

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

July 31, 2003

Mr. Steven A. Thompson  
Sand Dollar Cleaners  
2160 University Boulevard North  
Jacksonville, Florida 32211

Re: Facility No.: 0310456-002

Dear Mr. Thompson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 26, 2003.

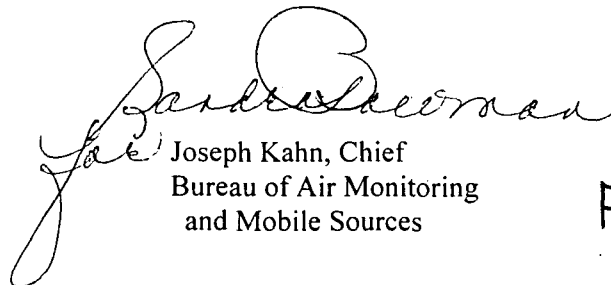
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Wayne Tutt, Duval County

Fees 98-02  
SOC 3  
Comp IN

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 26 2003  
Bureau of Air Management  
& 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): <i>THOMPSON EXPRESS SERVICES, INC</i>
2. Site Name (For example, plant name or number): <i>SAND DOLLAR CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>0310456001 AG</i>
4. Facility Location: Street Address: <i>2160 UNIVERSITY BLVD North</i> City: <i>JACKSONVILLE, FL</i> County: <i>DUVAL</i> Zip Code: <i>32211</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0310456-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>STEVEN A. THOMPSON</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>THOMPSON EXPRESS SERVICES, INC</i> Street Address: <i>2160 UNIVERSITY BLVD N</i> City: <i>JACKSONVILLE, FL</i> County: <i>DUVAL</i> Zip Code: <i>32211</i>
8. Responsible Official Telephone Number: Telephone: <i>(904) 745-5010</i> Fax: <i>(904) 762-0857</i>

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>05-05-96</u>	Existing/ <del>New</del>	<del>RC</del> /CA/None required	<u>SAME</u>
<u>03-06-98</u>	<del>Existing</del> / <del>New</del>	<del>RC</del> /CA/None required	<u>SAME</u>
_____	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)

(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.*

STEVEN A. THOMPSON  
Print name of responsible official

  
Signature

6-24-03  
Date

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

RECEIVED  
SEP 15 2008

# PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

FLDEP Facility ID Number: 0310456  
Bureau of Air Monitoring & Mobile Sources

The name and address of the owner or operator;

THOMPSON EXPRESS SERVICES, INC.  
 Name of the owner or operator of the dry cleaning facility

SAND DOLLAR CLEANERS  
 Mailing address of the owner or operator of the dry cleaning facility

2160 UNIVERSITY BLVD N  
 Mailing address line 2

JACKSONVILLE FL 32211  
 City State Zip Code

The address (that is, physical location) of the dry cleaning facility;

SAND DOLLAR CLEANERS  
 Name of the dry cleaning facility

2160 UNIVERSITY BLVD N  
 Address of the dry cleaning facility (physical location)

Address line 2

JACKSONVILLE FL 32211  
 City State Zip Code

Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?

Check one:  No  Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one:  No  Yes

Is the Perc dry cleaning operation a major or area source?

Major Source: Perc consumption is greater than 2100 gallons/year  
 Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 100 gallons  
 (How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one:  No  Yes

All information contained in this statement is accurate and true.

*Sherry A. Thompson*

Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4  
 Air Toxics and Monitoring Branch  
 61 Forsyth Street SW  
 Atlanta, Georgia 30303-8960

And to: Florida Department of Environmental Protection  
 General Permits Section  
 Bureau of Air Monitoring and Mobile Sources  
 2600 Blair Stone Road, MS #5510  
 Tallahassee, Florida 32399-2400



7004 2510 0002 3939 9310

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

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

AIRS ID# 310456 3<sup>rd</sup> Cert04

Sent To SAND DOLLAR CLEANERS

Street, Apt. No., or PO Box No. 2160 University Blvd N

City, State, ZIP+ JACKSONVILLE, FL 32211

PS Form 3811

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 6210

• 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

RECEIVED  
APR 11 2005  
Mobile Sources  
Air Monitoring

**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# 310456 3<sup>rd</sup> Cert04  
SAND DOLLAR CLEANERS  
2160 University Blvd N  
JACKSONVILLE, FL 32211

2. Article Number  
(Transfer from service label)

7004 2510 0002 3939 9310

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Stewart A. Thompson*  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

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7004 2510 0002 3938 6372

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$

Postmark  
Here

Sent To AIRS ID#0310456.....2<sup>nd</sup> Cert 05  
 SAND DOLLAR CLEANERS  
 Street, Apt. No. or PO Box No. 2160 University Blvd N  
 City, State, ZIP JACKSONVILLE, FL 32211  
 PS Form 3800

UNITED STATES POSTAL SERVICE



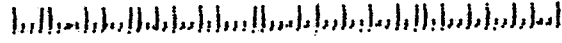
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• 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

RECEIVED  
 MAR 7 2005  
 DU OF AIR MAIL  
 & Mobile Source

92399+6542



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <b>3-5</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>AIRS ID#0310456.....2<sup>nd</sup> Cert 05                      SAND DOLLAR CLEANERS                      2160 University Blvd N                      JACKSONVILLE, FL 32211</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number                      (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0002 3938 6372

