



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

May 3, 2000

Mr. Gustavo Gutierrez
New Cleaners, Inc.
3485 West Flagler Street
Miami, Florida 33135

Re: Facility No.: 0251019

Dear Mr. Gutierrez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 22, 2000.


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

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

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

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

Sincerely,


for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, 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

MAR 22 2000

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):	New Cleaners, Inc.
2. Site Name (For example, plant name or number):	New Cleaners, Inc.
3. Hazardous Waste Generator Identification Number:	FL A 98 214 7829
4. Facility Location: Street Address: City: County: Zip Code:	3485 W. Flagler St. Miami Dade 33135
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251019

RECEIVED
Bureau of Air Monitoring
& Mobile Sources
MAR 30 2000

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	Gustavo Gutierrez Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	Same As Above
8. Responsible Official Telephone Number: Telephone: Fax:	(305) 541-7472 () -

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>24-Jun-96</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>24-Jun-96</u>
_____	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?

[0] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] months

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

New store: [_____] New machine [_____]

Unopened store [_____] (date of expected opening _____)

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

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

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

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

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

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

How many boilers do you have on-site? 0 1 2 3

For each boiler, indicate its horsepower (HP) rating: 0 1 2

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) Hi Diesel

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.

Gustavo Gutierrez
Print name of responsible official


Signature

3/21/2000
Date

INTEROFFICE MEMORANDUM

Date: 18-Sep-2000 06:09pm

From: Griner, Debbie
DERM)

(GrineD@co.miami-

dade.fl.us

Dept:
Tel No:

To: 'Rick.Butler@dep.state.fl.us' (Rick.Butler@dep.state.fl.us)
To: 'Sandy.Bowman@dep.state.fl.us' (Sandy.Bowman@dep.state.fl.us)
CC: Fannin, Ivan (DERM) (FanniI@co.miami-dade.fl.us)
CC: Barros, Marcelo (DERM) (BarroM@co.miami-dade.fl.us)

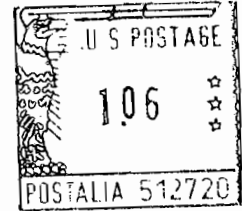
Subject: New Cleaners, 0251019

Rick & Sandy-

0251019 New Cleaners was previously 0250883 Top Service Cleaners Inc.
0250883 was inspected in April of 2000, at which time a new application was
obtained from the new owner. Should it be 0250883-02? Sorry for not making
that clear when we submitted the new Initial Notification.

Thanks,
Debbie Griner

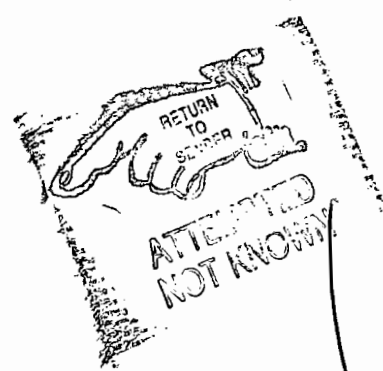
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



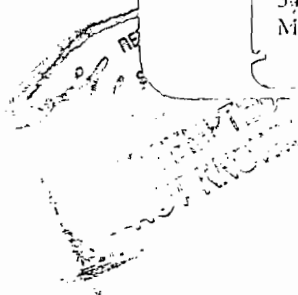
RECEIVED

DEC 09 2003

Bureau of Air Monitoring
& Mobile Sources



231019
GUSTAVO GUTIERREZ
NEW CLEANERS
3485 W FLAGLER STREET
MIAMI FL 33125





Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

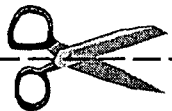
TO: Holder of Title V Air General Permit

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: \$50.00

Do NOT Remove Label

251019
GUSTAVO GUTIERREZ
NEW CLEANERS
3485-W FLAGLER STREET
MIAMI FL 33125

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 4-4-2
1. Article Addressed to: AIRS ID # 0251019 NEW CLEANERS GUSTAVO GUTIERREZ 3485 W FLAGLER STREET MIAMI FL 33125	C. Signature X <i>[Signature]</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
2. Article Number (Copy from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 1999	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0001 7975 9753		
102595-99-M-1789		

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	AIRS ID # 0251019
Sent Street or PO City, State, ZIP	NEW CLEANERS GUSTAVO GUTIERREZ 3485 W FLAGLER STREET MIAMI FL 33125
PS Form	Instructions

