

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 5, 2000

Mr. Sef Moran  
Dry Clean USA  
736 West 49 Street  
Hialeah, Florida 33312

Re: Facility No.: 0251071-001

Dear Mr. Moran:

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

"More Protection, Less Process"

Printed on recycled paper.

**Bowman, Sandy**

---

**From:** Barros, Marcelo (DERM) [BarroM@miamidade.gov]  
**Sent:** Tuesday, October 21, 2003 4:27 PM  
**To:** Bowman, Sandy  
**Cc:** Fernandez, Cynthia (DERM)  
**Subject:** RE: ARMS Database

Hi Sandy:

Please be informed that Cynthia is attending training in Tampa and she will be out of the office until Thursday. I need to discuss some of the cases you mention with her before giving you an answer. After that, I will E-mail you the status of all the pending cases.

As far as I know, the following facilities which are part of your list, need to be inactivated from ARMS and ASGP:

1-	0250966	ARTCRAFT	PETROLEUM
2-	0250907	TONI'S LAUNDRY & CLEANER	OOB
3-	0250895	176 BEACH LAUNDRY	OOB

In addition, the following facilities also need to be inactivated from ARMS and ASGP:

1-	0250700	ONE HOUR VALENTONE	DROP-OFF
2-	0250752	CRANDON CLEANERS	PETROLEUM
3-	0250791	DRYCLEAN USA	DROP-OFF
4-	0250793	DRYCLEAN USA	DROP-OFF
5-	0251061	DRYCLEAN USA	PETROLEUM
6-	0251071	DRYCLEAN USA	OOB
7-	0251118	AMERICAN CHROMING	OOB
8-	0251131	MIAMI'S BEST CLEANERS	PETROLEUM

Thanks for your help.

Marcelo.

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

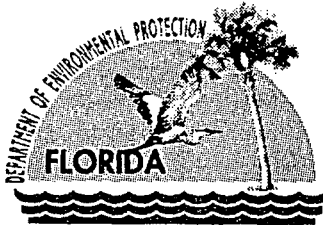
**From:** Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]  
**Sent:** Tuesday, October 21, 2003 11:08 AM  
**To:** Barros, Marcelo (DERM)  
**Subject:** RE: ARMS Database

Good Morning Marcelo!

In looking through the ARMS database, I noticed that the entitlement for the following facilities has expired. The last time we heard from each (when they paid their annual emissions fee) is also identified below. The last year invoiced for the annual emissions fee is 2002 (invoices for 2003 will go out in December of 2003)

I suspect some of these facilities are no longer in operation. However, if they are still operating of course they will need to submit another notification form. If not, then I will need to inactivate them. With this information, I am hoping to make the database as current to the information you have as possible.

10/22/2003



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

DRY CLEAN USA  
SEF MORAN  
736 W 49TH STREET  
HIALEAH FL  
33312

AIRS ID#0251071

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

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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): Dry Clean USA Corp.
2. Site Name (For example, plant name or number): Dry Clean USA
3. Hazardous Waste Generator Identification Number: FLD 984252528
4. Facility Location: Street Address: 736 W. 49 st. City: Hialeah County: Dade Zip Code: 33312
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0251071-001

Responsible Official

6. Name and Title of Responsible Official: Name: SeF Moran Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: SAME Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 826-7941 Fax: ( )

RECEIVED  
AUG 28 2000  
Bureau of Air Monitoring  
& Mobile Sources

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")
6/92	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> 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?

130 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
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

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

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

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

How many boilers do you have on-site?

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

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

**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 # 0251071

**To:** DRY CLEAN USA

**Sent:** SEF MORAN  
 736 W 49TH STREET  
 HIALEAH FL  
 33312

PS Form 3800, January 2001

7001 0320 0001 7976 0650

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

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0251071</p> <p>DRY CLEAN USA        SEF MORAN        736 W 49TH STREET        HIALEAH FL        33312</p>	<p style="text-align: center;"><b>NOTIFICATION ON DELIVERY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i></td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td style="text-align: center;">C. Signature <i>S. Moran</i></td> <td></td> </tr> <tr> <td style="text-align: center;">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td style="vertical-align: top;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> </tr> </table> <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? <i>(Extra Fee)</i>    <input type="checkbox"/> Yes</p>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	C. Signature <i>S. Moran</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
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery						
C. Signature <i>S. Moran</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						

