

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

March 18, 2002

Mr. Cleveland R. Charran  
Town N' Country Cleaners  
6470 Raleigh Street  
Orlando, Florida 32835

Re: Facility No.: 0951192-002

Dear Mr. Charran:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 15, 2002.

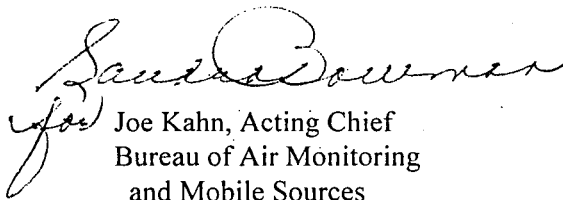
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Ms. Marie Driscoll, Orange County

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

2/25 1:30 pm Called & left message for Mr. Chornon

0951192-002

2/25/2002 Spoke with Raymond Charon  
and he stated the Dry today machine  
was manufactured in 1986.

Page 15

1(a) Add Date machine Initially  
Purchased from Manufacturer

Page 17

Responsible official sign and date  
for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. \_\_\_\_\_  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

- DISCUSS WITH ME
- COMMENTS/ADVISE
- REVIEW AND RETURN
- SET UP MEETING
- FOR YOUR INFORMATION
- HANDLE APPROPRIATELY
- INITIAL AND FORWARD
- SHARE WITH STAFF
- FOR YOUR FILES

COMMENTS:

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

FEB 15 2002

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. **State Bureau of Air Monitoring & Mobile Sources**  
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):	CLEVELAND R. CHARRAN.		
2. Site Name (For example, plant name or number):	TOWN W' COUNTRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 097 837 983		
4. Facility Location:			
Street Address:	6470 RALEIGH STREET.		
City:	County:	Zip Code:	
ORLANDO	ORANGE	32835	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951192-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	CLEVELAND R. CHARRAN	Title:	OWNER.
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
SAME AS ABOVE.			
8. Responsible Official Telephone Number:			
Telephone:	(407) 578-5282	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:	SAME		
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( ) -	SAME	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")
_____	Existing/New	RC/CA/None required	SAME
_____	<del>Existing/New</del>	<del>RC/CA/None required</del>	_____
_____	<del>Existing/New</del>	<del>RC/CA/None required</del>	_____

\*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?**

[ 55 ] gallons (You must fill this in)

**(b) If less than 12 months, how many? [ 6 ] 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 0951192 (previous permit)
- 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.*

C/EVERETT R. CHARRAN

Print name of responsible official

  
Signature

2/13/02  
Date



PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

FEB 15 2002

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring  
& Mobile Sources

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):	CLEVELAND R. CHARRAN.		
2. Site Name (For example, plant name or number):	TOWN W' COUNTRY CLEANERS.		
3. Hazardous Waste Generator Identification Number:	FLD 097 837 983		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	6470 RALEIGH STREET.	ORLANDO	ORANGE 32835
5. Facility Identification Number (DEP Use ONLY - do not fill in):	095192 002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	CLEVELAND R. CHARRAN	OWNER.
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	City:	County: Zip Code:
	SAME AS ABOVE.	
8. Responsible Official Telephone Number:	Telephone:	Fax: ( )
	(407) 578-5282	

Bureau of Air Monitoring  
& Mobile Sources

JUN 5 2002

RECEIVED

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

RECEIVED  
MAR 22 2002  
ORANGE COUNTY ENVIRONMENTAL  
PROTECTION DIVISION

**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")
1986	Existing	RC/CA/None required	SAME
	Existing/New	<del>RC/CA/None required</del>	
	Existing/New	<del>RC/CA/None required</del>	

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

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

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

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

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

gallons (You must fill this in)

**(b) If less than 12 months, how many?  months**

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
(Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

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

How many boilers do you have on-site?

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

What type of fuel do you use?

propane

natural gas

No. 2 fuel oil

No. 4 fuel oil

No. 6 fuel oil

Other (please list) \_\_\_\_\_

#### 6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases/solvent addition log

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0951192 (~~095~~ <sup>previous</sup> ~~095~~ <sup>number</sup>)
- 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.

