

8/14/01 Called & Left message. CHB

8/16/01 Called & Left message. CHB

Fees Paid 96-99.

500 3

Compliments IN



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 22, 2001

Ms. Bernadette Carmelus
10016 West McNab Road
Tamarac, Florida 33321

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

NOTICE OF INELIGIBILITY TO USE TITLE V AIR GENERAL PERMIT

Dear Ms. Carmelus:

This is to notify you that the Department, pursuant to your submittal received on May 30, 2001 has determined that your facility does not qualify to use the Title V Air General Permit for Perchloroethylene Dry Cleaning.

The requirements that a facility must meet in order to qualify for use of the Title V Air General Permit are set forth in Rule 62-213.300, Florida Administrative Code (F.A.C.). Your submittal indicates your facility is not eligible for the reason(s) listed below:

- facility information provided is insufficient
- equipment information provided is insufficient
- equipment control information is insufficient
- emissions indicate facility is not eligible
- source category not applicable or incorrect
- certification statement is blank or not signed by Responsible Official
- other: Nonpayment of emissions fee for year 2000.

If you have any questions regarding the Department's determination, please contact Rick Butler or Sandy Bowman at the Bureau of Air Monitoring and Mobile Sources at 850/488-0114. However, if you believe you meet the requirements for a Title

V Air General Permit, you may complete the enclosed blank notification form, making the corrections indicated above, and resubmit it to the Department. Any facility which does not qualify for a Title V air general permit may require a standard air pollution control permit from the Department. A notice of your legal rights begins on the following page.

Your rights under Florida law.

The Department's decision will become final unless a timely petition for an administrative hearing is filed pursuant to sections 120.569 and 120.57 of the Florida Statutes, or a party requests mediation as an alternative remedy under section 120.573 before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for petitioning for a hearing are set forth below, followed by the procedures for requesting mediation.

A person whose substantial interests are affected by the Department's decision may petition for an administrative hearing in accordance with sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this notice. Petitions filed by any other person must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice, whichever occurs first. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with rule 28-5.207 of the Florida Administrative Code.

A petition must contain the following information:

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number, and the county in which the facility is located;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by the petitioner, if any;
- (e) A statement of the facts that the petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement identifying the rules or statutes that the petitioner contends require reversal or modification of the Department's action or proposed action; and

(g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take with respect to the decision or proposed decision addressed in this notice.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

A person whose substantial interests are affected by the Department's proposed decision, may elect to pursue mediation by asking all parties to the proceeding to agree to such mediation and by filing with the Department a request for mediation and the written agreement of all such parties to mediate the dispute. The request and agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, by the same deadline as set forth above for the filing of a petition.

A request for mediation must contain the following information:

- (a) The name, address, and telephone number of the person requesting mediation and that person's representative, if any;
- (b) A statement of the preliminary agency action;
- (c) A statement of the relief sought; and
- (d) Either an explanation of how the requester's substantial interests will be affected by the action or proposed action addressed in this notice or a statement clearly identifying the petition for hearing that the requester has already filed, and incorporating it by reference.

The agreement to mediate must include the following:

- (a) The names, addresses, and telephone numbers of any persons who may attend the mediation;
- (b) The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
- (c) The agreed allocation of the costs and fees associated with the mediation;
- (d) The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
- (e) The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;
- (f) The name of each party's representative who shall have authority to settle or recommend settlement; and
- (g) The signatures of all parties or their authorized representatives.

As provided in section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by sections 120.569 and 120.57 for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under sections 120.569 and 120.57 remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

In addition to the above, a person subject to regulation has a right to apply for a variance from or waiver of the requirements of particular rules, on certain conditions, under section 120.542 of the Florida Statutes. The relief provided by this state statute applies only to state rules, not statutes, and not to any federal regulatory requirements. Applying for a variance or waiver does not substitute or extend the time for filing a petition for an administrative hearing or exercising any other right that a person may have in relation to the action proposed in this notice.

