



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 24, 1999

Mr. Robert Allen  
Wearhouse Cleaners  
3435 University Boulevard  
Jacksonville, Florida 32277

Re: Facility No.: 0310476

Dear Mr. Allen:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on February 18, 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

**Bowman, Sandy**

---

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

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

The following are now drop sites.

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

The following sites are closed.

0310498  
0310481  
0310502  
0310391  
0310490  
0310412  
0310476

The following sites are no longer using perchloroethylene.

0310417  
0310371

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

Thanks Bill COffman

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number): <b>WEARHOUSE CLEANERS</b>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <b>3435 UNIV. BLDG.</b> City: <b>JACKSONVILLE</b> County: <b>DUVAL</b> Zip Code: <b>32277</b>
5. Facility Identification Number (DEP Use): <b>0310476</b>

RECEIVED  
FEB 18 1999  
Bureau of Air Monitoring  
& Mobile Sources

## Responsible Official

6. Name and Title of Responsible Official: <b>ROBERT ALLEN (PRES)</b>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <b>3435 UNIV BLDG N</b> City: <b>JAY</b> County: <b>DUVAL</b> Zip Code: <b>32277</b>
8. Responsible Official Telephone Number: Telephone: <b>(904) 745-0052</b> Fax: ( ) -

## Facility Contact (If different from Responsible Official)

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

**Facility Information**

1.(a) 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
Suprema									
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
		<i>JUNE 98</i>	<i>JUNE 98</i>						
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>JUNE 98</i>	<i>JUNE 98</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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?

70 gallons *I USE ABOUT 4 TO 5 GALLONS A MONTH*

(b) If less than 12 months, how many? 4 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

X (b) Leak detection inspection and repair

X (c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

X (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

Date

2/16/99

2/17/99

RECEIVED  
MAR 31 1999  
Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/ DISCOVERY  
RE-INSPECTION

AIRS ID#: 0310476 DATE: 3/29/99 TIME IN: 1015 TIME OUT: 1035  
FACILITY NAME: Wear House Cleaners  
FACILITY LOCATION: 3435 University Blvd. N.  
Jacksonville, FL 32277  
RESPONSIBLE OFFICIAL: Robert Allen PHONE: 904-745-0052  
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:  No notification form  
(check appropriate box)  Drop store/out of business/petroleum

A.

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

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 70 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 type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" 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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N            |                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N |                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" 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 checked="" 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)

3/29/99

Date of Inspection

*Jeffrey Winter*  
Inspector's Signature

March, 2000

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

This section is currently blank, intended for providing additional site information.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>1015</u>	TIME OUT: <u>1035</u>	AIRS ID#: <u>0310476</u>
TYPE OF FACILITY: <u>Perc. Dry Cleaner</u>		
FACILITY NAME: <u>Wear House Cleaners</u>		DATE: <u>3/29/99</u>
FACILITY LOCATION: <u>3435 University Blvd. N. Jacksonville, FL 32277</u>		
RESPONSIBLE OFFICIAL: <u>Robert Allen</u>		PHONE NUMBER: <u>904-745-0052</u>

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>① No leak log kept</u>	<u>R.O. will begin to use Calender</u>
<u>② NO Condenser temp. log kept.</u>	<u>R.O. will begin to use Calender</u>

COMMENTS:

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

DATE OF NEXT INSPECTION: March, 2000  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

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

Acc

AIRS ID#: 0310476

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: WearHouse Cleaners DATE: 3/29/99  
FACILITY LOCATION: 3435 University Blvd. N.  
Jacksonville, FL 32277

Annual Reporting Period: June 1998 TO March 29, 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 kept

Exact period of non-compliance: from June, 1998 to March 29, 1999

Action(s) taken to achieve compliance: Responsible Official will start using Calendar

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:

5(c) No Condenser temp. kept

Exact period of non-compliance: from June, 1998 to March 29, 1999

Action(s) taken to achieve compliance: R.O. Will start using Calendar

Method used to demonstrate compliance: Reinspection.

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.

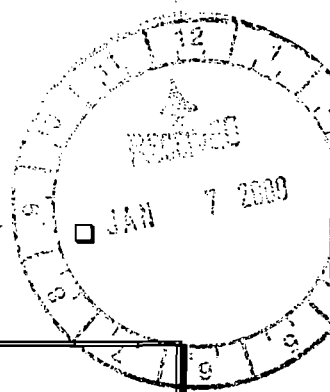
RESPONSIBLE OFFICIAL: ROBERT N ALLEN [Signature] 3/29/99  
Name (Please Print) Signature Date

\* 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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION



AIRS ID#: 0310476 DATE: 2/16/2000 TIME IN: 1020 TIME OUT: \_\_\_\_\_  
FACILITY NAME: Wearhouse Cleaners  
FACILITY LOCATION: 3435 University Blvd. N.  
Jacksonville, FL 32277  
RESPONSIBLE OFFICIAL: Robert Allen PHONE: 904-745-0052  
CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### 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:  No notification form  
(check appropriate box)  Drop store/out of business/petroleum

A.

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

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.

