



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

January 29, 2002

Ms. Joan Lylo  
Fernandina Cleaners  
832 Eighth Street  
Fernandina Beach, Florida 32034

Re: Facility No.: 0890425-002

Dear Ms. Lylo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 27, 2001.


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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
DEC 27 2011  
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):	FERNADINA CLEANERS - JOAN LYLO	
2. Site Name (For example, plant name or number):	FERNADINA CLEANERS.	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location: Street Address:	832. 8th ST FERNADINA Bch. Fla	Zip Code: 32034
City:	County: NASSAU	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0890425-002	

Responsible Official

6. Name and Title of Responsible Official:	Name: Joan Lylo Title: OWNER	
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 832 8th St City: Fernandina Beach County: Nassau Zip Code: 32034	
8. Responsible Official Telephone Number:	Telephone: (904) 261-3542 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")
01-NOV-93	Existing <input type="radio"/> New <input checked="" type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	01-NOV-98
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

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".)

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

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

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

How many boilers do you have on-site?

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.*

Joan Lylo  
Print name of responsible official

Joan Lylo  
Signature

11-05-01  
Date

0890425-002

page 15

5. Add number of boilers on-site.  
Add horsepower (HP) of each boiler  
Select fuel type for each boiler.

1/3/02

Spoke with Joan Nylo and she stated that the facility has one boiler. The boiler is 20 HP and is powered by propane gas.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

425494 MAR11 2003

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#0890425

FERNANDINA CLEANERS  
JOAN LYLO  
832 8TH STREET  
FERNANDINA BEACH FL  
32034

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: 12812  
Fund: 20-2-035001  
Obj.: 002273

Bureau of Air  
& Mobile  
Monitoring

MAR 13 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436325 FEB12 2004

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

ID# 890425  
JOAN LYLO  
FERNANDINA CLEANERS  
832 8TH STREET  
FERNANDINA BEACH, FL 32034

Bureau of Air Monitoring  
2 Florida Center

FEB 18 2004

RECEIVED



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



U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

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

7000 0520 0020 9372 6315



Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Tot	▲ AIRS ID # 0890425	

FERNANDINA CLEANERS

**Rec**

JOHN PETERS

nailer)

832 S 8TH STREET

**Stre**

FERNANDINA BEACH FL

32034

**City,**

**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 # 0890425

FERNANDINA CLEANERS  
 JOHN PETERS  
 832 S 8TH STREET  
 FERNANDINA BEACH FL  
 32034

2. Article Number (Copy from service label)

7000 0520 0020 9372 6315

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

2-9

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

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 •

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

32399+2400

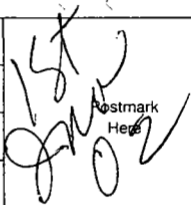


U.S. Postal Service

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0013 3108 6540



Postmark  
Here

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

Total Post

AIRS ID#0890425

Sent To **FERNANDINA CLEANERS**  
**JOAN LYLO**  
Street, Apt. **832 8TH STREET**  
City, State, **FERNANDINA BEACH FL**  
**32034**

**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#0890425

FERNANDINA CLEANERS  
 JOAN LYLO  
 832 8TH STREET  
 FERNANDINA BEACH FL  
 32034

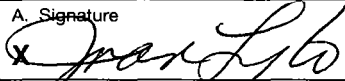
2. Article Number

(Transfer from service label)

7000 1670 0013 3108 6540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


 Agent Addressee

B. Received by (Printed Name)

JOAN LYLO

C. Date of Delivery

2-7-03

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

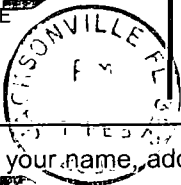
3. Service Type

 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

FEB 11 2003

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# 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 Post:**

Postmark  
Here

A large, stylized handwritten scribble in black ink is drawn over the right side of the receipt, partially overlapping the 'OFFICIAL USE' header and the 'Postmark Here' area. The scribble consists of several loops and lines, resembling a signature or a doodle.

AIRS ID#0890425

Sent To

**FERNANDINA CLEANERS  
JOAN LYLO**

Street, Apt.  
or PO Box

**832 8TH STREET**

City, State,

**FERNANDINA BEACH FL**

**32034**

7001 0320 0001 7976 3453  
654E 9462 1000 02E0 1002

**SENDER:**

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

**ACTION ON DELIVERY**

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

1. Article Addressed to:

AIRS ID#0890425

FERNANDINA CLEANERS  
 JOAN LYLO  
 832 8TH STREET  
 FERNANDINA BEACH FL  
 32034

A. Received by (Please Print Clearly)

B. Date of Delivery

3-8-03

C. Signature

x *Misty Collingwood* 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)

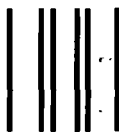
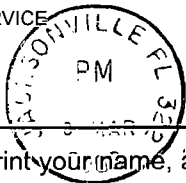
 Yes

