



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

January 14, 1999

Mr. Sayed A. Hashimi  
Mr. Dry Clean  
701-1 Mayport Crossing Boulevard  
Atlantic Beach, Florida 32233

Re: Facility No.: 0310469

Dear Mr. Hashimi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 7, 1999.

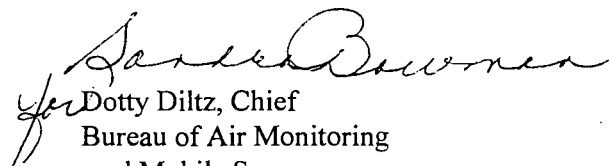
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Khorasan Enterprises Inc.
2. Site Name (For example, plant name or number):	Mr. Dry Clean
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 701-1 Mayport Crossing Blvd. City: Atlantic Beach County: Duval Zip Code: 32233	
5. Facility Identification Number (DEP Use):	0310469

Bureau of Air Monitoring  
& Mobile Sources

JAN - 1 1999

RECEIVED

## Responsible Official

6. Name and Title of Responsible Official:	Sayed A Hashimi President
7. Responsible Official Mailing Address: Organization/Firm: 701-1 Mayport Crossing Blvd Street Address: City: Atlantic Beach County: Duval Zip Code: 32233	
8. Responsible Official Telephone Number: Telephone: (904) 249-6008 Fax: ( ) -	

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same as above
10. Facility Contact Address: Street Address: Same as above City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	



Khorasan Enterprises, Inc.  
DBA / Diamond Dryclean

(904) 249-6008  
730-3959

SAYED A. HASHIMI  
SOHAYLA HASHIMI

700-1 Mayport  
Crossing Blvd.  
Atlantic Beach, FL 32233

### Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		<i>FEB, 90</i>	<i>FEB, 90</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)


\_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

  
Signature

1/5/99  
Date

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

RECEIVED  
 FEB 04 1999  
 Bureau of  
& Mobile  
 Monitoring  
 Services

AIRS ID#: 0310469 DATE: 1/21/99 TIME IN: 1340 TIME OUT: 1410  
 FACILITY NAME: MR. Dry Clean  
 FACILITY LOCATION: 701-1 Mayport Crossing Blvd  
Atlantic Beach, FL 32233  
 RESPONSIBLE OFFICIAL: Sayed A. Hashimi PHONE: 904-249-6008  
 CONTACT NAME: Same 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

**PART II: CLASSIFICATION**

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

No notification form  
 Drop store/out of business/petroleum

A.

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

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

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

*Jeff Winter*

Inspector's Name (Please Print)

*1/21/99*

Date of Inspection

*Jeffery Winter*  
Inspector's Signature

*JAN. 2000*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1340 TIME OUT: 1410 AIRS ID#: 0310469  
 TYPE OF FACILITY: Perc. Dry cleaner  
 FACILITY NAME: MR. Dry Clean DATE: 1/21/99  
 FACILITY LOCATION: 701-1 Mayport Crossing Blvd.  
Jacksonville (Atlantic Beach), FL 32233  
 RESPONSIBLE OFFICIAL: Sayed Hashimi PHONE NUMBER: 904-249-6008

- 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>No leak log</u>	<u>R.O. Will Start keeping one.</u>

COMMENTS:

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

DATE OF NEXT INSPECTION: JAN. 2000  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Winter PHONE NUMBER: 904-630-3484

ACC

AIRS ID#: 0310469

Revised 10/10/95

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

FACILITY NAME: Mr. Dry Clean DATE: 1/21/99  
 FACILITY LOCATION: 701-1 Mayport Crossing Blvd.  
Atlantic Beach, FL 32233

Annual Reporting Period: JAN. 21, 1998 TO JAN. 21, 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  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:

5(b) no leak log  
 Exact period of non-compliance: from JAN. 21, 1998 to JAN. 21, 1999  
 Action(s) taken to achieve compliance: R.O. will start one  
 Method used to demonstrate compliance: Reinspection.