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

7001 0320 0001 7976 0650

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

7000 0600 0026 4128 8260

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

Postmark  
Here

AIRS ID # 0251071

DRY CLEAN USA  
 SEF MORAN  
 736 W 49TH STREET  
 HIALEAH FL  
 33312

See for Instructions

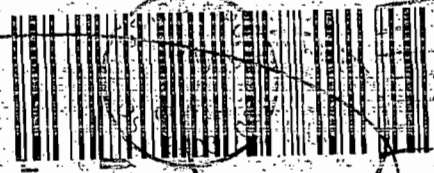
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1"> <tr> <td>A. Received by <i>(Please Print Clearly)</i></td> <td>B. Date of Delivery</td> </tr> <tr> <td><i>SEF Moran</i></td> <td><i>2/11/02</i></td> </tr> <tr> <td>C. Signature</td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td><i>[Signature]</i></td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	<i>SEF Moran</i>	<i>2/11/02</i>	C. Signature	<input type="checkbox"/> Agent	<i>[Signature]</i>	<input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery										
<i>SEF Moran</i>	<i>2/11/02</i>										
C. Signature	<input type="checkbox"/> Agent										
<i>[Signature]</i>	<input type="checkbox"/> Addressee										
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0251071</p> <p>DRY CLEAN USA                  SEF MORAN                  736 W 49TH STREET                  HIALEAH FL                  33312</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>2. Article Number <i>(Copy from service label)</i></p> <p><i>7000 0600 0026 4128 8260</i></p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i>    <input type="checkbox"/> Yes</p>										
<p>PS Form 3811, July 1999                      Domestic Return Receipt                      102595-99-M-1789</p>											



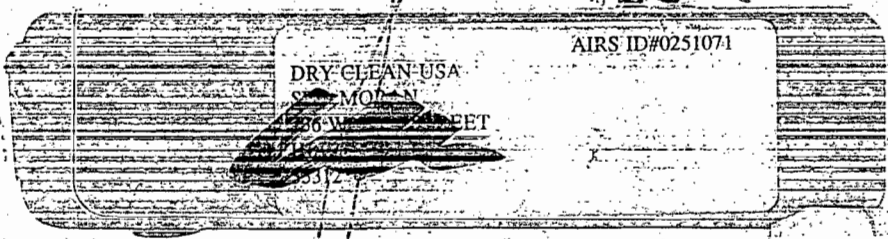
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



U.S. POSTAGE  
7 2 7  
11917  
\* RETURN TO SENDER FOR RETURN TO SENDER \*  
CHECKED  
NA-1211



RECEIVED  
FEB 14 2005  
Bureau of Air Monitoring  
& Mobile Sources

32399-2400

Vertical text on the right edge of the document, likely a scanning artifact or reference number.

**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:

DRY CLEAN USA  
 SEF MORAN  
 736 W 49TH STREET  
 HIALEAH FL  
 33312

AIRS ID#0251071

**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

0001 0320 0001 7975 6424

Receipt 102595-00-M-0952

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

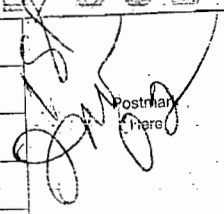
(Domestic Mail Only - No Insurance Coverage Provided)

**OFFICIAL USE**

7001 0320 0001 7975 6424

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

Postman  
 Here



AIRS ID#0251071

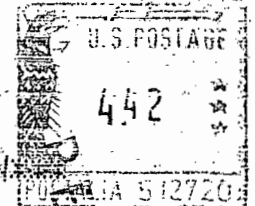
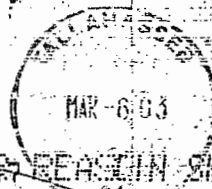
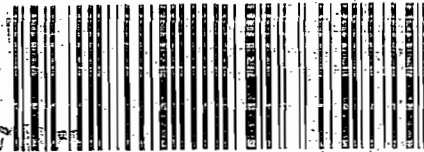
DRY CLEAN USA  
 SEF MORAN  
 736 W 49TH STREET  
 HIALEAH FL  
 33312

For Instructions

**CERTIFIED MAIL**

MS# 5510 MC Acct # 5594

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



RETURN TO SENDER FOR REASON SHOWN

REASON CHECKED

Unclaimed  
 Addressee Unknown  
 Insufficient Address  
 No Such Street  
 Mover, Not at Home  
 Forwarding Order

*RTB*  
*MORAN*  
*12*

MAR 6 1993

**CANCELED**

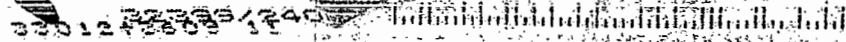
REASON CHECKED

Unclaimed  
 Addressee Unknown  
 Insufficient Address  
 No Such Street  
 Mover, Not at Home  
 Forwarding Order  
 No Such Office in State  
 No Mail Terminal

~~Y CLEAN US  
S MORAN  
736 W  
HALL  
3331~~

AIR ID#0251071

32399-2400



**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:

DRY CLEAN USA  
 SEF MORAN  
 736 W 49TH STREET  
 HIALEAH FL  
 33312

AIRS ID#0251071

2. Article Number  
(transfer from service label)

7001 0320 0001 7976 6447

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

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

7001 0320 0001 7976 6447

**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 Pay

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0251071

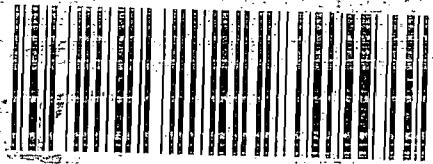
Sent To DRY CLEAN USA  
 SEF MORAN  
 Street, Ap or PO Box 736 W 49TH STREET  
 City, State HIALEAH FL  
 33312

