st Notice APR 11 2002
Return _____





Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
April 1, 2002

David B. Struhs
Secretary

NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year **2001** you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee is \$50 for calendar year **2001**. A notice of your obligation to pay the annual emissions fee was sent to you by certified mail, along with an invoice form and instructions. This notice (with the enclosed replacement invoice) is being sent as a reminder.

The Department has not received your annual emissions fee. Accordingly, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of **\$75.00** for calendar year **2001**.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will proceed to revoke your facility's Title V Air General Permit and will also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

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

/JK

Enclosure: Invoice Form

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



Department of Environmental Protection

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

David B. Struhs
Secretary

Jeb Bush
Governor

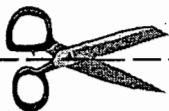
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID # 0251011
ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12TH STREET
PEMBROKE PINES FL 33155

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

Bureau of Air Monitoring
& Mobile Sources

MAY 8 2002

RECEIVED

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



POSTAGE
REQUIRED

UNITED STATES POSTAL SERVICE
FIRST CLASS PERMIT NO. 1000
TALLAHASSEE, FL 32315

POSTAGE
PAID
PERMIT NO. 1000
TALLAHASSEE, FL 32315

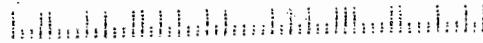
BEST AVAILABLE COPY

STATE OF FLORIDA
OF ENVIRONMENTAL PROTECTION
TOWERS OFFICE BUILDING
100 BLAIR STONE ROAD
ASSEE, FLORIDA 32399-2400

RETURN TO SENDER/UNABLE TO FORWARD
RETURN SERVICE REQUESTED

AIRS ID # 0251011
ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12TH STREET
PEMBROKE PINES FL
33155

~~32557-24029~~ 27



BEST AVAILABLE COPY

MS# 3510 MC Acct # 5521

CERTIFIED MAIL



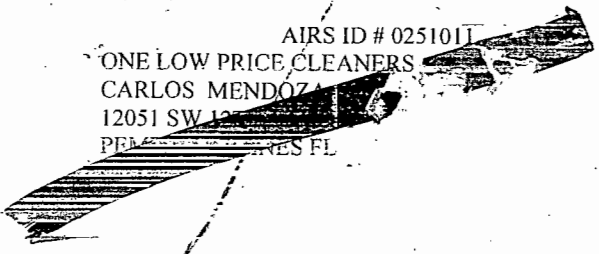
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

RETURN TO OFFICE/RETURN FOR REASON SHOWN

(78)

(Handwritten signature and date stamp)

AIRS ID # 0251011
ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12th
PALM BEACH GARDENS FL



MAR 7 5 2008
AIRS ID # 0251011
ONE LOW PRICE CLEANERS

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 # 0251011
 ONE LOW PRICE CLEANERS
 CARLOS MENDOZA
 12051 SW 12TH STREET
 PEMBROKE PINES FL
 33155

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

7001 0320 0001 7976 0315

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 7976 0315

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

AIRS ID # 0251011
 ONE LOW PRICE CLEANERS
 CARLOS MENDOZA
 12051 SW 12TH STREET
 PEMBROKE PINES FL
 33155

PS Form 3800, January 2001

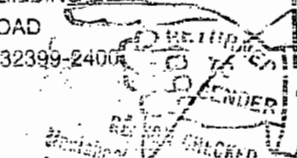
CERTIFIED MAIL

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



7 000 0600 0026 4125 2287

550304
MS5510



RECEIVED

REC'D

Check for
Provisional Recipient
Application for return
Insufficient address
No such street
No such office in state
Do not re-mail in this office

W/N 3-6-01

AIRS ID # 0251011

ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12TH STREET
PEMBROKE PINES FL 33155

Bureau of Air Monitoring
& Mobile Sources

MAR 3 0 2001

RECEIVED

MA 3/13



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 # 0251011

ONE LOW PRICE CLEANERS
 CARLOS MENDOZA
 12051 SW 12TH STREET
 PEMBROKE PINES FL 33155

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ 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)

7000 0600 0026 4126 1787

U.S. Postal Service
GENERAL DELIVERY RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