#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: Sayed A Hashimi [Signature] 1/21/99  
 Name (Please Print) Signature Date

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

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
 FEB 1 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

**AIRS ID#:** 0310469 **DATE:** 1/5/2000 **TIME IN:** 1055 **TIME OUT:** 1115  
**FACILITY NAME:** Mr. Dry Clean  
**FACILITY LOCATION:** 701-1 Mayport Crossing Blvd.  
Atlantic Beach, FL 32233  
**RESPONSIBLE OFFICIAL:** Sayed Hashimi **PHONE:** 904-249-6008  
**CONTACT NAME:** Same **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

**PART II: CLASSIFICATION**

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

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

**A.**

- |  |   |
|--|---|
| <p>1. Existing small area source <input checked="" type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed before 12/9/91)</p> | <p>2. New small area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p> |
|--|---|

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

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

If no, please check the appropriate classification:

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

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 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 *NA*
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

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

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



**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input 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)

1/5/2000  
Date of Inspection

Jeffery Winter  
Inspector's Signature

JAN. 2001  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

ACC

AIRS ID#: 0310469

Revised 10/10/96

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

FACILITY NAME: Mr. Dry Clean DATE: 1/5/2000  
 FACILITY LOCATION: 701-1 Mayport Crossing Blvd.  
Atlantic Beach, FL 32233

Annual Reporting Period: JAN. 21, 1999 TO JAN. 5, 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: SAYED A HASHIMI [Signature] 01/05/00  
 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: 10 55 TIME OUT: 11 15 AIRS ID#: 0310469  
 TYPE OF FACILITY: Perc. Dry Cleaners  
 FACILITY NAME: Mr. Dry Clean DATE: 1/5/2000  
 FACILITY LOCATION: 701-1 Mayport Crossing Blvd.  
Atlantic Beach, FL 32233  
 RESPONSIBLE OFFICIAL: Sayed Hashimi PHONE NUMBER: 904-249-6008

- 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

COMMENTS:

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

DATE OF NEXT INSPECTION: JAN. 2001  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Winter* PHONE NUMBER: 904-630-3484

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393372

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 # 0310469
MR. DRYCLEAN SAYED A HASHIMI 701-1 MAYPORT CROSSING BLVD ATLANTIC BEACH FL 32233

Bureau of Air Monitoring  
& Mobile Sources

MAR 1

RECEIVED

MAR -9 00

RECEIVED  
MAIL ROOM

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

451410 APR 19 2005

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

**TOTAL AMOUNT DUE: \$75.00**

Do **NOT** Remove Label

AIRS ID# 310469 3 <sup>rd</sup> Cert04 MR. DRYCLEAN 701-1 Mayport Crossing Blvd. ATLANTIC BEACH, FL 32233
--

RECEIVED  
APR 20 2005  
Bureau of Air Monitoring  
& Mobile Sources

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

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)	
AIRS ID # 0310469	
Total Postage	MR. DRYCLEAN
Sent To	SAYED A HASHIMI
Street, Apt or PO Box	701-1 MAYPORT CROSSING BLVD
City, State,	ATLANTIC BEACH FL
	32233
PS Form 3800, January 2001 <span style="float: right;">See Reverse for Instructions</span>	

7001 0320 0001 7975 8381

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <b>SAYED</b> B. Date of Delivery <b>4/14/02</b></p> <p>C. Signature <b>[Signature]</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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 style="text-align: center;">AIRS ID # 0310469 MR. DRYCLEAN SAYED A HASHIMI 701-1 MAYPORT CROSSING BLVD ATLANTIC BEACH FL 32233</p>	<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 checked="" type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label)</p> <p style="text-align: center;">7001 0320 0001 7975 8381</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 1999 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span></p>		

UNITED STATES POSTAL SERVICE



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

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

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



Z 094 212 770  
 US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

AIRS ID # 0310469

MR. DRYCLEAN  
 SAYED A HASHIMI  
 701-1 MAYPORT CROSSING BLVD  
 ATLANTIC BEACH FL 32233

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**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 # 0310469

MR. DRYCLEAN  
 SAYED A HASHIMI  
 701-1 MAYPORT CROSSING BLVD  
 ATLANTIC BEACH FL 32233

**COMPLETE THIS SECTION ON DELIVERY**

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

7/26/99

C. Signature

*[Handwritten 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.

