



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

November 17, 1997

Ms. Mary Darlene Wolfe  
Chiefland Dry Cleaners  
Post Office Box 1203  
Chiefland, Florida 32644-1203

Re: Facility No.: 0750032

Dear Mr. Wolfe:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 30, 1997.

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. Rick Banks, Northeast District

**Grant, Patricia**

---

**From:** Thomas, Bruce X.

**Sent:** Friday, July 28, 2006 2:53 PM

**To:** Banks, Richard

**Cc:** Grant, Patricia

Rick,

Chiefland Cleaners (0750032) has advised us they no longer use perc. The facility status has been changed to inactive in ARMs. Bruce

Bruce Thomas, P.E.

Division of Air Resource Management

(850)-921-7744 or [Bruce.X.Thomas@dep.state.fl.us](mailto:Bruce.X.Thomas@dep.state.fl.us)

8/14/2006

# 0750032

9-28-06 RECEIVED

Mr Thomas

AUG 02-2006  
Bureau of Information  
& Mobile Sources

As of 2 months ago I have not used my Dry-Cleaner or any Perk. When I start using Perk again I will call you first

352-493-1613

Thank You  
Dulene Webb  
Chefflan Dry Cleaner  
23 NW 5th Ave  
Chefflan, FL  
32626

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

OCT 30 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
*Mary Darlene Wolfe*

2. Site Name (For example, plant name or number):  
*Chieffland Dry Cleaners*

3. Hazardous Waste Generator Identification Number:

4. Facility Location:  
 Street Address: *23 NW 3rd ave.*  
 City: *Chieffland* County: *Levy* Zip Code: *32626*

5. Facility Identification Number (DEP Use):  
*0150032*

Responsible Official

6. Name and Title of Responsible Official:  
*Mary Darlene Wolfe (Owner)*

7. Responsible Official Mailing Address:  
 Organization/Firm: *Chieffland Dry Cleaners*  
 Street Address: *P.O. Box 1203*  
 City: *Chieffland* County: *Levy* Zip Code: *32644-1203*

8. Responsible Official Telephone Number:  
 Telephone: *(352) 493-1613* 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
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<u>1</u>	<del>1-9-94</del>	<u>1-9-94</u>						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

20 gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

\_\_\_\_\_

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

### Responsible Official Certification

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

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

*Mary Darlene Wolfe*  
Signature

*10-22-97*  
Date

all 303091

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

RECEIVED  
MAIL ROOM  
FEB 20 98

Bureau of Air Monitoring  
& Mobile Sources

FEB 24 1998

RECEIVED

AIRS ID 0750032

MARY DARLENE WOLFE  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL 32644-1203

Do **NOT** Remove Label

Annual Reporting Period: 1-1 1997 TO 12-31 1997

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 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: MARY DARLENE WOLFE Mary Darlene Wolfe 2-18-98  
 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**

*Acc*  
**RECEIVED**

**NOV 04 1998**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION  Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0750032 DATE: 14 Oct 98 TIME IN: 11:00 TIME OUT: 11:35  
 FACILITY NAME: Chiefland Dry Cleaner  
 FACILITY LOCATION: P.O.B. 1203  
Chiefland, FL 32644  
 RESPONSIBLE OFFICIAL: Mary Darlene Wolfe PHONE: 352-493-1613  
 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: (check appropriate box)

No notification form  
 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 40 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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

Christopher L. Scott  
Inspector's Name (Please Print)

14 Oct 98  
Date of Inspection

  
Inspector's Signature

10/99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Realstar

RS-323

has inverters

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:00 TIME OUT: 11:35 AIRS ID#: 0750032  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Chiefland Dry Cleaners DATE: 14 Oct 98  
 FACILITY LOCATION: P.O. B. 1203  
Chiefland, FL 32644  
 RESPONSIBLE OFFICIAL: Mary Darlene Wolfe PHONE NUMBER: 352-493-1613

- 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:

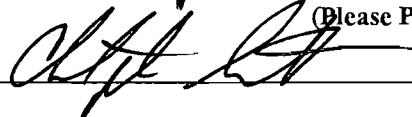
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: \_\_\_\_\_

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

DATE OF NEXT INSPECTION: 10/99  
(Approximate)

INSPECTION CONDUCTED BY: Christopher L. Scott  
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 904-448-9310 x255

ACC

AIRS ID#: 0750032

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Chiefland Dry Cleaner DATE: 14 Oct 98  
 FACILITY LOCATION: P.O.B. 1203  
Chiefland FL 32644

