

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 26, 2002

Mr. Ranjan Nayee
Azalea Cleaners
5711 Dahlia Drive
Orlando, Florida 32807

Re: Facility No.: 0951156-002

Dear Mr. Nayee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 23, 2002.


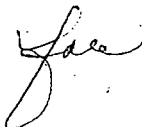
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

Fees 97-01

506 5

Comp In

Grant, Patricia

From: Thomas, Bruce X.

Sent: Wednesday, March 09, 2005 3:04 PM

To: John.Parker@ocfl.net

Cc: 'Ilka.Bundy@ocfl.net'; Grant, Patricia; Bowman, Sandy

John,

Azalea Cleaners (0951156) has notified us they are a drop store. The facility status has been changed to inactive in the database. Bruce

Bruce Thomas, P.E.

Division of Air Resource Management

(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

3/9/2005

Page 15

1. (a) New should be circled under Status for 1997 dry-to-dry machine.
2. (a) Add # of gallons of perchloroethylene purchased in past 12 months.

Page 16

4. Existing machines at small area source (NONE REQUIRED) should not be marked for 1997 machines.

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.

Bureau of Air Monitoring
& Mobile Sources

OCT 23 2002

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): AZALOA CLEANERS.
2. Site Name (For example, plant name or number): AZALOA CLEANERS (PLANT)
3. Hazardous Waste Generator Identification Number: MONSTERIA AIRS ID # 0951156
4. Facility Location: 5711 DANIA DRIVE. Street Address: City: ORLANDO, County: ORANGE Zip Code: 32807
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0951156-002

Responsible Official

6. Name and Title of Responsible Official: Name: RAJAN NAYEE Title: OWNER.
7. Responsible Official Mailing Address: Organization/Firm: AZALOA CLEANERS Street Address: 5711 DANIA DRIVE. City: ORLANDO County: ORANGE Zip Code: 32807.
8. Responsible Official Telephone Number: Telephone: (407) 273-3361 Fax: (407) 273-8142

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): N/A SAME AS ABOVE
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? ONE

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")
<u>1997</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY N/A

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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
<u>Refrigerated condenser</u> <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: ^{HP.}

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:

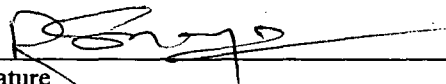
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIRS ID # 0951156
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

RANJAN NAYAK
Print name of responsible official


Signature

9/28/2002
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 23, 2002

Mr. Ranjan Nayee
Azalea Dry Cleaners
5711 Dahlia Drive
Orlando, Florida 32807

Dear Mr. Nayee:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#4056) in the amount of \$75.

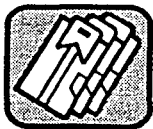
We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

for

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources



AZALEA DRY CLEANERS
Ph. 407-273-3361
5711 Dahlia Dr
Orlando, FL 32807

4056

DATE 9/20/2002

PAY TO THE ORDER OF Department of environmental Protection \$ 75.00

Seventy five only DOLLARS



FIRST UNION
First Union National Bank
firstunion.com

CUSTOM BUSINESS BANKING

FOR For. 2002 Airs FO# 0951156

copy ✓

RECEIVED
JUN 26 2005

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

OCT 23 2002

RECEIVED

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):	AZALOA CLEANERS.		
2. Site Name (For example, plant name or number):	AZALOA CLEANERS (PLANT)		
3. Hazardous Waste Generator Identification Number:	MONITORING AIRS ID # 0951156		
4. Facility Location: 5711 DAHUA DRIVE. Street Address: City: ORLANDO, County: ORANGE Zip Code: 32807			
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951156-002		

Responsible Official

6. Name and Title of Responsible Official: Name: RAJAN NAYEE Title: OWNER.			
7. Responsible Official Mailing Address: Organization/Firm: AZALOA CLEANERS Street Address: 5711 DAHUA DRIVE. City: ORLANDO County: ORANGE Zip Code: 32807.			
8. Responsible Official Telephone Number: Telephone: (407) 273-3361 Fax: (407) 273-8142			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	N/A SAME AS ABOVE		
10. Facility Contact Address: Street Address: City: County: Zip Code:			
11. Facility Contact Telephone Number: Telephone: () - Fax: () -			

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 *u*

- 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 *u*

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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

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

How many boilers do you have on-site? *u*

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

What type of fuel do you use? propane natural gas *u*
 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 *u*
- (b) Leak detection inspection and repair *u*
- (c) Refrigerated condenser temperature monitoring *u*
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan *u*

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

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

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")
<u>1997</u>	Existing / <u>New</u>	RC / <u>CA</u> /None required	<u>SAME</u>
_____	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 N/A

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?