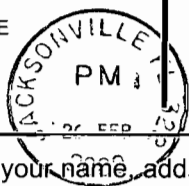
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

Z 094 212 770



UNITED STATES POSTAL SERVICE



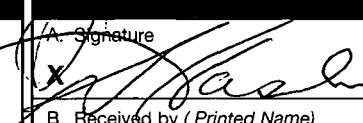
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• 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



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)	
Total Postage	
AIRS ID#0310469	
Sent To	MR. DRYCLEAN SAYED A HASHIMI 701-1 MAYPORT CROSSING BLVD ATLANTIC BEACH FL 32233
Street, Apt or PO Box	
City, State	
PS Form 3811	Postnet

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  </p> <p>B. Received by (Printed Name)            Sayed Hashimi</p> <p>C. Date of Delivery            1/11/11</p> <p>D. Is delivery address different from item 1?            If YES, enter delivery address below:</p> <p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0310469</p> <p>MR. DRYCLEAN            SAYED A HASHIMI            701-1 MAYPORT CROSSING BLVD            ATLANTIC BEACH FL            32233</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p style="text-align: center;">7001 0320 0001 7975 5656</p>
<p>PS Form 3811, August 2001</p>	<p style="text-align: center;">Domestic Return Receipt</p>

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 115510  
2502 BURKSTONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

MAR 10 2003

RECEIVED

Z 333 667 327

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0310469

MR. DRYCLEAN  
SAYED A HASHIMI  
701-1 MAYPORT CROSSING BLVD  
ATLANTIC BEACH FL 32233

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	

**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 # 0310469

MR. DRYCLEAN  
SAYED A HASHIMI  
701-1 MAYPORT CROSSING BLVD  
ATLANTIC BEACH FL 32233

2. Article Number (Copy from service label)

Z 333 667 327

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below.

Yes  
 No

3. Service Type

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

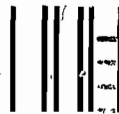
4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-99-M-1789

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 •

PORTABLE SOURCE CONTROL PROGRAM  
EPA OFFICE OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



P 174 052 590

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

Sent to AIRS ID # 0310469

MR. DRYCLEAN  
SAYED A HASHIMI  
701-1 MAYPORT CROSSING BLVD  
ATLANTIC BEACH FL 32233

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

AIRS ID # 0310469  
MR. DRYCLEAN  
SAYED A HASHIMI  
701-1 MAYPORT CROSSING BLVD  
ATLANTIC BEACH FL 32233

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

Sayed Hashimi 3/15

C. Signature

*[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

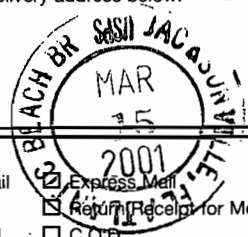
3. Service Type

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

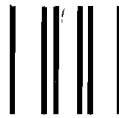
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

174 052 590



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 19 2001

RECEIVED

Z 210 661 324

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0310469

MR. DRYCLEAN  
SAYED A HASHIMI  
701-1 MAYPORT CROSSING BLVD  
ATLANTIC BEACH FL 32233

PS Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

MR. DRYCLEAN  
SAYED A HASHIMI  
701-1 MAYPORT CROSSING BLVD  
ATLANTIC BEACH FL 32233

AIRS ID # 0310469

**4a. Article Number**

2210661324

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

**7. Date of Delivery**

4/4/01

**5. Received By: (Print Name)**

Sayed Hashimi

**6. Signature: (Addressee or Agent)**

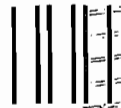
X

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

Thank you for using Return Receipt Service.



