



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 25, 1996

Mr. Leonard Springfield
Springfield Cleaners, Inc.
2335 Temple Trail, Bay #1
Winter Park, Florida 32789

Re: Facility I.D. No. 0950316

Dear Mr. Springfield:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in November 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. Louis Nichols, Central District

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

407 740 8093

Jane 0950316
Springfield Cleaners

question about whether
BAMM's has received
their paperwork

Springfield cleaner
2335 Temple Trail #1
Winter Park
FL 32789

RECEIVED

MAY 23 1997

Bureau of Air Monitoring
& Mobile Sources

BILL OF SALE ABSOLUTE

KNOW ALL MEN BY THESE PRESENTS, that Springfield's, Inc., a Florida corporation, as Seller, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00), lawful money of the United States of America, to it in hand this day paid by Ronak & Anish Corporation, a Florida corporation, the receipt of which is hereby acknowledged, has granted, bargained, sold, transferred and delivered to the Buyer the following tangible and intangible personal property, to-wit:

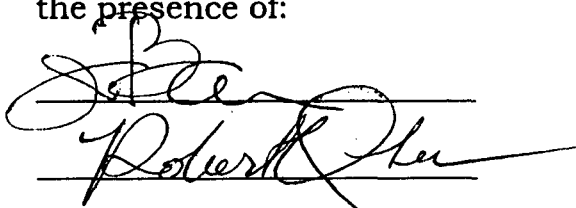
See Exhibit "A" Attached Hereto.

The seller warrants to the Buyer that it is the lawful owner of said goods and chattels; that they are free from all encumbrances; that it has good right and lawful authority to sell the same as aforesaid, and that it will warrant and defend the sale of the said property, goods and chattels hereby made against the lawful claims and demands of all persons whomsoever.

IN WITNESS WHEREOF, the said Seller has hereunto set his hand and seal this 9th day of May, 1997.

Signed, sealed and delivered in the presence of:

SPRINGFIELD'S, INC.




BY: 
Leonard Springfield, President

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, an officer duly authorized to take acknowledgments, on this day personally appeared Leonard Springfield as President of Springfield's, Inc., to me well known, and known to be the person who execute the foregoing Bill of Sale Absolute, and he acknowledged that he executed the same for the purposes therein expressed, and as his free act and deed.

WITNESS my hand and official seal this 9th day of May, 1997.

ID # 0950316

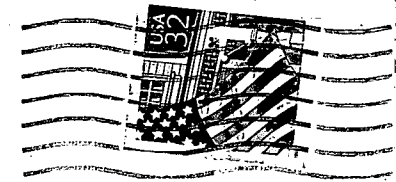
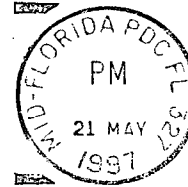

Notary Public

My commission expires:

JENNIFER CROWSON
Notary Public, State of Florida
My comm. expires Sept. 21, 1998
No. CC 408679

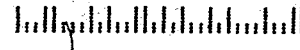
**Springfield
Cleaners**

2335 Temple Trail
Winter Park, FL 32789



To,
Department of Environmental Protection
Attn: Sandy Bauman
2600 Blair Stone Rd
Tallahassee
FL-32399-2400

32399/2400



✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0930 TIME OUT: ~~1030~~ 0945 AIRS ID#: 0950316
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Springfield Cleaners DATE: 6/5/97
 FACILITY LOCATION: 2335 Temple Trail
Orlando FL 32789
 RESPONSIBLE OFFICIAL: Leonard Springfield PHONE NUMBER: _____

- 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
<p style="font-size: 2em;">Sold to</p> <p style="font-size: 1.5em;">Ronak & Anish Corp.</p> <p style="font-size: 1.5em;">on May 9 1997</p>	

COMMENTS: _____

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

DATE OF NEXT INSPECTION: _____

INSPECTION CONDUCTED BY: Todo Fletcher
(Approximate)
(Please Print)

