

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 5, 2001

Ms. Laura M. Mendieta
Jarquin Best Cleaners, Inc.
725 West 72nd Place
Hialeah, Florida 33014

Re: Facility No.: 0250163-002

Dear Ms. Mendieta:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 13, 2001.


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: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Monday, August 14, 2006 2:29 PM
To: Bowman, Sandy
Subject: FW: Inactivation in GPCI and ARMS of TVGP Facilities

Attachments: SDOC0389.pdf



SDOC0389.pdf (2 MB)

Hi Sandy:

Please inactivate from the GPCI and ARMS databases the following facilities (see attached inspection reports):

Gables Dryclean and Wash	0251195
Jarquin Best Cleaners	0251063
To Press Cleaners	0251120
Dry-clean Fl	0251013
Bethany Family	0251081

Thanks.

Marcelo A. Barros
Environmental Resources Project Supervisor AQMD/Air Facilities Section Miami-Dade County
DERM
(305) 372-6925

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

From: Marcelo Barros [mailto:barrom@miamidade.gov]
Sent: Monday, August 14, 2006 3:17 PM
To: Barros, Marcelo (DERM)
Subject:

<<SDOC0389.pdf>> This E-mail includes attached file(s) sent from "RNP6F8396" (Aficio 1075).

Scan Date: 08.14.2006 14:16:53 (-0500)

RECEIVED

FEB 19 2003

Bureau of Air Monitoring
& Mobile Sources



JARQUIN BEST CLEANERS INC. 06-01
305-888-0422
699 E. 9TH ST.
HIALEAH, FL 33010-4523

1223

DATE 02/10/03

PAY TO THE ORDER OF General Permits Section \$ 75.00
Seventy Five dollars 00 DOLLARS

Bank of America



ACH R/T 063100277

FOR Airs 10# 0251063

Laura M Mendez MP



*2001
fee year*

3753
2273

GUARDIAN SAFETY

Sarguin Best Dry Cleaners
699 East 9th
Hialeah Florida 33010



RECEIVED
Bureau of Air Monitoring
& Mobile Sources
FEB 13 2003

General Permits Section
Bureau of air monitoring
and mobile sources MS, 5510
Department of Environmental
Protection
2600 Blair Stone Road

32399-2400 01

Tallahassee, FL 32399-2400

0251063-002

8/17/01

Spoke to Laura Mendieta and she stated that the two washers and one dryer marked as transfer machine are not pers. using machines.

P15 1(a) New should be circled under Status.
RC should be circled under Control Device Required

1(b) Mark out all information under Transfer machines.

P16
4. New machines at small area source should be marked.

6(b) Required for all sources. Should be marked.

P17 Responsible official sign and date for changes made.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

CC To

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due _____

Reply Required
Date Due: _____

Info Only

Comments:

From: _____

Tel.: _____

RECEIVED

JUL 30 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUL 13 2001

Air Quality

Permit 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):	JARQUIN Best Cleaners, Inc
2. Site Name (For example, plant name or number):	PLAN X
3. Hazardous Waste Generator Identification Number:	FLD 001 046 - 911
4. Facility Location: Street Address: City:	499 E 9 ST MIAMI BEACH FL County: MIAMI DADE Zip Code: 33101
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251063-002

Responsible Official

6. Name and Title of Responsible Official: Name:	LAURA M MENDIETA	Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	JARQUIN Best Cleaners, Inc 725 W 72ND PLACE MIAMI BEACH FL	County:	MIAMI DADE Zip Code: 33101
8. Responsible Official Telephone Number: Telephone:	(305) 888-0422	Fax:	() -

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?

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1996	Existing	RC/CA/None required	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")
1995	Existing	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

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

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

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

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

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

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

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

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

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 10

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

6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 1 WS-05823-2000.
- 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.

Laura M Mendieta
Print name of responsible official

Laura M Mendieta
Signature

6/13/01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457279 DEC27 2005

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

251063 10
JARQUIN BEST CLEANERS - PLANT
699 E 9th Street
HIALEAH, FL 33010

BENEFITING
& Mobile Sources
Air Monitoring

DEC 29 2005

RECEIVED

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

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

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7004 2510 0002 3939 0522

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

Postmark
Here

Total AIRS ID# 251063 1stC
 Sent To JARQUIN BEST CLEANERS - PLANT
 Street, 699 E 9th Street
 or PO i HIALEAH, FL 33010
 City, S

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID# 251063 1stC
 JARQUIN BEST CLEANERS - PLANT
 699 E 9th Street
 HIALEAH, FL 33010

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 0522

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Melba Mendota Addressee

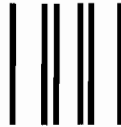
B. Received by (Printed Name) *Melba Mendota* C. Date of Delivery *02-07-05*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

452632 MAY 19 2005

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 251063 1stC
JARQUIN BEST CLEANERS - PLANT
699 E 9th Street
HIALEAH, FL 33010

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

Printed on recycled paper.