UNITED STATES POSTAL SERVICE



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

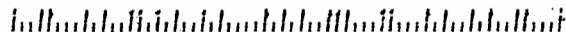
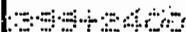
• Print your name, address, and ZIP Code in this box •

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

Bureau of Air Monitor  
& Mobile Sources

APR - 6 2001

RECEIVED



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
7000 0600 0026 4328 6921		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total P.</b>	AIRS ID # 0310469	
<b>Recipient</b>	MR. DRYCLEAN	
	SAYED A HASHIMI	
<b>Street, Apt.</b>	701-1 MAYPORT CROSSING BLVD	
	ATLANTIC BEACH FL	
<b>City, State</b>	32233	
PS Form 3800 February 2000 See Reverse for Instructions		

SENDER	SECTION ON DELIVERY
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature <i>Sayed Hashimi</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: AIRS ID # 0310469</p> <p>MR. DRYCLEAN SAYED A HASHIMI 701-1 MAYPORT CROSSING BLVD ATLANTIC BEACH FL 32233</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 (Copy from service label)</p> <p>70000600002641286921</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>	

UNITED STATES POSTAL SERVICE



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

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

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

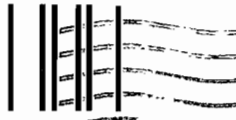
2399-2400



U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	AIRS ID#0310469
Sent To	MR. DRYCLEAN
Street, Apt. No., or PO Box No.	SAYED A HASHIMI
City, State, ZIP+4	701-1 MAYPORT CROSSING BLVD ATLANTIC BEACH FL 32233
PS Form 3800, Jan	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY								
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<table border="1"> <tr> <td>A. Received by <i>(Please Print Clearly)</i></td> <td>B. Date of Delivery</td> </tr> <tr> <td><i>[Signature]</i></td> <td>2/7</td> </tr> <tr> <td>C. Signature</td> <td><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	<i>[Signature]</i>	2/7	C. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery								
<i>[Signature]</i>	2/7								
C. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee								
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
1. Article Addressed to:  <div style="text-align: right;">AIRS ID#0310469</div> MR. DRYCLEAN SAYED A HASHIMI 701-1 MAYPORT CROSSING BLVD ATLANTIC BEACH FL 32233	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.								
2. Article Number <i>(Copy from service label)</i>	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes								
7001 0320 0001 7975 5052									
PS Form 3811, July 1999    Domestic Return Receipt    102595-00-M-0952									

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Permit No. G-10.

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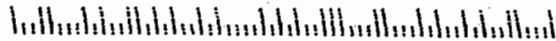
DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

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7001 0320 0001 7976 1398

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

AIRS ID # 0310469

Sent To: MR. DRYCLEAN  
 Street, or PO E: SAYED A HASHIMI  
 701-1 MAYPORT CROSSING BLVD  
 City, St: ATLANTIC BEACH FL  
 32233

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.

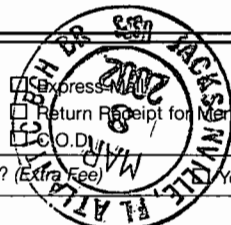
1. Article Addressed to:

AIRS ID # 0310469  
 MR. DRYCLEAN  
 SAYED A HASHIMI  
 701-1 MAYPORT CROSSING BLVD  
 ATLANTIC BEACH FL  
 32233

**COMPLETE THIS SECTION ON DELIVERY**

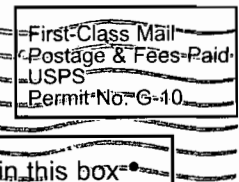
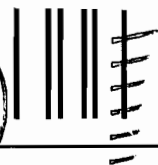
- A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  O.D.M.  
 4. Restricted Delivery? (Extra Fee)  Yes