INSPECTOR'S SIGNATURE: Todo Fletcher PHONE NUMBER: 836-9524

10-2-96

Spoke to Leonard
Springfield, he uses
5200 gal/yr of
propane

was told
would
fill in

1. Facility Owner/
Spring

2. Site Name (For

3. Hazardous Was
EPA

4. Facility Locati
Street Address
City: Win

5. Facility Identif

510

By #1

2789

CP

6. Name and Titl
Leon

-)

7. Responsible Official Mailing Address:
Organization/Firm: Springfield Inc.
Street Address: 2335 Temple trail
City: Winter Park County: Orange Bay #1
Zip Code: 32789

8. Responsible Official Telephone Number:
Telephone: () - Fax: () -

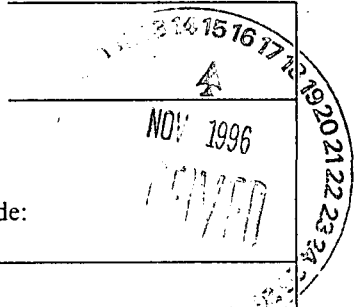
Facility

9. Name and Title of Facility Cor

10. Facility Contact Address:
Street Address:
City:

(407) 740-8093
telephone #

~~740-8093~~



11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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SEP 5 1996

0950316

5,200 gal/yr
of propane

PM = 2.08

NO_x = 72.8

CO = 9.8

TOC = 2.6

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Springfield Cleaners

2. Site Name (For example, plant name or number):
Springfield Cleaners

3. Hazardous Waste Generator Identification Number:
EPA ID NO: FLD 981-866-510

4. Facility Location:
Street Address: 2335 Temple Trail Bay #1
City: Winter Park County: Orange Zip Code: 32789

5. Facility Identification Number (DEP Use):
0950316

was told
DEP
would
fill in

Responsible Official

6. Name and Title of Responsible Official:
Leonard Springfield (owner)

7. Responsible Official Mailing Address:
Organization/Firm: Springfield Inc.
Street Address: 2335 Temple trail Bay #1
City: Winter Park County: Orange Zip Code: 32789

8. Responsible Official Telephone Number:
Telephone: () - Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
Does not apply

10. Facility Contact Address:
Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

SEP 5 1996

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>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	9-6-95	9-6-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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?

gallons *So gae Start up Machine 9-6-95*

(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

Boiler runs on propane gas

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.

Stuart Spitz
Signature

8-28-96
Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Springfield Cleaners
2. Site Name (For example, plant name or number):	2335 Springfield Cleaners
3. Hazardous Waste Generator Identification Number:	EPA ID NO: FLD 981-866-510
4. Facility Location: Street Address: City: Winter Park County: Orange Zip Code: 32789	2335 Temple Trail Bay #1
5. Facility Identification Number (DEP Use):	0950316

was told
DEP
would
fill in

Responsible Official

6. Name and Title of Responsible Official:	Leonard Springfield (owner)
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Winter Park County: Orange Zip Code: 32789	Springfield Inc. 2335 Temple trail Bay #1
8. Responsible Official Telephone Number: Telephone: () - Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Does not apply
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

RECEIVED

SEP 3 1996

0950316

10-2-96

Spoke to Leonard
Springfield, he uses
5200 gal/yr of
Propane.

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>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	9-6-95	9-6-95						
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(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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?

gallons *50 gal Start up Machine 9-6-95*

(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:

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All steam and hot water generating units exempt

No such units on-site

Boiler runs on propane gas

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

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Please indicate with an "X" the appropriate selection:

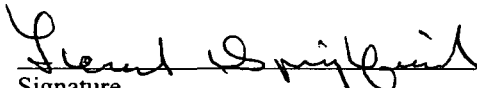
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No air permits currently exist for the operation of the facility indicated in this notification form.

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.