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)	
Total Postage & Fees	

AIRS ID # 0251019

NEW CLEANERS
GUSTAVO GUTIERREZ
3485 W FLAGLER STREET
MIAMI FL
33125

Reverse for Instructions

7001 0320 0001 7976 0322

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0251019</p> <p>NEW CLEANERS GUSTAVO GUTIERREZ 3485 W FLAGLER STREET MIAMI FL 33125</p>	<p>A. Received by (<i>Please Print Clearly</i>) B. Date of Delivery</p> <p style="text-align: center; font-size: 1.5em;">ODAY 3-8</p> <p>C. Signature <input type="checkbox"/> Agent <input checked="" 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>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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
7001 0320 0001 7976 0322	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407568 APR 6 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: \$75.00

jd

Do NOT Remove Label

NEW CLEANERS GUSTAVO GUTIERREZ 3485 W FLAGLER STREET MIAMI FL 33125	AIRS ID # 0251019
--	-------------------

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

3755 2273

Z 210 661 314

US Postal Service
Receipt for Certified Mail

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

Sent to AIRS ID # 0251019

NEW CLEANERS
 GUSTAVO GUTIERREZ
 3485 W FLAGLER STREET
 MIAMI FL 33125

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		

Is your RETURN ADDRESS completed on the reverse side?

SEND TO:

- Complete items 3, 4, and 5.
- Complete items 3, and 4.
- Print your name and address on the reverse side of this card to you.
- Attach this form to the front of the mailpiece, or on a separate card if the postmaster does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0251019

NEW CLEANERS
 GUSTAVO GUTIERREZ
 3485 W FLAGLER STREET
 MIAMI FL 33125

4a. Article Number

Z 210 661 314

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

4-4

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 3-5-01
	C. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	
1. Article Addressed to: AIRS ID # 0251019 NEW CLEANERS GUSTAVO GUTIERREZ 3485-W FLAGLER STREET MIAMI FL 33125	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) 7000 0600 0026 4126 1362		
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)		
<div style="float: left; width: 200px; border: 1px solid black; padding: 2px;"> 7000 0600 0026 4126 1362 </div>		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Rec NEW CLEANERS Stre GUSTAVO GUTIERREZ City 3485 W FLAGLER STREET MIAMI FL 33125		AIRS ID # 0251019
PS Form 3811, July 1999	Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4-if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2/9/01</u>
1. Article Addressed to: <p style="text-align: right;">AIRS ID # 0251019</p> <p>NEW CLEANERS GUSTAVO GUTIERREZ 3485 W FLAGLER STREET MIAMI FL 33125</p>	C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Copy from service label) <u>7000 0600 0026 7825 6218</u>	3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>																
7000 0600 0026 7825 6218	<div style="border: 1px solid black; height: 35px;"></div>															
<table border="0"> <tr> <td>Postage</td> <td>\$</td> <td></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Total P</td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			Total P			Postmark Here
Postage	\$															
Certified Fee																
Return Receipt Fee (Endorsement Required)																
Restricted Delivery Fee (Endorsement Required)																
Total P																
AIRS ID # 0251019																
<table border="0"> <tr> <td>Recipient</td> <td>NEW CLEANERS</td> </tr> <tr> <td></td> <td>GUSTAVO GUTIERREZ</td> </tr> <tr> <td>Street</td> <td>3485 W FLAGLER STREET</td> </tr> <tr> <td>City, State</td> <td>MIAMI FL 33125</td> </tr> </table>		Recipient	NEW CLEANERS		GUSTAVO GUTIERREZ	Street	3485 W FLAGLER STREET	City, State	MIAMI FL 33125							
Recipient	NEW CLEANERS															
	GUSTAVO GUTIERREZ															
Street	3485 W FLAGLER STREET															
City, State	MIAMI FL 33125															
PS Form	Instructions															

BEST AVAILABLE COPY

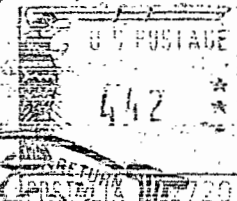
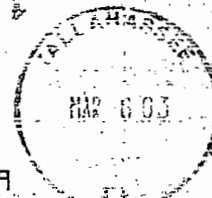
CERTIFIED MAIL

MS# 6510 MC Acct # 031

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



7001 0320 0001 7975 4529



Moved, Left No. Address
Moved, Not Forwardable

Unclaimed
No Such Number

Addressee Unknown
No Return Receipt

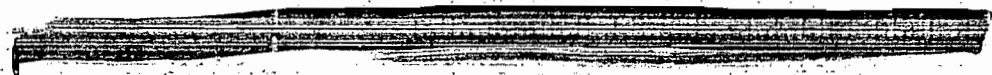
No Return Receipt
No Return: Evtg., Business, Lot # Listed