7001 0320 0001 7976 1398

UNITED STATES POSTAL SERVICE



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

32399/2400



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

7000 1670 0421 0000  
 7000 9077 3100 0421 0000  
 7000 9077

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

0 0 0  
 3 2 0  
 [Signature]  
 Postmark  
 HAD

Total Postage AIRS ID#0310469

Sent To MR. DRYCLEAN  
 SAYERED A HASHIMI  
 Street, Apt. No., 701-1 MAYPORT CROSSING BLVD  
 ATLANTIC BEACH FL  
 City, State, ZIP+3 32233

PS Form 3800, May 2000 \*See Reverse for Instructions

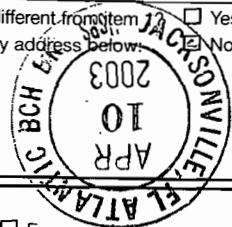
**SENDER: COMPLETE THIS SECTION**

- 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#0310469  
 R. DRYCLEAN  
 SAYERED A HASHIMI  
 701-1 MAYPORT CROSSING BLVD  
 ATLANTIC BEACH FL  
 32233

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 Hashimi 4/10/03  
 C. Signature  
 [Signature]  
 Agent  
 Addressee  
 D. Is delivery address different from item 1?  
 If YES, enter delivery address below:  Yes  No



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

4. Restricted Delivery? (Extra Fee)  Yes

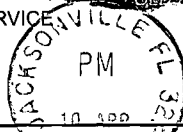
2. Article Number (Copy from service label)

40001640 0013 3108 9077



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OFFICIAL USE

7003 2260 0003 5651 0741

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

Postmark Here

Total Postage ID# 310469

Sent To SAYED HASHIMI  
 MR. DRYCLEAN

Street, Apt. # or PO Box No. 701-1 MAYPORT CROSSING BLVD  
 City, State, Z ATLANTIC BEACH, FL 32233

PS Form 3800, June 2002 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:

ID# 310469  
 SAYED HASHIMI  
 MR. DRYCLEAN  
 701-1 MAYPORT CROSSING BLVD  
 ATLANTIC BEACH, FL 32233

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 SAYED HASHIMI 2/10

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

3. Service Types

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Signature Required

4. Restricted Delivery  Yes

2. Article Number (Transfer from sender) 7003 2260 0003 5651 0741

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DARWIN MOBILE SOURCE CONTROL PROGRAM  
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TALLAHASSEE, FLORIDA 32399-2400

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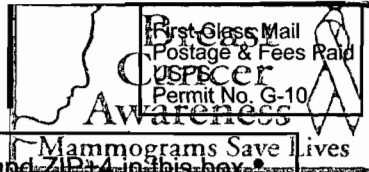
Postage \$	<i>Received          Dec 03          Mayport</i> <small>Postmark Here</small>
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage <b>10 0310469001AG</b>	
Sent To <b>MR. DRYCLEAN</b>	
<b>SAYED A HASHIMI</b>	
Street, Apt. or PO Box <b>701-1 MAYPORT CROSSING BLVD</b>	
City, State <b>ATLANTIC BEACH, FL 32233</b>	

PS Form 3800, June 2002 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <b>SEP 10 2003</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TO 0310469001AG            MR. DRYCLEAN            SAYED A HASHIMI            701-1 MAYPORT CROSSING BLVD            ATLANTIC BEACH, FL 32233</p> </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Tra) <b>7003 0500 0004 0144 3933</b></p>	

UNITED STATES POSTAL SERVICE



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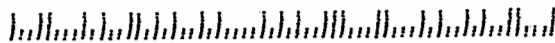
DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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**OFFICIAL USE**