7000 0600 0026 4126 1787

Return Receipt For (Postage and Prepayment) _____
 Registered Mail (with or without endorsement) _____
 Total Postage & Fees \$ _____

AIRS ID # 0251011

ONE LOW PRICE CLEANERS
 CARLOS MENDOZA
 12051 SW 12TH STREET
 PEMBROKE PINES FL 33155

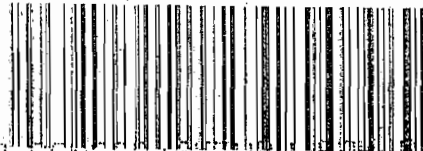
PS Form

Restrictions

CERTIFIED MAIL

MS# 5510 MC Acct# 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL 32399-7409



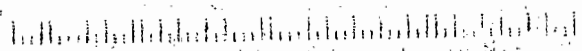
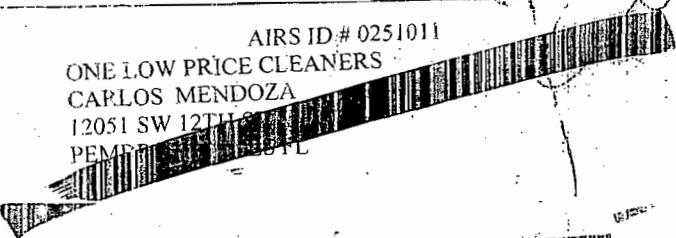
###RETURN TO SENDER/RETURN FOR REASON SHOWN###
7000 0600 0026 4128 7928

FEB 20 2002

Bureau of Air Monitoring
& Mobile Sources

DO NOT REMOVE LABEL

AIRS ID# 0251011
ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12TH
PEPPER CORAL



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 # 0251011

ONE LOW PRICE CLEANERS
 CARLOS MENDOZA
 12051 SW 12TH STREET
 PEMBROKE PINES FL
 33155

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

2. Article Number (Copy from service label)

7000 0600 0026 4128 7928

102595-99-M-1789

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) (Insured Coverage Provided)

AIRS ID # 0251011

Return Receipt for Endorsement and Signature _____
 Restricted Delivery for Endorsement of Postage _____

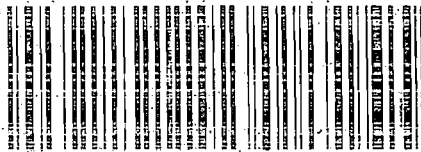
To: _____
 Recd. by: **ONE LOW PRICE CLEANERS**
 Street: **CARLOS MENDOZA**
 City: **12051 SW 12TH STREET**
 State: **PEMBROKE PINES FL**
 Zip: **33155**

Instructions

7000 0600 0026 4128 7928

CERTIFIED MAIL

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



7000 0600 0026 7825 6312

RECEIVED
Bureau of Air Monitoring
& Mobile Sources

Return

12-2-90

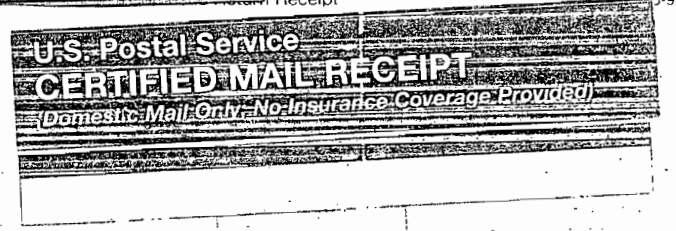
NO. 1000 NUMBER
NO. 1000 NUMBER
NO. 1000 NUMBER
NO. 1000 NUMBER

AIRS ID # 0251011
ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12TH STREET
PINEHURST PINES FL 33155

5-A 0 2001

32399-2400

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0251011</p> <p>ONE LOW PRICE CLEANERS CARLOS MENDOZA 12051 SW 12TH STREET PEMBROKE PINES FL 33155</p>	<p>C. Signature</p> <p>X <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>2. Article Number (Copy from service label)</p> <p style="font-size: 1.5em; font-family: cursive;">7000 0600 0026 7825 6317</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	