Annual Reporting Period: Oct 1997 TO Oct 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-215.300, 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 beliefs 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: Mary Darlene Wolfe Mary Darlene Wolfe 14 Oct 98  
 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

Bureau of Air Monitors  
& Mobile Sources  
DISCOVERY  
JAN 18 2000  
RECEIVED

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION

COMPLAINT/RECOVERY

AIRS ID#: 0750032 DATE: 12/2/99 TIME IN: 11:00 TIME OUT: 11:20

FACILITY NAME: CITIEFLAND DRY CLEANERS

FACILITY LOCATION: PO BOX 1203  
CITIEFLAND FL 32644

RESPONSIBLE OFFICIAL: Mary Darlene Wolfe PHONE: (352) 463-1613

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:  
(check appropriate box)

No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source 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) <input type="checkbox"/>	2. New small area source 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) <input checked="" type="checkbox"/>
3. Existing large area source 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) <input type="checkbox"/>	4. New large area source 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) <input type="checkbox"/>

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 50 gallons.



**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

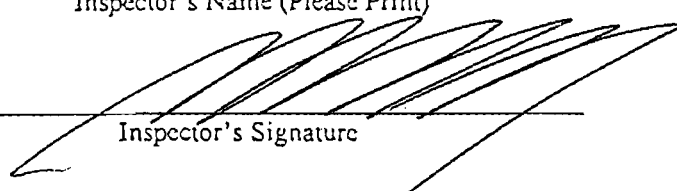
Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages 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/infunction 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Divener 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)  *MM*
- Halogen leak detector  *MM*
- If using direct-reading instrumentation, is the equipment:
- 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

Fred Alvarez  
Inspector's Name (Please Print)

  
Inspector's Signature

12/2/99  
Date of Inspection

OCT 10 / 2000  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

REGAL STAR

model: RS-323.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:00 TIME OUT: 11:20 AIRS ID#: 0750032  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: CITIEFLAND DRY CLEANERS DATE: 12/2/99  
 FACILITY LOCATION: PO BOX 1203  
CITIEFLAND FL 32644  
 RESPONSIBLE OFFICIAL: MARY DARLENE WOLFE PHONE NUMBER: (352) 493-1613

- 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:

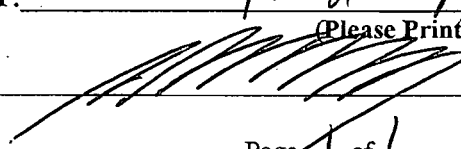
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: OCT 2000  
(Approximate)

INSPECTION CONDUCTED BY: Fred Alvarez (Please Print) (904) 448-4310

INSPECTOR'S SIGNATURE:  PHONE NUMBER: XT 754

AIRS ID#: 0750032

*ACC* Revised 10/10/96

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

FACILITY NAME: CHIEFLAND DRY CLEANERS DATE: 12/2/99  
 FACILITY LOCATION: PO BOX 1203  
CITIEFLAND FL 32644

Annual Reporting Period: OCT 19 98 TO DEC 19 99

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: MARY D. WOLFE Dalene Wolfe 12/2/99  
 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.

# INTEROFFICE MEMORANDUM

**Sensitivity:** COMPANY CONFIDENTIAL

**Date:** 22-Jun-2000 02:21pm  
**From:** Heather Wynn JAX 904/448-4300  
WYNN\_H@a1.depjax.dep.state.fl.us  
**Dept:**  
**Tel No:**

**To:** Sandy Bowman TAL ( BOWMAN\_S@A1 )

**Subject:** NED Delinquent Fees

Hi Sandy,  
I wanted to let you know that I have taken over Chris Scott's position and will be in charge of Drycleaners for this district. Fred Alvarez passed along a memo regarding delinquent annual fees. Of the three in our district Mr. Dryclean (#0190058), and Gateway Cleaners (#0230036), are out-of-business. The third, Chiefland Drycleaners (#0750032), is still active as far as we know. The memo you send out on this subject is dated May 12 and I was wondering whether you had received the annual fee at this point or if I needed to contact Chiefland cleaners. Please let me know and I will see if I can take of it.

Thanks,  
Heather Wynn

*6/22  
all cert  
inactivated  
undelivered*

*received 2  
cert (inactive)*

*no fee  
cert.  
mail*

*1st unclaimed  
2nd mail received  
3rd notice ?*

*to Heather  
6/22*

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>11:40</u>	TIME OUT: <u>12:00</u>	AIRS ID#: <u>0750032</u>
TYPE OF FACILITY: <u>Dry Cleaner</u>		
FACILITY NAME: <u>Chiefland Dry Cleaners</u>		DATE: <u>10/13/00</u>
FACILITY LOCATION: <u>P.O. Box 1203</u> <u>Chiefland, FL 32644</u>		
RESPONSIBLE OFFICIAL: <u>Mary Darlene Wolfe</u>		PHONE NUMBER: <u>(352) 493-1613</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

COMMENTS:

---

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

DATE OF NEXT INSPECTION: October 2001  
(Approximate)

INSPECTION CONDUCTED BY: HEATHER WYNN  
(Please Print)

INSPECTOR'S SIGNATURE: *Heather Wynn* PHONE NUMBER: (904) 448-4310 x259



*ACC*

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

FACILITY NAME: Chiefland Drycleaners DATE: 10/13/00  
 FACILITY LOCATION: P.O. Box 1203  
Chiefland, FL 32644

Annual Reporting Period: October 1999 19 TO October 2000 19

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: \_\_\_\_\_

**RECEIVED**  
NOV - 9 2000  
Bureau of Air Monitoring  
& Mobile Sources

*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: Mary Darlene Wolfe *Mary Darlene Wolfe* 10/13/00  
 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.

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>0750032</u>	DATE:	<u>10/13/00</u>	TIME IN:	<u>11:40</u>	TIME OUT:	<u>12:00</u>
FACILITY NAME:	<u>Chiefland Drycleaners</u>						
FACILITY LOCATION:	<u>P.O. Box 1203</u> <u>Chiefland, FL 32644</u>						
RESPONSIBLE OFFICIAL:	<u>Mary Darlene Wolfe</u>	PHONE:	<u>(352)493-1613</u>				
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:  
(check appropriate box)

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

A.

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

HEATHER WYNN

Inspector's Name (Please Print)

10/13/00

Date of Inspection

*Heather Wynn*

Inspector's Signature

October 2001

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

RealStar



# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
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**

**(CUT HERE)**

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

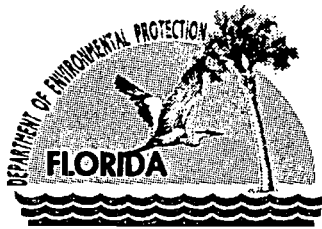
**Please include your AIRS ID# on your check or money order. This number is located on the mailing label.**

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 750032 10  
CHIEFLAND DRY CLEANERS  
23 NW 3RD Ave  
CHIEFLAND, FL 32626

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

December 6, 2004

## NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year 2004. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.



# **ATTENTION:**

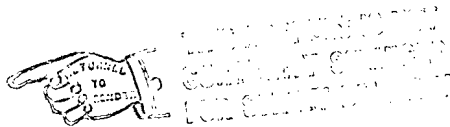
The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.

# **ATTENTION:**

The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.

MS 5510 MC Acct# 5521

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



*WJH*

~~AIRS ID# 750032 10  
CHIEFLAND DRY CLEANERS  
23 NW 3RD Ave  
CHIEFLAND FL 32626~~

RECEIVED  
DEC 13 2001  
Bureau of Air Monitoring  
& Mobile Sources

MS# 5016 MC Acct # 8521

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

**CERTIFIED MAIL**



7000 1670 0013 3109 2350

U.S. POSTAGE  
442  
POSTALIA 511912

- Insured
- Registered Mail
- Signature Required
- Restricted Delivery
- Return Receipt
- Return Receipt for Merchandise
- Return Receipt for Registered Mail
- Return Receipt for Signature Required Mail
- Return Receipt for Restricted Delivery Mail
- Return Receipt for Registered Mail with Signature Required
- Return Receipt for Registered Mail with Restricted Delivery
- Return Receipt for Registered Mail with Signature Required and Restricted Delivery

AIRES ID#0750032  
CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P O BOX 1203  
CHIEFLAND FL  
32644-1203

RECEIVED  
FEB 27 2003 / 12  
Bureau of Air Monitoring  
& Mobile Sources / 21



**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#0750032

CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL  
 32644-1203

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7000 1670 0013 3109 2250

PS Form 3811, August 2001

Domestic Return Receipt

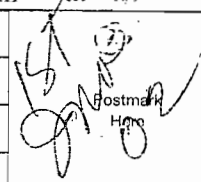
102595-02-M-1035

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

**OFFICIAL USE**

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

Postmark  
 Home



To:

AIRS ID#0750032

St  
 CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 Ch  
 CHIEFLAND FL  
 32644-1203

