

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

June 2, 2006

Mr. Richard Helton
Bangkok Cleaners
125 1st Street, Southeast
Fort Walton Beach, Florida 32548

Re: Facility No.: 0910067-003

Dear Mr. Helton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 10, 2006.

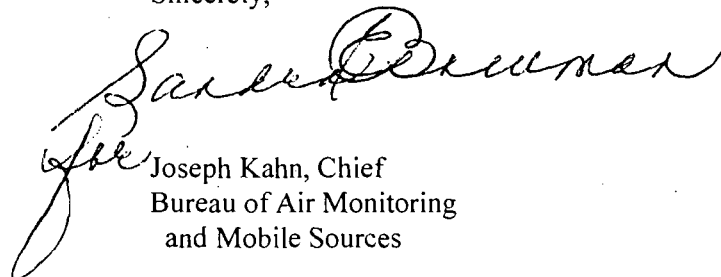
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

COMP. STATUS - SNC MNC (IN)
2/8/2005
EMISSION FEE DATES '96-2005.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS 5.....

(TRPT) - SOCR - statement of Compliance Report
Insp - Ocalaosa - NW Pensacola - CN

Fit
12/27
62.
1/3

0910067

BANGKOK CLEANERS

WE INSTALLING 2 HYDRO CARBON MACHINE DEC 15TH WE WILL NO LONGER BE A PERC GENERATOR OR CONSUMER THERE FORE WE WILL SURRENDER ARE CERTIFICATE #FLR000073767.

THANK YOU RICHARD HELTON PRES BANGKOK CLEANERS.



RECEIVED
JAN 08 2007
BUREAU OF AIR MASSES
& MONTAINE SERVICE

Copied to Waste Program 12/13 - mwa

RECEIVED
DEC 13 2006
NORTHWEST FLORIDA
DEP

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
APR 10 2006
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):	YASOTHORN ENT Inc		
2. Site Name (For example, plant name or number):	BANGKOK CLEANERS		
3. Hazardous Waste Generator Identification Number:	on/File		
4. Facility Location: Street Address:	125 1st street SE	City:	FORT WALTON BCH
		County:	OKALOOSA
		Zip Code:	32548
5. Facility Identification Number (DEP Use Only - do not fill in)	0910067-003		

Responsible Official

6. Name and Title of Responsible Official: Name:	Richard HEWTON	Title:	President
7. Responsible Official Mailing Address: Organization/Firm:	FWRB		
Street Address:	125 1st SE	City:	FORT WALTON BCH
		County:	OKALOOSA
		Zip Code:	32548
8. Responsible Official Telephone Number: Telephone:	(850) 243-4556	Fax:	(850) 243-6906

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? [2]

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")
1999	Existing/New	RC/CA/None required	same
2001	Existing/New	RC/CA/None required	same
	Existing/New	RC/CA/None required	

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

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

How many washers do you have on-site? [n/a]

How many dryers/reclaimers do you have on-site? [n/a]

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

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

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

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

[65] 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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

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

How many boilers do you have on-site?

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.

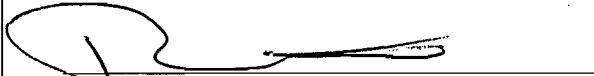
Responsible Official Certification

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.

Richard D. Helton

Print name of responsible official



Signature

4-6-00

Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR

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

470107 FEB 06 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

<p>AIRS ID#910067 YASATHORN ENT INC 125 1st Steet SE FT WALTON BEACH, FLORIDA 32548</p>	<p>RECEIVED MAR 06 2007</p>
---------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------

<p>FLAIR ACCT. CODE 372020350013755010000 BENEFITTING OBJECT CODE 002000 BENEFITTING CATEGORY 000200</p>

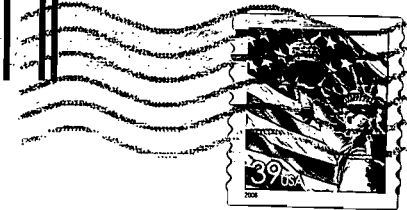
<p>FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273</p>