RECEIVED  
MAR 5 2000  
Bureau of Air Monitoring  
(Mobile Offices)

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**

(check appropriate boxes)

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



**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

**If using direct-reading instrumentation, is the equipment:**  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Jeff Winter  
Inspector's Name (Please Print)

2/16/2000  
Date of Inspection

Jeff Winter  
Inspector's Signature

Feb., 2001  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

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

FACILITY NAME: Wearhouse Cleaners DATE: 2/16/2000  
 FACILITY LOCATION: 3435 University Blvd. N.  
Jacksonville, FL 32277

Annual Reporting Period: March 29, 19 99 TO Feb. 16, ~~19~~ 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: Robert W. Allen [Signature] 2/16/00  
 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: 1020 TIME OUT: 1040 AIRS ID#: 0310476  
 TYPE OF FACILITY: Perc. Dry Cleaner  
 FACILITY NAME: Wear house Cleaners DATE: 2/16/2000  
 FACILITY LOCATION: 3435 University Blvd. N.  
Jacksonville, FL 32277  
 RESPONSIBLE OFFICIAL: Robert Allen PHONE NUMBER: 904-745-0052

- 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: Feb., 2001  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

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



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

**TO: Holder of Title V Air General Permit**

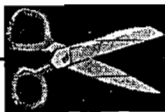
Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

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

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

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

*2002  
Invoice  
undeliverable  
Attempted -  
Not known*



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

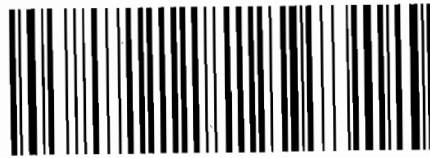
Do **NOT** Remove Label

WEARHOUSE CLEANERS  
EDWARD NEWSOM  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL  
32277

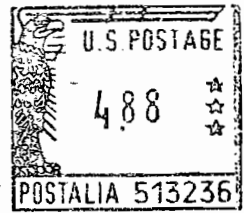
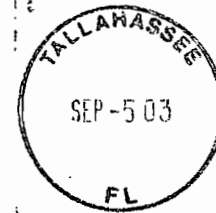
AIRS ID#0310476

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

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



7003 0500 0004 0144 3667



RETURNED TO SENDER  
ATTEMPTED - NOT KNOWN  
JACKSONVILLE, FL 32211-6638

RETURNED TO SENDER  
ATTEMPTED - NOT KNOWN  
JACKSONVILLE, FL 32211-6638

RETURNED TO SENDER  
ATTEMPTED - NOT KNOWN  
JACKSONVILLE, FL 32211-6638

RETURNED TO SENDER  
ATTEMPTED - NOT KNOWN  
JACKSONVILLE, FL 32211-6638

*AK 37/12/03*

TO 0310476001AG  
WEARHOUSE CLEANERS  
EDWARD NEWSOM  
3435 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32217

RECEIVED  
SEP 16 2003  
Bureau of Air Monitoring  
& Mobile Sources

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 \$ 0310476001AG

Postmark Here  
*Rec'd 03-04*

Sent To WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 Street, or PO Box 3435 UNIVERSITY BLVD N  
 City, State JACKSONVILLE, FL 32277

PS Form 3811 See Reverse for Instructions

7003 0500 0004 0144 3667

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

**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:

TO 0310476001AG  
 WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE, FL 32277

2. A  
 7003 0500 0004 0144 3667

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  Agent  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

Z 210 663 113

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0310476

WEARHOUSE CLEANERS  
ROBERT ALLEN  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

3rd  
2000

PS Form 3800, April 1995

Postage	\$
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	

Fold at line over top of envelope to [REDACTED] the right of the return address

**SENDER: COMPLETE THIS** [REDACTED] **LIVERY**

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 # 0310476

WEARHOUSE CLEANERS  
ROBERT ALLEN  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

Z 210 663 113

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No

YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



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

7000 0600 0026 4126 6329

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

AIRS ID # 0310476

WEARHOUSE CLEANERS  
 ROBERT ALLEN  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL 32277

See for Instructions

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

<b>SENDER: COPY</b>	<b>IN ON DELIVERY</b>
<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 <i>(Please Print Clearly)</i> B. Date of Delivery  <i>2/19/01</i></p> <p>C. Signature  <input checked="" type="checkbox"/> <i>Neuron</i> <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:</p> <p>AIRS ID # 0310476</p> <p>WEARHOUSE CLEANERS          ROBERT ALLEN          3435 UNIVERSITY BLVD N          JACKSONVILLE FL 32277</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>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>(Copy from service label)</i></p> <p>7000 0600 0026 4126 6329</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

Z 094 212 771

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

AIRS ID # 0310476

WEARHOUSE CLEANERS  
ROBERT ALLEN  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

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 # 0310476  
WEARHOUSE CLEANERS  
ROBERT ALLEN  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

**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?

Yes

If YES, enter delivery address below:

No

Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

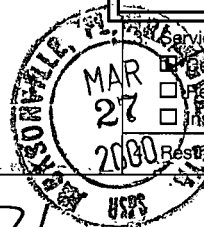
C.O.D.

