

# Department of Environmental Protection

Jeb Bush  
Governor

JUN 15 2006

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

Colleen M. Castille  
Secretary

Bureau of Air Monitoring  
& Mobile Sources

June 13, 2006

Deerfield Cleaners and Laundry, Inc.  
85 West Hillboro Blvd.  
Deerfield Beach, FL 33441

RE: Bad Check  
REC: 010972  
Remittance: 669337

To Whom It May Concern:

You are hereby notified that your check #3062 drawn on **Union Planters Bank, April 15, 2006** payable to DEP was returned to us marked "**Insufficient Funds**".

Pursuant to Chapter 215.34 FS, you have seven (7) days from receipt of this notice to render payment in the full amount of **\$50.00** and a service fee of \$15.00 or 5% (per check) not to exceed \$150.00. The amount due is **\$65.00**. Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all available information relating to this incident to the State Attorney for criminal prosecution.

Please return this letter and a **CASHIERS CHECK OR MONEY ORDER** payable to the **Department of Environmental Protection** in the amount of **\$65.00** to the **Bureau of Finance & Accounting, PO Box 3070, Tallahassee, FL 32315**. After receiving your remittance, your dishonored check will be returned.

If you have any questions, please contact Ann Sullivan at (850) 245-2458.

Sincerely,

Ann R. Sullivan  
Accounting Services Supervisor I  
Bureau of Finance and Accounting

As/ga  
cc: Reading File  
Cashier  
Sandy Bowman-MS 5510



**Florida Department of Environmental Protection**  
**Cash Receiving Application (CRA)**  
**Payment Transaction Detail Report**  
 Check Number: 1261 Cashlist Area: Fund: Name:  
 Deposit Date Between 11/3/2004 and 11/3/2004  
 Cashlisting Number Between and  
 Object Code Between and  
**Printed: 9/30/2005 2:08:00 PM - Page 1**

Fund: **APCTF**    Object: **002273**    Org Code **37550101000**    Samas Acct #: **202035001**

<u>Payment Amount</u>	<u>DDN</u>	<u>Receipt Number</u>	<u>PNR</u>	<u>Name</u>	<u>Deposit Date</u>	<u>Check Number</u>	<u>Depo: Numl</u>
\$100.00	442198	474709		DEERFIELD CLEANERS AND LAUNDRY, INC	11-03-2004	1261	25206
<hr/>							
\$100.00	<b>Object Code 002273 Subtotal</b>						
<hr/>							
\$100.00	<b>Fund APCTF Subtotal</b>						
<hr/>							
\$100.00	<b>Grand Total</b>						

**Bowman, Sandy**

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**From:** Thomas, Bruce X.  
**Sent:** Monday, July 18, 2005 3:33 PM  
**To:** Bowman, Sandy  
**Subject:** FW: 0112413 Deerfield Cleaners & Laundry

Sandy,

This facility has not paid in 2003 or 2004 but does have an error in the ARMS database indicating payment received 11/3/04 ( I checked the files and we have not received any payment). I would appreciate it if you would delete the date from ARMS as my access level is not high enough to make the correction. Thanks, Bruce

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

**From:** Pennetta, Arthur [mailto:APENNETTA@broward.org]  
**Sent:** Monday, July 18, 2005 10:40 AM  
**To:** Thomas, Bruce X.  
**Subject:** RE: 0112413 Deerfield Cleaners & Laundry

Bruce,

I just got off the phone with Felecia Poitier who is the owner of Deerfield Cleaners. She stated that she mailed in a check several months ago to pay her delinquent fees for her TVGP. She said that someone from DEP had called her asking why she mailed the extra money? I looked in ARMS and there is no record of any payment. We are ready to issue a NOV but if she has paid that would change things a bit. Could you have someone look into this so we can either go ahead with the NOV or drop it and get any loose ends tied up.

Thanks,

Art Pennetta  
 Broward County EPD  
 ph 954-519-1428  
 fax 954-519-1495

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**From:** Thomas, Bruce X. [mailto:Bruce.X.Thomas@dep.state.fl.us]  
**Sent:** Wednesday, April 27, 2005 1:46 PM  
**To:** Pennetta, Arthur  
**Cc:** Bowman, Sandy  
**Subject:** RE: 0112413 Deerfield Cleaners & Laundry

Art,

I am mailing you copies of the return receipts for 2003 and 2004 complete with the signature of the individual who received the request for payment for the facility. I have also attached two excel spreadsheets that we use to track the certified requests for payment and whether the payment has been received or not. You may also want to print out the screen in ARMS that will also document that no payment has been received for either year. Will this NOV also address the fact that the facilities' five year entitlement ended May 4, 2003 and that they are operating without a permit?