The application for a variance or waiver is made by filing a petition with the Office of General Counsel of the Department, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. The petition must specify the following information:

- (a) The name, address, and telephone number of the petitioner;
- (b) The name, address, and telephone number of the attorney or qualified representative of the petitioner, if any;
- (c) Each rule or portion of a rule from which a variance or waiver is requested;
- (d) The citation to the statute underlying (implemented by) the rule identified in (c) above;
- (e) The type of action requested;
- (f) The specific facts that would justify a variance or waiver for the petitioner;
- (g) The reason why the variance or waiver would serve the purposes of the underlying statute (implemented by the rule); and
- (h) A statement whether the variance or waiver is permanent or temporary and, if temporary, a statement of the dates showing the duration of the variance or waiver requested.

The Department will grant a variance or waiver when the petition demonstrates both that the application of the rule would create a substantial hardship or violate principles of fairness, as each of those terms is defined in section 120.542(2) of the Florida Statutes, and that the purpose of the underlying statute will be or has been achieved by other means by the petitioner.

Persons subject to regulation pursuant to any federally delegated or approved air program should be aware that Florida is specifically not authorized to issue variances or

waivers from any requirements of any such federally delegated or approved program. The requirements of the program remain fully enforceable by the Administrator of EPA and by any person under the Clean Air Act unless and until the Administrator separately approves any variance or waiver in accordance with the procedures of the federal program.

Executed in Tallahassee, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Howard L. Rhodes, Director
Division of Air Resource Management

APPLICANT: Payless Quality Cleaners

FDEP TRACKING NO.: I.D. No.: 0112219-002

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF DENIAL OF USE OF TITLE V AIR GENERAL PERMIT and all copies were mailed before the close of business on August 22, 2001 to the persons listed below.

Clerk Stamp

FILING AND ACKNOWLEDGMENT, on this date, pursuant to section 120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk Date

Copies furnished to:

Martha Jane Wise

8/22/01

0112219-002

p15

1(a) A 1996 machine is classified as New.

New should be circled under Status

p16

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

p17

Responsible official sign and date for changes made.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

cc To:

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

Reply Optional
Date Due: _____

Reply Required
Date Due: _____

Info Only

Comments:

From: _____

Tel: _____

RECEIVED

JUL 23 2001

Bureau of Air Monitoring
& Mobile Sources

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):
BERNADETTE CARMELUS

2. Site Name (For example, plant name or number):
PAYLESS QUALITY CLEANERS

3. Hazardous Waste Generator Identification Number:
FLR 000 0125 625

4. Facility Location: 10016 WEST McNAB ROAD
Street Address:
City: TAMPA County: BROWARD Zip Code: 33321

5. Facility Identification Number (DEP Use ONLY - do not fill in):
0112219-000

Responsible Official

6. Name and Title of Responsible Official:
Name: BERNADETTE CARMELUS Title: OWNER

7. Responsible Official Mailing Address:
Organization/Firm: PAYLESS QUALITY CLEANERS
Street Address: 10016 WEST McNAB ROAD
City: TAMPA County: BROWARD Zip Code: 33321

8. Responsible Official Telephone Number:
Telephone: (954) 724-9939 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:
Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

Facility Information

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>4/1996</u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

N/A

How many washers do you have on-site?

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

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

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

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

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

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

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

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

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

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

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

How many boilers do you have on-site? 2

For each boiler, indicate its horsepower (HP) rating: 3 HP 2 HP

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) ELECTRIC

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.

BERNADETTE CARMEZUS

Print name of responsible official

Signature Bernadette Carmezus

6/22/01
Date

RECEIVED

JUL 23 2001

Bureau of Air Monitoring
& Mobile Sources

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):
BERNADETTE CARMELUS

2. Site Name (For example, plant name or number):
PAYLESS QUALITY CLEANERS

3. Hazardous Waste Generator Identification Number:
FLR 000 0125 625

4. Facility Location:
Street Address: *10016 WEST MCNAB ROAD*
City: *TAMPA* County: *BALWANO* Zip Code: *33321*

5. Facility Identification Number (DEP Use ONLY; do not fill in):
0112219-000

Responsible Official

6. Name and Title of Responsible Official:
Name: *BERNADETTE CARMELUS* Title: *OWNER*

7. Responsible Official Mailing Address:
Organization/Firm: *PAYLESS QUALITY CLEANERS*
Street Address: *10016 WEST MCNAB ROAD*
City: *TAMPA* County: *BALWANO* Zip Code: *33321*

