

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

NOV 17 2000

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): BZA . TWC . |
| 2. Site Name (For example, plant name or number): Penthouse Cleaners |
| 3. Hazardous Waste Generator Identification Number: FLD984171165 981026669 |
| 4. Facility Location: Street Address: 4304 Curry Ford rd City: Orlando FL County: Orange Zip Code: 32806 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): 09511MB-002 |

Responsible Official

| |
|--|
| 6. Name and Title of Responsible Official: Name: Dharampaul TSUKH Title: President |
| 7. Responsible Official Mailing Address: Organization/Firm: 4304 Curry Ford rd Street Address: City: Orlando County: Orange Zip Code: 32806 |
| 8. Responsible Official Telephone Number: Telephone: (407) 898-7051 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?

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") |
|--|--|--|---|
| <i>m</i> | | | |
| <i>march 96</i> | Existing/ <input checked="" type="radio"/> New | <input checked="" type="radio"/> RC/ <input checked="" type="radio"/> CA/None required | <i>same</i> |
| _____ | Existing/ <input type="radio"/> New | RC/ <input type="radio"/> CA/None required | _____ |
| _____ | Existing/ <input type="radio"/> New | RC/ <input type="radio"/> 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/ <input type="radio"/> New | RC/ <input type="radio"/> CA/None required | _____ |
| _____ | Existing/ <input type="radio"/> New | RC/ <input type="radio"/> CA/None required | _____ |
| _____ | Existing/ <input type="radio"/> New | RC/ <input type="radio"/> 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 type="checkbox"/> | <u>New machines at small area source</u> Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> Carbon adsorber <input type="checkbox"/> Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u> Refrigerated condenser <input type="checkbox"/> |

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

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

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 15

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.

Dharampaul
Print name of responsible official

Dharampaul Sub
Signature

11-15-00
Date

Bowman, Sandy

From: Parker, John [John.Parker@ocfl.net]
Sent: Thursday, January 23, 2003 2:43 PM
To: Bowman, Sandy
Cc: Butler, Rick
Subject: Penthouse Cleaners

Sandy:

During an inspection conducted on 1/22/2003, I discovered that Penthouse Cleaners, airs# 0951178 is out of business. A drop store is currently at this location. Please inactivate this facility in ARMS.

Thank You,

John X Parker
Environmental Specialist
Phone: 407-836-1445
Fax: 407-836-1498

David B. Struhs
Secretary

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

Jeb Bush
Governor

Department of
Environmental Protection



Sandy:

Regarding your list of facilities that have not paid their Title V general permit 2002 annual operations fees. The following facilities in Orange County are no longer in operation:

0950303 Airport Cleaners is inactive / drop store.

0951178 Penthouse Cleaners is inactive / drop store.

0951215 ASAP Cleaners is inactive / drop store.

1. Rainbow Cleaners (0950363) has not received an invoice for their annual operations fee. The mailing address listed on the Pay - 02NoPay.xls is incorrect. The correct address is: **672 Goldenrod Rd. Orlando, Fl. 32807**. This was updated in ARMS and ASGP last year. The owner (Arnaldo Reyes) did not receive his annual operations fee last year either, because his mailing address was incorrect. Please update your records. The owner said he would pay the annual operations fee if you re-send it to the above-mentioned address.

2. Southside \$1.50 Cleaners (0951256) has a new owner. The new owner is **Millie Cruz**. I have provided her with an application, which she will submit, ASAP.

3. Marbella One Hour Cleaners (0951208) will send in the fee ASAP. Apparently he forgot.

Blp

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Arms 1-19-01
JB

RECEIVED
JAN 24 2:31
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0951178-002 DATE: 1-19-01 TIME IN: 0950 TIME OUT: 1015

FACILITY NAME: Penthouse Cleaners

FACILITY LOCATION: 4304 Curry Ford Rd.
Orlando, FL 32806

RESPONSIBLE OFFICIAL: Dharampaul Isukh PHONE: 407-898-7051

CONTACT NAME: PHONE:

Fri. 1-19-01 ~ 1:30

PART I: NOTIFICATION

(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification Y N Can not determine

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 38 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 N/A
- 2. Examining the containers for leakage? Y N N/A
- 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 N/A
- 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/bi-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 N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. 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)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- 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

Ilka Bundy

Inspector's Name (Please Print)