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

**From:** Pennetta, Arthur [mailto:APENNETTA@broward.org]  
**Sent:** Wednesday, April 27, 2005 10:06 AM  
**To:** Thomas, Bruce X.  
**Subject:** RE: 0112413 Deerfield Cleaners & Laundry

Bruce,

Can you send me some kind of official DEP document that shows all your attempts to collect payment and shows that this facility has not paid their fees. We need something for the NOV case file.

Thanks,

7/19/2005

Art pennetta  
 Broward County EPD  
 ph 954-519-1428  
 fax 954-519-1495

---

**From:** Thomas, Bruce X. [mailto:Bruce.X.Thomas@dep.state.fl.us]  
**Sent:** Monday, April 25, 2005 1:44 PM  
**To:** Pennetta, Arthur  
**Cc:** Bowman, Sandy  
**Subject:** RE: 0112413 Deerfield Cleaners & Laundry

Art,

Deerfield Cleaners did not pay their emission fee for 2003, and are now delinquent for 2004 as well. You can check on the payment status of this facility or any other by using the drawdown menu under "Details" found on the main facility screen in ARMS. If you have any difficulty accessing this information give me a call and I will walk you through it. Bruce

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

**From:** Pennetta, Arthur [mailto:APENNETTA@broward.org]  
**Sent:** Friday, April 22, 2005 9:49 AM  
**To:** Thomas, Bruce X.  
**Subject:** RE: 0112413 Deerfield Cleaners & Laundry

Bruce,

Can you check the latest payment status for Deerfield Cleaners(0112413)? Have you received anything from them? We issued a Citation in January and have had no response. If DEP has not received any payment for past due GP fees then we will be escalating to an NOV.

Thanks,  
 Art Pennetta  
 Broward County EPD  
 Air Quality Division

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**From:** Thomas, Bruce X. [mailto:Bruce.X.Thomas@dep.state.fl.us]  
**Sent:** Tuesday, December 21, 2004 11:21 AM  
**To:** Pennetta, Arthur  
**Cc:** Bowman, Sandy  
**Subject:** RE:

Art,

We have not received payment for 2003. The next time you speak with them you may also want to remind them that the annual fees for 2004 are due by March 31<sup>st</sup> 2005. The invoice for 2004 was mailed out December 7<sup>th</sup>, and we will follow up with three more certified invoices between now and April. Bruce

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

**From:** Pennetta, Arthur [mailto:APENNETTA@broward.org]  
**Sent:** Monday, December 20, 2004 3:01 PM  
**To:** Thomas, Bruce X.  
**Subject:** RE:

Bruce,

Can you see if the following Dry Cleaner has paid their past due fees. I issued them a Warning Notice and if they have not paid in full by now I will have to issue a penalty.

0112413 Deerfield Cleaners & Laundry  
 85 W Hillsboro Blvd. Deerfield Beach

Thanks,  
Art

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**From:** Thomas, Bruce X. [mailto:[Bruce.X.Thomas@dep.state.fl.us](mailto:Bruce.X.Thomas@dep.state.fl.us)]  
**Sent:** Monday, November 08, 2004 3:02 PM  
**To:** Pennetta, Arthur  
**Cc:** Bowman, Sandy  
**Subject:**

Art,

The attached file lists the payment status of all dry cleaners in Broward County. We will be sending out invoices for 2004 in early December. Bruce

Bruce Thomas, P.E.  
Division of Air Resource Management  
(850)-921-7744 or [Bruce.X.Thomas@dep.state.fl.us](mailto:Bruce.X.Thomas@dep.state.fl.us)

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): DEERFIELD CLEANERS AND LAUNDRY INC.
2. Site Name (For example, plant name or number): DEERFIELD CLEANERS AND LAUNDRY INC.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 85 W. HILLSBORO BLVD. Street Address: City: DEERFIELD BCH. FL. County: BROWARD. Zip Code: 33441
5. Facility Identification Number (DEP Use): 0112413

Original form RECEIVED  
AUG 10 1998  
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: FELECIA POITIER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME AS ABOVE Zip Code:
8. Responsible Official Telephone Number: Telephone: (954) 427-1769 Fax: ( )

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE
10. Facility Contact Address: Street Address: County: Zip Code:

MAY 18 1998

**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		1996							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed



2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
[ 75 ] gallons

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

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

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.)

