



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 15, 2000

Mr. Carlos E. Boom
Speed Queen
1434 Beach Boulevard
Jacksonville Beach, Florida 32250

Re: Facility No.: 0310391-002

Dear Mr. Boom:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 10, 2000.


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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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

Printed on recycled paper.

Bowman, Sandy

From: Bill Coffman [COFFMAN@coj.net]
Sent: Tuesday, July 06, 2004 2:52 PM
To: Bowman, Sandy
Subject: Dry Cleaners

Sandy the following Facilities should be marked inactive as they are either now drop sites , closed or no longer using perc.

The following are now drop sites.

0310400
0310362
0310364
0310367
0310484
0310474
0310461
0310416
0310370
0310410
0310495
0310365
0310446
0310435
0310411

The following sites are closed.

0310498
0310481
0310502
0310391
0310490
0310412
0310476

The following sites are no longer using perchloroethylene.

0310417
0310371

I am still working on the list so please bear with me. We are trying to be certain that these facilities are actually out of business and have not just moved. If I can be of any assistance Please call.

Thanks Bill COffman

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): CARLOS E. BOOM D/B/A SPEED QUEEN		
2. Site Name (For example, plant name or number): Speed Queen		
3. Hazardous Waste Generator Identification Number: FLR 000021147		
4. Facility Location: Street Address: 1434 Beach Blvd. City: JAX BEACH County: DUVAL Zip Code: 32250		
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0310391-002		

Responsible Official

6. Name and Title of Responsible Official: Name: CARLOS E. BOOM Title: OWNER	
7. Responsible Official Mailing Address: Organization/Firm: CARLOS BOOM Street Address: 8343 HOBAN RD APT 137 City: JAX County: DUVAL Zip Code: 32216-3149	
8. Responsible Official Telephone Number: Telephone: (904) 725 1862 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: () -	

RECEIVED
APR 10 2000
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?

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")
10/2/94	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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

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

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

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

gallons (You must fill this in) *38 gallon*

(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

New machines at large area source

Refrigerated condenser

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 0310391
- 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.

CARLOS E. DOM

Print name of responsible official


Signature

3/17/00
Date

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

FACILITY NAME: Speed Queen Cleaners DATE: 5/12/2000
 FACILITY LOCATION: 1434 Beach Blvd.
Jacksonville, FL 32250

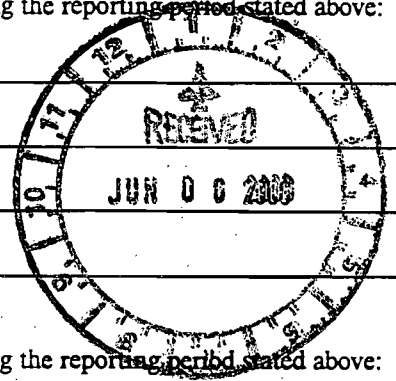
Annual Reporting Period: June 28, 1999 TO May 12, 2000

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 rolling averages of 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: Donald E. Gohm [Signature] 5-29-00
 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.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1015 TIME OUT: 1030 AIRS ID#: 0310391
 TYPE OF FACILITY: Perc. Dry cleaner
 FACILITY NAME: Speed Queen Cleaners DATE: 5/12/2000
 FACILITY LOCATION: 1434 Beach Blvd.
Jacksonville, FL 32250
 RESPONSIBLE OFFICIAL: JW Eli Ofek Carlos Boom PHONE NUMBER: 904/247-1513

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>New R.O. 5-12-2000 JW</u>	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

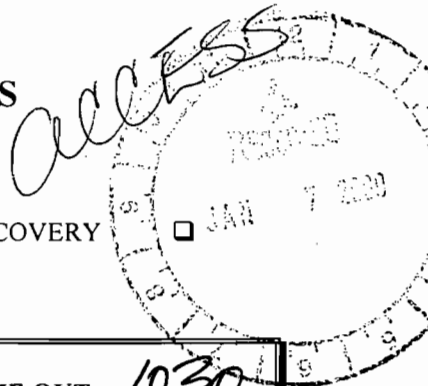
DATE OF NEXT INSPECTION: May, 2001
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter
(Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Winter PHONE NUMBER: 904-630-1212
ext. 3169