1-19-01

Date of Inspection

Ilka Bundy

Inspector's Signature

1-19-02

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Fax 2000 receipt

| | | |
|---------|------|-------------------|
| 3-7-00 | 19.5 | — Got new machine |
| 11-9-99 | 19.5 | } 78.0 |
| 6-29-99 | 19.5 | |
| 4-20-99 | 19.5 | |
| 3-10-99 | 19.5 | |

Took ~ 80 gal out of old machine
& put into new machine.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0950 TIME OUT: 1015 AIRS ID#: 0951178-002
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Penthouse Cleaners DATE: 1-19-01
 FACILITY LOCATION: 4304 Curry Ford Rd.
Orlando, FL 32806
 RESPONSIBLE OFFICIAL: Dharampaul Isukh PHONE NUMBER: 407-898-7051

- 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 |
|--------------------------------|---------------------------|
| | |
| F.Y. | |
| | |
| | |
| | |
| | |

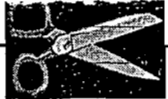
COMMENTS: Facility in compliance.

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

DATE OF NEXT INSPECTION: 1-19-02
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415181 MAR14 2002

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

AIRS ID # 0951178
PENTHOUSE CLEANERS
DHARAMPAUL ISUKH
4304 CURRY FORD ROAD
ORLANDO FL
32806

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

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

OFFICIAL USE

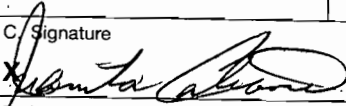
7001 0320 0001 7976 1930

| | | |
|---|----|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

Total Postage: AIRS ID # 0951178

Sent To: PENTHOUSE CLEANERS
 4304 CURRY FORD ROAD
 Street, Apt. or PO Box: ORLANDO FL
 City, State: 32806

PS Form 3800, January 2001 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) _____ B. Date of Delivery <u>3/9/02</u></p> <p>C. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |
| <p>1. Article Addressed to:</p> <p>AIRS ID # 0951178</p> <p>PENTHOUSE CLEANERS DHARAMPAUL ISUKH 4304 CURRY FORD ROAD ORLANDO FL 32806</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</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>7001/0320 0001/7976 1930</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

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

9131
 9373
 E4EB
 0200
 025U
 UUUU

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

Postmark
 Here

AIRS ID # 0951178

PENTHOUSE CLEANERS
 DHARAMPAUL ISUKH
 4304 CURRY FORD ROAD
 ORLANDO FL
 32806

(Signature required by mailer)

PS Form 3800, February 2000 See reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
 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 # 0951178
 PENTHOUSE CLEANERS
 DHARAMPAUL ISUKH
 4304 CURRY FORD ROAD
 ORLANDO FL
 32806

COMPLETE THIS SECTION ON DELIVERY

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

2/9/02

C. Signature

[Handwritten Signature]

- Agent
- Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

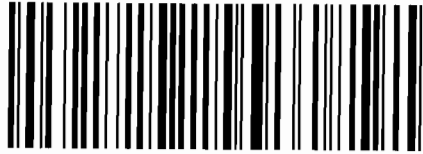
70002520002093731369 || | || || || ||

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

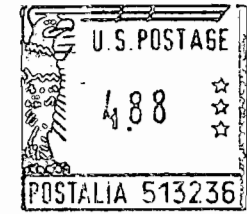
5510

5521

CERTIFIED MAIL



7000 0520 0020 9372 7404



RETURN TO SENDER Rt. # 0201
Carr. In. 12/10
Date 12/10

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

MOVED

RECEIVED

DEC 23 2002

Bureau of Air Monitoring
& Mobile Sources

10 AIRS ID # 0951178001AG
DHARAMPAUL ISUKH
PENTHOUSE CLEANERS
4304 CURRY FORD ROAD
ORLANDO FL 32806

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

7000 0520 0020 9372 7404

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

Receipt
 Postmark Here

Total Pos: 10 AIRS ID # 0951178001AG
Recipient: DHARAMPAUL ISUKH
Street, Apt: PENTHOUSE CLEANERS
 4304 CURRY FORD ROAD
City, State: ORLANDO FL 32806

PS Form 3800, February 2000 See Reverse for Instructions

TO THE RIGHT OF RETURN ADDRESS
 PLACE STICKER AT TOP OF ENVELOPE
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:

 10 AIRS ID # 0951178001AG
 DHARAMPAUL ISUKH
 PENTHOUSE CLEANERS
 4304 CURRY FORD ROAD
 ORLANDO FL 32806

70000520002093727404
 2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|---------------------|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |

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

4. Restricted Delivery? (Extra Fee) Yes

REGISTERED MAIL

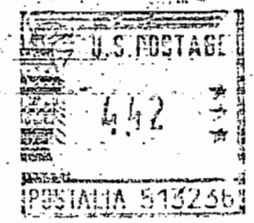
5510

5521

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7001 0320 0001 7976 5655



AC5521

BAMMS/BCO
JOEY ROBERTS
5510

AIRS-ID#09S1478
PENTHOUSE CLEANERS
DHARAMPAUL ISUKH
4304 CURRY FORD ROAD
ORLANDO FL
32806

- RETURN TO SENDER
RI.# 6209
Carr. Init. 4103
Date 4/8/03
- Not Deliverable As Addressed
 - Unable To Forward
 - Insufficient Address
 - Moved, Left No Address
 - Unclaimed Refused
 - Attempted - Not Known
 - No Such Street Number
 - Vacant Illegible
 - No Mail Receptacle
 - Box Closed - No Order
 - Returned For Bel
 - Postage

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#0951178

PENTHOUSE CLEANERS
 DHARAMPAUL ISUKH
 4304 CURRY FORD ROAD
 ORLANDO FL
 32806

2. Article Number **7001 0320 0001 7976 5655**

COMPLETE THIS SECTION ON DELIVERY

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

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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

OFFICIAL USE

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

Postmark

AIRS ID#0951178

Sent _____
 Street or P.O. _____
 City _____
 State _____
 ZIP _____

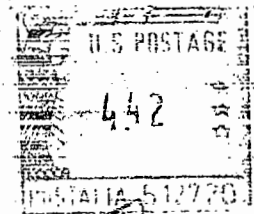
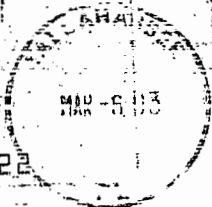
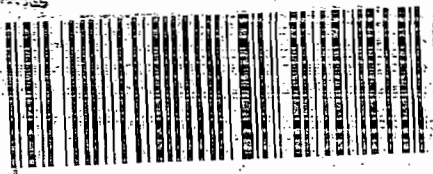
**PENTHOUSE CLEANERS
 DHARAMPAUL ISUKH
 4304 CURRY FORD ROAD
 ORLANDO FL
 32806**

7001 0320 0001 7976 5655

CONFIDENTIAL

MS# 5510 MC Acct# 0001

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



AIRES-ID#0951178
PENTHOUSE CLEANERS
DHARMPAUL ISUKIT
4304 CURRY FORD ROAD
ORLANDO FL
32806

- Not Deliverable - Reason: *Mr. Williams*
- Unable to Forward - Reason: *Mr. Williams*
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Street or Postal Number
- Vacant Mailing Unit
- No Mail Recipient
- Box Closed - No Order
- Returned For Return
- Postage

POSTNET

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:

PENTHOUSE CLEANERS
DHARAMPAUL ISUKH
4304 CURRY FORD ROAD
ORLANDO FL
32806

AIRS ID#0951178

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 2722

COMPLETE THIS SECTION ON DELIVERY

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

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

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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 Postage & Fees \$ _____

Sent to _____

Street, Apt. No., or P.O. Box No. _____

City, State, ZIP+4 _____

AIRS ID#0951178

PENTHOUSE CLEANERS
DHARAMPAUL ISUKH
4304 CURRY FORD ROAD
ORLANDO FL
32806

Postmark Here

Official Use

7001 0320 0001 7976 2722

MS#

5510

MC Acct #

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



FL # *060*
Car. Int.
Date *2/17/03*



7001 0320 0001 7975 7568



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

PENTHOUSE CLEANERS
DHARAMPAUL ISUKH
4304 CURRY HORD ROAD
ORLANDO, FL
32806

RECEIVED
FEB 11 2003
Bureau of Air Monitoring
& Mobile Sources

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#0951178

PENTHOUSE CLEANERS
 DHARAMPAUL ISUKH
 4304 CURRY FORD ROAD
 ORLANDO FL
 32806

2. Article Number
(Transfer from service label)

7001 0320 0001 7975 7568

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

| | |
|--|-------------------|
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

To: AIRS ID#0951178

Send: PENTHOUSE CLEANERS
 Street or P.O. Box: DHARAMPAUL ISUKH
 City: 4304 CURRY FORD ROAD
 State: ORLANDO FL
 Zip: 32806

Instructions

7001 0320 0001 7975 7568