Existing small area source [ ]

New small area source [ ✓ ]

Existing large area source [ ]

New large area source [ ]

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

Existing large area source

Carbon adsorber [ ]

Refrigerated condenser [ ]

New small area source

Refrigerated condenser [ ✓ ]

New large area source

Refrigerated condenser [ ]

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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt [ ]

No such units on-site [ ✓ ]

### 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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

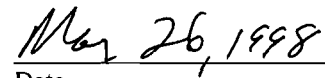
- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.
- No air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

011:24:13

p15

6. add title of Responsible Official.

p17

1(a) Add date control device installed.  
(Day/MONTH/YEAR)

1(c) Should not be marked. Mark about  
and initial.

p20

Responsible Official signs  
and dates for changes made.

5/4/98 Spoke to Felicia Portier and she  
stated that she is the President of  
Deerfield Cleaners and Laundry Inc.  
She also stated that the Dry to Dry  
machine has a ref. condenser.

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): DEERFIELD CLEANERS AND LAUNDRY INC.
2. Site Name (For example, plant name or number): DEERFIELD CLEANERS AND LAUNDRY INC.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 85 W. HILLSBORO BLVD. Street Address: City: DEERFIELD BCH. FL. County: BROWARD. Zip Code: 33441
5. Facility Identification Number (DEP Use): 0112413

RECEIVED  
Bureau of Air Monitoring  
& Mobile Sources  
APR 20 1994

## Responsible Official

6. Name and Title of Responsible Official: FELECIA POITIER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME AS ABOVE Zip Code:
8. Responsible Official Telephone Number: Telephone: (954) 427-1769 Fax: ( )

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE
10. Facility Contact Address: Street Address: County: Zip Code:

**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		1996							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

[ 75 ] gallons

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

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

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.)

Existing small area source [ ]

New small area source [  ]

Existing large area source [ ]

New large area source [ ]

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

Existing large area source

Carbon adsorber [ ]

Refrigerated condenser [ ]

New small area source

Refrigerated condenser [  ]

New large area source

Refrigerated condenser [ ]

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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt [ ]

No such units on-site [  ]

**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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

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

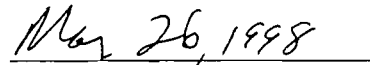


Responsible Official Certification

*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.*

  
Signature

  
Date



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

May 5, 1998

Ms. Felecia Poitier  
Deerfield Cleaners and Laundry, Inc.  
85 West Hillsboro Boulevard  
Deerfield Beach, Florida 33441

Re: Facility No.: 0112413

Dear Ms. Poitier:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 20, 1998.

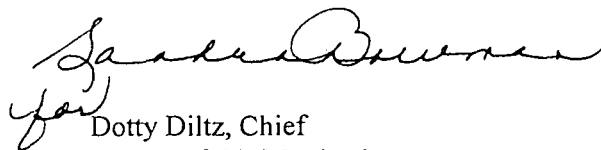
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0112413 DATE: 5/16/00 TIME IN: 9:50 TIME OUT: 10:30  
 FACILITY NAME: DEERFIELD CLEANERS AND LAUNDRY  
 FACILITY LOCATION: 85 W HILLSBORO BLVD. DEERFIELD BCH FL  
33441  
 RESPONSIBLE OFFICIAL: FELECIA PORTIER PHONE: (954) 427-1769  
 CONTACT NAME: SAME PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

RECEIVED  
 JUN - 8 2000  
 Bureau of Air Monitoring & Mobile Sources

**PART II: CLASSIFICATION**

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

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
2. Examining the containers for leakage?  Y  N  N/A
3. Closing and securing machine doors except during loading/unloading?  Y  N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

### PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?  Y  N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ART PENNETTA  
 Inspector's Name (Please Print)