7004 2510 0004 6986 5173

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

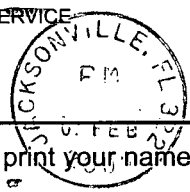
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark  
Here

Total Postage & AIRS ID# 310456 1stC  
Sent To SAND DOLLAR CLEANERS  
2160 University Blvd N  
Street, Apt. No., or PO Box No. JACKSONVILLE, FL 32211  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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  
MILITARY STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
FEB 9 2005  
Bureau of Air Mail  
& Mobile Source Control

2399+2400

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>[Name]</i> C. Date of Delivery: <i>5-7</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>AIRS ID# 310456 1stC SAND DOLLAR CLEANERS 2160 University Blvd N JACKSONVILLE, FL 32211</p>	<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>7004 2510 0004 6986 5173</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0002 3938 6372

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

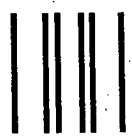
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark  
Here

Sent To AIRS ID#0310456.....2<sup>nd</sup> Cert 05  
 SAND DOLLAR CLEANERS  
 Street, Apt. No. 2160 University Blvd N  
 or PO Box No. JACKSONVILLE, FL 32211  
 City, State, ZIP

PS Form 3800

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 •

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

MAR 7 2005  
 du of Air Mail  
 Mobile Source

RECEIVED

2399+6542

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>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	
	B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  AIRS ID#0310456.....2 <sup>nd</sup> Cert 05 SAND DOLLAR CLEANERS 2160 University Blvd N JACKSONVILLE, FL 32211	C. Date of Delivery 3-5	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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	
7004 2510 0002 3938 6372		

7004 2510 0002 3939 9310

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

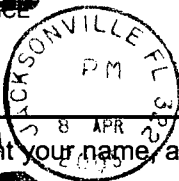
**OFFICIAL USE**

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

Sent To AIRS ID# 310456 3<sup>rd</sup> Cert04  
SAND DOLLAR CLEANERS  
Street, Apt. No. or PO Box No. 2160 University Blvd N  
City, State, ZIP+4 JACKSONVILLE, FL 32211

PS Form 3800

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

Mobile Sources

APR 11 2005

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# 310456 3<sup>rd</sup> Cert04  
SAND DOLLAR CLEANERS  
2160 University Blvd N  
JACKSONVILLE, FL 32211

2. Article Number  
(Transfer from service label)

7004 2510 0002 3939 9310

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Shawn A. Thompson*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
H. 8

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](http://www.usps.com)

**OFFICIAL USE**

7004 2510 0004 6986 5173

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

Postmark  
Here

Total Postage & AIRS ID# 310456 1stC  
 SAND DOLLAR CLEANERS  
 2160 University Blvd N  
 JACKSONVILLE, FL 32211

Sent To

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

PS Form 3800, June 2002

See Reverse for Instructions

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

RECEIVED  
 FEB 9 2005  
 Bureau of Air Mail  
 & Mobile Sources

2399+2400



**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# 310456 1stC  
 SAND DOLLAR CLEANERS  
 2160 University Blvd N  
 JACKSONVILLE, FL 32211

2. Article Number

(Transfer from service label)

7004 2510 0004 6986 5173

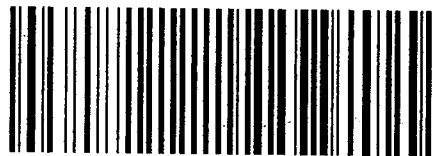
**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 *Steven P. [Signature]*  Addressee
- B. Received by (Printed Name) C. Date of Delivery  
 [Signature] 2-7
- 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

THOMPSON EXPRESS SERVICES,  
2160 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211



7008 0500 0002 1352 2333



UNITED STATES  
POSTAL SERVICE



0000

32399

U.S. POSTAGE  
PAID  
JACKSONVILLE, FL  
32211  
SEP 12, 08  
AMOUNT:

\$5.32

00025604-04

RETURN RECEIPT  
REQUESTED

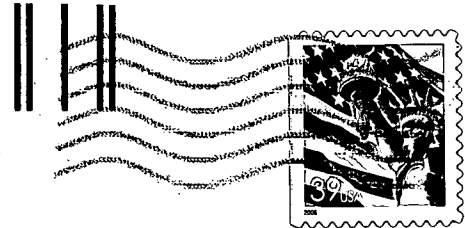
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING AND MOBILE SOURCES  
2600 BLAIR STONE ROAD, MS#5510  
TALLAHASSEE, FLORIDA 32399-2400

3239982400



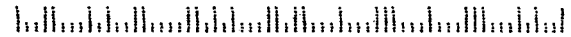
JACKSONVILLE FL 322

11 APR 2007 PM 3 L



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

32315+3070 BOSS





-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

472867 APR13 2007

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 310456 10  
SAND DOLLAR CLEANERS  
2160 University Blvd N  
JACKSONVILLE, FL 32211

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

Bureau of Air Monitoring  
& Mobile Sources  
APR 18 2007  
RECEIVED

*Printed on recycled paper.*



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434145 DEC11 2003

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

310456  
STEVEN THOMPSON  
SAND DOLLAR CLEANERS  
2169 UNIVERSITY BLVD N  
JACKSONVILLE FL 32211

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

RECEIVED  
DEC 16 2003  
Bureau of Air Mail  
C. M. ...