Bureau of
 Printing & Recycled paper.
 Mobile Sources

Bangkok Cleaners
125 1st SE
Ft. Walton Bch., FL 32548

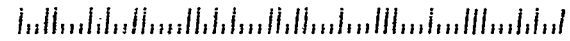
PENSACOLA FL 325

26 FEB 2007 PM 1 L



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

32315+3070 8099



MS# 5510 MC Acct # 5510

CERTIFIED MAIL

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



- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Return

7000 0520 0020 9372 6339

AIRS ID: # 0890432

QUALITY 1ST
CHRIS DAALO
3165 LOFTON SQUARE
YULEE FL
32097

RECEIVED

MAR 1 2012
Bureau of Air Monitoring
& Mobile Sources

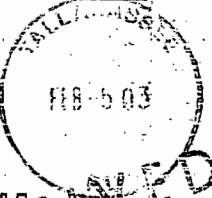
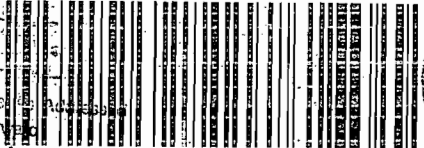
-11
2-18
276

BEST AVAILABLE COPY

MS# 5510 MC Acct # 5521

CERTIFIED MAIL

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



- Not Deliverable
- Unable To Forward
- Insufficient Address
- Mailed, Left No Address
- Undelivered Refused
- Attempted Not Known
- No Street Number
- No Apt, Unit, or Suite
- No Mail Receptacle
- Box Closed-No Order
- Returned

AIRS ID#0890432

QUALITY 1ST
CHRIS DALLO
175 LOFTON SQUARE
TALLAHASSEE FL
32097

RECEIVED

FEB 27 2003
Bureau of Air Monitoring
& Mobile Sources

2-7-03
2-13
2-22

3159 #300

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#0890432

QUALITY 1ST
CHRIS DALLO
3195 LOFTON SQUARE
YULEE FL
32097

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7000 1670 0013 3108 6489

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

7000 1670 0013 3108 6489

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

POSTAL USE

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

1st
9/11/01
Postmark Here
02

AIRS ID#0890432

Sent To: QUALITY 1ST
CHRIS DALLO
Street, Apt: 3195 LOFTON SQUARE
City, State: YULEE FL 32097

PS Form 3811, August 2001

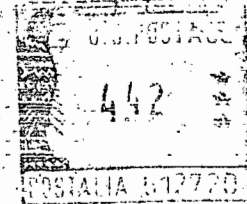
BEST AVAILABLE COPY

5510

5521

CERTIFIED MAIL

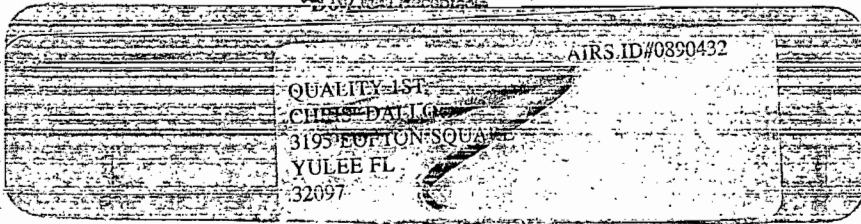
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



Not Deliverable As Addressed
 Unable To Forward 7001 0320 0001 7975 6943

- Insufficient Address
- Moved, Left No Address
- Undelivered (Refused)
- Attempted Not Known
- No Such Street/Number
- Vacant/Illegible
- No Mail Recipients

2/10
3-21
3-25



For Sale of Air Monitoring & Mobile Sources

MAR 27 2003

RECEIVED

32097-32097

BEST AVAILABLE COPY

SEND TO THE ADDRESSEE ON THE FRONT OF THIS MAILPIECE. COMPLETE THIS SECTION ON DELIVERY.