5/12/01  
 Date of Inspection

*Art P. Pennetta*  
 Inspector's Signature

May 2001  
 Approximate Date of Next Inspection

ACC

AIRS ID#: 0112413

Revised 01/18/00

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

FACILITY NAME: DEBATED CLEANERS AND LAUNDRY DATE: 5/16/00  
 FACILITY LOCATION: \_\_\_\_\_  
 \_\_\_\_\_

Annual Reporting Period: May 7 1999 TO May 16 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

\_\_\_\_\_

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

\_\_\_\_\_

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Felecia Portier Jelencak 5/16/00  
 Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**PERCHLOROETHYLENE DRY CLEANERS**

**TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
 JUN 17 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

**TYPE OF INSPECTION:** ANNUAL  RE-INSPECTION

COMPLAINT/DISCOVERY

**AIRS ID#:** 0112413 **DATE:** 5-7-99 **TIME IN:** 10:00 **TIME OUT:** 10:35

**FACILITY NAME:** DEERFIELD CLEANERS AND LAUNDRY INC.

**FACILITY LOCATION:** 85 W. HILLSBORO BLVD. DEERFIELD BCH, FL.  
33441

**RESPONSIBLE OFFICIAL:** FELECIA POITIER **PHONE:** 427-1769

**CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

- No notification form
- Drop store/out of business/petroleum

**A.**

- |  |  |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed before 12/9/91)</p>                                  | <p>2. New small area source <input checked="" type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p>                       |
| <p>3. Existing large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.



**PART III: GENERAL CONTROL REQUIREMENTS**

**Is the responsible official of the dry cleaning facility:**  
(check appropriate boxes)

- |   |   |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

**A. Has the responsible official of all new sources and existing large area sources:**  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Equipped all machines with the appropriate vent controls?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ART PENNETTA

Inspector's Name (Please Print)

*Art Pennetta*

Inspector's Signature

5-7-99

Date of Inspection

MAY 2000

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC ✓

0112413

FACILITY NAME: DEERFIELD CLEANERS AND LAUNDRY INC DATE: 5-7-99
FACILITY LOCATION: 85 W. HILLSBORO BLVD DEERFIELD BCH, FL 33441

Annual Reporting Period: MAY 1998 TO MAY 7 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. [X] YES [ ] NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

As the responsible official, I hereby certify, based on information and beliefs formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: [Signature] Felicia Portia 5/7/99
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Fold at line over top of envelope to

**SENDER: COMPLETE THIS SECTION** **DELIVERY**

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 # 0112413

DEERFIELD CLEANERS AND LAUNDRY  
INC  
FELECIA POITIER  
85 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

2 333 667 072

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery  
2-2

C. Signature  Agent  
 Addressee  
**X** *Felecia Poitier*

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, July 1999 Domestic Return Receipt 102595-99-M-1789

2 333 667 072

US Postal Service  
**Receipt for Certified Mail** 2000

AIRS ID # 0112413

DEERFIELD CLEANERS AND LAUNDRY  
INC  
FELECIA POITIER  
85 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

Postage	\$
Certified Fee	
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	

PS Form 3800, April 1995

Fold at line over top of envelope to return address

Is your RETURN ADDRESS completed on the reverse side?

- 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 # 0112413  
 DEERFIELD CLEANERS AND LAUNDRY  
 INC  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

4a. Article Number  
 2333 660 458

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-13

5. Received By: (Print Name)

6. Signature: Addressee of Agent  
 X

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

2333 660 458 1999

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0112413

DEERFIELD CLEANERS AND LAUNDRY  
 INC  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

Certified Fee	
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	

PS Form 3800, April 1995

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
AIRS ID#0112413	
Sent 7	DEERFIELD CLEANERS & LAUNDRY INC
Street, or PO	FELECIA POITIER 85 W HILLSBORO BLVD
City, S	DEERFIELD BEACH FL 33441
PS Form	Instructions

7001 0320 0001 7976 5945

021  
3  
Jan 10

Postmark Here

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>	<p>A. Signature <i>Felecia Poitier</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>7-10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0112413</p> <p>DEERFIELD CLEANERS &amp; LAUNDRY INC FELECIA POITIER 85 W HILLSBORO BLVD DEERFIELD BEACH FL 33441</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 <u>7001 0320 0001 7976 5945</u> (Transfer from se...)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

460302 APR 19 2006

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

112413 10  
DEERFIELD CLEANERS AND  
LAUNDRY INC  
85 W Hillsboro Blvd  
DEERFIELD BEACH, FL 33441

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.*



**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#0112413

DEERFIELD CLEANERS & LAUNDRY INC  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH FL  
 33441

2. Article Number (Copy from \_\_\_\_\_)

7001 0320 0001 7976 7420

**COMPLETE THIS SECTION ON DELIVERY**

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

2-7

C. Signature

X   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.