2. Barcode

7001 0320 0001 7976 3453



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 15510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

MAR 12 2003

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2309/2400



U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

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7000 0520 0020 9372 7367



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

*Receipt*  
Postmark  
Here

**Total Postage**

10 AIRS ID # 0890425001AG  
JOHN PETERS  
FERNANDINA CLEANERS  
832 S 8TH STREET  
FERNANDINA BEACH FL 32034

**Recipient's**  
Street, Apt. No.,  
City, State, ZIP+

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

10 AIRS ID # 0890425001AG  
 JOHN PETERS  
 FERNANDINA CLEANERS  
 832 S 8TH STREET  
 FERNANDINA BEACH FL 32034

7000 0520 002093727367

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>LYLO</i>	B. Date of Delivery <i>12.12.02</i>
--	--

C. Signature <i>X [Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
--------------------------------------	--

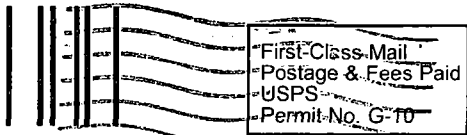
D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

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

UNITED STATES POSTAL SERVICE<sup>PM</sup>



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

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

01



U.S. Postal Service™

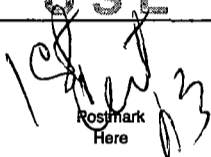
CERTIFIED MAIL™ RECEIPT

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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

Total Post ID# 890425

JOAN LYLO

Sent To

FERNANDINA CLEANERS

Street, Apt.  
or PO Box #

832 8TH STREET

City, State,

FERNANDINA BEACH, FL 32034

7003 2260 0003 5651 1137

**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# 899425  
 JOAN LYLO  
 FERNANDINA CLEANERS  
 832 8TH STREET  
 FERNANDINA BEACH, FL 32034

2. Article Number

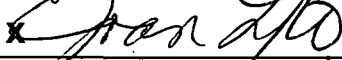
*(Transfer from service)*

7003 2260 0003 5651 1137

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


 Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

2-7-04

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

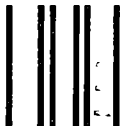
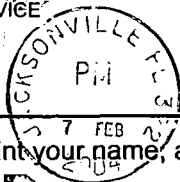
3. Service Type

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

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

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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

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32399+2400



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

Postmark  
Here

Total Postage AIRS ID#0890425.....2<sup>nd</sup> Cert 05

Sent To

FERNANDINA CLEANERS  
832 S 8th Street

Street, Apt. No.  
or PO Box No.

FERNANDINA BEACH, FL

32034

City, State, ZIP

7004 2510 0002 3939 1154



**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#0890425.....2<sup>nd</sup> Cert 05  
 FERNANDINA CLEANERS  
 832 S 8th Street  
 FERNANDINA BEACH, FL 32034

2. Article Number

(Tra) 7004 2510 0002 3939 1154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Handwritten Signature*

Agent  
 Addressee

B. Received by (Printed Name)

*DAN LYCO*

C. Date of Delivery

*3-4-05*

D. Is delivery address different from item 1?  YesIf 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 •

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

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U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

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

Postmark  
Here

Sent To

AIRS ID# 890425 3<sup>rd</sup> Cert04  
FERNANDINA CLEANERS

Street, Apt. No.,  
or PO Box No.

832 S 8th Street

City, State, ZIP

FERNANDINA BEACH, FL 32034

7004 2510 0002 3939 9600

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  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32390-2400

BUR. OF AIR MONITORING & MOBILE SOURCES

APR 1 1 2005

RECEIVED

32390-2400



**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# 890425 3<sup>rd</sup> Cert04  
 FERNANDINA CLEANERS  
 832 S 8th Street  
 FERNANDINA BEACH, FL 32034

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

7004 2510 0002 3939 9600

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X

Joan Lyko

 Agent Addressee**B. Received by (Printed Name)**

JOAN LYKO

**C. Date of Delivery**

4-8-05

**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

7004 2510 0002 3939 3516

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

Total Postage: AIRS ID# 890425 1stC

Sent To

FERNANDINA CLEANERS

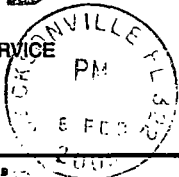
832 S 8th Street

Street, Apt. N  
or PO Box No

FERNANDINA BEACH, FL 32034

City, State, Zi

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2005

RECEIVED

32399+2400



**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.

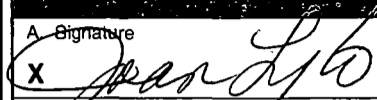
1. Article Addressed to:

AIRS ID# 890425 1stC  
 FERNANDINA CLEANERS  
 832 S 8th Street  
 FERNANDINA BEACH, FL 32034

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

JOAN LY

C. Date of Delivery

02/18/05

 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.

7004 2510 0002 3939 3516

cted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)