



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 12, 2001

Mr. Stephen LeBretton
Tender Touch Cleaners
3519 Henderson Boulevard
Tampa, Florida 33609

Re: Facility No.: 0571095-002

Dear Mr. LeBretton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 10, 2001.

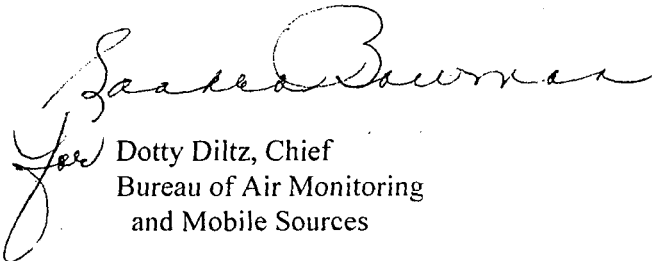
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 18, 2002

Mr. Nurdin Kurji
Tender Touch Cleaners
3519 Henderson Boulevard
Tampa, Florida 33609

Project 003 deletion 12/19/02. cbb

Re: Facility No.: 0571095-003

Dear Mr. Kurji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 14, 2002.

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,

Joe Kahn
Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

Printed on recycled paper.

Fees 96-00
SOC 4
Compliance IN

Butler, Rick

From: Butler, Rick
Sent: Wednesday, December 18, 2002 4:37 PM
To: Butler, Rick
Subject: FW: GP for 0571095



-----Original Message-----

From: Alain Watson [mailto:watsona@epchc.org]
Sent: Wednesday, December 18, 2002 4:22 PM
To: Butler, Rick
Cc: Leroy Shelton
Subject: GP for 0571095

Rick:

We just receive a copy to the November 2002 notification form from Tender Touch Cleaners (0571095), and it appears that you've renewed their eligibility for another 5-yr period. Please be advised that there was no change of ownership, only a change in RO. The owner, Mr Nurdin Kurji used a notification form to identify himself as the RO since the former designee no longer works for him.

Let me know if you'll be making changes in ARMS or if the expiration of the GP remains 12/15/2007.

alain

Page 15

1. (a) RC should be circled under Control Device Required for 2002 machines.

Page 16

4. New machines at large area source refrigerated condenser should be marked for 2002 machine using more than 140 gallons of perchloroethylene in 12 months.

RECEIVED

NOV 14 2002

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	KURJI, INC.
2. Site Name (For example, plant name or number):	TENDER TOUCH CLEANERS
3. Hazardous Waste Generator Identification Number:	FID 984244756
4. Facility Location: Street Address: City:	TENDER TOUCH CLEANERS 3519 HENDERSON BLVD. TAMPA
County:	HILLSBOROUGH
Zip Code:	33609
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571095-003

Responsible Official

6. Name and Title of Responsible Official: Name:	NURDIN KURJI	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	TENDER TOUCH CLEANERS 3519 HENDERSON BLVD. TAMPA	County:	HILLSBOROUGH
Zip Code:	33609		
8. Responsible Official Telephone Number: Telephone:	(813) 877-8282	Fax:	(813) 877-8282

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>SEPT 2002</u>	Existing <input checked="" type="radio"/> New	RC/CA/None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [N/A]

How many dryers/reclaimers do you have on-site? [N/A]

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

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

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

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

[328] gallons (You must fill this in)

(b) If less than 12 months, how many? [N/A] months

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

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

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

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

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

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

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 1 5

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

NURDAS KURDI
Print name of responsible official

[Signature]
Signature

11/8/02
Date

0571095-002

page 15

1. (a) New should be circled under Status.

RC should be circled under Control Device Required.

page 16

4. New machines at large area source should be marked. Mark with "X" under Existing machines at large area source.

page 17

Responsible official sign and date for changes made.

Received
Sep 10 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Kurji INC</i>
2. Site Name (For example, plant name or number): <i>Tender Touch Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>E1D984244756</i>
4. Facility Location: <i>Tender Touch Cleaners</i> Street Address: <i>3519 Henderson Blvd.</i> City: <i>Tampa</i> County: <i>Hillsborough</i> Zip Code: <i>33609</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>05M1095-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Stephen LeBretton</i> Title: <i>G. M.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Tender Touch Cleaners</i> Street Address: <i>3519 Henderson Blvd.</i> City: <i>Tampa</i> County: <i>Hillsborough</i> Zip Code: <i>33609</i>
8. Responsible Official Telephone Number: Telephone: <i>(813) 877-8282</i> Fax: <i>(813) 877-8282</i>

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
June 1992	Existing/New	RC/CA/None required	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [N/A]

How many dryers/reclaimers do you have on-site? [N/A]

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

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

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

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

[350] gallons (You must fill this in)

(b) If less than 12 months, how many? [N/A] months

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

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

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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

