



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

Ms. Martha Lopez
Barry's Dry Cleaners & Laundry
10 South Royal Poinciana Boulevard
Miami Springs, Florida 33166

Re: Facility No.: 0251074-001

Dear Ms. Lopez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 2000.

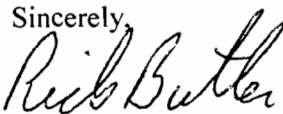
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

RECEIVED
AUG 28 2000

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. Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): J & B Divers. Fed
2. Site Name (For example, plant name or number): Barry's Dry Cleaners & laundry
3. Hazardous Waste Generator Identification Number: FLDCESQG
4. Facility Location: Street Address: 10 S. Royal Poinciana Blvd. City: Miami Springs County: Dade Zip Code: 33166
5. Facility Identification Number (DEP Use ONLY - do not fill in): 02510MH-001

Responsible Official

6. Name and Title of Responsible Official: Name: Martha Lopez Title: Owner/operator
7. Responsible Official Mailing Address: Organization/Firm: SAME Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 863-9786 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? [2]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
7/96	Existing/ New	RC /CA/None required	SAME
4/81	Existing /New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? []

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

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

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

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

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

[280] 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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input 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 checked="" type="checkbox"/> |
| Refrigerated condenser <input checked="" 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

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.

Martha Lopez - Manager-operator
Print name of responsible official

Martha Lopez
Signature

8-8-00.
Date

BARRY DRYCLEANERS AND LAUNDRY
10 S. ROYAL POINCIANA BLVD. STE D
MIAMI SPRINGS, FL 33166
PHONE 305-888-7877

440002 JUN 7 2004 6723

AIRS I.D. 0251074

DATE June 2/04 BRANCH 13093

PAY TO THE ORDER OF F.D.E.P.

\$ 75⁰⁰

Seventy five

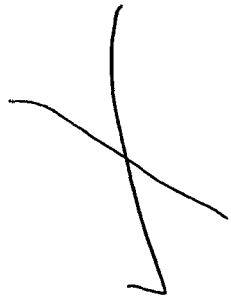
DOLLARS



J.M. Stine

FOR AIRS #0251074

3755 2273



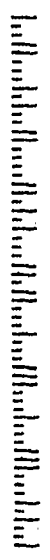
Fl. Florida Dept of Environmental

Protection
Title v Air General Permits, Receipts

P.O. Box 3070

Tallahassee, Fla 32315-3070

83231543070



CHARLAND STYLE XJC



Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Colleen M. Castille
Secretary

August 18, 2004

RECEIVED

Barry Drycleaners and Laundry
10 S. Royal Poinciana Blvd. Ste. D
Miami Springs, FL 33166

AUG 20 2004

Bureau of Air Monitoring
& Mobile Sources

Returned Check- **SECOND NOTICE**
REC: 010335
REM: 00574963

To Whom It May Concern:

You have been previously notified that your check # **6723** issued by you on **June 2, 2004** made payable to **Department of Environmental Protection** has been returned to us and marked "**Insufficient Funds**". Pursuant to Florida Law, Chapter 215.34 FS, you have seven (7) days from receipt of this notice to tender payment for the full amount of **\$75.00** plus a service fee of \$15.00 or 5%, (per check) not to exceed \$150.00. The amount due being **\$90.00**.

It is imperative that we hear from you immediately relative to your returned check. If we do not, your account will be turned over to the State Comptroller Collection agency and the credit bureau will be notified.

To avoid further action, please return this letter and a **Cashier's Check or Money Order** for **\$90.00** within the time specified above to the **Department of Environmental Protection, Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, Florida 32315**. As soon as we receive your remittance, your dishonored check will be returned. If you have any questions please contact me at (850) 245-2458. Thank You.

Sincerely,

Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance & Accounting

AS/ TR
cc: Reading File
General Counsel
Cashier
Sandy Bowman, MS 5510

"More Protection, Less Process"

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Z 210 661 336

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

BARRY'S DRY CLEANERS & LAUNDRY
MARTHA LOPEZ
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33166

AIRS ID # 0251074

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0251074
BARRY'S DRY CLEANERS & LAUNDRY
MARTHA LOPEZ
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33166

2. Article Number (Copy from service label)

7210661336

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X M. REAL

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes



Domestic Return Receipt

102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

462642 JUL 32006

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# 251074 1st
BARRY'S DRY CLEANERS &
LAUNDRY
10 S Royal Poinciana Blvd
MIAMI SPRINGS, FL 33166

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443241 DEC132004

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

251074
MARTHA LOPEZ
BARRY'S DRY CLEANERS & LAUNDRY
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33166

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

Bureau of Air Operations
& Mobile Services

DEC 1 2004

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7003 2260 0003 5650 9165

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OFFICIAL USE

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

303
Postmark Here

Total Postage: A1KS ID# 251074
BARRY'S DRY CLEANERS & LNDRY
MARTHA LOPEZ
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS, FL 33166

Sent To
Street, Apt. No. or PO Box No
City, State, Zi

0251074

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:

A1KS ID# 251074
BARRY'S DRY CLEANERS &
LAUNDRY
MARTHA LOPEZ
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS, FL 33166

2. Article Number
(Transfer from service label)

7003 2260 0003 5650 9165

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

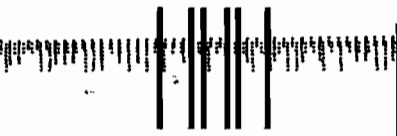
B. Received by (Printed Name) *Rosell Murray* C. Date of Delivery

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

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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 5 2004

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7003 0500 0004 0144 9331

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OFFICIAL USE

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

2nd Cl
 Postmark Here
2003

Total Postage
 Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip

MARSH ID # 251074
 MARTHA LOPEZ
 BARRY'S DRY CLEANERS &
 LAUNDRY
 10 S ROYAL POINCIANA BLVD
 MIAMI SPRINGS, FL 33166

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

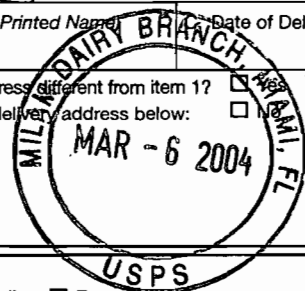
MARSH ID # 251074
 MARTHA LOPEZ
 BARRY'S DRY CLEANERS &
 LAUNDRY
 10 S ROYAL POINCIANA BLVD
 MIAMI SPRINGS, FL 33166

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent
 Addressee

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

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7003 0500 0004 0144 9331

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 •

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

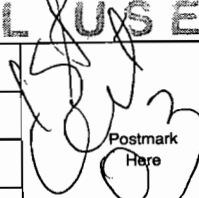
Bureau of Air Monitoring
& Mobile Sources

MAR 8 2004

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Best Available Copy

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total _____	 Postmark Here
ID# 251074	
Sent To: MARTHA LOPEZ BARRY'S DRY CLEANERS & LNDRY Street, or PO: 10 S ROYAL POINCIANA BLVD City, S: MIAMI SPRINGS, FL 33166	
PS Form	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.

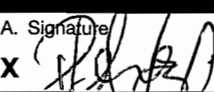
1. Article Addressed to:

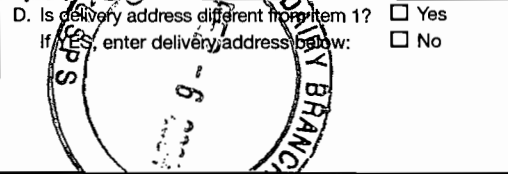
ID# 251074
 MARTHA LOPEZ
 BARRY'S DRY CLEANERS & LNDRY
 10 S ROYAL POINCIANA BLVD
 MIAMI SPRINGS, FL 33166

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 0285

COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Vanessa Lopez	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		



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) 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

FEB 10 2004

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CERTIFIED MAIL RECEIPT	
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OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	
AIRS ID#0251074	
Sent To	BARRY'S DRY CLEANERS & LAUNDRY
Street, Apt. or PO Box	MARTHA LOPEZ 10 S ROYAL POINCIANA BLVD
City, State	MIAMI SPRINGS FL 33166
PS Form 3811	Instructions

7001 0320 0001 7975 5694

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#0251074

BARRY'S DRY CLEANERS & LAUNDRY
MARTHA LOPEZ
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL
33166

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
 If YES, enter delivery address below: No

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) 7001 0320 0001 7975 5694

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

Bur. of Air Monitoring
& Mobile Sources

MAR 11 2003

RECEIVED





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

424343 MAR 3 2003 ✓

Do NOT Remove Label

AIRS ID#0251074
BARRY'S DRY CLEANERS & LAUNDRY
MARTHA LOPEZ
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL
33166

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)

OFFICIAL USE

7001 0320 0001 7975 6394

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

Handwritten signature and date: 2/15/99

Total AIRS ID#0251074

Sent To	BARRY'S DRY CLEANERS & LAUNDRY MARTHA LOPEZ
Street, or PO E	10 S ROYAL POINCIANA BLVD
City, St.	MIAMI SPRINGS FL 33166

PS Form 3811, July 1999 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#0251074
 BARRY'S DRY CLEANERS & LAUNDRY
 MARTHA LOPEZ
 10 S ROYAL POINCIANA BLVD
 MIAMI SPRINGS FL
 33166

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>MARTHA LOPEZ</i>	B. Date of Delivery <i>2/15</i>
C. Signature <i>M Lopez</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

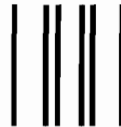
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Conv. from service label)

7001 0320 0001 7975 6394

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 Source

FEB 10 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3755

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 # 0251074
BARRY'S DRY CLEANERS & LAUNDRY
MARTHA LOPEZ
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL
33166