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)

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

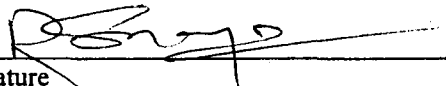
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIR ID # 0951156
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

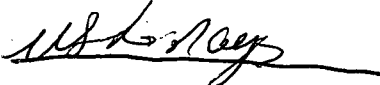
RANJAN NAYEE
Print name of responsible official


Signature

9/28/2002
Date

CHANGE)
made:

USHA BEN NAYEE



12-4-02

RECEIVED
D.C. ENVIRONMENTAL
PROTECTION DIVISION

2002 NOV 27 AM 11:17

AIRS ID # 0951156-002

Page 15

1. (a) New should be circled under Status for 1997 dry-to-dry machine.
2. (a) Add # of gallons of perchloroethylene purchased in past 12 months.

Page 16

4. Existing machines at small area source (NONE REQUIRED) should not be marked for 1997 machines.

file
6/20/73



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437747 MAR22 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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 30 2004

Do NOT Remove Label

AIRS ID# 951156

RANJAN NAYEE
AZALEA CLEANERS
5711 DAHLIA DRIVE
ORLANDO, FL 32807

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422993 FEB14 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

Bureau of Air
& Mobile
Sources

RECEIVED
FEB 19 2003

Do NOT Remove Label

AIRS ID#0951156

AZALEA CLEANERS
RANJAN NAYEE
5711 DAHLIA DRIVE
ORLANDO FL
32807

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

U.S. Postal Service™
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Tot: AIRS ID#0951156.....2nd Cert 05

AZALEA CLEANERS

5711 Dahlia Drive

ORLANDO, FL 32807

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5791

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. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Ushia Naylor</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>USHIA NAYLOR</i> <i>3/4/05</i></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> <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <p>AIRS ID#0951156.....2nd Cert 05</p> <p>AZALEA CLEANERS</p> <p>5711 Dahlia Drive</p> <p>ORLANDO, FL 32807</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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 •

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

See Source Air Monitor
to Near

MAR 7 2005

CEIVED



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> Postmark Here 2003
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID # 951156
Sent To RANJAN NAYEE AZALEA CLEANERS Street, Apt. No. or PO Box No. 5711 DAHLIA DRIVE City, State, Zip ORLANDO, FL 32807	
PS Form 3800, June 2002	

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 # 951156
RANJAN NAYEE AZALEA CLEANERS 5711 DAHLIA DRIVE ORLANDO, FL 32807

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 5975

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X USHA NAYEE
 Agent

 Addressee

B. Received by (Printed Name)

USHA NAYEE

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

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 •

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

Bureau of Air Monitoring
& Mobile Sources

MAR 8 2004

RECEIVED



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

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

OFFICIAL USE

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

ID# 951156

Sent To: **RANJAN NAYEE**
 Street, Apt. No., or PO Box No.: **AZALEA CLEANERS**
5711 DAHLIA DRIVE
 City, State, ZIP+4: **ORLANDO, FL 32807**

PS Form 3800

7003 2260 0003 5650 8793

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# 951156
 RANJAN NAYEE
 AZALEA CLEANERS
 5711 DAHLIA DRIVE
 ORLANDO, FL 32807

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 8793

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Usha Nayee Addressee

B. Received by (Printed Name) **USHA NAYEE**
 C. Date of Delivery **2-6-04**

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

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
of Mobile Sources

FEB 9 2004

RECEIVED



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

OFFICIAL USE

7001 0320 0001 7975 7643

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

[Handwritten Signature]
 Postmark
 Date

Total

AIRS ID#0951156

Sent To: AZALEA CLEANERS
 RANJAN NAYEE
 Street, 5711 DAHLIA DRIVE
 or PO ORLANDO FL
 City, S 32807

PS Form 3800, January 2001

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:

AZALEA CLEANERS
 RANJAN NAYEE
 5711 DAHLIA DRIVE
 ORLANDO FL
 32807

AIRS ID#0951156

2. Article Number
 (Transfer from service label)

7001 0320 0001 7975 7643

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name) *Monica Trinidad* C. Date of Delivery *12-7-03*

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 STOP 15610
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 18 2003

RECEIVED

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:

MR RANJAN NAYEE
 AZALEA DRY CLEANERS
 5711 DAHLIA DRIVE
 ORLANDO FLORIDA 32807

2. Article Number (Copy from service label)

7099 3400 0000 1451 2421

RECIPIENT'S SECTION ON DELIVERY

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

MONICA TRINIDAD 5/20/76

C. Signature

X *[Signature]*

 Agent AddresseeD. 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 •

DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD MS 5510
TALLAHASSEE FLORIDA 32399-2400

ATT: RICK BUTLER

Bureau of Air Monitoring
& Mobile Sources

OCT 28 1982

RECEIVED

2399+6342