0552 1670 0013 3109 2250

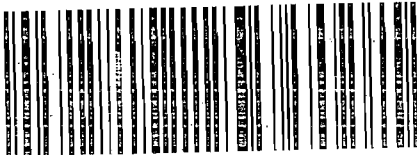
Instructions

5527  
5527

5527  
5527

**CERTIFIED MAIL**

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



0320 0001 7975 7056



- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed  Refused
- Attempted - Not Known
- No Such Street
- Other

AIRS ID#0750032

CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
PO BOX 1203  
CHIEFLAND FL  
32644-1203

*Handwritten:* 32644-1203

Bureau of Air Monitoring  
& Mobile Sources

MAR 31 2003

RECEIVED

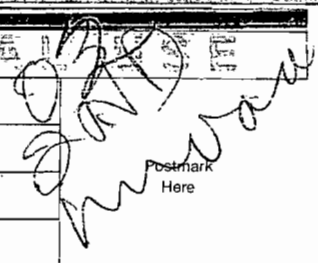
MAR 22

32644-1203 12

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) B. Date of Delivery</p>	
<p>1. Article Addressed to:</p>		<p>C. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from series label)</p> <p>7001 0320 0001 7975 7056</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>CHIEFLAND DRY CLEANERS MARY DARLENE WOLFE P O BOX 1203 CHIEFLAND FL 32644-1203</p> <p>AIRS ID#0750032</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>PS Form 3841, July 1999</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

**7001 0320 0001 7975 7056**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<p>Total Postage: CHIEFLAND DRY CLEANERS</p>	
<p>Sent To: MARY DARLENE WOLFE</p>	
<p>Street, Apt. No. or PO Box No: P O BOX 1203</p>	
<p>City, State, Zip: CHIEFLAND FL 32644-1203</p>	

PS Form 3800, January 2001 See Reverse for Instructions

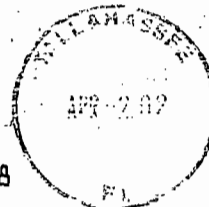
MS# 6510 MC Acct # 5521

**CERTIFIED MAIL**

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



7001 0320 0001 7975 8428



APR 2 2002  
U.S. MAIL  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD  
TALLAHASSEE FL 32399-2400  
AIRS ID # 0750032  
CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P.O. BOX 1203  
CHIEFLAND FL 32644-1203

AIRS ID # 0750032  
CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P.O. BOX 1203  
CHIEFLAND FL 32644-1203

APR 04 2002

4/10

APR 16 2002

32520442032



**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 # 0750032  
 CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL 32644-1203

**COMPLETE THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 7975 8428

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**

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

AIRS ID # 0750032

Total To: CHIEFLAND DRY CLEANERS  
 Sent To: MARY DARLENE WOLFE  
 Street, Apt or PO Box: CHIEFLAND FL  
 City, State: 32644-1203

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0001 7975 8428

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

**CERTIFIED**

Z 333 667 307

FEB 10 00  
FL

298  
POSTALIA 512167

**MAIL**

AC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

- MOVED, LEFT NO ADDRESS
- FORWARDING ORDER EXPIRED
- ATTEMPTED - NOT KNOWN
- UNCLAIMED  REFUSED
- NO SUCH STREET
- NO SUCH NUMBER
- OTHER

AIRS ID # 0750032

CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P.O. BOX 1203  
CHIEFLAND FL 32644-1203

**RECEIVED**  
MAR - 5 2000  
Bureau of Air Monitoring  
& Mobile Sources  
FEB 12 2000  
MAR 01 2000

**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 # 0750032

CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL 32644-1203

MOVED, LEFT NO ADDRESS  
 FORWARDING ORDER EXPIRED  
 ATTEMPTED - NOT KNOWN  
 UNCLAIMED

2. Article Number (Copy from service label)

703231667 307

PS Form 3811, July 1999 26-9398

**COMPLETE THIS SECTION ON DELIVERY**

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

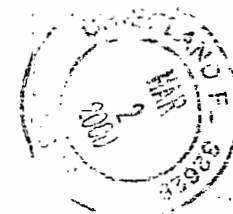
C. Signature  Agent  
 Addressee

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



Z 333 667 307 2000

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

AIRS ID # 0750032

CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL 32644-1203

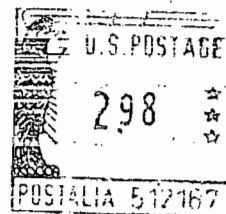
PS Form 3800, April 1995

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**

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

Z 094 212 777



MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

- Not-Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Refused
- Return to Sender - Not Known
- Street Number Illegible
- Incomplete
- No Order
- Better Address
- FL 32644

CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P O BOX 1203  
CHIEFLAND, FL 32644-1203

AIR'S ID # 0750032

1st Notice FEB 26 2000  
2nd Notice 3-2  
Return MAR 12 2000

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
MAR 21 2000

32644733933/2400



Photograph the top of envelope  
to determine original address

Z 094 212 777

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0750032

CHIEFLAND DRY CLEANERS

MARY DARLENE WOLFE

P O BOX 1203

CHIEFLAND FL 32644-1203

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	

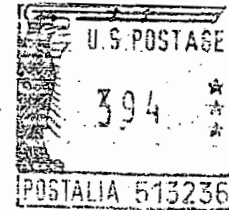
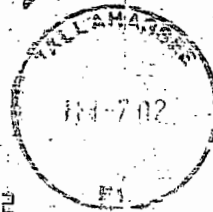
MS# 5510

MC Acct # 5521

**CERTIFIED MAIL**



7000 0600 0026 4128 7522



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

RECEIVED  
FEB 28 1993  
BUREAU OF AIR MAIL  
& MOBILE SOURCE

AIRS ID # 0750032

CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P.O. BOX 1203  
CHIEFLAND FL  
32644-1203

32644+1203 12

2/9  
2/16  
2  
Bureau of Air Mail  
& Mobile Source  
FEB 28 1993  
RECEIVED

**SENDER - COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 0750032

CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL  
 32644-1203

**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)

7000 0600 0026 4128 7522

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)

7000 0600 0026 4128 7522

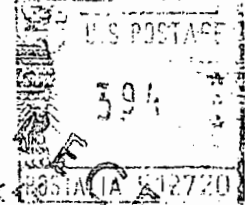
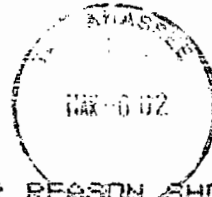
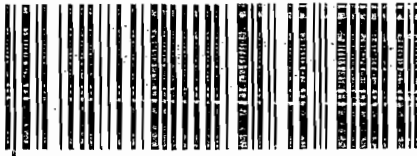
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To:	AIRS ID # 0750032	
Rec	CHIEFLAND DRY CLEANERS	
Str	MARY DARLENE WOLFE	
City	P O BOX 1203	
	CHIEFLAND FL	
	32644-1203	

or Instructions

**CERTIFIED MAIL**

MS# 5510 MC Acct # 5521

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

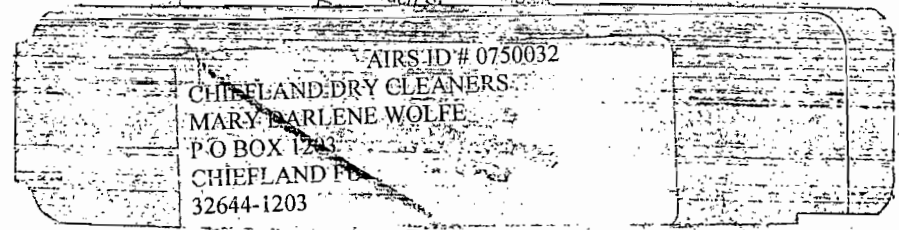


Ret. # \_\_\_\_\_  
Carr Int? 0001 0320 0001 2926 1493  
Date \_\_\_\_\_  
RETURN TO SENDER FOR REASON SHOWN

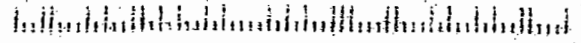
- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed  Refused
- Attempted - Not Known
- No Such...

**RECEIVED**  
MAR 29 2002  
Bureau of Air Monitoring  
& Mobile Sources

MAR 19  
3-16  
MAR 3



32399+2400 01





PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT BOTTOM 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:

AIRS ID # 0750032  
 CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL  
 32644-1203

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 7976 1893

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)

7001 0320 0001 7976 1893

**OFFICIAL USE**

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

Postmark Here

AIRS ID # 0750032  
 CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL  
 32644-1203

5510

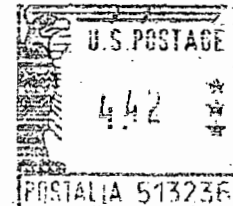
6521

**CERTIFIED MAIL**

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



7001 0320 0001 7976 5686



MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

AIRS ID#0750032  
~~CHIEFLAND DRY CLEANERS~~  
~~MARY DARLENE WOLFE~~  
~~PO BOX 1203~~  
~~CHIEFLAND FL~~  
~~32644-5503~~