RETURN TO SENDER

Do NOT Remove Label

AIRS ID#0251019

NEW CLEANERS
GUSTAVO GUTIERREZ
3485 W FLAGLER STREET
MIAMI FL
33125



POSTAGE WILL BE PAID BY ADDRESSEE

BEST AVAILABLE COPY

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4, if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="text-align: right;">AIRS ID#0251019</div> NEW CLEANERS GUSTAVO GUTIERREZ 3485 W FLAGLER STREET MIAMI FL 33125		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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.	
7001 0320 0001 7975 4529		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

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

OFFICIAL USE

[Signature]

Postmark Here

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

AIRS ID#0251019

NEW CLEANERS
 GUSTAVO GUTIERREZ
 3485 W FLAGLER STREET
 MIAMI FL
 33125

See Instructions

7001 0320 0001 7975 4529

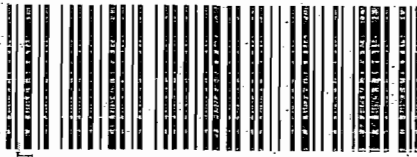
BEST AVAILABLE COPY

6510

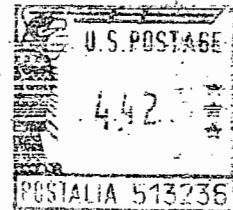
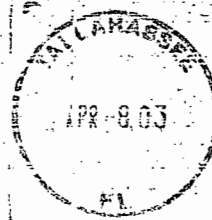
5521

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

CERTIFIED MAIL



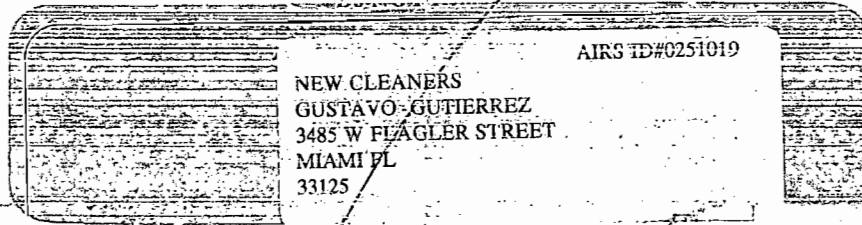
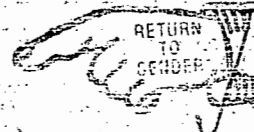
7000 1670 0013 3109 2237



MC5521

BAMMS/BCO
JOEY ROBERTS
5510

MINA

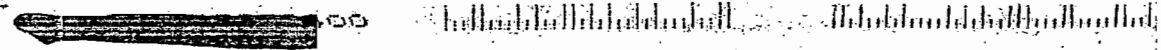


- Moved, Left No Address _____
- Moved, Not Forwardable _____
- Unclaimed _____ Returned _____
- No Such Number _____ Vacant _____
- Addressee Unknown _____
- No Mail Receipt _____

U.S. AIR MAIL Monitoring
Mobile sources

APR 15 2003

RECEIVED



BEST AVAILABLE COPY

SENDER		ATTENTION/DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" 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 _____ C. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">AIRS ID#0251019</p> NEW CLEANERS GUSTAVO GUTIERREZ 3485 W FLAGLER STREET MIAMI FL 33125		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label) <p style="font-size: 1.2em; font-family: cursive;">70001670 00133169 2237</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.	
PS-Form 3814, July 1999		Domestic Return Receipt	

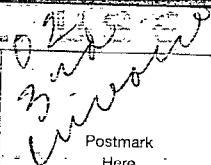
102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

70001670 00133169 2237

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

AIRS ID#0251019

Sent To	NEW CLEANERS
Street, Apt.	GUSTAVO GUTIERREZ 3485 W FLAGLER STREET
City, State	MIAMI FL 33125

PS-Form 3814, July 2000

BEST AVAILABLE COPY

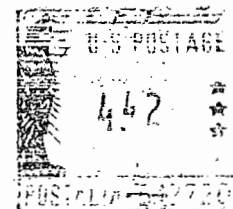
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7003 0500 0004 0144 9188



RETURN TO
SENDER
UNDELIVERABLE
ADDRESS UNKNOWN
FIRST CLASS PERMIT NO. 1077 TALLAHASSEE FL

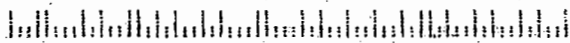
CEIVED

CM

3/16/04

ATTACHED 251019
GUSTAVO GUTIERREZ
NEW CLEANERS
3485 W FLAGLER STREET
MIAMI, FL 33125

32333-10322 101



BEST AVAILABLE COPY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: _____</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by: (Printed Name): _____ C. Date of Delivery: _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 251019</p> <p>GUSTAVO GUTIERREZ NEW CLEANERS 3485 W FLAGLER STREET MIAMI, FL 33125</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number _____ (Transfer from service label)</p>	<p>7003 0500 0004 0144 9188</p>
<p>PS Form 3811, August 2001</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

