

# Department of Environmental Protection

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

David B. Struhs Secretary

August 13, 2001

Mr. Chong Kun Ko Village Square Dry Cleaners 11098 South Military Trail Boynton Beach, Florida 33436

Re: Facility No.: 0990404-002

Dear Mr. Ko:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 9, 2001.

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,

کس Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 50C 1 Compliance IN



# Department of Environmental Protection

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

David B. Struhs Secretary

July 9, 2001

Mr. Chong Kun Ko Village Square Dry Cleaners 11098 South Military Trail Boynton Beach, Florida 33436

Dear Mr. Ko:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 9.

In reviewing your submittal, it was noted that Village Square Dry Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0990404). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED

PLEASE NOTE THAT

THIS FACILITY NO LONGERUSES,

PERCHLOROETHYLENE DRY CLEANER PERCHLOROETHYLENE AN

AIR GENERAL PERMIT NOTIFICATION FORM ALTERNATURE SOLVENT

JUL 2 4 2006

Part III. Notification of Intent to Use General Permit

Bureau of All Wightering & 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.

	cility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	VILLAGE SOUACE DRY CHAMERS, INC
2.	Site Name (For example, plant name or number):
<u> </u>	//
3.	Hazardous Waste Generator Identification Number:
1	Facility Location: 11098 South MILITARY TRAIL
7.	
	City: BOYNTON BENEY County: FALM BEACH Zip Code: 33436.
i	
:5.	Pacility Identification Number (DEP Use ONLY - do not fill in):
/ uta	THE RECEIPED OF COURT
***	
_	
	sponsible Official  Name and Title of Responsible Official:
''	me: Chong Kun Ko / Title: President
7.	Responsible Official Mailing Address:
1	Organization/Firm: VILLAGE SQUARE Dry CLEANERS, Inc
	Street Address: 11098 South Military TRAIL
	City: Baynton Beach County: PALM BEACH Zip Code: 33436
<u> </u>	Para title Official Tallahara Number
8.	Responsible Official Telephone Number: Telephone: (\( \( \) \) 369-8288
	Telephone. (501) 509(-8288)
L	
Fac	cility Contact (If different from Responsible Official)
	Name and Title of Facility Contact (For example, plant manager):
	Name and Title of Facility Contact (For example, plant manager):
9.	
9.	Name and Title of Facility Contact (For example, plant manager):  Facility Contact Address:
9.	Facility Contact Address:
9.	Facility Contact Address:  Street Address:
9.	Facility Contact Address:
9.	Facility Contact Address:  Street Address: City: County: Zip Code:
9.	Facility Contact Address:  Street Address:

DEP Form No. 62-213.900(2) Effective: 2/24/99 14

DEP Form No. 62-213.900(2)

### **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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") SAME 2003 Existing/New RC/CA/None required Existing/New RC/CA/None required 1 // /· l 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: Control Device Required\* Date Initially Purchased **Status** Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required RC/CA/None required Existing/New 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 \_

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based on Indicate with an "X". Select one classification on	· ·
Small Area Source	
Transfer only on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site  Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)  ursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)	and and the section (c) of 1 and 10 a
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 us Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site (	
All steam and hot water generating units exempt No such units on-site	OR C
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [	
What type of fuel do you use?  [] propane  [] No. 2 fuel  []/No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Information	ation
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 ac	ddition log (who).
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	TIF L
(d) Carbon adsorber exhaust perc concentration moni	toring 2000 TF
(e) Startup, shutdown, malfunction plan	

7. Surrender	of Existing DEP Air Permit(s)	ALLS 1D #9901	404
Please indicat	te with an "X" the appropriate selection:	4 Inc 3 Inc	• ,
$\bowtie$	I hereby surrender all existing DEP air permits a this notification form; the permit number(s) are	authorizing operation of the facility indicated in	
	No DEP air permits currently exist for the opera form.	tion of the facility indicated in this notification	
Responsible	Official Certification		
this notif statemen maintain	dersigned, am the responsible official, as defined in ication. I hereby certify, based on information and ts made in this notification are true, accurate and the air pollutant emissions units and air pollution with all terms and conditions of this general permit	d belief formed after reasonable inquiry, that the complete. Further, I agree to operate and control equipment described above so as to	
I will pro	emptly notify the Department of any changes to the	information contained in this notification.	
Print nan	ne of responsible official		
Signature	fort for Ko	$\frac{7/19/\alpha_{o}}{\text{Date}}$	

PLEASE NOTE THAT THIS FACILITY NO LONGER USES PERCHLORDETHYLENE. AN Alternative Solvent is used.

# 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.

0990904-002 6(e) Required. Should be marked.

.