Restricted Delivery? (*Extra Fee*)

Yes

2. Article Number (*Copy from service label*)

Z 094 212 771



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

RECEIVED  
MAR 29 2000  
Bureau of Air Monitoring  
& Mobile Source



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
7000 0600 0026 4126 1805		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	AIRS ID # 0310476
Rec	WEARHOUSE CLEANERS	
Stre	ROBERT ALLEN	
City	3435 UNIVERSITY BLVD N	
	JACKSONVILLE FL 32277	
PSF	Reverse for Instructions	

SEND TO COMPLETE THIS SECTION	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. Date of Delivery</p> <hr/> <p>C. Signature</p> <p><i>x Rosco Harris</i>      <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:</p> <p style="text-align: right;">AIRS ID # 0310476</p> <p>WEARHOUSE CLEANERS  ROBERT ALLEN  3435 UNIVERSITY BLVD N  JACKSONVILLE FL 32277</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>70000600, 0026 4126 1805</p>	<p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999      Domestic Return Receipt      102595-99-M-1789	

UNITED STATES POSTAL SERVICE

05 MAR 2003



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

2399+2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

*pl* 407160 MAR14 2001

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0310476  
WEARHOUSE CLEANERS  
~~ROBERT ALLEN~~ *Edward Newsom*  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

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

3755

Bureau of Air Monitoring & Mobile Sources

MAR 16 2001

RECEIVED

Sorry this  
invoice had  
gotten filed  
before being  
paid -  
HX.



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

32315-3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0394500

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 # 0310476

WEARHOUSE CLEANERS  
ROBERT ALLEN  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

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

RECEIVED  
MAIL ROOM  
APR 20 2000



Z 333 667 338 2000

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to AIRS ID # 0310476

WEARHOUSE CLEANERS  
ROBERT ALLEN  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

PS Form 3800, April 1995

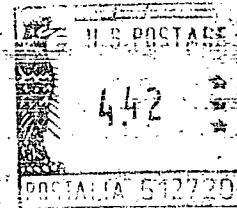
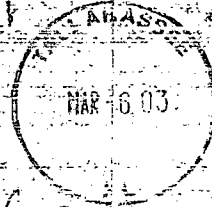
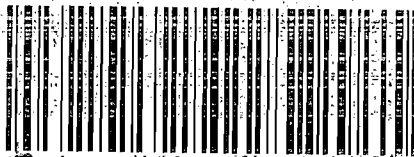
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**CERTIFIED MAIL**

MS# 5510

MC Acct # 5521

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



7000 1670 0013 3109 2343

ATTEMPTED  
DELIVERY  
NOT RECORDED

ANK  
3/10/03  
Quinn, Inc. Air Monitoring  
& Media Services

MAR 13 2003

RECEIVED

AIRS:ID#0310476  
WEARHOUSE CLEANERS  
EDWARD NEWSOM  
3435 SALEM RD, CITY OF VIDON  
JACKSONVILLE FL  
32217



**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#0310476  
WEARHOUSE CLEANERS  
EDWARD NEWSOM  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL  
32277

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7000 1670 0013 3109 234B

PS Form 3811, August 2001

Domestic Return Receipt

102505-02-1A-1540

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL USE

7000 1670 0013 3109 234B

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

Postmark Here  
*[Handwritten Signature]*

Total \$

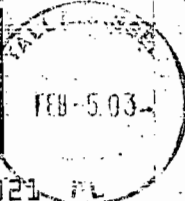
Sent To WEARHOUSE CLEANERS  
EDWARD NEWSOM  
Street, 3435 UNIVERSITY BLVD N  
City, St JACKSONVILLE FL  
32277

AIRS ID#0310476

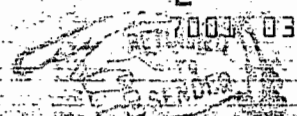
**CONFIDENTIAL**

MS# 5510 MC Acct # 5521

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



7003 0320 0001 7975 5021 FL



ATTEMPTED - NOT FORWARDED

*Handwritten initials*

*904 745-0052*

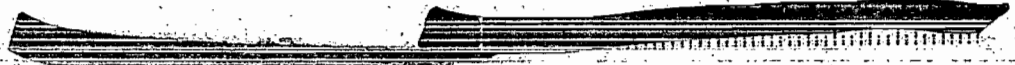
Bureau of Land Management  
Sioux Falls, S.D.

