

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 24, 2002

Ms. Monica Phu  
West Side Cleaner  
5036 West Colonial Drive  
Orlando, Florida 32808

Re: Facility No.: 0950328-002

Dear Ms. Phu:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 20, 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,

A handwritten signature in cursive script that reads "Rich Butler".

Handwritten initials "for" in cursive script.

Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

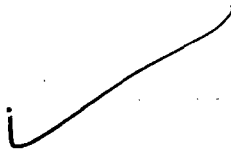
JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

10/10/02 Called & left message for Monica @ his 2:13P

1 day to day 1995 Ref Londoner



RECEIVED

RECEIVED  
O.C. ENVIRONMENTAL  
PROTECTION DIVISION

AIRS ID # 0950328-002

2002 OCT 28 PM 12: 12

10/26/2003  
Bureau of Air Monitoring  
& Mobile Source

*(Handwritten initials)*

10/10/2002

Spoke with Monica Phu, AKA Pau Cun Phu, and he stated that he has one dry cleaning machine. Mr. Phu stated that the machine was purchased in 1995 and has a refrigerated condenser.

Page 15

1. (a) Add Date Initially Purchased from Manufacturer (1995).  
New should be circled under Status for 1995 machine.  
RC should be circled under Control Device Required for 1995 machine.  
Add Date Control Device Installed for 1995 machine.

Page 16

3. ~~Large Area Source should be marked.~~
4. New Machines at small area source Refrigerated condenser should be marked.

*69/100  
9AI  
per  
used*

RECEIVED

SEP 20 2003

Bureau of Air Monitoring & Mobile Sources

RECEIVED JUN 25 2003

Division of Air Monitoring & Mobile Sources

RECEIVED  
O.C. ENVIRONMENTAL  
PROTECTION DIVISION  
2002 OCT 28 PM 12:13

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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):	M D M ORLANDO INC
2. Site Name (For example, plant name or number):	WESTSIDE CLEANER
	5036 W. COLONIAL DRIVE ORLANDO FL 32808
3. Hazardous Waste Generator Identification Number:	111-0310
4. Facility Location: Street Address: City:	ORANGE ORLANDO
County:	ORANGE
Zip Code:	32808
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0950328-002

Responsible Official

6. Name and Title of Responsible Official: Name:	MONICA PHU	Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	5036 W. COLONIAL DRIVE ORLANDO	County:	Orange
		Zip Code:	32808
8. Responsible Official Telephone Number: Telephone:	(407) 298-0150	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?  P-C-P

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")
AVANTI 11/94	Existing/New	RC/CA/None required	Same P-C-P
	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".)

Existing machines at small area source  
 (NONE REQUIRED)

New machines at small area source  
 Refrigerated condenser  *P.C.P.*

~~Existing machines at large area source~~  
~~Carbon adsorber~~   
~~Refrigerated condenser~~  *P.C.P.*

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.*

PAU CUN PAU  
Print name of responsible official

Y. L. W. YUAN  
Signature


9/8/02  
Date

Changes made:  
PAU plus  
Y. L. W. YUAN

11/6/02

2  
10/16/02  
10/16/02

10/10/2002

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PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

SEP 20 2005

RECEIVED

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7. Responsible Official Mailing Address: Organization/Firm: Street Address: 5036 W. COLONIAL DRIVE City: ORLANDO County: ORANGE Zip Code: 32808
8. Responsible Official Telephone Number: Telephone: (407) 298-0150 Fax: ( ) -

Facility Contact (If different from Responsible Official)

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

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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

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

PAU CUN PAU  
Print name of responsible official

Y. L. CUN  
Signature

9/8/02  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421987 JAN21 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

WESTSIDE CLEANER  
 MONICA PHU  
 5036 W COLONIAL DRIVE  
 ORLANDO FL  
 32808

AIRS ID#0950328

RECEIVED  
 JAN 24 2003  
 Bureau of Air Support & Mobile Operations

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

438523 APR21 2004

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

**TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

WESTSIDE CLEANER  
 MONICA PHU  
 5036 W COLONIAL DRIVE  
 ORLANDO, FL 32808

AIRS ID# 0950328

950328

RECEIVED  
 APR 23 2004  
 Bureau of Air Support & Mobile Operations

2273 - 50.00  
 2274 - 25.00

FOR GOVERNMENT USE ONLY  
 ORG.: 37550101000, EO: B1  
 FUND: 20-2-035001  
 OBJECT: 002273

**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.

445232 FEB 3 2005

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 950328 10  
WESTSIDE CLEANER  
5036 W Colonial Drive  
ORLANDO, FL 32808

*Printed on recycled paper.*

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

RECEIVED  
FEB 4 2005  
Bureau of Air Monitoring  
& Mobile Sources

**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.

450009 MAR 30 2005

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 950328 1stC  
WESTSIDE CLEANER  
5036 W Colonial Drive  
ORLANDO, FL 32808

*Printed on recycled paper.*

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

RECEIVED  
APR 1 2005  
Bureau of Air Monitoring  
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459391 FEB27 2006