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 0310391-002 DATE: 5/12/2000 TIME IN: 1015 TIME OUT: 1030 FACILITY NAME: Speed Queen Cleaners FACILITY LOCATION: 1434 Beach Blvd. Jacksonville, FL 32250 RESPONSIBLE OFFICIAL: Eli Ofek Boom PHONE: (904) 247-1513 CONTACT NAME: Javier Arroyo PHONE: Same

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 26 2000 Bureau of Air Monitoring & Mobile Sources

PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source... 2. New small area source... 3. Existing large area source... 4. New large area source... 5. This is a correct facility classification... B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 10 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?
 - 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

Jeff Winter

Inspector's Name (Please Print)

5/12/2000

Date of Inspection

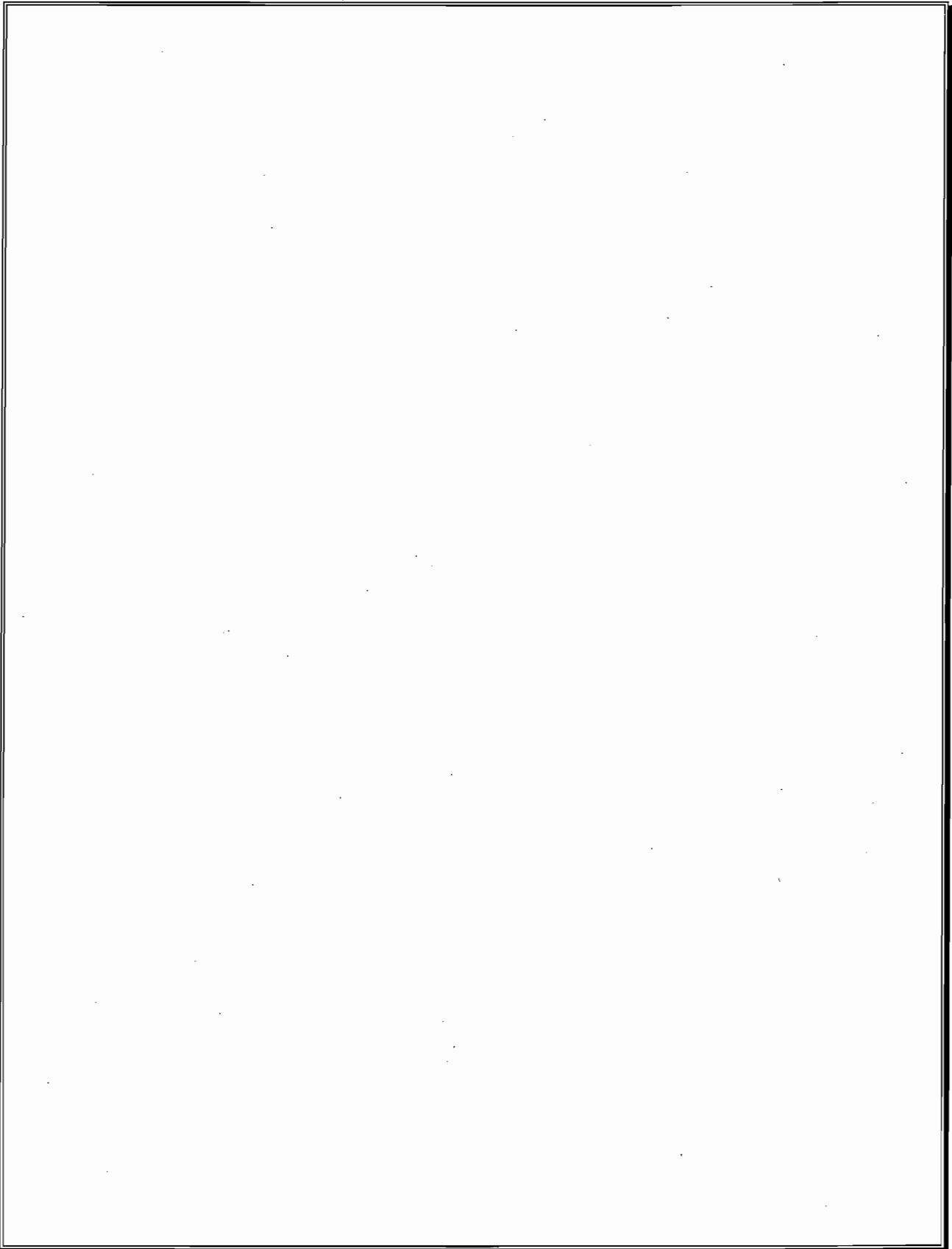
Jeff Winter

Inspector's Signature

May, 2001

Approximate Date of Next Inspection

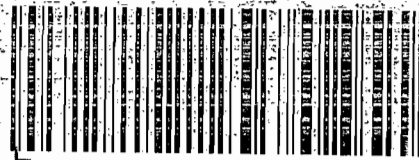
ADDITIONAL SITE INFORMATION:



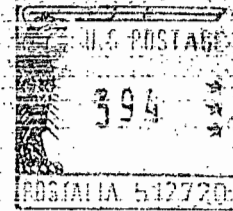
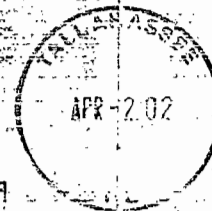
CERTIFIED MAIL

MS# 3340 MC Acct# 5521

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



7001 0320 0001 7975 8589



RECEIVED

APR 25 2002

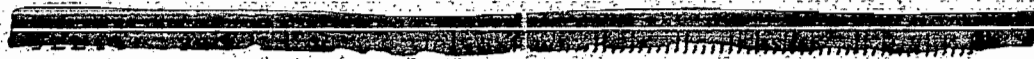
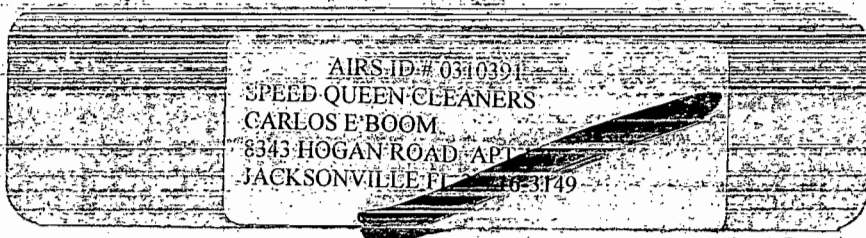
Dept of Air Monitor
Mobile Services

UNCLAIMED
JACKSONVILLE, FL 32216-5936



DIANE
1st Notice 7-4
2nd Notice 4-15
Return 4-19

1621
4/14/02



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 # 0310391
 SPEED-QUEEN CLEANERS
 CARLOS'E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL 32216-3149

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7975 8589

PS Form 3841, 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

AIRS ID # 0310391

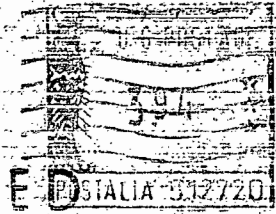
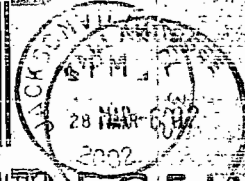
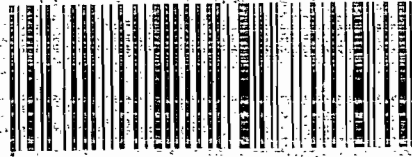
Total Postage: SPEED QUEEN CLEANERS
 Sent To: CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 Street, Apt. No. or PO Box No.: JACKSONVILLE FL
 32216-3149
 City, State, ZIP