8. Responsible Official Telephone Number:
Telephone: *(954) 724-9939* Fax: () -

Facility Contact (If different from Responsible Official)

~~9. Name and Title of Facility Contact (For example, plant manager):~~

~~10. Facility Contact Address:
Street Address:
City: County: Zip Code:~~

~~11. Facility Contact Telephone Number:
Telephone: () - Fax: () -~~

Facility Information

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
4/1996	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	SAME
_____	Existing / New	RC / CA / None required	_____
_____	Existing / New	RC / CA / None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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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")
_____	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?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

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

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

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

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

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

How many boilers do you have on-site? 2

For each boiler, indicate its horsepower (HP) rating: 34 P 24 P

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) ELECTRIC

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.

BERNADETTE CARMEZUS

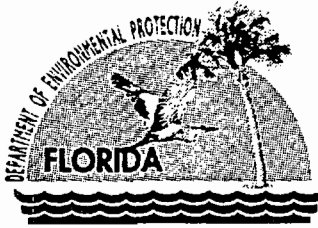
Print name of responsible official

Signature

Bernadette Carmezus

Date

6/22/01



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

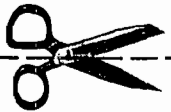
Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

RECEIVED

SEP - 6 2001

Bureau of Air Monitoring
& Mobile Sources



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

Remittance 00445860

Receipt # 361619

TOTAL AMOUNT DUE: \$75.00

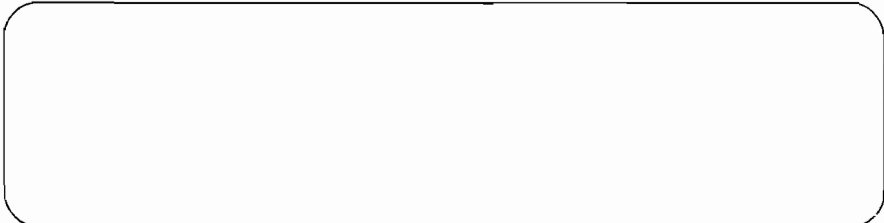
check # 1456

AIRS ID 0112219

Deposit 220145

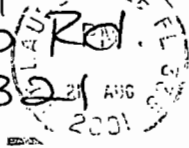
\$ 75.00

Do NOT Remove Label



FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Payless Quality Ctr.
10016 W. McNab Rd.
Tamarac Fl 33321



Attn: Rick Butler
2600 Blair Stone Rd.
NS 5510-TA Tallahassee
32399-2400

32399+6542



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459071 FEB21 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

AIRS ID# 112219 1st
PAYLESS QUALITY CLEANERS
10016 West McNab Road
TAMARAC, FL 33321

Bureau of Air Monitoring
& Mobile Sources

FEB 22 2006

RECEIVED

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

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

449271 MAR17 2005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112219.....2nd Cert 05
PAYLESS QUALITY CLEANERS
10016 West McNab Road
TAMARAC, FL 33321

Bureau of Air Monitoring
& Mobile Sources

MAR 21 2005

RECEIVED

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#0112219.....2nd Cert 05
PAYLESS QUALITY CLEANERS
10016 West McNab Road
TAMARAC, FL 33321

2. A
0

7004 2510 0002 3938 7508

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Barbara Kmeles Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
3/4/06

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

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

OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	AIRS ID#0112219.....2 nd Cert 05 PAYLESS QUALITY CLEANERS
<i>Sent To</i>	10016 West McNab Road
<i>Street, Apt. or PO Box #</i>	TAMARAC, FL 33321
<i>City, State,</i>	

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3938 7508

UNITED STATES POSTAL SERVICE



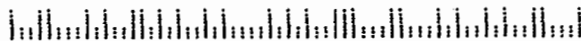
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

BARM/MOBILE SOURCE CONTROL PROGRAM
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STOP 2010
 2800 EMANUELLE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