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

1. Article Addressed to:

AIRS ID#0890432

QUALITY 1ST
CHRIS DALLO
3195 LOFTON SQUARE
YULEE FL
32097

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

C. Signature _____
 Addressee
 Agent

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

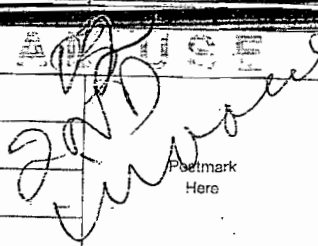
2. Article Number (Copy from service label) 7001 0320 0001 7975 6943

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 \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total \$	AIRS ID#0890432

Sent To **QUALITY 1ST**
CHRIS DALLO
 3195 LOFTON SQUARE
 YULEE FL
 32097

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0001 7975 6943

BEST AVAILABLE COPY

5510

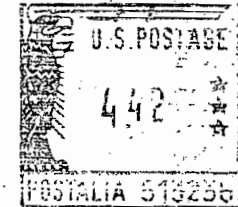
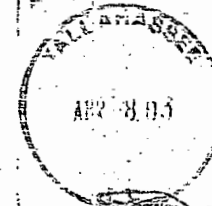
5524

CERTIFIED MAIL

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

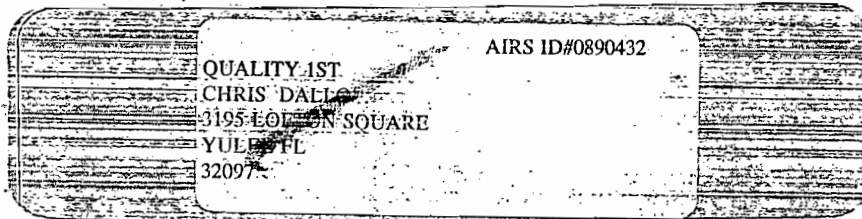


7000 0520 0020 9372 7237



AC5521

BAMMS/BCO
JOEY ROBERTS
5510



- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed-No Order
- Returned For Better Address
- Postage Due

APR 15 2003

ED

TO THE RIGHT OF THE RETURN ADDRESS
FOR MAIL DO NOT WRITE

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#0890432

QUALITY 1ST
CHRIS DALLO
3195 LOFTON SQUARE
YULEE FL
32097

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 0520 0020 9372 7237

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

7000 0520 0020 9372 7237

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

Chris Dallo
Postmark Here

AIRS ID#0890432

Re: QUALITY 1ST
CHRIS DALLO
Str: 3195 LOFTON SQUARE
YULEE FL
City: 32097
PS Instructions

5510

5521

MS# _____ MC Acct # _____

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

CERTIFIED MAIL



7003 2260 0003 5651 1045



ID# 890432
CHRIS DALLO
QUALITY 1ST
3195 TON-SQUARE
YULEE, FL 32097

- Not Deliverable As Addressed
 - Unable To Forward
 - Insufficient Address
 - Moved - No New Address
 - Unclassified - Not Refused
 - Attempted - Not Refused
 - No Such Street - No Number
 - Vacant - No Occupants
 - No Mail Room
 - No Mail Recipient
 - Returned For Better Address
 - Postage Due
- Refused*

Part of Air Monitoring
by Mobile Sources

RECEIVED
FEB 11 2004

SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature _____ <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
(ID# 890432 CHRIS DALLO QUALITY 1ST 3195 LOFTON SQUARE YULEE, FL 32097		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number		3. Service Type	
7003 2260 0003 5651 1045		<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.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-WF-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

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postal: ID# 890432 CHRIS DALLO QUALITY 1ST 3195 LOFTON SQUARE YULEE, FL 32097	

Sent To _____
 Street, Apt, N or PO Box No _____
 City, State, Zi _____

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 1045

BEST AVAILABLE COPY

MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



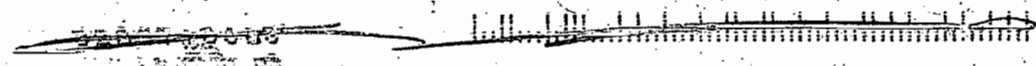
7003 0500 0004 0144 5418



RECEIVED
MAR 15 2004
U of Air MO Wiggins
Mobile Sources

AIRTEL 1390-32
CHRIS DALLO
QUALITY 1ST
315 LORTON SQUARE
VULFE, FL 32097

- Insufficient Address
- Mailed, Left No Address
- Unclaimed Return
- Assumpted - Not Known
- No Such Street Vacant
- No Such Number
- No Mail Receipts
- Not Deliverable
- As Addressed
- Unable To Forward
- Forwarding Order Desired
- Route No. 8 Day
- Car/Trailer