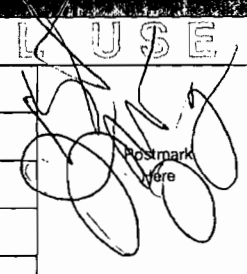


4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, I



102595-99-M-1789

7001 0320 0001 7976 7420

OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Pr</b>	
AIRS ID#0112413	
Sent To DEERFIELD CLEANERS & LAUNDRY INC	
FELECIA POITIER	
Street, Apt or PO Box 85 W HILLSBORO BLVD	
City, State DEERFIELD BEACH FL	
33441	
 	

**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)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Postmark  
Here

AIRS ID#0112413

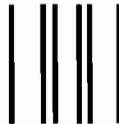
Sent To: DEERFIELD CLEANERS & LAUNDRY INC  
 Street, Apt. No., or PO Box No.: FELECIA POITIER  
 85 W HILLSBORO BLVD  
 City, State, ZIP+4: DEERFIELD BEACH FL 33441

PS Form 3800, Jan 2001

7001 0320 0001 7976 2975

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> <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0112413</p> <p>DEERFIELD CLEANERS &amp; LAUNDRY INC            FELECIA POITIER            85 W HILLSBORO BLVD            DEERFIELD BEACH FL            33441</p>	<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery: 3-10</p> <p>C. Signature: </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes          If YES, enter delivery address below: _____ <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label): 7001 0320 0001 7976 2975</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail        <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

MAR 12 2003

RECEIVED

01



Fold at line over top of envelope to return to sender

**SENDER:** **SECTION ON DELIVERY**

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 # 0112413

DEERFIELD CLEANERS AND LAUNDRY  
 INC  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

A. Received by (Please Print Clearly) B. Date of Delivery  
2-26

C. Signature  Agent  
 X *R Thompson*  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
**Z 094 212 783**

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

Z 094 212 783

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0112413

DEERFIELD CLEANERS AND LAUNDRY  
 INC  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

Postage	\$
Certified Fee	
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	

PS Form 3800, April 1995

U.S. Postal Service™  
**CERTIFIED MAIL RECEIPT**  
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OFFICIAL USE

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

AIRS ID# 112413 3<sup>rd</sup> Cert04

1. DEERFIELD CLEANERS AND  
 2. LAUNDRY INC

3. 85 W Hillsboro Blvd  
 4. DEERFIELD BEACH, FL 33441

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 8283

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>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>AIRS ID# 112413 3<sup>rd</sup> Cert04            DEERFIELD CLEANERS AND            LAUNDRY INC            85 W Hillsboro Blvd            DEERFIELD BEACH, FL 33441</p> </div>	<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 (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p style="font-size: 1.2em; font-weight: bold;">7004 2510 0002 3939 8283</p>	

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

APR 9 2005  
TALLAHASSEE, FL



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<b>CERTIFIED MAIL™ RECEIPT</b>	
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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here <i>[Handwritten Signature]</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & ID# 112413	
Sent To	FELECIA POITIER
Street, Apt. No., or PO Box No.	DEERFIELD CLEANERS AND LAUNDRY INC
City, State, ZIP+4	85 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441
PS Form 3800, July 2001	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<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>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ID# 112413 FELECIA POITIER DEERFIELD CLEANERS AND LAUNDRY INC 85 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7003 2260 0003 5651 0000	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

UNITED STATES POSTAL SERVICE



First Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 610

• 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 9 2004

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7003 0500 0004 0144 7801

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**OFFICIAL USE**

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

*2nd Cl*  
Postmark Here  
*2003*

AIRS ID # 112413

Total P

**Sent To** FELECIA POITIER  
DEERFIELD CLEANERS & LAUNDRY

**Street, A or PO Bx** 85 W HILLSBORO BLVD

**City, State** DEERFIELD BEACH, FL 33441

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:

AIRS ID # 112413

FELECIA POITIER  
DEERFIELD CLEANERS & LAUNDRY  
85 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

2. Article Number

(Transit)

7003 0500 0004 0144 7801

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Felecia Poitier*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

*3-6*

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 •

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

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U.S. MAIL  
TALLAHASSEE, FLORIDA

32399+2400 01



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OFFICIAL USE

Postage	\$	Postmark Here  04
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$

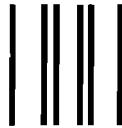
AIRS ID# 112413 1stC  
**DEERFIELD CLEANERS AND  
 LAUNDRY INC**  
 85 W Hillsboro Blvd  
 DEERFIELD BEACH, FL 33441

PS Form 3811, February 2004

7003 0500 0004 0144 8532

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>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>AIRS ID# 112413 1stC  <b>DEERFIELD CLEANERS AND          LAUNDRY INC</b>          85 W Hillsboro Blvd          DEERFIELD BEACH, FL 33441</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7003 0500 0004 0144 8532</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G910

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

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

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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#0112413.....2<sup>nd</sup> Cert 05 *04 B*  
 DEERFIELD CLEANERS AND LAUNDRY  
 INC  
 Street, Apt. No., or PO Box No. 85 W Hillsboro Blvd  
 City, State, ZIP+4 DEERFIELD BEACH, FL 33441

PS Form 3800, July 2001

7004 2510 0002 3939 7729

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>	<p>A. Signature </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           AIRS ID#0112413.....2<sup>nd</sup> Cert 05 <i>04 B</i>            DEERFIELD CLEANERS AND LAUNDRY            INC            85 W Hillsboro Blvd :            DEERFIELD BEACH, FL 33441         </div>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>3/4</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail<sup>®</sup></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>
<p>7004 2510 0002 3939 7729</p>	
<p>PS Form 3811, August 2001                      Domestic Return Receipt                      102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE



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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

MAR 7 2005

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

**OFFICIAL USE**

7001 0320 0001 7976 2326

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>AIRS ID # 0112413</b>
<b>Sent To</b>	<b>DEERFIELD CLEANERS &amp; LAUNDRY INC</b>
	<b>FELECIA POITIER</b>
<b>Street, Ap or PO Box</b>	<b>85 W HILLSBORO BLVD</b>
<b>City, State</b>	<b>DEERFIELD BEACH FL</b>
	<b>33441</b>

PS Form 3800, January 2000 See Reverse 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 (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td>C. Signature</td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td><b>X</b> <i>Felecia Poitier</i></td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below:</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	C. Signature	<input type="checkbox"/> Agent	<b>X</b> <i>Felecia Poitier</i>	<input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, enter delivery address below:	
A. Received by (Please Print Clearly)	B. Date of Delivery										
C. Signature	<input type="checkbox"/> Agent										
<b>X</b> <i>Felecia Poitier</i>	<input type="checkbox"/> Addressee										
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No										
If YES, enter delivery address below:											
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0112413                  DEERFIELD CLEANERS &amp; LAUNDRY INC                  FELECIA POITIER                  85 W HILLSBORO BLVD                  DEERFIELD BEACH FL                  33441</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>										
<p>7001 0320 0001 7976 2326</p>											
<p>PS Form 3811, July 1999                      Domestic Return Receipt                      102595-99-M-1789</p>											

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

**OFFICIAL USE**

7001 0320 0001 7976 0759

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

Postmark  
Here

**Total Postage:** AIRS ID # 0112413  
**DEERFIELD CLEANERS & LAUNDRY INC**  
 Sent To: **FELECIA POITIER**  
 Street, Apt. No. or PO Box No. **85 W HILLSBORO BLVD**  
 City, State, ZIP **DEERFIELD BEACH FL 33441**

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 # 0112413  
 DEERFIELD CLEANERS & LAUNDRY INC  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *[Signature]* 4-4  
 Agent  
 Addressee

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

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

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

7001 0320 0001 7976 0759



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

**OFFICIAL USE**

7001 1140 0001 7556 4477

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

*Postmark here*  
*[Handwritten signature]*

**Total P:** AIRS ID # 112413  
**Sent To:** DEERFIELD CLEANERS AND LAUNDRY INC  
**Street, A or PO B:** FELECIA POITIER  
**City, Sta:** 85 W HILLSBORO BLVD  
 DEERFIELD BEACH, FL 33441

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 # 112413  
 DEERFIELD CLEANERS & LAUNDRY  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH, FL 33441

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *[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

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

4. Restricted Delivery? (Extra Fee)  Yes

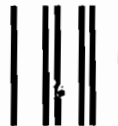
7001 1140 0001 7556 4477

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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.