Signature


Date



Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTOR CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0950316 DATE: 6/5/97 TIME IN: 9:30 TIME OUT: 9:45
 FACILITY NAME: Springfield Cleaners
 FACILITY LOCATION: 2335 Temple Trail
Orlando FL 32789

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
 - 2. New facility notified DARM 30 days prior to startup
 - 3. Facility failed to notify DARM to use general permit
- See Back page*

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- 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, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91) |

This is a correct facility classification

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 100 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 |
| 2. Examining the containers for leakage? | Y/N |
| 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 |
| 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 basis? | Y/N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | Y/N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | Y/N |

BEST AVAILABLE COPY

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? | UY UN |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | UY UN |
| Is the temperature differential equal to or greater than 20° F? | UY UN |
| 3. Measured and recorded the pere 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? | UY UN UN/A |
| Is the pere concentration equal to or less than 100 ppm? | UY UN |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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? | UY UN |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | UY UN UN/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | UY UN UN/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|------------|
| 1. Maintained receipts for pere purchased? | UY UN |
| 2. Maintained rolling monthly averages of pere consumption? | UY UN |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | UY UN |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | UY UN |
| 4. Maintained calibration data? (for direct reading instruments only) | UY UN UN/A |
| 5. Maintained exhaust duct monitoring data on pere concentrations? | UY UN |
| 6. Maintained startup/shutdown/malfunction plan? | UY UN |
| 7. Maintained deviation reports? | UY UN |
| Problem corrected? | UY UN |
| 8. Maintained compliance plan, if applicable? | UY UN UN/A |

PART VI: LEAK DETECTION AND REPAIRS

- | | |
|---|-------|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | UY UN |
|---|-------|

2. 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)

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

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Stillls	<input type="checkbox"/> Y <input type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N
Water separators	<input type="checkbox"/> Y <input type="checkbox"/> N		

Name of Responsible Official
Todd Fletcher

Inspector's Name (Please Print)
Todd Fletcher

Inspector's Signature

6/5/97

Date of Inspection

Approximate Date of Next Inspection

Sold to Ronak & Anish Corp on May 9 1997

~~Dr~~ Prayash P. Patel R.O

Patel from Springfield Cleaners

owner Ronak Anish Corp.

Key 981866510 / transferred from Mr. Springfield to
Mr. Patel

2335 Temple Trail Bldg #1

Winter Park - Orange - 32789

25 10 days ago sent to Bonnus

inspector coming to facility at 9:00am.
6/6/17

6/18/97

Sandy,

I called this facility
it was sold to Mr. Patel
in May, so the RO has changed
from Mr. Kennard Springfield to
Mr. Patel. I spoke to a lady
named Jane.

Shannon

Do I need to mark the old folder
inactive? (Blue dot) I see if
has already been marked N/A

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
7000 0600 0026 4130 2409	Postage \$	Postmark Here
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	10 AIRS ID # 0950316001AG	
	LEONARD SPRINGFIELD	
	SPRINGFIELD CLEANERS	
	2335 TEMPLE TRAIL BAY #1	
	WINTER PARK FL 32789	
	PS Form 3800, February 2000	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <i>Moham</i> B. Date of Delivery <i>8-18-09</i></p> <p>C. Signature <i>Moham</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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> <p>10 AIRS ID # 0950316001AG LEONARD SPRINGFIELD SPRINGFIELD CLEANERS 2335 TEMPLE TRAIL BAY #1 WINTER PARK FL 32789</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>2. Article Number (Copy from service label)</p> <p><i>70000600002641302409</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999	Domestic Return Receipt
	102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261004 ✓

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

RECEIVED
MAIL ROOM

FEB 20 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

SPRINGFIELD CLEANERS
LEONARD SPRINGFIELD
2335 TEMPLE TRAIL BAY #1
WINTER PARK FL 32789

AIRS ID# 0950316

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

P 265 302 317

US Postal Service
Receipt for Certified Mail

AIRS ID#: 0950316

LEONARD SPRINGFIELD
LEONARD SPRINGFIELD
2335 TEMPLE TRAIL BAY #1
WINTER PARK FL 32789

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	
TOTAL Postage & Fees	\$
Postmark or Date 2/17/97	

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#: 0950316
LEONARD SPRINGFIELD
LEONARD SPRINGFIELD
2335 TEMPLE TRAIL BAY #1
WINTER PARK FL 32789

4a. Article Number

P265 302 317

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

2/20/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Adeline Schilling

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

Thank you for using Return Receipt Service.