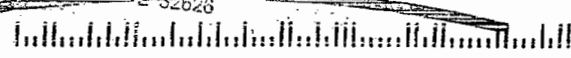
RI. # \_\_\_\_\_  
Can Int. \_\_\_\_\_  
\_\_\_\_\_

- No Such Address
- Moved, Left No Address
- Incorrect Address
- Mismatched
- Refused
- Attempted - Not Known
- No Such Street
- Number
- Variant
- Illegible
- No Mail Receptacle
- Box Closed - No Order
- Returned for Better Address

4-18  
4-25

RECEIVED  
MAY 01 2003  
Surface of Air Monitoring  
& Mobile Sources

32644-5503 12



POSTAGE WILL BE PAID BY ADDRESSEE

**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#0750032

CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL  
 32644-1203

2. Article Number

7001 0320 0001 7976 5686

**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

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 381-1, July 1993

Domestic Return Receipt

102595-94-M-1789

7001 0320 0001 7976 5686

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

**OFFICIAL USE**

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

Postmark Here

*3/2/94*

AIRS ID#0750032

See  
 Sir  
 or  
 City

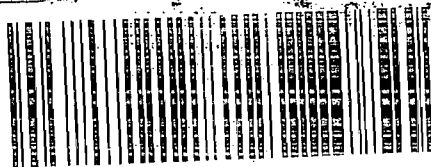
CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL  
 32644-1203

Instructions

MS# 5510 MC Acct # 5521

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

**CERTIFIED MAIL**



7003 0500 0004 0144 5388

POSTAGE DUE  
4.42

RECEIVED  
MAR 10 2005  
Bureau of Air  
& Noise

- Returnable as Addressed
- Insurance
- Registered Mail
- Uninsured
- Attempted - Not Known
- No Such Street
- Vacant
- No Mail Facility
- Box Closed - No Order
- Returned for Better Address

*customer  
Refused  
to pay*

*Postage Due*

MAR 10 2005

CHIEFLAND FL 32826

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Fill in 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 # 750032

MARY WOLFE  
CHIEFLAND DRY CLEANERS  
P.O. BOX 1203  
CHIEFLAND, FL 32644

**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)

69

7003 0500 0004 0144 5388

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**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total

MARY WOLFE  
CHIEFLAND DRY CLEANERS  
P.O. BOX 1203  
CHIEFLAND, FL 32644

Sent \_\_\_\_\_  
 Street or P.O. \_\_\_\_\_  
 City, \_\_\_\_\_

AIRS ID # 750032

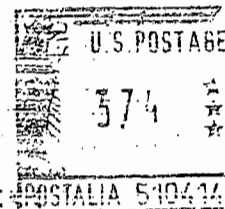
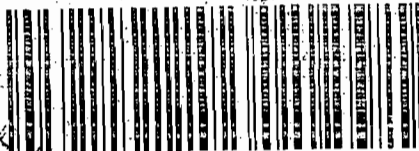
*2nd cert.*

*2003*  
Postmark Here

9825 4470 0144 5388

**CERTIFIED MAIL**

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



MS5510

**RECEIVED**  
FEB 28 2001  
Bureau of Air Monitoring  
Mobile Sources

AIRES ID # 0750032  
CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P.O. BOX 1203  
CHIEFLAND FL 32644-1203

- Not Deliverable As Addressed
- Unable to Forward
- Invalid Postage
- Checkmail for postage
- All items returned to sender
- No Such Street or Number
- Vacant
- No Mail Recipient's
- Box Closed - No Order
- Returned for better address

2-15



**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 # 0750032

CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P O BOX 1203  
CHIEFLAND FL 32644-1203

**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)  
70001 0600 8926 7825 5952



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓

303091

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

MARY DARLENE WOLFE MARY DARLENE WOLFE P O BOX 1203 CHIEFLAND FL 32644-1203	AIRS ID 0750032
---	-----------------

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





POSTAGE  
REQUIRED

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



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

0357912

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 # 0750032

CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P O BOX 1203  
CHIEFLAND FL 32644-1203

RECEIVED  
MAIL ROOM  
JAN 20 99

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0750032

MARY DARLENE WOLFE  
 MARY DARLENE WOLFE  
 P-O BOX 1203  
 CHIEFLAND FL 32644-1203

4a. Article Number  
 Z333612861

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-17-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X Kennah C Wolfe

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 612 861

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

AIRS ID 0750032

MARY DARLENE WOLFE  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL 32644-1203