7000 0600 0026 7825 6317

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total F		
Recipient: ONE LOW PRICE CLEANERS CARLOS MENDOZA Street: 12051 SW 12TH STREET City, St: PEMBROKE PINES FL 33155		AIRS ID # 0251011

Receipt 9505-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436564 FEB 26 2004

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 251011
CARLOS MENDOZA
ONE LOW PRICE CLEANERS
8689 SW 24TH STREET
MIAMI, FL 33155

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

RECEIVED
MAR 3 2004
Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392843

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0251011
ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12TH STREET
PEMBROKE PINES FL 33155

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

RECEIVED
MAR - 2 2000
Bureau of Air Monitoring
& Mobile Sources
RECEIVED
MAIL ROOM
FEB 29 00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407382 MAR27 2001

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

TOTAL AMOUNT DUE: \$50.00

pd
3755 2273

Do **NOT** Remove Label

AIRS ID# 0251011
ONE LOW PRICE CLEANERS CARLOS MENDOZA 12051 SW 12TH STREET PEMBROKE PINES FL 33155

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421988 JAN21 2003

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
JAN 24 2003
Bureau of A.M.
& M.C.M.

Do **NOT** Remove Label

ONE LOW PRICE CLEANERS AIRS ID# 0251011 CARLOS MENDOZA 8689 SW 24th STREET MIAMI FL 33155

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

4947 0144 4444 0000 0500 7003	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
	For delivery information visit our website at www.usps.com ®		
	OFFICIAL USE		
	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	<i>Receipt 10/04</i> Postmark Here	
	To: AIRS ID# 0251011 Sent: ONE LOW PRICE CLEANERS CARLOSMENDOZA Street or PO: 8689 SW 24TH STREET City: MIAMI, FL 33155		
PS Form 3800, June 2002		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <i>9/16</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> AIRS ID# 0251011 ONE LOW PRICE CLEANERS CARLOSMENDOZA 8689 SW 24TH STREET MIAMI, FL 33155 </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number <i>(Transfer from service label)</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7003 0500 0004 0144 4947	

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

SEP 20 2004

RECEIVED



Z 210 662 429

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0251011

ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12TH STREET
PEMBROKE PINES FL 33155

2000

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	

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 # 0251011

ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12TH STREET
PEMBROKE PINES FL 33155

2. Article Number (Copy from service label)

Z 210 662 429

COMPLETE THIS SECTION ON DELIVERY

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

2/29 RL

C. Signature

X *Carlos Mendoza*

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

BEST AVAILABLE COPY

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 •

EMERGENCY MOBILE SOURCE CONTROL PROGRAM
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
MAR - 3 2000
Bureau of Air Monitoring
& Mobile Sources



Z 333 667 150

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to _____ AIRS ID # 0251011

ONE LOW PRICE CLEANERS
CARLOS MENDOZA
12051 SW 12TH STREET
PEMBROKE PINES FL 33155

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	

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

<p>SENDER: CC</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0251011</p> <p>ONE LOW PRICE CLEANERS CARLOS MENDOZA 12051 SW 12TH STREET PEMBROKE PINES FL 33155</p>	<p style="text-align: right;">SECTION ON DELIVERY</p> <p>A. Received by (Please Print Clearly) B. Date of Delivery <i>Carlos Mendoza</i> 07-14-00</p> <p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Carlos Mendoza</i> <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>2. Article Number (Copy from service label) Z 333 667 150</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

[Signature]
Postmark Here

Total Postage ID# 251011
 Sent To CARLOS MENDOZA
 ONE LOW PRICE CLEANERS
 8689 SW 24TH STREET
 MIAMI, FL 33155

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 9455

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ID# 251011
 CARLOS MENDOZA
 ONE LOW PRICE CLEANERS
 8689 SW 24TH STREET
 MIAMI, FL 33155

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by *(Printed Name)* C. Date of Delivery
Olga Barzon. 2-6-04

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

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

4. Restricted Delivery? *(Extra Fee)* Yes

7003 2260 0003 5650 9455

PS Form 3811, August 2001

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 5548
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
BUREAU OF AIR MONITORING & MOBILE SOURCES
2004