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 950328 1st  
WESTSIDE CLEANER  
5036 W Colonial Drive  
ORLANDO, FL 32808

Bureau of  
& Monetary Services

MAR 01 2006

RECEIVED

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

467067 JAN11 2007

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

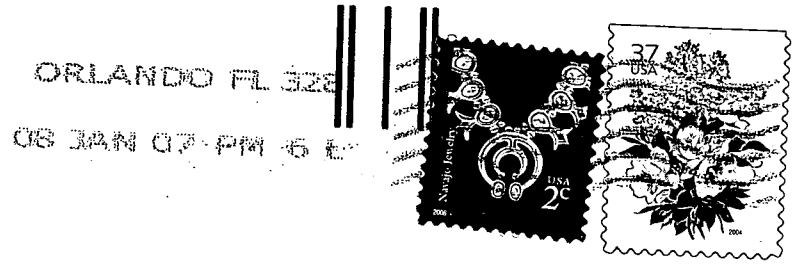
AIRS ID# 950328  
MDM ORLANDO INC  
5036 W Colonial Drive  
ORLANDO, FLORIDA 32808

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

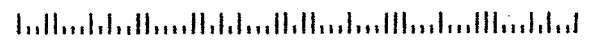
Printed on recycled paper.

MDM Orlando INC  
5036 W. Colonial Blvd  
Orlando FL 32808

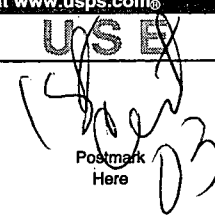


TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

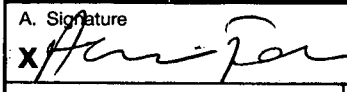
32315+3070-70 B099





<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here 
Total ID# 950328	
Sent to MONICA PHU WESTSIDE CLEANER Street or PO 5036 W COLONIAL DRIVE City, State ORLANDO, FL 32808	
PS Form 3800, June 2002 See Reverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;">           ID# 950328            MONICA PHU            WESTSIDE CLEANER            5036 W COLONIAL DRIVE            ORLANDO, FL 32808         </div>	<b>COMPLETE THIS SECTION ON DELIVERY</b> <p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>2-6</u></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>3. Service Type  <input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7003 2260 0003 5651 1182	
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 •

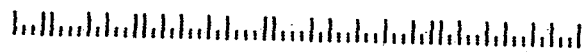
2604  
DAR/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Mail  
& Mobile Sources

FEB 9 2004

RECEIVED

01



7003 0500 0004 0144 8730

**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)	

*2nd Cert.*

Postmark  
Here

2003

AIRS ID # 950328

Total Postage: MONICA PHU  
 Sent To: WESTSIDE CLEANER  
 Street, Apt. No. or PO Box No.: 5036 W COLONIAL DRIVE  
 City, State, Zip: ORLANDO, FL 32808

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 # 950328

MONICA PHU  
 WESTSIDE CLEANER  
 5036 W COLONIAL DRIVE  
 ORLANDO, FL 32808

2. Article Number  
(Transfer from service label)

7003 0500 0004 0144 8730

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Y. L. ...*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 3/8/04

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

MAR 11 2004

RECEIVED

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

**OFFICIAL USE**

7001 1140 0001 7556 4187

Postage	\$	903 <i>Postmark Here</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	AIKSTD# 900328	
<b>Sent To</b>	WESTSIDE CLEANER	
	MONICA PHU	
<b>Street, Apt. # or PO Box N.</b>	5036 W COLONIAL DRIVE	
<b>City, State, Z.</b>	ORLANDO, FL 32808	

PS Form 3800, January 2001 See Reverse for Instructions

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1. Article Addressed to:

AIKSTD# 900328  
 WESTSIDE CLEANER  
 MONICA PHU  
 5036 W COLONIAL DRIVE  
 ORLANDO, FL 32808  
 # 0950328

2. Article Number  
 (Transfer from service label)

7001 1140 0001 7556 4187

**RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 x *John Ayar*

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

<input 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



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 7 2004

RECEIVED



<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>											
OFFICIAL USE											
<table border="1"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td colspan="2">Total Postage &amp; Fees</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees		Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees											
Sent To AIRS ID# 950328 1stC WESTSIDE CLEANER Street, Apt. No., or PO Box No. 5036 W Colonial Drive City, State, ZIP+4 ORLANDO, FL 32808											
PS Form 3800, July 2003											

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>AIRS ID# 950328 1stC          WESTSIDE CLEANER          5036 W Colonial Drive          ORLANDO, FL 32808</p> <p>2. Article Number  <i>(Transfer from service label)</i> 7003 0500 0004 0144 6651</p>	<b>COMPLETE THIS SECTION ON DELIVERY</b> <p>A. Signature          X <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery          2/2/05</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>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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	
Domestic Return Receipt	
102595-02-M-1540	

UNITED STATES POSTAL SERVICE



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

RECEIVED  
FEB 9 2005  
Bureau of Air Monitoring  
& Mobile Sources

• 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

+2400