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

417132 MAY 20 2002
RECEIVED
JUN 3 2002
Bureau of Monitoring
& Media Sources

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

OFFICIAL USE

7001 0320 0001 7975 8602

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

Postmark
Here

Total Postage: AIRS ID # 0251074
Sent To: BARRY'S DRY CLEANERS & LAUNDRY
 MARTHA LOPEZ
 Street, Apt. N or PO Box No: 10 S ROYAL POINCIANA BLVD
 City, State, Zi: MIAMI SPRINGS FL 33166

PS Form 3800, January 2001

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 # 0251074
 BARRY'S DRY CLEANERS & LAUNDRY
 MARTHA LOPEZ
 10 S ROYAL POINCIANA BLVD
 MIAMI SPRINGS FL 33166

2. Article

7001 0320 0001 7975 8602

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X *Richard Real* 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

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

7000 0600 0026 4126 1195

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

AIRS ID # 0251074

Recipient: BARRY'S DRY CLEANERS & LAUNDRY
 Street: MARTHA LOPEZ
 10 S ROYAL POINCIANA BLVD
 City, State: MIAMI SPRINGS FL 33166

PS Form

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 # 0251074
 BARRY'S DRY CLEANERS & LAUNDRY
 MARTHA LOPEZ
 10 S ROYAL POINCIANA BLVD
 MIAMI SPRINGS FL 33166

2. Article Number (Copy from service label)

7000 0600 0026 4126 1195

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Merida Real 03-05-01

C. Signature
 X Merida R. 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

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

7000 0600 0026 7825 6232

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

AIRS ID # 0251074

Recipient BARRY'S DRY CLEANERS & LAUNDRY
Street, Apt MARTHA LOPEZ
 10 S ROYAL POINCIANA BLVD
City, State MIAMI SPRINGS FL 33166

PS Form 3811

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 # 0251074
 BARRY'S DRY CLEANERS & LAUNDRY
 MARTHA LOPEZ
 10 S ROYAL POINCIANA BLVD
 MIAMI SPRINGS FL 33166

2. Article Number (Copy from service label)

7000 0600 0026 7825 6232

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

Vanessa K. **02-10-01**

C. Signature

X Vanessa Rojas 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

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

OFFICIAL USE

7001 0320 0001 7976 0360

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

Postmark
Here

AIRS ID # 0251074

BARRY'S DRY CLEANERS & LAUNDRY
MARTHA LOPEZ
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL
33166

PS Form 3800, January 2001

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 # 0251074

BARRY'S DRY CLEANERS & LAUNDRY
MARTHA LOPEZ
10 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL
33166

COMPLETE THIS SECTION ON DELIVERY

A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
C. Signature X <i>Martha Lopez</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	

Article Number (Copy from sender label)
7001 0320 0001 7976 0360

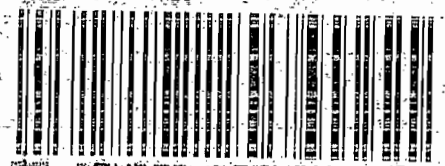
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
7000 0600 0026 4128 8154	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0251074	
BARRY'S DRY CLEANERS & LAUNDRY	
MARTHA LOPEZ	
10 S ROYAL POINCIANA BLVD	
MIAMI SPRINGS FL	
33166	
See for 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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</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 <input checked="" type="checkbox"/> No If Yes, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>AIRS ID # 0251074 BARRY'S DRY CLEANERS & LAUNDRY MARTHA LOPEZ 10 S ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33166</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <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 (Copy from service label)</p> <p>7000 0600 0026 4128 8154</p>	
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

CERTIFIED MAIL

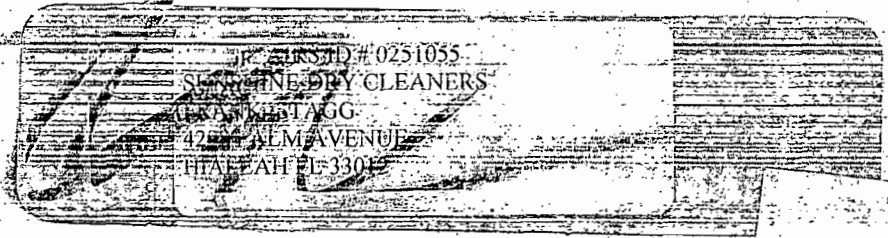
MS# **5510** MC Acct # **5521**

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



- Forwarding Order Expires
- Moved, Left No Address
- Unclaimed Refused
- Attempted, Not Known
- No Such Street
- No Such Number

7001 0320 0001 7975 9555

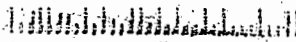


- Forwarding Order Expires
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted, Not Known
- No Such Street
- No Such Number

APR 9 2002

RECEIVED

33012-4434 03



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 # 0251055
 SUNSHINE DRY CLEANERS
 FRANK STAGG
 4298 PALM AVENUE
 HIALEAH FL 33012

2. Article Number (Copy from service label)

7001 0320 0001 7975 9555

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 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 9555

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 # 0251055

Sent To: SUNSHINE DRY CLEANERS
 FRANK STAGG
 Street or PO #: 4298 PALM AVENUE
 City, St: HIALEAH FL 33012

PS Form 3811, July 1999