C/QUELAIN R. CHARRAN

Print name of responsible official

  
Signature

2/13/02

Date 3/29/02

CHANGES  
MADE

44.20

General permit section  
Bureau of Air Monitoring  
and Mobile Sources, MS5510  
Dpt. of Environmental Protection  
2600 Blair Stone Rd.  
Tallahassee FL 32390

TBD 06162  
ASD

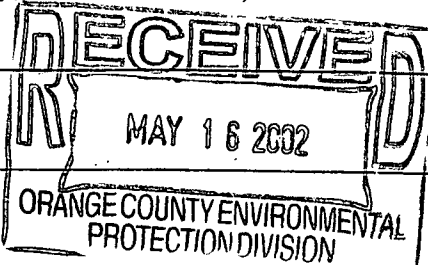
PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

RECEIVED  
APR 12 2002  
Bureau of Air Monitoring  
& Mobile Sources

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): <i>Nicolas Herrera</i>	
2. Site Name (For example, plant name or number): <i>REGAL Cleaners</i>	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: <i>4809 S. ORANGE AVE.</i> City: <i>ORLANDO FL</i> , County: <i>ORANGE COUNTY</i> Zip Code: <i>32806</i>	
5. Facility Identification Number (DEP Use ONLY - do not fill in) <i>0951055008</i>	

Responsible Official

6. Name and Title of Responsible Official: Name: <del>Nicolas Herrera</del> <i>Nicolas Herrera</i> Title: <i>OWNER</i>	Bureau of Air Monitoring & Mobile Sources
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <del>4809</del> <i>4809</i> City: <del>ORLANDO FL</del> <i>ORLANDO FL</i> County: <del>ORANGE</del> <i>ORANGE</i> Zip Code: <del>32806</del> <i>32806</i>	
8. Responsible Official Telephone Number: Telephone: <i>(407) 240-1820</i> Fax: <i>(407) 240-5277</i>	

RECEIVED  
JUN 5 2002

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME</i>
10. Facility Contact Address: Street Address: <i>SAME</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: <i>(407) 240-9800</i> Fax: <i>(407) 240-5277</i>

**Facility Information**

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

How many dry-to-dry machines do you have on-site? 2

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>October 9/6</u>	<del>Existing</del> <u>New</u>	RC/CA/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**

How many washers do you have on-site? 1

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 21, 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")
_____	<del>Existing</del> <u>New</u>	RC/CA/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

*Nicolao Herrera Jr*

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

25 gallons (You must fill this in)

(b) If less than 12 months, how many? 1 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><br>(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/>            | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| 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  40

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.*

Nicolas Herrera  
Print name of responsible official

Nicolas Herrera  
Signature

3/8/02  
Date

NICOLAS HERRERA  
PRINT NAME OF R.O.

Nicolas Herrera  
SIGN.

3/20/02  
DATE.

CHANGES  
MADE

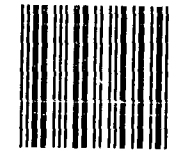


Town w/ Country cleaners  
6470 RALPH STREET  
ORLANDO FL 32835



7001 1940 0004 3472 8093

BEST AVAILABLE COPY



U.S. POSTAGE  
PAID  
ORLANDO, FL  
32811  
FEB 13, 02  
AMOUNT

\$7.10  
00059912-01

0000

32399

General  
Bureau  
Mobile  
DPPA  
AAZD  
2600



GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING AND MOBILE SOURCES MS 5510  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444000 JAN 32005

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  
JAN 4 2005  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID# 951192 10 TOWN N'COUNTRY CLEANERS 6470 Raleigh Street ORLANDO, FL 32835
---

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: 24 FUND: 20-2-035001 OBJECT: 002273
--

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458050 FEB 13 2006

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

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED

FEB 5 2006

Do NOT Remove Label

AIRS ID# 951192 1st TOWN N'COUNTRY CLEANERS 6470 Raleigh Street ORLANDO, FL 32835
--

