

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 5, 2002

Mr. John E. Boeglin
Palmetto Service Cleaners
1806 - 48th Avenue West
Bradenton, Florida 34207

Re: Facility No.: 0810166-002

Dear Mr. Boeglin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 2, 2002.


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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


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

JK/jw

cc: Mr. Bill Proses, Southwest District

"More Protection, Less Process"

Printed on recycled paper.

facility # 941-722-8880
8880

1/3/02 Called & left message on machine

1/22/02

Fees Paid 96-00
SOC 4
Compliance FN

0810166-002

Page 15

1(a) New should be circled under Status. A 1998 machine is classified as New.

Page 16

5. add HP rating for boiler.

Page 17

Responsible official sign and date for changes made.

1/22/2002

Spoke with John Boeglin and he stated that the dry today machine was leased in Sep 1998. Mr. Boeglin also stated that his boiler is a 10 HP boiler.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JAN - 2 2002
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Service Cleaners Inc.</i>
2. Site Name (For example, plant name or number): <i>Palmetto Service Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>SI-00-016474-496</i>
4. Facility Location: 1304 <i>1304 8TH AVE W</i> Street Address: City: <i>Palmetto</i> County: <i>Manatee</i> Zip Code: <i>34221</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0810166-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>John E Boeglin</i> Title: <i>Vice president</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>1806 4TH AVE W</i> City: <i>Bradenton</i> County: <i>Manatee</i> Zip Code: <i>34207</i>
8. Responsible Official Telephone Number: Telephone: <i>(941) 751-5356</i> 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) DRY-TO-DRY MACHINES ONLY

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Sept 98	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	Same
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

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

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

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

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

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

Small Area Source

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

Large Area Source

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

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source

Carbon adsorber
Refrigerated condenser

New machines at large area source

Refrigerated condenser

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

John E Boeglin
Print name of responsible official

J E Boeglin
Signature

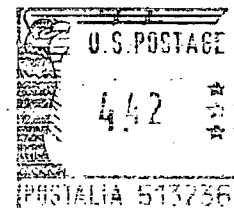
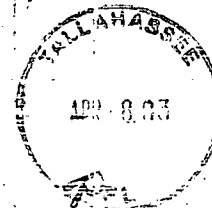
8-01-01
Date

5510

5521

CERTIFIED MAIL

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



AC5521

7000 0520 0020 9372 7220

BAMMS/BCO
JOEY ROBERTS
5510

UNCLAIMED

Bureau of Air Monitoring
& Mobile Sources

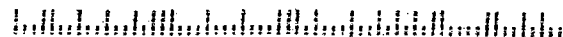
MAY 14 2003

RECEIVED
RN 0733

1st NOTICE 4-10-03
2nd NOTICE 4-19-03
RETURNED 4-29-03

DO NOT REMOVE LABEL
AIRS ID#0810165
PALMETTO SERVICE CLEANERS
JOHN BOEGLIN
1806 48TH AVENUE WEST
BRADENTON FL
34207

34207+1948 33



Vertical text on the right edge of the document.

TO THE RIGHT OF RETURN ADDRESS
FIRST CLASS PERMIT NO. 1000
PALMETTO FL 34207

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#0810166

PALMETTO SERVICE CLEANERS
 JOHN BOEGLIN
 1806 48TH AVENUE WEST
 BRADENTON FL
 34207

2. Article Number (Copy from service label)

7000 0520 0020 9372 7220

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

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

7000 0520 0020 9372 7220

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

02
320
Boeglin
Postmark Here

AIRS ID#0810166

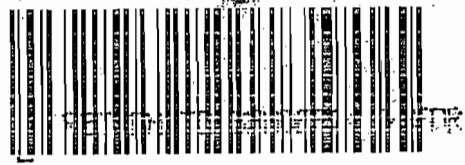
Recip: PALMETTO SERVICE CLEANERS (er)
 JOHN BOEGLIN
 Street: 1806 48TH AVENUE WEST
 BRADENTON FL
 City, S 34207

PS Form 3811, July 1999

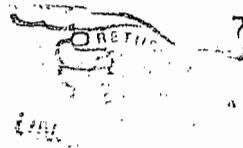
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



7000 1670 0013 3108 6786

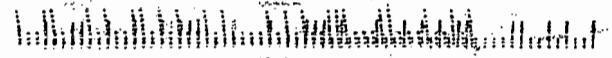


Bureau of Air
MAIL SERVICE
MAR 10 2 1993
1st CLASS
2nd CLASS
NET WEIGHT
2-25-93

AIRS ID#0810166
PALMETTO SERVICE CLEANERS
JOHN BOEGLIN
1806 48TH AVENUE WEST
BRADENTON FL
34207

YN
02-8-03

34207-1348



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#0810166

PALMETTO SERVICE CLEANERS
 JOHN BOEGLIN
 1806 48TH AVENUE WEST
 BRADENTON FL
 34207

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

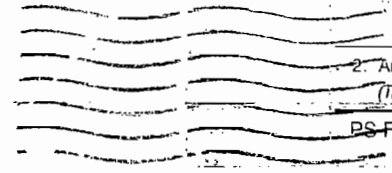
2. Article Number
 (Transfer from service label)

1660 1670 0013 3108 6786

PS Form 381, 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 Here

AIRS ID#0810166

Total **F PALMETTO SERVICE CLEANERS**
JOHN BOEGLIN
 Sent To 1806 48TH AVENUE WEST
 Street, BRADENTON FL
 34207
 City, Sta.

PS Form 3800, May 2000 See Reverse for Instructions

FREE 560E ET00 019T 0002

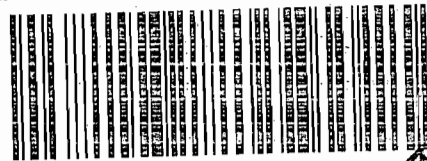
Handwritten signature and initials over the receipt form.

5510

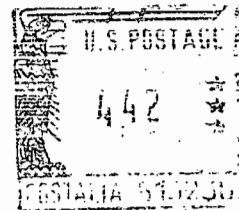
5521

CERTIFIED MAIL

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



7003 2260 0003 5650 9752



AC5521

BAMMS/BOG
JOEY ROBERTS
5510

Unclaimed
Attempted
Insufficient
No Such
No S...
REASON CHECK

RECEIVED
MAR 2 2004
Bureau of Air Monitoring
& Mobile Sources

RA 0933
D2-6-04
2/21/04

ID# 810166
JOHN BOEGLIN
PALMETTO SERVICE CLEANERS
1806 48TH AVENUE WEST
BRADENTON, FL 34207

34207+1243 33



SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

ID# 810166
 JOHN BOEGLIN
 PALMETTO SERVICE CLEANERS
 1806 48TH AVENUE WEST
 BRADENTON, FL 34207

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: **7003 2260 0003 5650 9752**
 (Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 2260 0003 5650 9752

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

For delivery information visit our website at www.usps.com
OFFICIAL USE

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

Boeglin
 Postmark Here

Total Postage &: ID# 810166
 JOHN BOEGLIN
 Sent To: PALMETTO SERVICE CLEANERS
 Street, Apt. No., or PO Box No.: 1806 48TH AVENUE WEST
 City, State, ZIP+4: BRADENTON, FL 34207

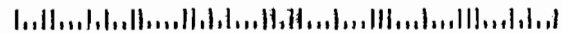
SUN COAST DRY CLEANERS
1304 8TH AVE W
PALMETTO, FL 34221

MANASOTA FL 341
11 APR 2007 PM 1 L



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

32315+3070 6099



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.

472864 APR 23 2007

4/19/07

TOTAL AMOUNT DUE: \$75.00

CHANGE OF OWNERSHIP

OWNER JINA - REC'D MY FORM AND WILL

Do NOT Remove Label COMPLETE & RETURN

SENT PACKET

4/16/07

D.P.

AIRS ID#810166
PALMETTO SERVICE CLEANERS ✓
1304 8th Ave W
PALMETTO, FLORIDA 34221

Printed on recycled paper.