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

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 1 5

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

Stephen LeBretton
Print name of responsible official

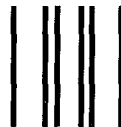
Steph LeBretton
Signature

9-4-01
Date

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)		
AIRS ID # 0571095		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Po	TENDER TOUCH CLEANERS	
Recipient	STEPHEN LEBRETTON	
Street, Apt.	3519 HENDERSON BLVD	
City, State	TAMPA FL 33609	
PS Form 3800, February 2000 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION	PLACE STICKER HERE TO THE RIGHT OF HERE	ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly)</p> <p>B. Date of Delivery 2-9-02</p> <p>C. Signature <i>Stephen Lebretton</i></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>3. Service Type</p> <p><input 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>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0571095</p> <p>TENDER TOUCH CLEANERS STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 00264 286556</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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

571095 10
TENDER TOUCH CLEANERS
3519 Henderson Blvd
TAMPA, FL 33609

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

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 # 0571095
TENDER TOUCH CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL
33609

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

571095 *NURDIN KURJI*
~~STEPHEN LEDBETTON~~
TENDER TOUCH CLEANERS
3519 HENDERSON BLVD
TAMPA FL 33609

436436
✓ X

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 571095 10
TENDER TOUCH CLEANERS
3519 Henderson Blvd
TAMPA, FL 33609

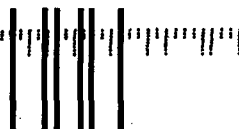
✓
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

U.S. Postal Service™									
CERTIFIED MAIL™ RECEIPT									
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
For delivery information visit our website at www.usps.com ®									
OFFICIAL USE									
<table border="1"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee <i>(Endorsement Required)</i></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee <i>(Endorsement Required)</i></td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee <i>(Endorsement Required)</i>		Restricted Delivery Fee <i>(Endorsement Required)</i>		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee <i>(Endorsement Required)</i>									
Restricted Delivery Fee <i>(Endorsement Required)</i>									
Total AIRS ID# 571095 1stC TENDER TOUCH CLEANERS 3519 Henderson Blvd TAMPA, FL 33609									
Sent To Street, or PO B City, St									
PS Form 3800, June 2002 See Reverse for Instructions									

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY												
1. Article Addressed to: AIRS ID# 571095 1stC TENDER TOUCH CLEANERS 3519 Henderson Blvd TAMPA, FL 33609	<table border="1"> <tr> <td colspan="2">A. Signature</td> </tr> <tr> <td style="width: 70%;"> <input checked="" type="checkbox"/> <i>B. Hayward</i> </td> <td> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td>C. Date of Delivery</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>2-7-05</i></td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Signature		<input checked="" type="checkbox"/> <i>B. Hayward</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery		<i>2-7-05</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
A. Signature													
<input checked="" type="checkbox"/> <i>B. Hayward</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee												
B. Received by (Printed Name)	C. Date of Delivery												
	<i>2-7-05</i>												
D. Is delivery address different from item 1? <input type="checkbox"/> Yes													
If YES, enter delivery address below: <input type="checkbox"/> No													
2. Article Number <i>(Transfer from service)</i>	3. Service Type <table border="1"> <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 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>	<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 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.												
7003 0500 0004 0144 7269	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes												
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540													

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED

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

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

OFFICIAL USE

7003 2260 0003 5651 2196

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

Postmark Here

Total P ID# 571095

Sent To STEPHEN LEBRETTON
TENDER TOUCH CLEANERS
Street, or PO B 3519 HENDERSON BLVD
City, State TAMPA, FL 33609

PS Form 3811, August 2001 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# 571095
STEPHEN LEBRETTON
TENDER TOUCH CLEANERS
3519 HENDERSON BLVD
TAMPA, FL 33609

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Melissa Valdes Addressee

B. Received by (Printed Name) C. Date of Delivery
2-8-04

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)

7003 2260 0003 5651 2196

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2004

RECEIVED

BEST AVAILABLE COPY



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

X

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

Bureau of Air Motion
& Mobile Services

FEB 19 2006

RECEIVED

Do **NOT** Remove Label

AIRS ID#0571095
TENDER TOUCH CLEANERS
NURDIN KURJI
3519 HENDERSON BOULEVARD
TAMPA FL
33609

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

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

OFFICIAL USE

7000 2870 0000 7027 5807

Postage	\$	<i>[Handwritten Signature]</i>	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Total Postage AIRS ID#0571095
 TENDER TOUCH CLEANERS
Sent To NURDIN KURJI
 3519 HENDERSON BOULEVARD
Street, Apt. TAMPA FL
 33609
City, State, &

PS Form 3800, May 2000

See Reverse for Instructions

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

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.

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

2/6/09

C. Signature
x Rhylis emouls Agent Addressee

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

1. Article Addressed to:

AIRS ID#0571095
 TENDER TOUCH CLEANERS
 NURDIN KURJI
 3519 HENDERSON BOULEVARD
 TAMPA FL
 33609

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

7000 2870 0000 7027 5807 4 Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

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 8510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED

