Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 18, 2002

Mr. Hemchand Sookdeo
Community Cleaners
2744 South Chickasaw Trail
Orlando, Florida 32829

Re: Facility No.: 0951169-002

Dear Mr. Sookdeo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 18, 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

* New Owner.

10/25/2002 Called & left Message for Hemchand Sookdeo 10:15A.

10/30/2002 Called a left message for Hemchand Sookdeo. 4:13P

AIRS ID # 0951169-002

10/31/2002

Spoke to Mr. Hemchand Sookdeo, owner of Community Cleaners, and he stated that his dry-to-dry machine was approximately 3 years old. He also stated that the dry-to-dry machine has a refrigerated condenser as a control device. Mr. Sookdeo stated that he has 2 washers and 1 dryer and they do not use perchloroethylene.

Page 15

1. (a) Add Date Initially Purchased From the Manufacturer for dry-to-dry machine.
   Choose and circle appropriate control device under Control Device Required for dry-to-dry machine.

1. (b) Information listed in this section is for perchloroethylene using machines.

RECEIVED
JUN 26 2007
Bureau of Air Monitoring & Mobile Sources

RECEIVED
OCT 18 2007
Bureau of Air Monitoring & Mobile Sources

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):
   RAM BARACK Cleaners Inc.
2. Site Name (For example, plant name or number):
   c/o Community Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 2744 S. Chickasaw Trail
   City: ORLANDO County: Orange Zip Code: 32829
5. Facility Identification Number (DEP Use ONLY - do not fill in):
   0951169-002

Responsible Official

6. Name and Title of Responsible Official:
   Name: Hemchand Soolcdeo Title: Owner/manager
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address: 2744 South Chickasaw Trail
   City: ORLANDO County: ORANGE Zip Code: 32829
8. Responsible Official Telephone Number:
   Telephone: (407) 658-2011 Fax: (407) 306-0516

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   SAME AS Above
10. Facility Contact Address:
    Street Address:
    City: County: SAME AS Above 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? [1]

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")
Used 12/1989	Existing/New	RC/CA/None required	Same
	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? [2]

How many dryers/reclaimers do you have on-site? [1]

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	SAME
	Existing/New	RC/CA/None required	SAME
	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?

[30] gallons (You must fill this in)

(b) If less than 12 months, how many? [9] months

Check why it is less than 12 months: New owner: [X] 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 [X]

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) [X]

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 [ ]

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 [X] **OR**
No such units on-site [ ]

How many boilers do you have on-site? [1]

For each boiler, indicate its horsepower (HP) rating: [1.5] [ ] [ ]

What type of fuel do you use?

[X] 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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [X]

(e) Startup, shutdown, malfunction plan [X]

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.

Hemchand Sookdeo
Print name of responsible official

Signature

10/11/02
Date

CHANGES MADE Hemchand Sookdeo
PRINT NAME

SIGNATURE

11-25-02
DATE

AIRS ID # 0951169-002

CRB

10/31/2002

Spoke to Mr. Hemchand Sookdeo, owner of Community Cleaners, and he stated that his dry-to-dry machine was approximately 3 years old. He also stated that the dry-to-dry machine has a refrigerated condenser as a control device. Mr. Sookdeo stated that he has 2 washers and 1 dryer and they do not use perchloroethylene.

Page 15

1. (a) Add Date Initially Purchased From the Manufacturer for dry-to-dry machine.
   Choose and circle appropriate control device under Control Device Required for dry-to-dry machine.

1. (b) Information listed in this section is for perchloroethylene using machines.

RECEIVED
D.C. ENVIRONMENTAL
PROTECTION DIVISION
2002 NOV 20 AM 11:21

file
6/26/13

RECEIVED
JUN 26 2003
Bureau of Air Monitoring & Mobile Sources

RECEIVED
OCT 15 2003
Bureau of Air Monitoring & Mobile Sources

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):
GOLDENROD CLEANERS

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

3. Hazardous Waste Generator Identification Number:
FLD984177816

4. Facility Location:
Street Address: 4046 GOLDENROD RD.
City: WINTER PARK, FL County: ORANGE Zip Code: 32792

5. Facility Identification Number (DEP Use ONLY. Do not fill in)
0951158-002

Responsible Official

6. Name and Title of Responsible Official:
Name: YVONNE H. ROBERTS Title: OWNER

7. Responsible Official Mailing Address:
Organization/Firm: SAME AS ABOVE
Street Address:
City: County: Zip Code:

8. Responsible Official Telephone Number:
Telephone: (407) 657-5113 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? [1]

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")
3/28/96	Existing/New	RC/CA/None required	SAME
	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?

[10] 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 [X]

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) [X]

New machines at small area source
Refrigerated condenser [X]

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 [X] OR
No such units on-site [ ]

How many boilers do you have on-site? [1]

For each boiler, indicate its horsepower (HP) rating: [~~10~~ 25] [ ] [ ]

What type of fuel do you use?
[ ] propane
[ ] No. 2 fuel oil
[ ] No. 6 fuel oil
[X] natural gas
[ ] No. 4 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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [X]

(e) Startup, shutdown, malfunction plan [X]

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

[X] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0951158001AG

[ ] 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.

