

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 1, 2001

Mr. Ronald A. Seitz  
Carriage Cleaners  
6995 West 12 Avenue  
Hialeah, Florida 33014

Re: Facility No.: 0250741-002

Dear Mr. Seitz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 2001.

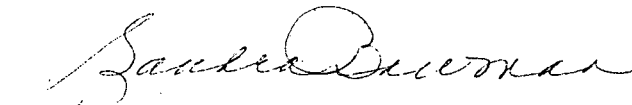
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 9600

SOC 4

Compliance IV

page 15

1(a) (New) should be circled under Status for each machine.

(RC) should be circled under Control Device Required for each machine.  
add Date Control Device Installed for each machine.

page 16

4. New machines at large area source should be marked.

5. add Horsepower for boiler.

page 17

add permit # to surrender. If no permit is surrendered, then ~~mark~~ No DEP Air Permits... should be marked.

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

COMMENTS:

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

9/5/01 spoke to Ron Seitz and he stated that the two dry to dry machines in his facility have built in refrigerated condensers as control devices. He also stated that he has a 50 horsepower Fulton boiler.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

SECRETARY'S SIGNATURE

DIV/DIST DIR SIGNATURE

MY SIGNATURE

YOUR SIGNATURE

DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

DISCUSS WITH ME

COMMENTS/ADVISE

REVIEW AND RETURN

SET UP MEETING

FOR YOUR INFORMATION

HANDLE APPROPRIATELY

INITIAL AND FORWARD

SHARE WITH STAFF

FOR YOUR FILES

COMMENTS:

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RECEIVED

AUG 28 2001

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ARL-ROV. CLEANING CORP.		
2. Site Name (For example, plant name or number):	CARRIAGE CLEANERS		
3. Hazardous Waste Generator Identification Number:	50 DAD 130472		
4. Facility Location:	6995 W 12 AVE		
Street Address:			
City:	County:	Zip Code:	
HIALEAH	DADE	33014	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250741-000		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	RONALD A. SEITZ	Title:	PRES.
7. Responsible Official Mailing Address:	CARRIAGE CLEANERS		
Organization/Firm:			
Street Address:	6995 W. 12 AVE.		
City:	County:	Zip Code:	
HIA.	DADE	33014	
8. Responsible Official Telephone Number:			
Telephone:	(305) 821 - 1181	Fax:	(305) 822 - 1991

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	RONALD A. SEITZ PRES.		
10. Facility Contact Address:	6995 W 12 AVE.		
Street Address:			
City:	County:	Zip Code:	
HIA	DADE	33014	
11. Facility Contact Telephone Number:			
Telephone:	(305) 821 - 1181	Fax:	(305) 822 - 1991

**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")
July-1993	Existing/New	RC/CA/None required	RC/CA
July-1993	Existing/New	RC/CA/None required	RC/CA
_____	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? [ 0 ]

How many dryers/reclaimers do you have on-site? [ 0 ]

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?

[ 472 ] 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".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at 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 (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.*

RONALD A. SEITZ  
Print name of responsible official

Ronald A. Seitz  
Signature

8/21/2001  
Date

# IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

AUG 21 2001

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ARL-ROV CLEANING CORP.		
2. Site Name (For example, plant name or number):	CARRIAGE CLEANERS		
3. Hazardous Waste Generator Identification Number:	50 DAD 130472		
4. Facility Location: Street Address:	6995 W 12 AVE		
City:	County:	Zip Code:	
	HIALEAH	DADE	33014
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250741-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: RONALD A. SEITZ		Title: PRES.
7. Responsible Official Mailing Address: Organization/Firm:	CARRIAGE CLEANERS		
Street Address:	6995 W. 12 AVE.		
City:	County:	Zip Code:	
	HIA.	DADE	33014
8. Responsible Official Telephone Number:	Telephone: (305) 821-1181	Fax: (305) 822-1991	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	RONALD A. SEITZ		PRES.
10. Facility Contact Address: Street Address:	6995 W 12 AVE.		
City:	County:	Zip Code:	
	HIA	DADE	33014
11. Facility Contact Telephone Number:	Telephone: (305) 821-1181	Fax: (305) 822-1991	

RECEIVED  
 SEP 10 2001  
 Bureau of Air Monitoring & Mobile Sources

**Facility Information**

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

How many dry-to-dry machines do you have on-site? 2

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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")
July-1993	Existing <u>New</u>	<u>RC</u> /CA/None required	<del>RC/CA</del> Same
July-1993	Existing <u>New</u>	<u>RC</u> /CA/None required	<del>RC/CA</del> Same
_____	Existing/New	RC/CA/None required	_____