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MAY 26 2005
Bureau of Air Monitoring
& Mobile Sources

MS# 5510

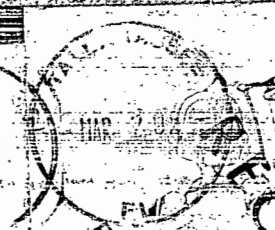
MC Acct# 5521

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

CERTIFIED MAIL



7004 2510 0002 3939 4599



UNCLAIMED
RETURN TO SENDER
FWD CLAIMED

361 NE 212

MLO FL 3317

Bureau of Air Monitoring
8000

RECEIVED
APR 7 2005

1st Notice 240
2nd Notice 20
Return 20

AIRS ID#0351053... 2nd Cert 05
DELUXE CLEANERS
1716 79th Street Causeway
NORTH BAY VILLAGE FL 33141

3/5/05

Vertical text on the right edge of the envelope.

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#0251053.....2nd Cert 05
 DELUXE CLEANERS
 1716 79th Street Causeway
 NORTH BAY VILLAGE, FL 33141

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3939 4599

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

Sent To AIRS ID#0251053.....2nd Cert 05
 DELUXE CLEANERS
 Street, Apt. No. or PO Box No. 1716 79th Street Causeway
 City, State, ZIP+4® NORTH BAY VILLAGE, FL 33141

PS Form 3800

7004 2510 0002 3939 4599

7004 2510 0002 3939 9365

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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 & Fees	\$

Postmark
Here

Sent To AIRS ID# 251063 3rd Cert04
 JARQUIN BEST CLEANERS - PLANT
 Street, Apt. No., or PO Box No. 699 E 9th Street
 City, State, Zip+4 HIALEAH, FL 33010

PS Form 3800-J

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# 251063 3rd Cert04
 JARQUIN BEST CLEANERS - PLANT
 699 E 9th Street
 HIALEAH, FL 33010

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 9365

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/11/05

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 15 2005

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7004 2510 0002 3939 4797

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	AIRS ID#0251063.....2 nd Cert 05
Street, Apt or PO Box	JARQUIN BEST CLEANERS - PLANT
City, State,	699 E 9th Street HIALEAH, FL 33010

PS Form 3811

102595-02-M-1540

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#0251063.....2nd Cert 05
 JARQUIN BEST CLEANERS - PLANT
 699 E 9th Street
 HIALEAH, FL 33010

2. Article Number

(Transfer from service)

7004 2510 0002 3939 4797

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 3/4/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

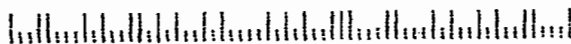
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air
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MAR 7 2005

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Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage P	

AIRS ID # 251063

Sent To JARQUIN BEST CLEANERS - PLANT
 LAURA MENDIETA
 Street, Apt. No., or PO Box No. 725 W 72ND PLACE
 City, State, ZIP+4 HIALEAH, FL 33014
 #0251063

PS Form 3800, J

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:

251063

AIRS ID # 251063

JARQUIN BEST CLEANERS - PLANT
 LAURA MENDIETA
 725 W 72ND PLACE
 HIALEAH, FL 33014

#

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 4/5/04

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

2. Article Number (Transfer from service label) 7003 0500 0004 0144 4824

UNITED STATES POSTAL SERVICE



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Permit No. G-10

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

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

RECEIVED

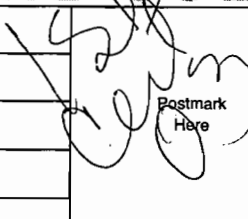
APR 19 2004

Bureau of Air Monitoring
& Mobile Sources

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

ID# 251063

Sent **LAURA MENDIETA**
 Street or P.O. **JARQUIN BEST CLEANERS - PLANT**
725 W 72ND PLACE
 City **HIALEAH, FL 33014**

PS Instructions

7003 2260 0003 5650 0261

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# 251063
 LAURA MENDIETA
 JARQUIN BEST CLEANERS - PLANT
 725 W 72ND PLACE
 HIALEAH, FL 33014

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x Laura Mendieta Addressee

B. Received by (Printed Name) C. Date of Delivery
Laura Mendieta 02-12-04

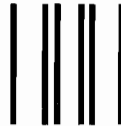
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7003 2260 0003 5650 0261