7001 0320 0001 7975 8589
 6952 5477 1000 0200 1000

CERTIFIED MAIL

MS# 5610 MC Acct # 5521

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



7001 0320 0001 7926 0400

RECEIVED

RETURNED TO SENDER
UNCLAIMED
JACKSONVILLE, FL 32216-9974

APR 2 2002

Bureau of Air Monitoring
& Mobile Sources

Handwritten: 1021
3/8/02

1st Notice
2nd Notice 3/15
3/23

AIRS ID: #0310391
SPEED QUEEN CLEANERS
CARLOS E BOOM
2373 HOGAN ROAD APT 114
JACKSONVILLE FL
32216-3149

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 # 0310391

SPEED QUEEN CLEANERS
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL
 32216-3149

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____ Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7976 0407

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

7001 0320 0001 7976 0407

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

Postmark Here

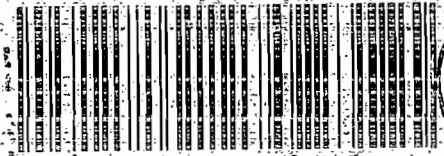
AIRS ID # 0310391

SPEED QUEEN CLEANERS
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL
 32216-3149

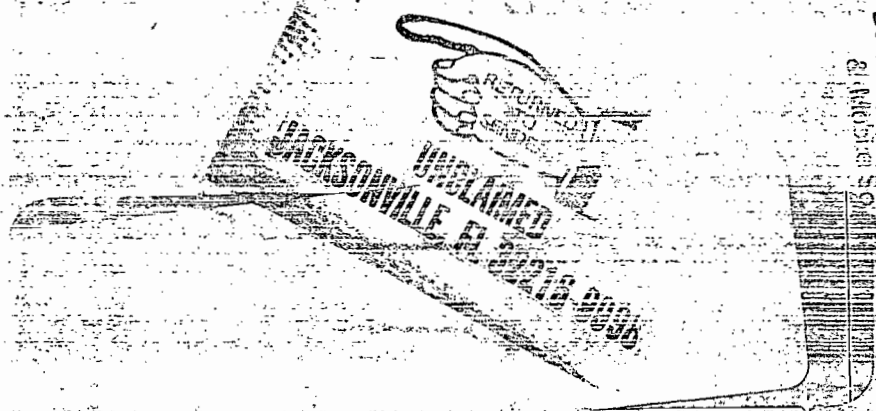
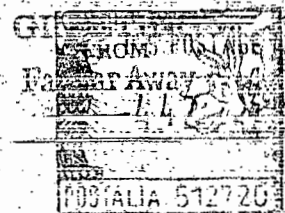
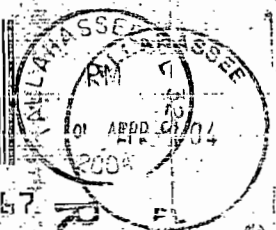
MS# _____ MC Acct # _____

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

CERTIFIED MAIL



7001 1140 0001 7556 3067



Bureau of all Mortgages
at National 5000000000000000

RECEIVED
MAY 12 2004

1st Notice 7-3
2nd Notice 9-20
Return 6-7

0001 1140 0001 7556 3067

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:
 #310391
 AIKS ID # 310391
 SPEED QUEEN CLEANERS
 CARLOS BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL 32216

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent Addressee

B. Received By: (Printed Name) C. Date of Delivery

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

E. Service type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

F. Restricted Delivery? (Extra Fee) Yes No

2. Article Number: 7001 1140 0001 7556 3067
 (Transfer from service label)

PS Form 3811 August 2001 Domestic Return Receipt 102595-02-M1540

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 & Fees \$ _____

AIKS ID # 310391

Sent To: SPEED QUEEN CLEANERS
 CARLOS BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE, FL 32216