FEB 14 2003

RECEIVED

WEARHOUSE CLE  
EDWARD  
3435  
JANUARY 2003  
32277

0310476



**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#0310476

WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 32277

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 7001 0320 0001 7975 5021

7001 0320 0001 7975 5021

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

**OFFICIAL USE**

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

AIRS ID#0310476

Sent To: WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 32277

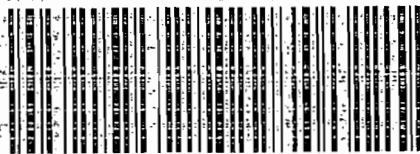
PS Form 3811, Jan 1999

5510

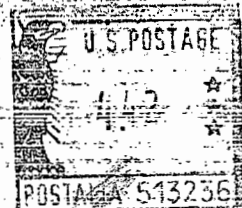
5521

CERTIFIED MAIL

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

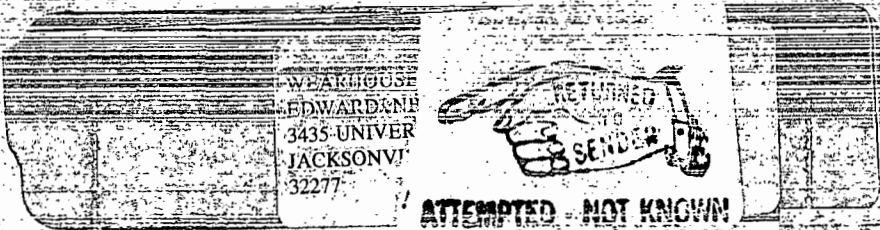


7000 1670 0013 3109 1872



MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510



ATTEMPTED - NOT KNOWN  
JACKSONVILLE, FL 32211-9998

AK



**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:

WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 32277

AIRS ID#0310476

2. Article Number (Copy from service label)

*167D 00133109 1842*

PS Form 3811, July 1999

**COMPLETE THIS SECTION (NON-POSTAL USE ONLY)**

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

C. Signature

Agent  
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)       Yes

Domestic Return Receipt

102595-99-M-1789

7000 167D 0013 3109 1842

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

**OFFICIAL USE**

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

*102595*  
*167D*  
*00133109*  
*1842*

Postmark Here

AIRS ID#0310476

To: WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 Jacksonville FL  
 32277

PS Form 3800, May 2000

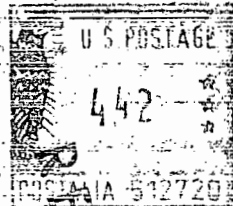
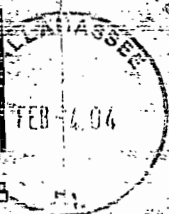
**CERTIFIED MAIL**

MS# 5510 MC Acct # 5524

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



7003 2260 0003 5651 0758

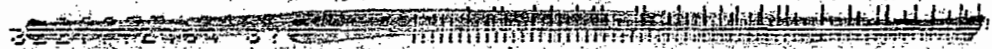


NOT DELIVERABLE AS  
ADDRESSED - UNABLE TO  
FORWARD  
JACKSONVILLE FL 32211

ID# 310476  
EDWARD NEWSOM  
WEARHOUSE CLEANERS  
3435 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32277

Bureau of Internal Revenue  
FEB 11 1994  
CERTIFIED

*W.A. 7715*





**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# 310476  
 EDWARD NEWSOM  
 WEARHOUSE CLEANERS  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE, FL 32277

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature: *[Handwritten Signature]*  Agent  Addressee

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

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

3. Service type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt with Delivery Signature  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

7003 2260 0003 5651 0758

PS Form 3814, August 2001 Domestic Return Receipt 102595-02-M-1540

9570 7545 6000 0922 6001

**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	

ID# 310476  
 EDWARD NEWSOM  
 WEARHOUSE CLEANERS  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE, FL 32277

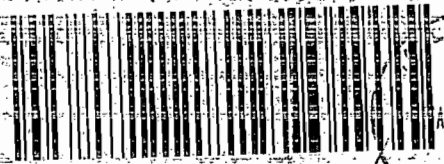
Sent To \_\_\_\_\_  
 Street, Apt. No. or PO Box No. \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_

Postmark Here *[Handwritten Mark]*

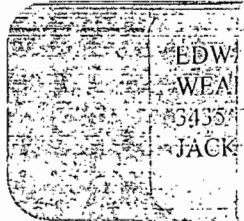
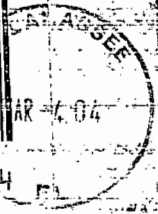
PS Form 3800 June 2002 See Reverse for Instructions

MS# 5510 MC Acct # 5521  
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



2003-0500 0004-0144 7634



ATTEMPTED - NOT KNOWN  
JACKSONVILLE FL 32211-9332

JACKSONVILLE FL 32211-9332  
3227742464 37

ATTEMPTED - NOT KNOWN  
JACKSONVILLE FL 32211-9332

RECEIVED  
MAR 15 2004  
Florida Air Monitoring  
& Mobile Sources

LIAGRA  
PK

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name):	C. Date of Delivery:
AIRS ID# 310476 EDWARD NEWSOM WEARHOUSE CLEANERS 3435 UNIVERSITY BLVD N JACKSONVILLE, FL 32277		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number		7003 0500 0004 0144 9614	
(Transfer from service label)			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

**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**

Package \$	Postmark Here <i>2003</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

AIRS ID# 310476

EDWARD NEWSOM  
 WEARHOUSE CLEANERS  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE, FL 32277

See Reverse for Instructions

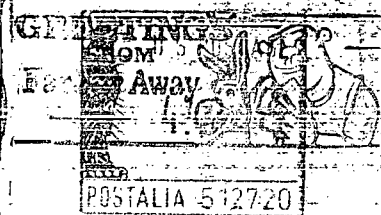
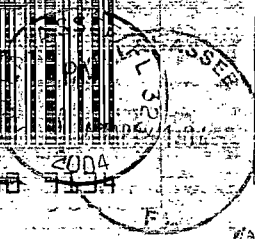
PS Form 3800, June 2002