5510

5521

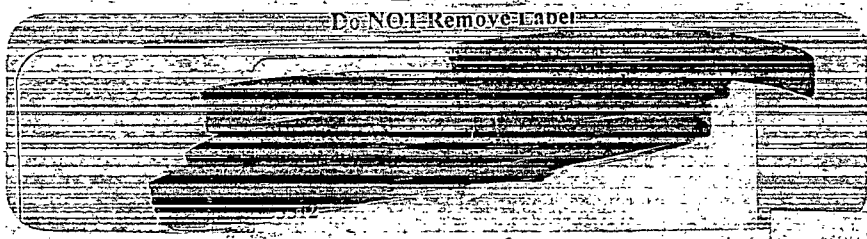
**CERTIFIED MAIL**

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



AC55Z1 7000 1670 0013 3109 1919

BAMMS/BCD  
JOEY ROBERTS  
5510



Do NOT Remove Label

APR 3 2003

4.40

POSTAGE

POSTALIA 5/3231

RECEIVED

APR 21 2003

Bureau of Air Monitoring & Media Sources

RETURN TO SENDER

Address Not Known

No Such Number



**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#0251071

DRY CLEAN USA  
SEF MORAN  
736 W 49TH STREET  
HIALEAH FL  
33312

2. Article Number (Copy from service label)

40001640001331091919

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?

Yes  
 No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

6781 BOTE ET00 079T 0002

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

02  
3/10/99  
Postmark Here

AIRS ID#0251071

Total P<sub>c</sub> DRY CLEAN USA

Sent To SEF MORAN  
736 W 49TH STREET

Street, A<sub>j</sub> HIALEAH FL  
33312

City, Sta<sub>t</sub>

See Reverse for Instructions

PS Form 3800, May 2009

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

7000 0600 0026 7825 6140

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Tot:</b>		AIRS ID # 0251071
<b>Recip:</b> DRY CLEAN USA		
SEF MORAN		
<b>Stree:</b> 736 W 49TH STREET		
HIALEAH FL 33312		
<b>City:</b>		

**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 # 0251071

DRY CLEAN USA  
 SEF MORAN  
 736 W 49TH STREET  
 HIALEAH FL 33312

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by <i>(Please Print Clearly)</i> <i>SEF MORAN</i>	B. Date of Delivery <i>2-10-01</i>
C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <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? <i>(Extra Fee)</i>	<input type="checkbox"/> Yes

2. Article Number *(Copy from service label)*  
**7000 0600 0026 7825 6140**

Z 210 661 326

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0251071

DRY CLEAN USA  
SEF MORAN  
736 W 49TH STREET  
HIALEAH FL 33312

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0251071

DRY CLEAN USA  
SEF MORAN  
736 W 49TH STREET  
HIALEAH FL 33312

4a. Article Number

2210661326

4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

04-04-7001

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

Thank you for using Return Receipt Service.



UNITED STATES POSTAL SERVICE



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

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

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 - 6 2001

RECEIVED



Sandy -  
Person  
Agreement  
Tunika  
SEF MORAN  
DRY CLEAN  
USA



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

AIRS ID # 0251071  
DRY CLEAN USA  
SEF MORAN  
736 W 49TH STREET  
HIALEAH FL  
33312

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

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

7000 0600 0026 4126 1317

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

AIRS ID # 0251071

Reci DRY CLEAN USA  
 Stree SEF MORAN  
 City 736 W 49TH STREET  
 HIALEAH FL 33312

PS Form 3811, July 1999 Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by <i>(Please Print Clearly)</i> <i>Shirley A. Carr</i>	B. Date of Delivery
	C. Signature <i>X [Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<p style="text-align: right;">AIRS ID # 0251071</p> <p>DRY CLEAN USA          SEF MORAN          736 W 49TH STREET          HIALEAH FL 33312</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.	
2. Article Number <i>(Copy from service label)</i> <i>7000 0600 0026 4126 1317</i>	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
PS Form 3811, July 1999                      Domestic Return Receipt                      102595-99-M-1789		

7. Surrender of Existing DEP Air Permit(s)


Please indicate with an "X" the appropriate selection:

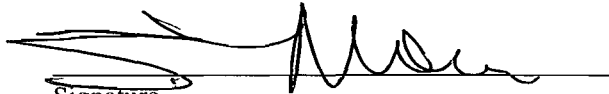
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

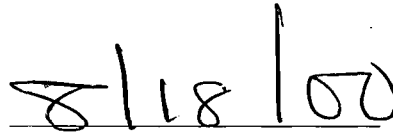
**Responsible Official Certification**

*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.*

  
Print name of responsible official

  
Signature

  
Date