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

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435474 JAN20 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**

Do **NOT** Remove Label

951192  
CLEVELAND CHARRAN  
TOWN N'COUNTRY CLEANERS  
6470 RALIEGH STREET  
ORLANDO FL 32835

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

*Business of Air Monitoring & Mobile Sources*  
**JAN 23 2004**  
RECEIVED



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**

Do **NOT** Remove Label

AIRS ID#0951192  
TOWN N'COUNTRY CLEANERS  
CLEVELAND R CHARRAN  
6470 RALIEGH STREET  
ORLANDO FL  
32835

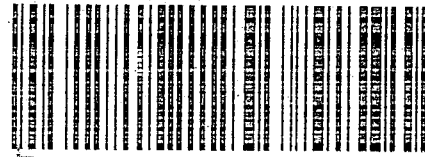
**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

*Business of Air Monitoring & Mobile Sources*  
**DEC 18 2002**  
420732 DEC 16 2002

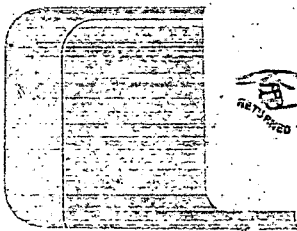
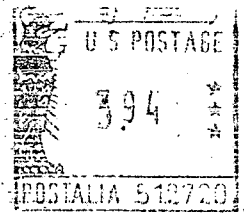
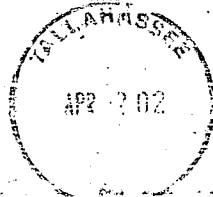
MS# 5510 MC Acct # 5521

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

**CERTIFIED MAIL**



7001 0320 0001 7975 8206



- MOVED, LEFT NO ADDRESS
- ATTEMPTED - NOT KNOWN
- UNCLAIMED  REFUSED
- NO SUCH STREET
- NO SUCH NUMBER
- INSUFFICIENT ADDRESS
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD



Bureau of Air Monitoring  
& Mobile Sources

APR 2 2002

- Insufficient Address
- No Such Number
- Unclaimed  Refused
- Attempted Not Known
- No Such Street
- Vacant
- No Receipts
- Not Deliverable As Addressed - Unable To Forward
- Route # 33 Date 4/16/02
- Carrier Initials dt

32399-2400 7975 8206

**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 # 0951192  
 TOWN N'COUNTRY CLEANERS  
 ISRI PERSALD  
 6470 RALEIGH STREET  
 ORLANDO FL 32835

2. Article Number (Copy from service label)

7001 0320 0001 7975 8206

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**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

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

Postmark  
Here

AIRS ID # 0951192

Sent To:

TOWN N'COUNTRY CLEANERS  
 ISRI PERSALD  
 6470 RALEIGH STREET  
 ORLANDO FL  
 32835

Street, Apt  
or PO Box

City, State

7001 0320 0001 7975 8206

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

7099 3400 0000 1453 38578

Article Sent To:

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

*Receipt*  
 Postmark  
 here  
 03

Total Postage 10 AIRS ID # 0951192001AG

Name (Please) ISRI PERSALD  
 Street, Apt. No. TOWN N' COUNTRY CLEANERS  
 6470 RALEIGH STREET  
 City, State, Zip ORLANDO FL 32835

PS Form 3800, July 1999

See Reverse for Instructions

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

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:

10 AIRS ID # 0951193001AG  
 SAM RAJAN  
 TOWN LINE CLEANER INC  
 204 E RIDGE WOOD  
 ORLANDO FL 32801

A. Signature

X

*[Handwritten Signature]*

- Agent  
 Addressee

B. Received by (Printed Name)

*Crystal Spears*

C. Date of Delivery

*6-5-3*

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)

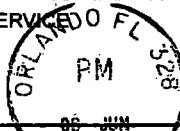
Yes

2. Article Number

(Transfer from service label)

70993400000014538578

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 32399-2600

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
JUN 9 2005

32399/2600