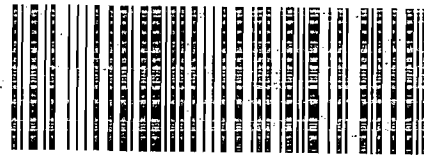
7003 0500 0004 0144 9188

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 \$	<p style="text-align: center;">Postmark Here</p> <p style="font-size: 2em; text-align: center;">2003</p>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage:	AIRS ID # 251019
Sent To	GUSTAVO GUTIERREZ
Street, Apt. No., or PO Box No.	NEW CLEANERS
City, State, ZIP+	3485 W FLAGLER STREET
	MIAMI, FL 33125
PS Form 3800, June 2002	See Reverse for Instructions

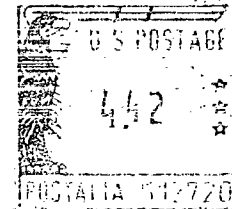
BEST AVAILABLE COPY

CERTIFIED MAIL

5510 STATE OF FLORIDA 5521
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

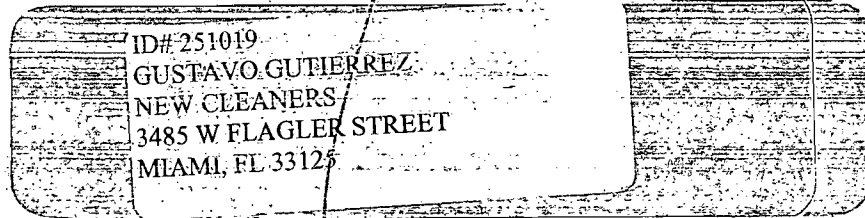


7003 2260 0003 5650 9271



MC5521

BAMMS/BCO
JOEY ROBERTS
5510



RECEIVED
Bureau of Air Monitoring
& Mobile Sources
FEB 18 2004
RETURN TO SENDER
UNDELIVERED
ATTEMPTED
UNKNOWN

33135-1042 16

U.S. POSTAL SERVICE
 OFFICE OF ENFORCEMENT
 4000 WASHINGTON BLVD
 WASHINGTON, DC 20540

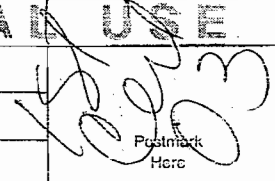
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>ID# 251019 GUSTAVO GUTIERREZ NEW CLEANERS 3485 W FLAGLER STREET MIAMI, FL 33125</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7003 2260 0003 5650 9271</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

7003 2260 0003 5650 9271

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	Postmark Here 
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	

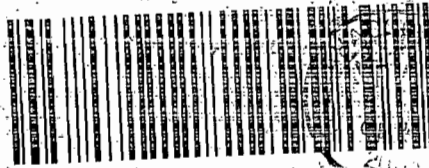
ID# 251019
 GUSTAVO GUTIERREZ
 NEW CLEANERS
 3485 W FLAGLER STREET
 MIAMI, FL 33125

PS Form 3800, June 2002 See Reverse for Instructions

MS# 5510 MC Acct # 521

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

CERTIFIED MAIL



7003 0500 0004 0144 4763



Bureau of Air Mail
& Mobile Sources

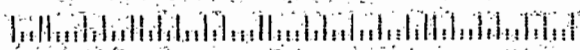
APR 7 2004

RECEIVED

MAILS TO BE OPENED BY POST OFFICE
NEW CLEANERS
GUSTAVO GUTIERREZ
3485 W FLAGLER STREET
MIAMI FL 33125

RETURNED TO SENDER
REASON CHECKED
Undelivered Refused
Attempted but known
Insufficient Address
No such street number
No such office in state
Do not re-mail in this envelope

32399-2400



BEST AVAILABLE COPY

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ARTICLES TO BE RETURNED TO: NEW CLEANERS GUSTAVO GUTIERREZ 3485 W FLAGLER STREET MIAMI, FL 33125		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	
3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102-995-02-M-1540	

7003 0500 0004 0144 4763

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

OFFICIAL USE

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

ARTICLES TO BE RETURNED TO:
 NEW CLEANERS
 GUSTAVO GUTIERREZ
 3485 W FLAGLER STREET
 MIAMI, FL 33125

Sent To: #0251819
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002