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

PS Form 3800, April 1995

Z 210 663 106

US Postal Service

**Receipt for Certified Mail**

AIRS ID # 0750032

CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P O BOX 1203  
CHIEFLAND FL 32644-1203

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	

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 7825 5952

[Empty rectangular box]

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

AIRS ID # 0750032

Rec: CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 Str: P O BOX 1203  
 City: CHIEFLAND FL 32644-1203

**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 # 0750032

CHIEFLAND DRY CLEANERS  
MARY DARLENE WOLFE  
P O BOX 1203  
CHIEFLAND FL 32644-1203

2. Article Number (Copy from service label)

2094 212 777

**COMPLETE THIS SECTION ON DELIVERY**

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

LEROY JONES

C. Signature

X [Signature]

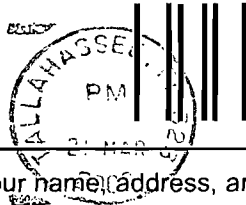
 Agent  
 AddresseeD. Is delivery address different from item 1?  
If YES, enter delivery address below:  Yes  
 No

MAR 21 2000

3. Service Type

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

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 •

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

Bureau of Air Monitoring  
& Mobile Sources

MAR 27 2000

RECEIVED



7004 2510 0002 3939 1123

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

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

OFFICIAL USE

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

Total Postage AIRS ID#0750032.....2<sup>nd</sup> Cert 05

Sent To CHIEFLAND DRY CLEANERS

23 NW 3RD Ave

CHIEFLAND, FL 32626

Street, Apt. or PO Box

City, State, .

PS Form 3800, June 2002 See Reverse for Instructions

CF ENVELOPE TO THE RIGHT

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>AIRS ID#0750032.....2<sup>nd</sup> Cert 05          CHIEFLAND DRY CLEANERS          23 NW 3RD Ave          CHIEFLAND, FL 32626</p> </div> <p>2. Article Number</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">7004 2510 0002 3939 1123</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>DARENE WOEFF 3/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
---	--

PS Form 3811, August 2001 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 •

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

Bureau of Air Monitoring  
& Mobile Sources

MAR 7 2005

RECEIVED





7004 2510 0002 3939 3509

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

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

**OFFICIAL USE**

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

Total Post: AIRS ID# 750032 1stC

Sent To: CHIEFLAND DRY CLEANERS  
 23 NW 3RD Ave  
 CHIEFLAND, FL 32626

Street, Apt. # or PO Box No.  
 City, State, Z

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID# 750032 1stC  
 CHIEFLAND DRY CLEANERS  
 23 NW 3RD Ave  
 CHIEFLAND, FL 32626

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 DARLENE WOLFE 2/7/05

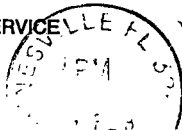
D. Is delivery address different from item 1?  Yes  
 No  
 if YES, enter delivery address below:

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

Restricted Delivery? (Extra Fee)  Yes

7004 2510 0002 3939 3509

UNITED STATES POSTAL SERVICE



First-Class Mail <sup>DM</sup>  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

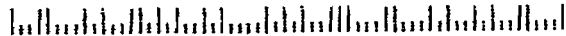
BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 1 0 2005

RECEIVED

399+2400



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

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

**OFFICIAL USE**

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

Postmark  
Here

Sent To *450032*  
*Chiefland Dry Cleaner*  
 Street, Apt. No.,  
 or PO Box No. *POB 1203*  
 City, State, ZIP+4 *Chiefland, FL 32644*

PS Form 3800, June 2002

See Reverse for Instructions

9966 4444 4000 0050 0007

**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: *456032*  
*Chiefland Dry Cleaner*  
*PO Box 1203*  
*Chiefland, FL*  
*32644*

2. Article Number

7003 0500 0004 0144 9966

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *Rennet C Well*  Agent  
 Addressee

B. Received by (Printed Name) *SO* C. Date of Delivery *3-15*

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

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

RECEIVED  
MAR 16 2004

01



Z 210 661 252

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0750032

CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL 32644-1203

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 # 0750032

CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL 32644-1203

2. Article Number (Copy from service label)

Z 210 661 252

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *SD* B. Date of Delivery *4/1/99*

C. Signature *x Kernal Wolfe*  Agent  Addressee

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

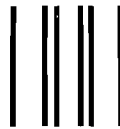
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

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

**RECEIVED**  
**APR 18 2001**  
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

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

7000 0600 0026 4125 9093

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To	AIRS ID # 0750032	
Rec	CHIEFLAND DRY CLEANERS	
Str	MARY DARLENE WOLFE	
City	P O BOX 1203	
	CHIEFLAND FL 32644-1203	
PS Form 3800, February 2000 See Reverse for Instructions		