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 Loc		
1. Facility Owner/Cor	npany Name (Name of corporation,	, agency, or individual owner):
Village	. source Dry clea	iners Inc
2. Site Name (For exa	2 Square Dry Clean maple, plant name or number):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	,	
3. Hazardous Waste C	e Square Ory Clea Generator Identification Number:	iners
J Mazardous Waste		
	LD982100729	
4. Facility Location:	198 South military +	-rail
City: Boynton	Beach County: Wes	H Palm Beach Zip Code: 33436
•		
5. Facility Identificati	on Number (DEP Use ONLY - do no	
The state of the s		0990404000
Daniel Official		
Responsible Official  6. Name and Title of I	Responsible Official:	
Name: Chong Kun	-	Title: Owner
)		
Organization/Firm	al Mailing Address: Same o	as above
Street Address:	•	
City:	County:	Zip Code:
8. Responsible Officia	al Telephone Number	<u>:</u>
Telephone: (56)	)369 - 8288	Fax: ( ) -
<u> </u>		
Facility Contact (If dif	fferent from Responsible Official)	
	Facility Contact (For example, plant	
10. Facility Contact Ac	Idress:	
Street Address:	daine.	A Code
City:	dounty:	Zfip Code:
11. Facility Contact Te	lephone Number	
Telephone: (	) -	Fax: (
/		

DEP Form No. 62-213.900(2)

F	icil	itv	Info	rma	tion
			****		***

(1.(a) DRY-TO-DRY M.	ACHINES ONLY	Y	
How many dry-to-dry ma	chines do you hav	re on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	n:
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")
5-4-95	Existin Ne	RC/CA/None required	SAME
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	<del></del>
*CONTROL DEVICE K	EY: $RC = re$	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	NIA	
How many washers do yo	ou have on-site?		•
How many dryers/reclaim	ers do you have o	on-site? []	
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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 K	EY: $RC = re$	efrigerated condenser CA =	carbon adsorber
^ ~	roethylene (perc) l	have you used within the last 12 m	nonths?
(b) If less than 12 mor	nths, how many? [	] months	
Check why it is les	ss than 12 months:	New owner: Did not kee	p records: []
•		New store: New machine	
			expected opening

3	. What is the facility's source cl Indicate with an "X". Select			tions found in section (	3) of Part II?	
	Small Area Source				•	
	XDry-to-dry mac Transfer only of Both machine		(used less	than 140 gallons of per than 200 gallons of per than 140 gallons of per	c per year)	
	Large Area Source					
	Dry-to-dry mac Transfer only of Both machine		(used 200	- 2,100 gallons of perc - 1,800 gallons of perc - 1,800 gallons of perc	per year)	
4	What control technology is red (Indicate with an "X".)	quired on machines	pursuant to	section (5) of Part II o	f this notification form?	
	Existing machines at sm (NONE REQUIRED)	nall area source		lew machines at small efrigerated condenser	area source	
	Existing machines at lar Carbon adsorber Refrigerated condenser	rge area source		lew machines at large a efrigerated condenser		
A	A facility which contains non tale 62-213.300, F.A.C. Verify xemption criteria or that no suc	that all steam and h	not water gé	nerating units on-site r	neet the following	
	All steam and hot water generating such units on-site	ng units exempt		PR		
ŀ	How many boilers do you have o	n-site?				
F	or each boiler, indicate its horse	epower (HP) rating:	15/1	<u> </u>		,
V	Vhat type of fuel do you use?	propane No. 2 fue No. 6 fue	-	natural gas No. 4 fuel oil Other (please list	<u>(</u> )	
උ 6	. Equipment Monitoring and Re	ecordkeeping Inform	nation			
Č	Check all logs which are require	d to be kept on-site	in accordan	ce with the requiremen	nts of this general permit:	
(	a) Purchase receipts and solvent	purchases/solvent	addition log			
(	b) Leak detection inspection and	d repair		L		
(	c) Refrigerated condenser temper	erature monitoring	•			
(	d) Carbon adsorber exhaust per	c concentration mor	nitoring	[]	ĺ	
(	e) Startup, shutdown, malfunct	ion plan		. []	!	

DEP Form No. 62-213.900(2)

ne facility indicated in
ed in this notification
ne facility addressed in onable inquiry, that the se to operate and bed above so as to his notification form. this notification
b h

# **BEST AVAILABLE COPY**

Prior to filling out this form, please read the instructions provided at the end of the form for your files.

completed form to the address listed in the instructions and keep a copy of the form for your files.

Faci	ility Name and Location				
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
2.	Village Square Dry cleaners Inc. Site Name (For example, plant name or number):				
2)	Village Square Dry Cleaners Hazardous Waste Generator Identification Number:				
3./					
	FLD982100729				
	Facility Location: Street Address: 11098 South Military trail City: Boynton Beach County: West Palm Beach Zip Code: 33436				
ς	Facility Identification Number (DEP Use ONLY - do not fill in):				
•	1000 - 10				
	ponsible Official				
	Name and Title of Responsible Official:  Title: Owner				
I vaiii	ie: Chong Kun Ko Title: Owner				
	Responsible Official Mailing Address: Same as above Organization/Firm: Street Address:				
	City: County: Zip Code:				
	Responsible Official Telephone Number: Telephone: (56) 369 - 8288 Fax: ( ) -				
Faci	ility Contact (If different from Responsible Official)				
	Name and Title of Facility Contact (For example, plant manager):				
i	Facility Contact Address:  Street Address: City: Jounty: Zip Code:				
	Facility Contact Telephone Number Telephone: ( ) - Fax: (				

DEP Form No. 62-213.900(2)

How many dry-to-dry ma	chines do you have	e on-site?	Additional Section of the Control
For each dry-to-dry mach	ine on-site, please	provide the following informati	on:
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")
5-4-85	Existin Nev	RC/CA/None required	SAME
	Existing/Nev	w RC/CA/None required	·
	Existing/Nev	w RC/CA/None required	
•		N/A	
I.(b) TRANSFER MACI How many washers do yo How many dryers/reclaim	u have on-site?	M/A [] n-site? []	
How many washers do yo How many dryers/reclaim If the transfer machine wa Init. If the transfer machine 1993, it is a NEW unit (n	u have on-site?  lers do you have of  as purchased from  ne was purchased  o units purchased	the manufacturer prior to or on from the manufacturer between	December 9, 1991, it is an EXISTI December 9, 1991 and September 2 lowed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
How many washers do yo How many dryers/reclaim of the transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer	u have on-site?  ters do you have on  as purchased from  ne was purchased o units purchased or machine on-site,  Status	the manufacturer prior to or on from the manufacturer between after September 22, 1993 are all please provide the following in Control Device Required*	December 9, 1991 and September 2 lowed to operate under this general formation:  Date Control Device Installed (if already included at time of
How many washers do yo How many dryers/reclaim of the transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer	u have on-site?  ters do you have on as purchased from ne was purchased o units purchased or machine on-site, Status (circle one)	the manufacturer prior to or on from the manufacturer between after September 22, 1993 are all please provide the following in Control Device Required* (circle one)	December 9, 1991 and September 2 lowed to operate under this general formation:  Date Control Device Installed (if already included at time of
How many washers do yo How many dryers/reclaim of the transfer machine was unit. If the transfer machine, 1993, it is a NEW unit (no permit). For each transfer	u have on-site?  lers do you have on as purchased from ne was purchased o units purchased or machine on-site,  Status (circle one)  Existing/New	the manufacturer prior to or on from the manufacturer between after September 22, 1993 are all please provide the following in Control Device Required* (circle one)  RC/CA/None required	December 9, 1991 and September 2 lowed to operate under this general formation:  Date Control Device Installed (if already included at time of

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

New store: New machine

Unopened store [\_\_\_\_] (date of expected opening \_\_\_\_\_

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

	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
	XDry-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  Carbon adsorber  Refrigerated condenser
( )	5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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: [15] [16]
	What type of fuel do you use?  [] propane  [] natural gas  [] No. 2 fuel oil  [] No. 4 fuel oil  [] Other (please list)
? <sub>)</sub>	6. Equipment Monitoring and Recordkeeping Information
J	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
	The second of th

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

Thereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form: the permit number(e) 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.

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

CHACKED LS

Print name of responsible official

DEP Form No. 62-213.900(2)

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445052 JAN272885

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 990404 10 VILLAGE SQUARE DRY CLEANERS 11098 S Military Trail BOYNTON BEACH, FL 33436

Printed on recycled paper.

Bureau of Air Monito

FOR GOVERSMENT USE ON ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435591 JAN222004

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

990404 CHONG KO VILLAGE SQUARE DRY CLEANERS 14:98 SOUTH MILITARY TRAIL 50YNTON BEACH FL 33436

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412791 JAN 92002



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 # 0990404
VILLAGE SQUARE DRY CLEANERS
CHONG KUN KO
11098 SOUTH MILITARY TRAIL
BOYNTON BEACH FL
33436

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



# 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

422171 JAN24 2003

Do NOT Remove Label

AIRS ID#0990404

VILLAGE SQUARE DRY CLEANERS CHONG KUN KO 11098 SOUTH MILITARY TRAIL BOYNTON BEACH FL 33436 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

# **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

990404 10 VILLAGE SQUARE DRY CLEANERS 11098 S Military Trail BOYNTON BEACH, FL 33436 FLAIR ACCT. CODE 372020359013755010000 BENIFITTING OBJECT CODE 802000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Demestic Wail Only; No Insurance Coverage Provided)				
808					
=0		IGIAL	. USE		
175	Postage	\$			
2-	Certified Fee		Postmark		
1000	Return Receipt Fee (Endorsement Required)		Here		
8	Restricted Delivery Fee (Endorsement Required)	,	i		
	Total Pos	AIRS ID #			
ED	Sent To BHARAT		CLEANERS		
l .	9222 GLA	DES ROAD			
7007	Street, Apt. or PO Box BOCA RATON FL City, State, 33434				
~	City, State, Co. 12				
	PS Form 3800; January 20	001	See Reverse for Instructions.		

SENDER: SOLD ATBOOTTED LINE SE	BE BHL 40 DIS 30V7d CTION 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 # 0990405  A TOUCH OF CLASS DRY CLEANERS  BHARAT PATEL  9222 GLADES ROAD	A. Received by (Please Print Clearly)  B. Date of Delivery  (1) (3)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
BOCA RATON FL 33434	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
7001 0320 0001 7975 8084	

UNITED STATES POSTAL SERVICE



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

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

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