MAR 7, 2005
 CEIVE

Bureau of Air Mail
 & Mobile Source

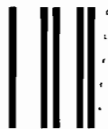


U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
T AIRS ID# 112219 1stC St PAYLESS QUALITY CLEANERS or 10016 West McNab Road City TAMARAC, FL 33321	
PS Form 3800, January 2001 See Reverse for Instructions	

7001 1140 0001 7556 3487

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Bernadette Cardus</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> AIRS ID# 112219 1stC PAYLESS QUALITY CLEANERS 10016 West McNab Road TAMARAC, FL 33321 </div>	B. Received by (Printed Name) <i>OC</i> C. Date of Delivery <i>2/8</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7001 1140 0001 7556 3487

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

FEB 16 2005

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.

437500 MAR 10 2004
RECEIVED
Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 112219
 BERNADETTE CARMELUS
 PAYLESS QUALITY CLEANERS
 10016 WEST MCNAB ROAD
 TAMARAC, FL 33321

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



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.

425637 MAR 14 2003
RECEIVED
Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112219
 PAYLESS QUALITY CLEANERS
 BERNADETTE CARMELUS
 10016 WEST MCNAB ROAD
 TAMARAC FL
 33321

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



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.

415875 APR 11 2002

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112219
 PAYLESS QUALITY CLEANERS
 BERNADETTE CARMELUS
 10016 WEST MCNAB ROAD
 TAMARAC FL
 33321

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY								
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<table style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery <i>7/4/02</i></td> </tr> <tr> <td colspan="2">C. Signature <i>[Signature]</i></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery <i>7/4/02</i>	C. Signature <i>[Signature]</i>		<input checked="" type="checkbox"/> X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery <i>7/4/02</i>								
C. Signature <i>[Signature]</i>									
<input checked="" type="checkbox"/> X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee								
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
1. Article Addressed to: <p style="text-align: center;">AIRS ID # 0112219 PAYLESS QUALITY CLEANERS BERNADETTE CARMELUS 10016 WEST MCNAB ROAD TAMARAC FL 33321</p>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.								
2. 7001 0320 0001 7976 0704	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes								
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789									

U.S. Postal Service											
CERTIFIED MAIL RECEIPT											
(Domestic Mail Only; No Insurance Coverage Provided)											
OFFICIAL USE											
<table style="width: 100%;"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage		Postmark Here <p style="text-align: center;">AIRS ID # 0112219</p> <p style="text-align: center;">PAYLESS QUALITY CLEANERS BERNADETTE CARMELUS 10016 WEST MCNAB ROAD TAMARAC FL 33321</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage											
<table style="width: 100%;"> <tr> <td style="width: 50%;">Sent To</td> <td style="width: 50%;">PAYLESS QUALITY CLEANERS</td> </tr> <tr> <td>Street, Apt. No. or PO Box No.</td> <td>BERNADETTE CARMELUS</td> </tr> <tr> <td>City, State, ZIP</td> <td>10016 WEST MCNAB ROAD TAMARAC FL 33321</td> </tr> </table>	Sent To	PAYLESS QUALITY CLEANERS	Street, Apt. No. or PO Box No.	BERNADETTE CARMELUS	City, State, ZIP	10016 WEST MCNAB ROAD TAMARAC FL 33321					
Sent To	PAYLESS QUALITY CLEANERS										
Street, Apt. No. or PO Box No.	BERNADETTE CARMELUS										
City, State, ZIP	10016 WEST MCNAB ROAD TAMARAC FL 33321										
PS Form 3800, January 2001 See Reverse for Instructions											

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) BERNADETTE CARMELUS B. Date of Delivery 3/18
1. Article Addressed to: AIRS ID # 0112219 PAYLESS QUALITY CLEANERS BERNADETTE CARMELUS 10016 WEST MCNAB ROAD TAMARAC FL 33321	C. Signature <i>Bernadette Carmelus</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Article Number (Copy from service label) 7001 0320 0001 7976 2487	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