FLAIR ACCT. CODE 375020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 00200

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

REC
APR 1 11 57 AM '07
Mobile Section

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

7000 1670 0013 3108 6786

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

[Handwritten Signature]
 Postmark
 Here

Tot: AIRS ID#0810166

Sent PALMETTO SERVICE CLEANERS
 JOHN BOEGLIN
 Street 1806 48TH AVENUE WEST
 City BRADENTON FL
 34207

Instructions

PS Form

SENDE

- 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#0810166
 PALMETTO SERVICE CLEANERS
 JOHN BOEGLIN
 1806 48TH AVENUE WEST
 BRADENTON FL
 34207

SECTION ON DELIVERY

A. Received by (Please Print Clearly) *K. Belcher* B. Date of Delivery *3-10-03*

C. Signature *K. Belcher* 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

2. Article Number (Copy from service label)
7000 1670 0013 3095 3386

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 •

DIV. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION #510
2340 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Division of Air Monitoring
& Mobile Sources

MAR 12 2003

RECEIVE

3335/2400



8945 44TD 4000 0050 E002

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

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

OFFICIAL USE

Postage	\$	2d Cert.
Certified Fee		2003
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 810165

JOHN BOEGLIN
 PALMETTO SERVICE CLEANERS
 1806 48TH AVENUE WEST
 BRADENTON, FL 34207

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 # 810165
 JOHN BOEGLIN
 PALMETTO SERVICE CLEANERS
 1806 48TH AVENUE WEST
 BRADENTON, FL 34207

2. Article Number
 (Transfer from service label)

7003 0500 0004 0144 5463

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Cheryl Boeglin Addressee

B. Received by (Printed Name) C. Date of Delivery
 C. Boeglin 3-6-04

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

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

MAR 9 2004

RECEIVED



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

OFFICIAL USE

7001 1140 0001 7556 4316

Postage	\$	<i>BM 03</i> Postmark Here <i>nan</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage AIRS ID # 810166
Sent To PALMETTO SERVICE CLEANERS
 JOHN BOEGLIN
 1806 48TH AVENUE WEST
 BRADENTON, FL 34207
 Street, Apt. No. or PO Box No.
 City, State, ZIP #0810166

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:

AIRS ID # 810166
 PALMETTO SERVICE CLEANERS
 JOHN BOEGLIN
 1806 48TH AVENUE WEST
 BRADENTON, FL 34207
 #0810166

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
John Boeglin

B. Received by (Printed Name) C. Date of Delivery
 4-3-04

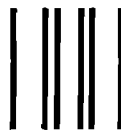
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7001 1140 0001 7556 4316

UNITED STATES POSTAL SERVICE



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

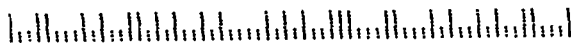
• Sender: Please print your name, address, and ZIP+4 in this box •

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

APR 5 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

OFFICIAL USE

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

Postmark
Here

AIRS ID# 810166 1stC
PALMETTO SERVICE CLEANERS

St 1304 8th Ave W
 S PALMETTO, FL 34221
 or
 C

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4506

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# 810166 1stC
 PALMETTO SERVICE CLEANERS
 1304 8th Ave W
 PALMETTO, FL 34221

7004 2510 0002 3939 4506

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Eugene C. Brady IV* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 _____ 2905

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.

Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

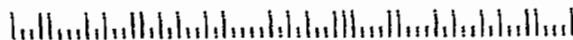
• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 0510
2600 BLACKSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF ENVIRONMENTAL PROTECTION
& Mobile Sources

FEB 11 2005

RECEIVED



U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

7004 2510 0002 3939 1031

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P	AIRS ID#0810166.....2 nd Cert 05	
Sent To	PALMETTO SERVICE CLEANERS	
	1304 8th Ave W	
Street, A, or PO Bc	PALMETTO, FL	34221
City, State		

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.

AIRS ID#0810166.....2nd Cert 05
PALMETTO SERVICE CLEANERS
1304 8th Ave W
PALMETTO, FL 34221

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *3/14*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
7004 2510 0002 3939 1031

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 16 2005

RECEIVED