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 0750032  
 CHIEFLAND DRY CLEANERS  
 MARY DARLENE WOLFE  
 P O BOX 1203  
 CHIEFLAND FL 32644-1203

7000 0600 0026 4125 9093

2. Article Number (Copy from service label)

**RECIPIENT'S ACTION ON DELIVERY**

TO THE RIGHT OF RETURN ADDRESS

PLACE STICKER AT TOP OF ENVELOPE

A. Received by (Please Print Clearly) <b>SD</b>	B. Date of Delivery <b>3/21</b>
C. Signature <b>X</b> <i>Mary Darlene Wolfe</i>	<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

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

4. Restricted Delivery? (Extra Fee)     Yes

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 32399-2600

Bureau of Air  
& Mobile Sources  
Monitoring

MAR 22 2001

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

OFFICIAL USE

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

Postmark Here

ID# 750032

Total Postage **MARY WOLFE**

Sent To **CHIEFLAND DRY CLEANERS**

**P O BOX 1203**

Street, Apt. No., or PO Box No. **CHIEFLAND, FL 32644**

City, State, ZIP

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 9554

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><i>X. Marnet C. Wolfe</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>SD</i> <span style="float: right;"><i>2-6</i></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 750032  <b>MARY WOLFE</b>  <b>CHIEFLAND DRY CLEANERS</b>  <b>P O BOX 1203</b>  <b>CHIEFLAND, FL 32644</b></p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">7003 2260 0003 5650 9554</div>

UNITED STATES POSTAL SERVICE



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

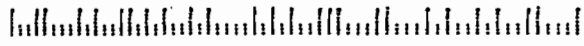
• Sender: Please print your name, address, and ZIP+4 in this box •

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 2004

RECEIVED



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

**OFFICIAL USE**

7001 1140 0001 7556 4125

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

*Handwritten:* 03  
 Postmark Here

AIKS ID # 150032  
**CHIEFLAND DRY CLEANERS**  
**MARY WOLFE**  
 P O BOX 1203  
 CHIEFLAND, FL 32644

Sent To  
 Street, Apt. or PO Box  
 City, State,

PS Form 3800, January 2001 See Reverse for Instructions

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:

AIKS ID # 150032  
 CHIEFLAND DRY CLEANERS  
 MARY WOLFE  
 P O BOX 1203  
 CHIEFLAND, FL 32644  
 #0750032

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *M. C. Wolfe*  Agent  Addressee

B. Received by (Printed Name) *M C WOLFE* C. Date of Delivery *50 4-3*

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

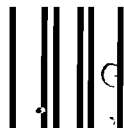
*RECEIVED*  
 APR 06 2004

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) 7001 1140 0001 7556 4125

UNITED STATES POSTAL SERVICE



CREATED

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

APR 6 2004

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

OFFICIAL USE

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

AIRS ID# 750032 3<sup>rd</sup> Cert04

**Sent To** CHIEFLAND DRY CLEANERS

Street, Apt. No., or PO Box No. 23 NW 3RD Ave

City, State, ZIP+ CHIEFLAND, FL 32626

PS Form 3800, 04-01

7004 2510 0002 3939 9549

**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# 750032 3<sup>rd</sup> Cert04  
 CHIEFLAND DRY CLEANERS  
 23 NW 3RD Ave  
 CHIEFLAND, FL 32626

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

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

*DAKLENE WOLFE 4/8/05*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

7004 2510 0002 3939 9549

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

APR 12 2005

RECEIVED

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

7000 1670 0000  
 0100 0297 9072  
 9872

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

*Receipt  
 02*

Tr 10 AIRS ID # 0750032001AG  
 Ser MARY DARLENE WOLFE  
 Chf CHIEFLAND DRY CLEANERS  
 Str P O BOX 1203  
 Cit CHIEFLAND FL 32644-1203

PS Form 3800, May 2000

See Reverse for Instructions

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

- 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:

10 AIRS ID # 0750032001AG  
 MARY DARLENE WOLFE  
 CHIEFLAND DRY CLEANERS  
 P O BOX 1203  
 CHIEFLAND FL  
 32644-1203

2. Article Number  
 (Transfer from service label)

70001670001331087196

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* SP 8 B. Date of Delivery 8/20

C. Signature *Kenned c wolf*  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

UNITED STATES POSTAL SERVICE



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

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Bureau of Air Monitoring  
& Mobile Sources

AUG 21 2002

RECEIVED