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) _____	Postmark Here
Total Po: AIRS ID # 0112219 PAYLESS QUALITY CLEANERS BERNADETTE CARMELUS 10016 WEST MCNAB ROAD TAMARAC FL 33321	
Sent To _____ Street, Apt or PO Box _____ City, State, _____	
PS Form 3800, January 2001 See Reverse for Instructions	

SEN

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

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:

MS BERNADETTE CARMELUS
10016 WEST MCNAB ROAD
TAMARAC FLORIDA 33321

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

8/24/01

C. Signature

Bernadette Carmelus 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

0112219-002

2. Article Number (Copy from service label)
7099 3400 0000 1451 2728

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

OFFICIAL USE

7001 0320 0001 7976 4184

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

AIRS ID#0112219

Sent
 PAYLESS QUALITY CLEANERS
 Street or PO BERNADETTE CARMELUS
 10016 WEST MCNAB ROAD
 City, TAMARAC FL
 33321

Postmark
 Here

PS Form

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#0112219
 PAYLESS QUALITY CLEANERS
 BERNADETTE CARMELUS
 10016 WEST MCNAB ROAD
 TAMARAC FL
 33321

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 B. Received by (Printed Name) _____
 C. Date of Delivery _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7001 0320 0001 7976 4184

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 32309-2400

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 13 2003



U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	<i>2nd Cert.</i> Postmark Here <i>2003</i>
AIRS ID # 112219	
Sen BERNADETTE CARMELUS Str or F PAYLESS QUALITY CLEANERS City 10016 WEST MCNAB ROAD TAMARAC, FL 33321	_____ _____ _____
PS F	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 # 112219

BERNADETTE CARMELUS
 PAYLESS QUALITY CLEANERS
 10016 WEST MCNAB ROAD
 TAMARAC, FL 33321

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 5265

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Bernadette Carmelus
 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

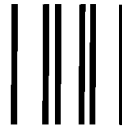
 Insured Mail

 C.O.D.

 4. Restricted Delivery? (*Extra Fee*)

 Yes

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

MAR 6 2004

RECEIVED



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

7000 2870 0000 7027 5074

OFFICIAL USE

Postage	\$	<i>Bernadette Carmelus</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pk		AIRS ID#0112219
Sent To	PAYLESS QUALITY CLEANERS	
	BERNADETTE CARMELUS	
	10016 WEST MCNAB ROAD	
Street, Apt	TAMARAC FL	
	33321	
City, State		

PS Form 3800, May 2000 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#0112219

PAYLESS QUALITY CLEANERS
 BERNADETTE CARMELUS
 10016 WEST MCNAB ROAD
 TAMARAC FL
 33321

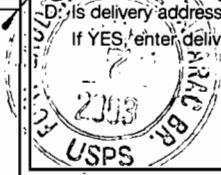
2. Article Number
70002870000070275074
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature: *Bernadette Carmelus* Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 1 0 2003

RECEIVED



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
AIRS ID # 0112219	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Recd. PAYLESS QUALITY CLEANERS	
Street BERNADETTE CARMELUS	
10016 WEST MCNAB ROAD	
City, TAMARAC FL	
33321	
PS Form 3811, July 1999	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 # 0112219
PAYLESS QUALITY CLEANERS
BERNADETTE CARMELUS
10016 WEST MCNAB ROAD
TAMARAC FL
33321

2. Article Number (Copy from service label)

7000 0600 0026 4128 8376

COMPLETE THIS SECTION ON DELIVERY

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

BERNADETTE CARMELUS 2/7

C. Signature

Bernadette Carmelus

- 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

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

FEB 14 2002

RECEIVED



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CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Total F ID# 112219
 BERNADETTE CARMELUS
 PAYLESS QUALITY CLEANERS
 10016 WEST MCNAB ROAD
 TAMARAC, FL 33321

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 0017

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ID# 112219
 BERNADETTE CARMELUS
 PAYLESS QUALITY CLEANERS
 10016 WEST MCNAB ROAD
 TAMARAC, FL 33321

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Bernadette Carmelus Addressee

B. Received by (Printed Name) C. Date of Delivery
Bernadette Carmelus 2/16

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. 7003 2260 0003 5651 0017

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

LARGE MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2000 CLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

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