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

AIRS ID # 310469

SAYED HASHIMI  
 MR. DRYCLEAN  
 701-1 MAYPORT CROSSING BLVD  
 ATLANTIC BEACH, FL 32233

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9423

2nd ct

2003

Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">AIRS ID # 310469</p> <p>SAYED HASHIMI            MR. DRYCLEAN            701-1 MAYPORT CROSSING BLVD            ATLANTIC BEACH, FL 32233</p> </div>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="margin-left: 20px;">C. Date of Delivery</span>  <i>Sayed Hashimi</i> <span style="margin-left: 20px;"><u>3/6/04</u></span></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>2. Article Number  <i>(Transfer from service label)</i></p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>7003 0500 0004 0144 9423</p>							

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

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7001 1140 0001 7556 3081

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

*\$03*  
*W*  
 Postmark Here

AIRS ID # 310409

Sent To **MR. DRYCLEAN #0310469**  
**SAYED HASHIMI**  
 Street, Apt. N or PO Box No **701-1 MAYPORT CROSSING BLVD**  
 City, State, ZI **ATLANTIC BEACH, FL 32233**

PS Form 380

**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 # 310409  
**MR. DRYCLEAN**  
**SAYED HASHIMI**  
**701-1 MAYPORT CROSSING BLVD**  
**ATLANTIC BEACH, FL 32233**

2. Article Number  
 (Transfer from service label)

7001 1140 0001 7556 3081

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) **SAYED HASHIMI**  
 C. Date of Delivery **APR 3 2004**  
 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



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

Total Postage AIRS ID# 310469 1stC

Sent To MR. DRYCLEAN  
 701-1 Mayport Crossing Blvd.  
 ATLANTIC BEACH, FL 32233

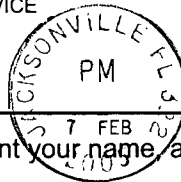
Street, Apt. N  
 or PO Box No.  
 City, State, Zi

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5265

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           AIRS ID# 310469 1stC            MR. DRYCLEAN            701-1 Mayport Crossing Blvd.            ATLANTIC BEACH, FL 32233         </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0004 6986 5265</p>	

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

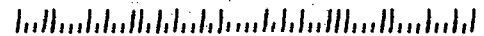
DARM/MOBILE SOURCE CONTROL  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 8510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Division of Air Monitoring  
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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage	

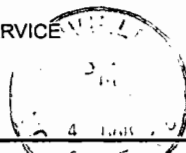
Sent To: AIRS ID#0310469.....2<sup>nd</sup> Cert 05  
MR. DRYCLEAN  
701-1 Mayport Crossing Blvd.  
ATLANTIC BEACH, FL 32233

Street, Apt. No. or PO Box No.  
City, State, ZIP

PS Form 3800, June 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse, so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>AIRS ID#0310469.....2<sup>nd</sup> Cert 05  MR. DRYCLEAN  701-1 Mayport Crossing Blvd.  ATLANTIC BEACH, FL 32233</p>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="margin-left: 100px;">C. Date of Delivery</span>  Hashimi <span style="margin-left: 100px;">3/4</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3938 6396</p>	
<p>PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540</p>	

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USPS  
Permit No. G-10

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DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
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Department of Environmental Protection  
Mobile Source Control

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Return Receipt Fee (Endorsement Required)		
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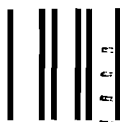
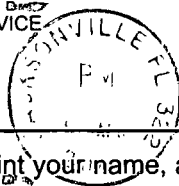
Sent To: AIRS ID# 310469 3<sup>rd</sup> Cert04  
 MR. DRYCLEAN  
 Street, Apt. No., or PO Box No. 701-1 Mayport Crossing Blvd.  
 City, State, ZIP+4 ATLANTIC BEACH, FL 32233

PS Form 3800, e

7004 2510 0002 3939 9419

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>AIRS ID# 310469 3<sup>rd</sup> Cert04            MR. DRYCLEAN            701-1 Mayport Crossing Blvd.            ATLANTIC BEACH, FL 32233</p>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery            S. Hashim 4/9</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>Sayed </p>
<p>2. Article Number            (Transfer from service lab)</p> <p>7004 2510 0002 3939 9419</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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