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
CHRIS DALLO QUALITY 1ST 3195 LOFTON SQUARE YULEE, FL 32097		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7003-0500-0004 0144 5418		<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.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

9755 4170 4000 0050 0002

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 \$	<i>2nd cert</i> 2003 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 890432	
To	CHRIS DALLO
San	QUALITY 1ST
Str	3195 LOFTON SQUARE
or P	YULEE, FL 32097
City	
PS Form 3800, June 2002	
See Reverse for Instructions	

BEST AVAILABLE COPY

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# 890432 1stC
 QUALITY 1ST
 3195 Lofton Square
 YULBEE, FL 32097

7004 2510 0002 3939 3615

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4061

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	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage &		AIRS ID# 890432 1stC
Sent To		QUALITY 1ST
Street, Apt. No., or PO Box No.		3195 Lofton Square
City, State, ZIP+4		YULBEE, FL 32097

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3615

BEST AVAILABLE COPY

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature _____</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to:	B. Received by: (Printed Name) _____ C. Date of Delivery _____
<p>AIRS ID#0890432.....2nd Cert 05 QUALITY 1ST 3195 Lofton Square YULEE, FL 32097</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>
2. Article Number: 7004 2510 0002 3939 1253	<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>
PS Form 3811, August 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	

Postmark
Here

Total P AIRS ID#0890432.....2nd Cert 05

Sent To QUALITY 1ST
 3195 Lofton Square
 Street, A YULEE, FL 32097
 or PO Box
 City, State

PS Form 3800, June 2002 See Reverse for Instructions

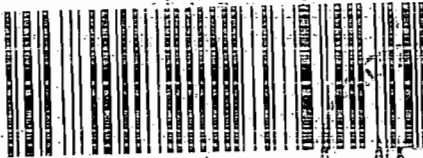
7004 2510 0002 3939 1253
 521 666 0000

BEST AVAILABLE COPY

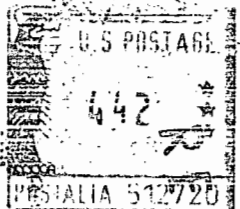
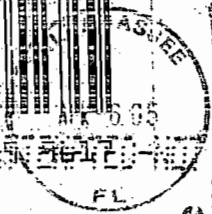
MS# 5510 MC Acct # 5527

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

CONFIDENTIAL



7009 2510 0005 51 2617



RECEIVED
APR 20 1985

UTP

AIRS ID# 890432 3rd Cert04
QUALITY iST
3195 Lofton Square
YULEE, FL 32097

3 5338 7 9 588 6 3 0 1



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

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# 890432 3rd Cert04
 QUALITY 1ST
 3195 Lofton Square
 YULEE, FL 32097

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 7004 2510 0002 3939 9617
 (Transfer from service label)

7004 2510 0002 3939 9617

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

Total Post: AIRS ID# 890432 3rd Cert04
 Sent To: QUALITY 1ST
 Street, Apt. or PO Box: 3195 Lofton Square
 City, State: YULEE, FL 32097

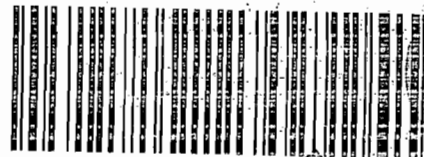
BEST AVAILABLE COPY

5518

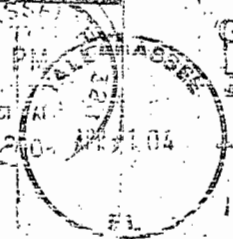
5829

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

CERTIFIED MAIL



7001 1140 0001 7556 4101



MC5521

BAMMS/BCD
JOEY ROBERTS
5518

RECEIVED
Bureau of Air Monitoring
APR 12 2004



- Insufficient Address
- Mailed, Left No Address
- Undelivered Refused
- Addressee - Not Known
- No Such Street Vacant
- No Such Number
- No-mail receptacle
- Not Deliverable
- As Addressed
- Unable To Forward

ATMOSPHERIC QUALITY LIST	
CHRIS DALLIO	
3195 LORION SQUARE	
TALLAHASSEE, FL 32097	

32097+3683