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 •

RECEIVED

MAR 1 2004

Bureau of Air Monitoring
& Mobile Sources

DEPT. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7003 0500 0004 0144 9157

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

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

2-DCX
 Postmark Here
2003

AIRS ID # 251063

Sent To
 LAURA MENDIETA
 JARQUIN BEST CLEANERS - PLANT
 725 W 72ND PLACE
 HIALEAH, FL 33014

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

PS Form 3800, June 2002

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 251063
 LAURA MENDIETA
 JARQUIN BEST CLEANERS - PLANT
 725 W 72ND PLACE
 HIALEAH, FL 33014

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 9157

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x Luis Mendieta Addressee

B. Received by (Printed Name) Date of Delivery
3/20/04

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

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Quality
& Mobile Source

MAR 1 2004

RECEIVED

32399+2400



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

7000 0600 0026 4128 7768

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

Postmark
Here

AIRS ID # 0251063

Rec. JARQUIN BEST CLEANERS - PLANT
Strei LAURA M MENDIETA
City 725 W 72ND PLACE
HIALEAH FL
33014

PS Form 3849

Instructions

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

0149 907E E100 079T 0007

OFFICIAL USE

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

021063
32nd
Postmark Here

Total F AIRS ID#0251063
 Sent To JARQUIN BEST CLEANERS - PLANT
 LAURA M MENDIETA
 Street, 725 W 72ND PLACE
 HIALEAH FL
 City, St 33014

PS Form 3800, May 2000 See Reverse for Instructions

SENDER:

- 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#0251063
 JARQUIN BEST CLEANERS - PLANT
 LAURA M MENDIETA
 W 72ND PLACE
 HIALEAH FL
 33014

2. Article Number (Copy from service label)
 7000167000133108 6410

ACTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <i>x Euelis Mendieta</i>	<i>4/11/0</i>
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" 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) Yes

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 14 2003

RECEIVED

01



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 # 0251063	
JARQUIN BEST CLEANERS - PLANT	
LAURA M MENDIETA	
725 W 72ND PLACE	
HIALEAH FL	
33014	
PS Form 3800, January 2001 See Reverse for Instructions	

7001 0320 0001 7976 0346

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. Received by (Please Print Clearly) LAURA M MENDIETA B. Date of Delivery 6/19/99</p> <p>C. Signature LAURA M MENDIETA <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0251063 JARQUIN BEST CLEANERS - PLANT LAURA M MENDIETA 725 W 72ND PLACE HIALEAH FL 33014</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>	
7001 0320 0001 7976 0346			
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-00-M-0952	

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

APR 19 2002

RECEIVED

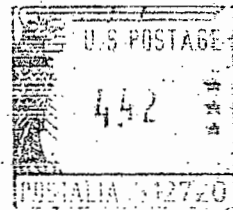
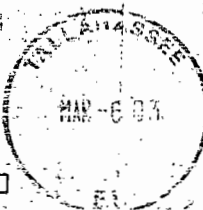
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7001 0320 0001 7975 5670



- REASON RETURNED
- Undelivered
 - Returned
 - Attempted - Not known
 - Insufficient Address
 - No such street
 - No such number
- DO NOT REMOVE LABEL**

Bureau of Air Mail
& Mobile Services

CERTIFIED MAIL

3-16-03

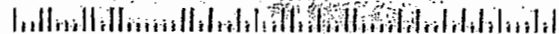
3-14

3-11

AIRS ID#0251063

JARQUIN BEST CLEANERS - PLANT
LAURA M. MENDIETA
725 W 72ND PLACE
HIALEAH FL 33014

33014+4862 32



11

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#0251063

JARQUIN BEST CLEANERS - PLANT
 LAURA M MENDIETA
 725 W 72ND PLACE
 HIALEAH FL
 33014

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 5670

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

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

Postmark Here

AIRS ID#0251063

Sent To: JARQUIN BEST CLEANERS - PLANT
 LAURA M MENDIETA
 Street, Apt or PO Box: 725 W 72ND PLACE
 City, State: HIALEAH FL
 33014

7001 0320 0001 7975 5670

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#0251063

JARQUIN BEST CLEANERS - PLANT
 LAURA M MENDIETA
 725 W 72ND PLACE
 HIALEAH FL
 33014

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 7975 6585

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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	\$

[Handwritten Signature]
 Estimated Here

Sent To _____ AIRS ID#0251063
 Street, A or PO Box _____
 City, State _____
 ZIP+4® _____
 33014

7001 0320 0001 7975 6585