7003 0500 0004 0144 9614

GENERAL MAIL

MS# 0010 MC Acct # 5521

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



Dept of Air & Water  
Mobile Source

APR 12 2000

GENERAL MAIL

*Handwritten initials: ENK*

*Handwritten signature*

SENDER

UNABLE TO FORWARD  
JACKSONVILLE, FL 32211-9999

WAREHOUSE CLEANERS  
EDWARD H. WILSON  
3135 UNTEAR SHEY BLYDEN  
JACKSONVILLE, FL 32211



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"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: WEARHOUSE CLEANERS EDWARD NEWSOM 3435 UNIVERSITY BLVD N JACKSONVILLE, FL 32277		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number _____ <small>(Transfer from Service Label)</small>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
4. Article Number _____ <small>(Transfer from Service Label)</small>		7003 2260 0003 5650 9134	
PS Form 3811, August 2001		Domestic Return Receipt	

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<small>(Domestic Mail Only - No Insurance Coverage Provided)</small>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To:	WEARHOUSE CLEANERS
Street, Apt. No., or PO Box No.	EDWARD NEWSOM
City, State, ZIP+4	3435 UNIVERSITY BLVD N JACKSONVILLE, FL 32277
	#0310476

7003 2260 0003 5650 9134

Postmark Here

#0310476



MS#

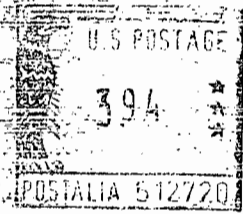
5510

MC Acct#

5521

**CERTIFIED MAIL**

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



7001 0320 0001 7976 1480

RETURNED TO SENDER  
UNCLAIMED  
JACKSONVILLE FL

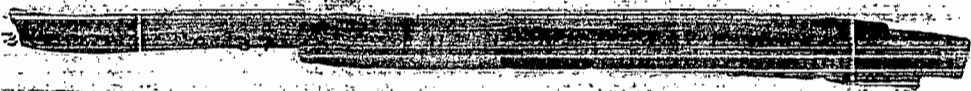
AIR MAIL 70010406  
WAREHOUSE-GLENN  
EDWARD NEWSOM  
3436 UNIVERSITY BLVD N  
JACKSONVILLE FL  
32216

Bureau of Air Monitoring  
& Mobile Services

MAR 29 2002

CERTIFIED MAIL  
3/8/02

3-8  
3-15  
3-25



**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 # 0310476  
 WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD  
 JACKSONVILLE

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input 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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)       Yes

2 7001 0320 0001 7976 1480

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

**OFFICIAL USE**

7001 0320 0001 7976 1480

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

Postmark  
Here

AIRS ID # 0310476

WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 32277

CERTIFIED MAIL

MS# RR4R MC Acct # 0001



7001 0320 0001 7975-8572



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

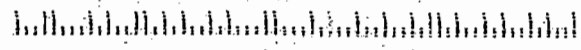
Ware

RECEIVED  
APR 2 2002  
BUREAU OF AIR MAIL SERVICES

AIRS ID # 0310476  
WEARHOUSE CLEANERS  
EDWARD NEWSOM  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

WARE435 5227 4615 1A01 24 04/05/02  
RETURN TO SENDER  
WAREHOUSE CLEANERS  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

0001 0320 0001 7975-8572





PLACE STICKER AT TOP OR ENVELOPE TO BE MAILED  
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 # 0310476  
 WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL 32277

2. A 7001 0320 0001 7975 8572

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature \_\_\_\_\_  
 Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt 102595-99-M-1769

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

**OFFICIAL USE**

Postage \$ _____	Postmark Here
Certified Fee _____	
Return Receipt Fee (Endorsement Required) _____	
Restricted Delivery Fee (Endorsement Required) _____	
Total _____	AIRS ID # 0310476

Sent to: WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 Street or PO: 3435 UNIVERSITY BLVD N  
 City: JACKSONVILLE FL 32277

See Reverse for Instructions

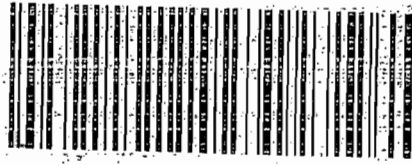
7001 0320 0001 7975 8572

MS# 6510

MC Acct # 6521

CERTIFIED MAIL

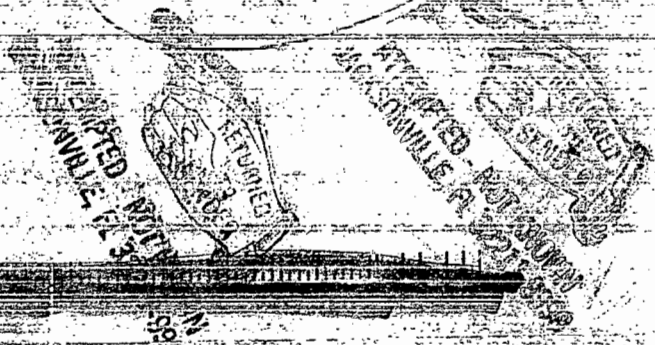
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400



7000 0600 0026 4128 6914



Unk 7737



**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 # 0310476  
 WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION FOR DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

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

7000 06000026 11286914

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only, No Insurance Coverage Provided)

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Postmark Here

Recipient's

Street, Apt.