D.A.R.M./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 12 2004

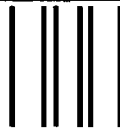
RECEIVED

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 10 AIRS ID# 0112413001AG	
Sent To	DEERFIELD CLEANERS & LAUNDRY INC FELECIA POITIER
Street, Apt. No. or PO Box No.	85 W HILLSBORO BLVD
City, State, Zip	DEERFIELD BEACH FL 33441
PS Form 3800, January 2001 See Reverse for Instructions	

7001 0320 0001 7976 3293

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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 3-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>10 AIRS ID# 0112413001AG DEERFIELD CLEANERS &amp; LAUNDRY INC FELECIA POITIER 85 W HILLSBORO BLVD DEERFIELD BEACH FL 33441</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7001 0320 0001 7976 3293	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE



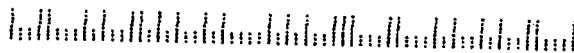
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• 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

MAR 24 2003



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

7000 0600 0026 4125 7969

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

AIRS ID # 0112413  
 DEERFIELD CLEANERS & LAUNDRY INC  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

See Reverse for Instructions

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

**SENDER'S SECTION ON DELIVERY**

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 # 0112413  
 DEERFIELD CLEANERS & LAUNDRY INC  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

2. Article Number (Copy from service label)  
 7000 0600 0026 4125 7969

**RECIPIENT'S SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *F. Poitier* B. Date of Delivery *3/5/01*

C. Signature *F. Poitier*  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

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

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
Postmark Here		
Postage \$		
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total</b>		AIRS ID # 0112413
Recipient	DEERFIELD CLEANERS AND LAUNDRY INC	
	FELECIA POITIER	
Street	85 W HILLSBORO BLVD	
	DEERFIELD BEACH FL 33441	
City, S		

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0026 7825 6935

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>	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery <b>2-9</b></p> <p>C. Signature <b>X</b> <i>Felecia Poitier</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0112413 DEERFIELD CLEANERS AND LAUNDRY INC FELECIA POITIER 85 W HILLSBORO BLVD DEERFIELD BEACH FL 33441</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><b>7000 0600 0026 7825 6935</b></p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>

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

7000 0520 0020 9373 0213

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To: AIRS ID # 0112413		
Re: DEERFIELD CLEANERS & LAUNDRY INC	<div style="border: 1px solid black; padding: 2px;">                 maller)             </div>	
FELECIA POITIER		
85 W HILLSBORO BLVD		
DEERFIELD BEACH FL		
City: 33441		

PS Form 3800, February 2000. See Reverse for Instructions.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**COMPLETE THIS SECTION ON DELIVERY**

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 # 0112413  
 DEERFIELD CLEANERS & LAUNDRY INC  
 FELECIA POITIER  
 85 W HILLSBORO BLVD  
 DEERFIELD BEACH FL  
 33441

2. Article Number (Copy from service label)  
**70000520002093730213**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **2/9/02**

C. Signature *Felecia Poitier*  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

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360923

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 # 0112413  
DEERFIELD CLEANERS AND LAUNDRY  
INC  
FELECIA POITIER  
85 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

RECEIVED  
MAIL ROOM  
FEB 18 99  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393332

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 # 0112413  
DEERFIELD CLEANERS AND LAUNDRY  
INC  
FELECIA POITIER  
85 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

RECEIVED  
MAIL ROOM  
MAR 28 00  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407330 MAR23 2001

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0112413  
DEERFIELD CLEANERS AND LAUNDRY INC  
FELECIA POITIER  
85 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

Bureau of Air Monitoring  
& Mobile Sources  
RECEIVED  
MAR 27 2001  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

3755 2273