City, State, ZIP: JACKSONVILLE, FL 32216

#310391

Postmark Here

7001 1140 0001 7556 3067

CERTIFIED MAIL

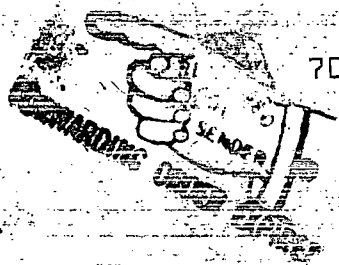
MS# 5510 MC Acct # 5521

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



7003 0500 0004 0144 9553

U.S. POSTAGE
442
POSTALIA 513236



CARLOS BOOM
SPEED QUEEN CLEANERS
8343 HOGAN ROAD APT 137
JACKSONVILLE FL 32216

RECEIVED
MAR 19 2004
Bureau of Air Monitoring
& Mobile Sources

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 # 310391
 CARLOS BOOM
 SPEED QUEEN CLEANERS
 8343 HOGAN ROAD APT 137
 JACKSONVILLE, FL 32216

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service type
- Certified Mail Express Mail
 - Registered Return Receipt for Merchandise
 - Insured Mail C.O.D.
 - 4. Restricted Delivery (Extra Fee) Yes

2. Article Number 7003 0500 0004 0144 9553
(transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595 02-11-1540

7003 0500 0004 0144 9553

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance coverage provided)
 For delivery information visit our website at www.usps.com

Postage	€
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
2003

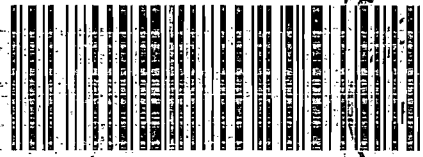
AIRS ID # 310391
 CARLOS BOOM
 SPEED QUEEN CLEANERS
 8343 HOGAN ROAD APT 137
 JACKSONVILLE, FL 32216

PS Form 3800, June 2002 See Reverse for Instructions

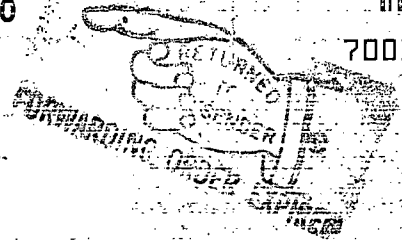
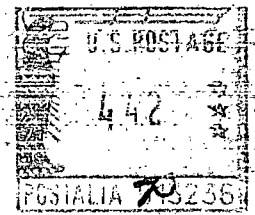
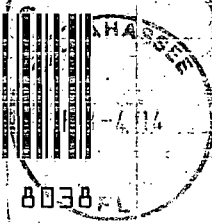
MS# 5510 MC Acct# 5521

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

INVERTED



7003 2260 0003 5650 8038 FL



4621

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 1 1991

CARLOS BOOM
SPEED QUEEN CLEANERS
8343 HOGAN ROAD APT 127
JACKSONVILLE FL 32216

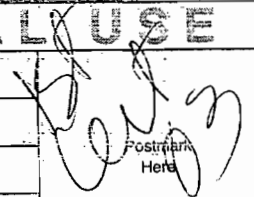
SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece or on the front if space permits.</p> <p>4. Article Addressed to:</p>	<p>A. Signature _____ <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</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>ID# 310391 CARLOS BOOM SPEED QUEEN CLEANERS 8343 HOGAN ROAD APT 137 JACKSONVILLE, FL 32216</p>	<p>5. 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>6. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number _____ (transfer from service label)</p>	<p>7003 2260 0003 5650 8038</p>
<p>PS Form 3811, August 2001</p>	<p>Return Receipt 102595-02-M-1540</p>

7003 2260 0003 5650 8038

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)	