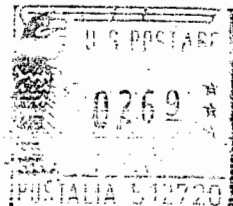
City, State,

AIRS ID # 0310476  
 WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL 32277

7000 0600 0026 4128 6914

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

FIRST CLASS



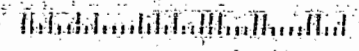
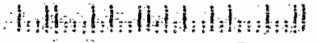
RETURN SERVICE REQUESTED

**RECEIVED**  
DEC 26 2001  
Bureau of Air Monitoring  
& Mobile Sources

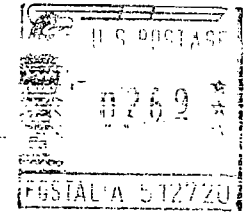
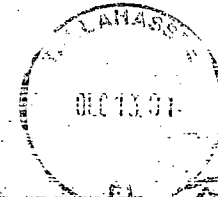
AIRS ID # 0310476  
WEARHOUSE CLEANERS  
EDWARD NEWSOM  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL  
32277

WEAR435 3500 72673 1A01 17 12/19/01  
RETURN TO SENDER  
WAREHOUSE CLEANERS  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

32277+2400 0310476  
32277/2400

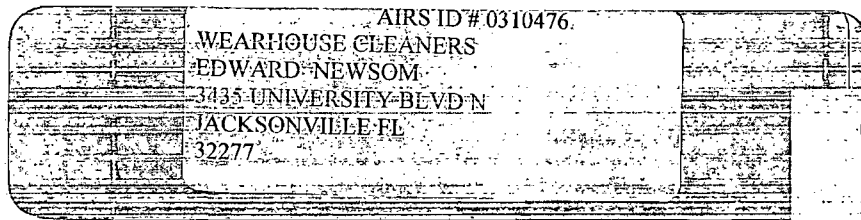


STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



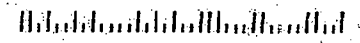
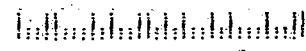
RETURN SERVICE REQUESTED

**RECEIVED**  
DEC 26 2001  
Bureau of Air Monitoring  
& Mobile Sources



WEAR435 322772673 1A01 17 12/19/01  
RETURN TO SENDER  
WAREHOUSE CLEANERS  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

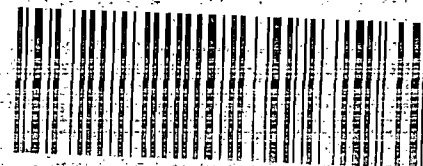
32277+2400  
32277/2400



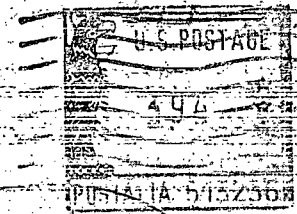
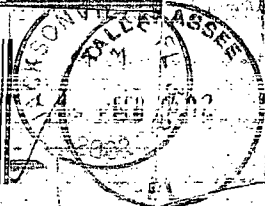
MS# 5510 MC Acct # 5521

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

**CERTIFIED MAIL**



7000 0600 0026 4328 6914



Wk 7737

AIR MAIL # 0310476  
WEARHOUSE CLEANERS  
EDWARD NEWSOM  
3435 UNIVERSITY BLVD N  
JACKSONVILLE, FL  
32211

RETURNED TO SENDER  
JACKSONVILLE, FL  
NOT DELIVERABLE  
RETURNED TO SENDER  
JACKSONVILLE, FL

**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 # 0310476  
 WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL

2. Article Number (Copy from service label)  
 7000 0600 0026 4126 1691 4

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature \_\_\_\_\_  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999

Domestic Return Receipt

102505-00-M-0952

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

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>		
Recipient	AIRS ID # 0310476 WEARHOUSE CLEANERS	
Street, Apt.	3435 UNIVERSITY BLVD N JACKSONVILLE FL	
City, State		

PS Form 3800, February 2000

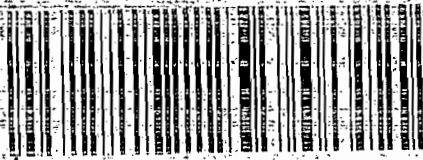
See Reverse for Instructions



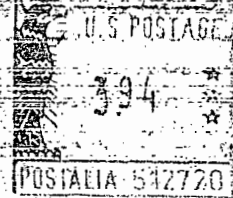
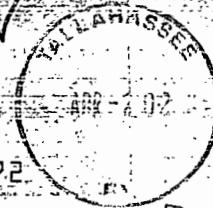
CERTIFIED MAIL