YVONNE H. ROBERTS
Print name of responsible official

Yvonne H. Roberts
Signature

Oct. 8, 2002
Date

CHANGES MADE: YVONNE ROBERTS (PRINT NAME) Yvonne H Roberts (SIGNATURE) 11/25/02 (DATE)

AIRS ID # 0951158-002

10/21/2002
Spoke with Ms. Yvonne Roberts, Goldenrod Cleaners owner, and she stated that the dry-to-dry machine was originally purchased on March 28, 1996. She also stated that she did not know the horsepower of the natural gas fired boiler.

Page 15

1. (a) Add Date Machine Initially Purchased From the Manufacturer in space provided.

Page 16

4. New machines at small area source Refrigerated condenser should be marked.

5. Add horsepower (HP) for natural gas fired boiler.

RECEIVED
O.C. ENVIRONMENTAL
PROTECTION DIVISION
2002 NOV 20 AM 11:22

file

RECEIVED
OCT 18 2002
Bureau of Air Monitoring & Mobile Sources

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):
RAM BARACK Cleaners Inc.

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

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
Street Address: 2744 S. Chickasaw Trail
City: ORLANDO County: Orange Zip Code: 32829

5. Facility Identification Number (DEP Use ONLY - do not fill in):
0951169-002

Responsible Official

6. Name and Title of Responsible Official:
Name: Hemchand Sookdeo Title: Owner/manager

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 2744 South Chickasaw Trail
City: ORLANDO County: ORANGE Zip Code: 32829

8. Responsible Official Telephone Number:
Telephone: (407) 658-2011 Fax: (407) 306-0516

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
SAME AS Above

10. Facility Contact Address:
Street Address:
City: County: SAME AS Above 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? [1]

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")
Used	Existing/New	RC/CA/None required	Same
	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? [2]

How many dryers/reclaimers do you have on-site? [1]

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	SAme
	Existing/New	RC/CA/None required	SAme
	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?

[30] gallons (You must fill this in)

(b) If less than 12 months, how many? [9] months

Check why it is less than 12 months: New owner: [X] Did not keep records: [ ]

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening _____)

Effective: 2/24/99

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.

Hemchand Sookdeo

Print name of responsible official

Signature

10/11/02

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.

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

  ☒ If you are a new owner, please check this and return this form with your completed notification form.

  ☐ If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

Community Cleaners
2744 South Chickasaw Trail
Orlando Fl-32829

CTR 4083 SFA 1652 ORLANDO FL
OCT 15 2002
USPS-32828-8732

ORLANDO FL 328
PM
15
ORLANDO
OCT.15.02
FL

U.S. POSTAGE
0060
POSTALIA 357385
00000014690

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

32399+2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434706 DEC26 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

951169
HEMCHAND SOOKDEO
COMMUNITY CLEANERS STORE #1
2744 SOUTH CHICKASAW TRAIL
ORLANDO FL 32829

RECEIVED DEC 3 2003 Bureau of Stationary & Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

461021 APR24 2006

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

AIRS ID# 951169
COMMUNITY CLEANERS STORE #1
2744 S Chickasaw Trail
ORLANDO, FL 32829

RECEIVED APR 25 2006 Bureau of Stationary & Mobile Sources

FLAIR ACCT. CODE 37202035001375501000 0
BENIFITTING OBJECT CODE 002000
BENIFITTING 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

443396 DEC16 2004

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
DEC 17 2004
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID# 951169 10
COMMUNITY CLEANERS STORE #1
2744 S Chickasaw Trail
ORLANDO, FL 32829

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

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

425627 MAR12 2003

RECEIVED
MAR 12 2003
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID#0951169
COMMUNITY CLEANERS STORE #1
HEMCHAND SOOKDEO
2744 SOUTH CHICKASAW TRAIL
ORLANDO FL
32829

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

7001 0320 0001 7976 3606

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 Pos	

Postmark Here

AIRS ID#0951169

Sent To COMMUNITY CLEANERS STORE #1
HEMCHAND SOOKDEO
Street, Apt. or PO Box I 2744 SOUTH CHICKASAW TRAIL
City, State, ORLANDO FL
32829

PS Form 3800, January 2001 See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION **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#0951169
COMMUNITY CLEANERS STORE #1
HEMCHAND SOOKDEO
2744 SOUTH CHICKASAW TRAIL
ORLANDO FL
32829

A. Received by *(Please Print Clearly)* B. Date of Delivery 3/8/03

C. Signature
X
☐ Agent
☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7001 0320 0001 7976 3606

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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 •

Air Monitoring
Mobile Sources

MAR 11 2003

RECEIVED

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

32399-2400

7001 0320 0001 7975 7469

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)	

Postmark Here

02

To

AIRS ID#0951169
COMMUNITY CLEANERS STORE #1
HEMCHAND SOOKDEO
2744 SOUTH CHICKASAW TRAIL
ORLANDO FL
32829

PS Form 3800, January 2001 — 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#0951169
COMMUNITY CLEANERS STORE #1
HEMCHAND SOOKDEO
2744 SOUTH CHICKASAW TRAIL
ORLANDO FL
32829

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
2-7-03

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7001 0320 0001 7975 7469

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

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

RECEIVED
FEB 10 2003
Bureau of Air Monitoring
& Mobile Sources

01