ID# 310391
Total CARLOS BOOM

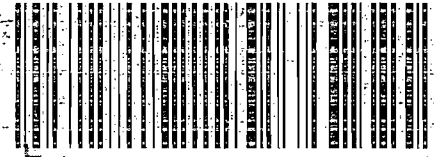
Sent SPEED QUEEN CLEANERS
8343 HOGAN ROAD APT 137
City or P. JACKSONVILLE, FL 32216
City

PS Form 3800, June 2002 See Reverse for Instructions

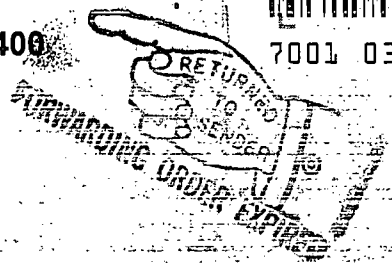
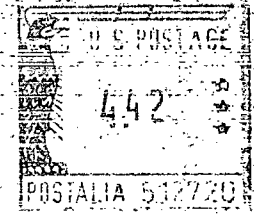
CERTIFIED MAIL

MS# 6510 MC Acct # 5821

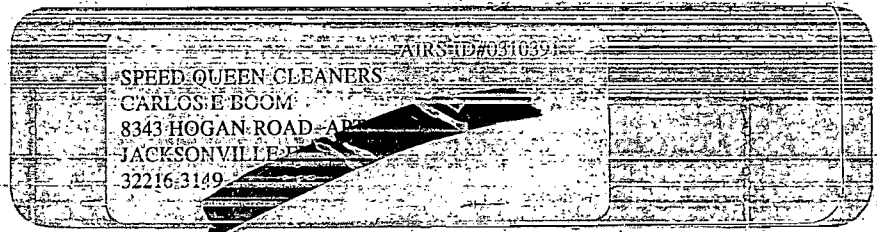
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7976 6591



W/621
Bureau of Air Monitoring
MAR 11 2003
RECEIVED



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#0310391

SPEED QUEEN CLEANERS
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL
 32216-3149

2. Article Number
(Transfer from service label)

7001 0320 0001 7976 6591

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

102595-02-M-1540

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 P		AIRS ID#0310391

Postmark Here

Signature

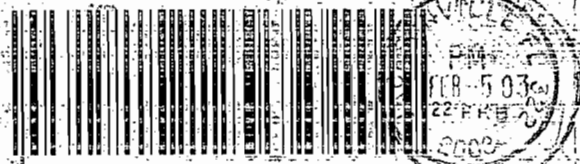
Sent To: SPEED QUEEN CLEANERS
 CARLOS E BOOM
 Street, or PO B: 8343 HOGAN ROAD APT 137
 City, St: JACKSONVILLE FL
 32216-3149

7001 0320 0001 7976 6591
 7001 0320 0001 7976 6591

MS# 5510 MC Acct # 5521

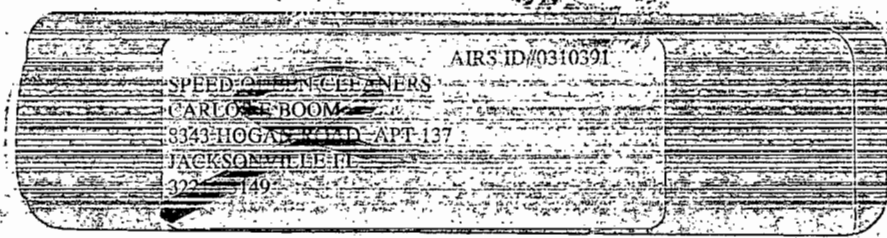
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



2001 0320 0001 7975 5212

RETURNED TO
SENDER
FOR REASON SHOW
ENDORSE
JACKSONVILLE FL



*Received
1/27
6/22/03
2/12/03*

RECEIVED
FEB 25 2003
Bureau of Air Monitoring
& Mobile Sources



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#0310391

SPEED QUEEN CLEANERS
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL
 32216-3149