MS# 5821 MC Acct# 5821

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



7001 0320 0001 7975 8572



Ware

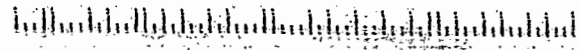
AIRSHIP# 0310476  
WAREHOUSE CLEANERS  
EDWARD NEWSOM  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

Bureau of Air Mail  
& Mobile Services

APR 24 1992  
CERTIFIED MAIL

WARE435 33377 0610 1A01 24 04/05/92  
RETURN TO SENDER  
WAREHOUSE CLEANERS  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

32399 2400 0001 7975 8572





**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 # 0310476  
 WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL 32277

2. A 7001 0320 0001 7975 8572

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL USE**

7001 0320 0001 7975 8572

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

Postmark: Here

Total AIRS ID # 0310476  
 Sent WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 Street or PO JACKSONVILLE FL  
 City 32277

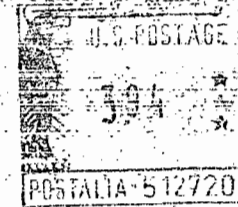
See Postmark Instructions See Reverse for Instructions

MS# 5510 MC Acct # 8321

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



7001 0320 0001 7976 1480



RETURNED TO SENDER  
UNCLAIMED

Bureau of Air Monitoring  
Mobile, SC

MAR 29 2002

CHECKED  
3/8/02

3-8  
3-15  
3-25

WEARHOUSE CLEANERS  
EDWARD NEWSOM  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL  
32274



**SENDER TO 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 # 0310476

WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3. Service type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 7001 0320 0001 7976 1480

PS Form 3811, July 1989

Domestic Return Receipt

102505-09-M-1789

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only, No Insurance Coverage Provided)

**OFFICIAL USE**

7001 0320 0001 7976 1480

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

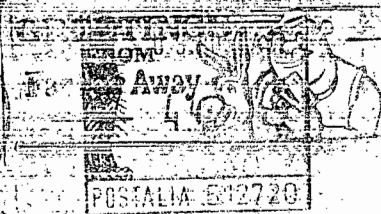
Postmark  
Here

AIRS ID # 0310476

WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 32277

MS# 5510 MC Acct # 5571

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



2003 APR 12 2003  
U.S. MAIL  
TALLAHASSEE, FL 32311

RECEIVED

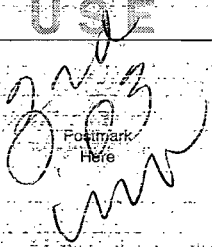
*Handwritten signature*

EDWARD J. NEWSOM  
3135 UNIVERSITY BLVD N  
JACKSONVILLE FL 32216

JACKSONVILLE, FL 32216

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION FROM DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Article Addressed to: AIRS ID # 510470 WEARHOUSE CLEANERS EDWARD NEWSOM 3435 UNIVERSITY BLVD N JACKSONVILLE, FL 32277 AIRS ID # 510470		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No	
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"/> P.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 10259-02-M-1540	
		7003 2260 0003 5650 9134	

7003 2260 0003 5650 9134

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only. No Insurance coverage Provided)	
For a better information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID # 510470
Sent To	WEARHOUSE CLEANERS
Street, Apt. No., or P.O. Box No.	EDWARD NEWSOM
City, State, ZIP+4	3435 UNIVERSITY BLVD N
	JACKSONVILLE, FL 32277
	#5310476
PS Form 3800, June 2000	

MS#

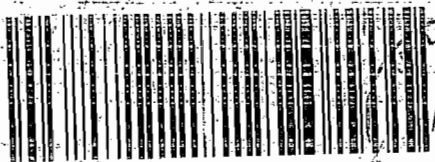
0510

MC Acct #

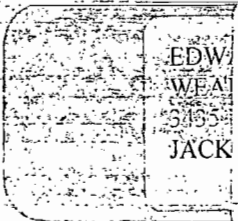
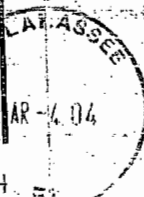
5521

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

**CERTIFIED MAIL™**



7003 0500 0004 0144 9614



ATTEMPTED - NOT KNOWN  
JACKSONVILLE, FL 32211-0000

ATTEMPTED - NOT KNOWN  
JACKSONVILLE, FL 32211-0000  
2277+2054 37

*WAA  
ACK*

**RECEIVED**  
MAY 15 2004  
Bureau of Air Monitoring  
& Mobile Sources

ATTEMPTED - NOT KNOWN  
JACKSONVILLE, FL 32211-0000



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mail piece, or on the front if space permits.		A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
EDWARD NEWSOM WEARHOUSE CLEANERS 3435 UNIVERSITY BLVD N JACKSONVILLE, FL 32277		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
AIRS ID # 310476		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		4. Restricted Delivery? (Extra Fee)	
7003 0500 0004 0144 9614		<input type="checkbox"/> Yes	
(transfer from service label)			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M:1540	

4793 5634 4470 4000 0050 0007

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only. No Insurable 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)	

AIRS ID # 310476

EDWARD NEWSOM  
 WEARHOUSE CLEANERS  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE, FL 32277