*PSB  
plus*

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

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site? 0

How many dryers/reclaimers do you have on-site? 0

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?**

472 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     )



7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

*R. Seitz*

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.*

*RONALD A. SEITZ*

Print name of responsible official

*Ronald A. Seitz*  
Signature

Date

*8/21/2001*

*9/6/2001*

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458115 JAN17 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

250741 10  
CARRIAGE CLEANERS  
6995 W 12 Ave  
HIALEAH, FL 33014

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

443410 DEC162004

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# 250741 10  
CARRIAGE CLEANERS  
6995 W 12 Ave  
HIALEAH, FL 33014

Bureau of Air  
& Mobile Services

DEC 17 2004

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FOR GOVERNMENT USE ONLY  
ORG: 37550101000 EO: A1  
FUND: 20-2-03500  
OBJE: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437073 MAR 1 2004

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

250741  
 RONALD SEITZ  
 CARRIAGE CLEANERS  
 6995 W 12 AVENUE  
 HIALEAH FL 33014

*Handwritten:* DDN #3653  
 Bureau of Air Mobile Source  
 RECEIVED  
 MAR 4 2004

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

CARRIAGE CLEANERS		6019
DEPARTMENT OF ENVIRONMENTAL PROTECTION Licenses	02/27/2004	50.00
EASTERN NATL. INV # CUSTOMER ID#38858		50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436553 FEB19 2004

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

ID# 250741  
RONALD SEITZ  
CARRIAGE CLEANERS  
6995 W 12 AVENUE  
HIALEAH, FL 33014

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

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

ID# 250741  
RONALD SEITZ  
CARRIAGE CLEANERS  
6995 W 12 AVENUE  
HIALEAH, FL 33014

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 1571

Postmark Here  
03

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"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>AGUSTIN PASCIA</i></p> <p>C. Date of Delivery <i>2-6-01</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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> ID# 250741  RONALD SEITZ  CARRIAGE CLEANERS  6995 W 12 AVENUE  HIALEAH, FL 33014 </div>	<p>3. Service Type</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5651 1571 </div>	

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2004

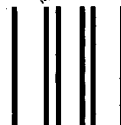
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U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post</b>	AIRS ID#0250742
<b>Sent To</b>	DRY CLEANERS UNLIMITED
	KARL STOERGER
<b>Street, Apt., or PO Box #</b>	1820 SW 3RD AVENUE
<b>City, State, #</b>	MIAMI FL 33129
PS Form 3800, January 2001 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>	<p>A. Signature X <i>Victorofano</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>3/7/03</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>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0250742</p> <p>DRY CLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129</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 Identification Number</p> <p>(7) 7001 0320 0001 7976 4306</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035	

UNITED STATES POSTAL SERVICE



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

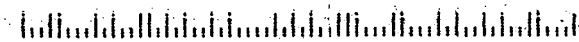
• Sender: Please print your name, address, and ZIP+4 in this box

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

Bur  
& Mobile Sources  
Air Monitoring

MAR 13 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**

421319 JAN 2 2003

Do NOT Remove Label

CARRIAGE CLEANERS RONALD A SEITZ 6995 W 12 AVENUE HIALEAH FL 33014	AIRS ID#0250741
--	-----------------

RECEIVED  
 JAN 08 2003  
 Bureau of Air Monitoring  
 & Mobile Sources

FOR GOVERNMENT USE ONLY Fund: 3755010000 EO: A1 Fund: 20-2-035001 Obj.: 002273
---

CARRIAGE CLEANERS  DEPARTMENT OF ENVIRONMENTAL PROTECTION Licenses	12/30/2002	5220  50.00
EASTERN NATL. AIRS ID # 0250741		50.00





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411915 DEC19 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 # 0250741  
 CARRIAGE CLEANERS  
 RONALD A SEITZ  
 6995 W 12 AVENUE  
 HIALEAH FL  
 33014

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

CARRIAGE CLEANERS		4974
DEPARTMENT OF ENVIRONMENTAL REGULATION	12/15/2001	
Licenses		50.00
EASTERN NATL. AIRS ID # 0250741		50.00

CARRIAGE CLEANERS  
6995 W. 12 AVE.  
HIALEAH, FL. 33014



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315+3070 69