2. Article Number (Copy from service label)

7001 0320 0001 7975 5212

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3841, July 1999

Domestic Return Receipt

102595-00-M-0952

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 & Fees \$

Postmark Here

AIRS ID#0310391

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

SPEED QUEEN CLEANERS
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL
 32216-3149

PS Form 3800, Jan

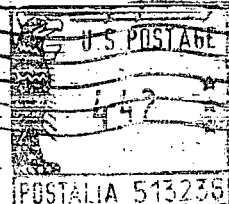
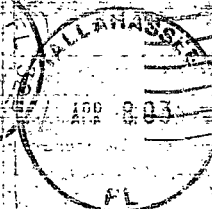
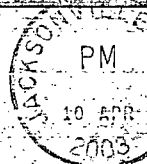
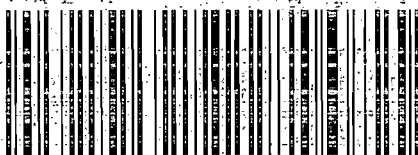
7001 0320 0001 7975 5212

5510

5521

CERTIFIED MAIL

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



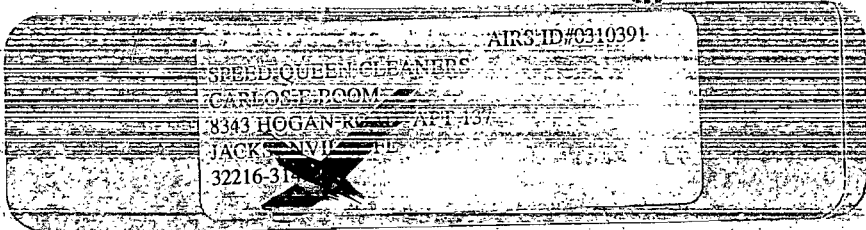
7080 1670 0013 3109 1896

MC5521

BAMMS/BCC
JOEY ROBERTS
5510

FORWARDING ORDER EXPIRES
RETURNED TO SENDER

RECEIVED
Bureau of Air Monitoring
& Mobile Sources



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#0310391

SPEED QUEEN CLEANERS
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL
 32216-3149

2. Article Number (Copy from service label)

1670 0013 3109 1896

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____
 Agent
 Addressee

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

3. Service type:

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

4. Restricted Delivery? (Extra Fee) Yes

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)	

02
 3rd
 [Signature]
 Postmark Here

7000 1670 0013 3109 1896

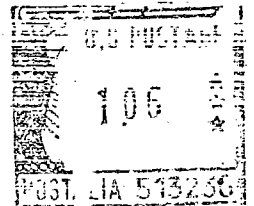
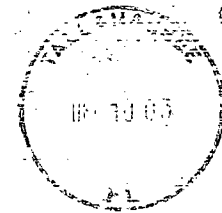
Total Postage AIRS ID#0310391

Sent To: SPEED QUEEN CLEANERS
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 Street, Apt. #: JACKSONVILLE FL
 City, State, Z: 32216-3149

PS Form 3800, May 2000

See Reverse for Instructions

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



RETURNED
TO
SENDER
FOR REASON SHOWN BY
ENDORSEMENT
JACKSONVILLE, FL 32250-3908

RECEIVED
FEB 12 2004
Bureau of Air Monitoring
& Mobile Sources

*ANK
Gry*



ID# 310391
CARLOS BOOM
SPEED QUEEN CLEANERS
1434 BEACH BOULEVARD
JACKSONVILLE, FL 32250





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402021

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 # 0310391

~~SPEED QUEEN CLEANERS~~
CARLOS E BOOM
8343 HOGAN ROAD APT 137
JACKSONVILLE FL 32216-3149

Tooclean cleaners.

RECEIVED
MAIL ROOM
JAN - 8 01

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