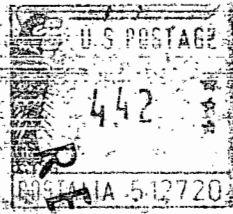
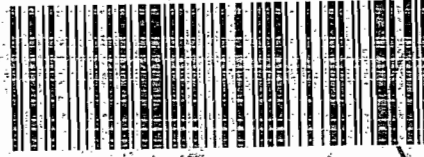
PS Form 3800, June 2002 See Reverse for Instructions

*2nd Cl*  
*2003*  
 Postmark Here

MS# 5510 MC Acct # 5521

**GENERAL MAIL**

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2409



7003 2260 0003 5651 0758 FL



NOT DELIVERABLE AS  
ADDRESSED - UNABLE TO  
FORWARD

ID# 310476  
EDWARD NEWSOM  
WEARHOUSE CLEANERS  
3435 UNIVERSITY BLVD N  
JACKSONVILLE FL 32277

Bureau of Air Mail  
& Mobile Services


RECEIVED  
FEB 11 1994

*Handwritten:* 3/2/94 3:27 PM

32277-2484-37



SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
ID# 310476 EDWARD NEWSOM WEARHOUSE CLEANERS 3435 UNIVERSITY BLVD N JACKSONVILLE, FL 32277	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. A. POSTAGE PAID PERMIT NO. 7003 2260 0003 5651 0758		
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540		

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	ID# 310476
Sent To	EDWARD NEWSOM
Street, Apt. No. or PO Box No.	WEARHOUSE CLEANERS
City, State, Zip	3435 UNIVERSITY BLVD N JACKSONVILLE, FL 32277
PS Form 3800, June 2002 See Reverse for Instructions	

7003 2260 0003 5651 0758

5510

5521

CERTIFIED MAIL

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



7000 1670 0013 3109 1872

MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

WEARHOUSE  
EDWARD NE  
3435 UNIVER  
JACKSONVI  
32277



*AK*



ATTEMPTED NOT KNOWN  
JACKSONVILLE, FL 32211-9996



SEND TO 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:

WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 32277

AIRS ID#0310476

2. Article Number (Copy from service label):

7000 1670 0013 3109 1872

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL USE

7000 1670 0013 3109 1872

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

02  
 3109  
 [Signature]  
 Postmark Here

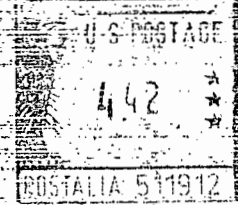
AIRS ID#0310476

To: WEARHOUSE CLEANERS  
 Sent: EDWARD NEWSOM  
 Street: 3435 UNIVERSITY BLVD N  
 City: JACKSONVILLE FL  
 State: 32277

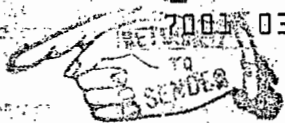
PS Form 3811, May 2000

MS# 5510 MC Acct# 5521

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



7001 0320 0001 7975 5021 FL



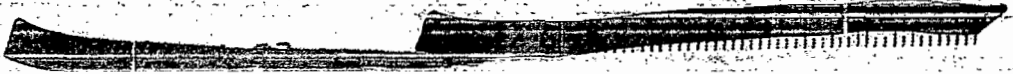
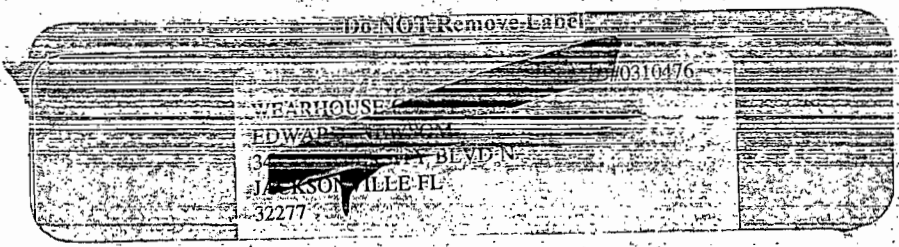
POSTAGE WILL BE PAID BY ADDRESSEE  
7001 0320 0001 7975 5021 FL

*773*  
*ANK*

*704 745-0052*

Bureau of Land Management  
3100 - 1000

RECEIVED  
FEB 14 2003



**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#0310476

WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 32277

2. Article Number (Copy from service label)

7001 0320 0001 7975 5021

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

*[Handwritten Signature]*  
 Registered Here

AIRS ID#0310476

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

WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 32277

PS Form 3800, Jan 91

7001 0320 0001 7975 5021





**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:

WEARHOUSE CLEANERS  
 EDWARD NEWSOM  
 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 32277  
 AIRS ID#0310476

2. Article Number  
 (transfer from service label)

7000 1670 0013 3109 2343

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature  Agent  
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

**OFFICIAL USE**

7000 1670 0013 3109 2343

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

*[Handwritten Signature]*  
 Postmark Here

Sent To: WEARHOUSE CLEANERS AIRS ID#0310476  
 EDWARD NEWSOM  
 Street: 3435 UNIVERSITY BLVD N  
 JACKSONVILLE FL  
 City, St: 32277