



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 6, 2003

Mr. Arti Bhaskar
Sav-on Dry Cleaners
3113 Clint Moore Road, Apt. 103
Boca Raton, Florida 33496

Re: Facility No.: 0990627-001

Dear Mr. Bhaskar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 2003.

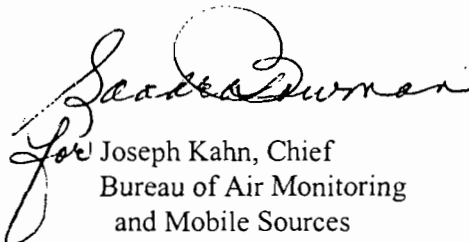
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

9/26/03 Called + left message for Mr. Blashek.

TBD06940

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SEP 5 2003

Bureau of Air Monitoring
& Mobile Sources

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):	CONVERGENT HOLDINGS, INC.
2. Site Name (For example, plant name or number):	SAV-ON DRY CLEANERS
3. Hazardous Waste Generator Identification Number:	MCF/EPA ID FLCESQG/ACCOUNT# 112-0302
4. Facility Location: Street Address: City: BOYNTON BEACH County: PALM BEACH Zip Code: 33426	1869 WOOLBRIGHT ROAD
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0990627-001

Responsible Official

6. Name and Title of Responsible Official: Name: ARTI BHASKAR Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: CONVERGENT HOLDINGS, INC. Street Address: 3113 CLINT MOORE ROAD, APT 103 City: BOCA RATON County: PALM BEACH Zip Code: 33496
8. Responsible Official Telephone Number: Telephone: (561) 989 0013 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? [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")
UNKNOWN	Existing/New	RC/CA/None required	SAME
UNKNOWN	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

N/A

How many washers do you have on-site? []

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

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

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

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

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

[] gallons (You must fill this in)

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

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

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

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

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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

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

How many boilers do you have on-site?

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

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.

ARTI BHASKAR

Print name of responsible official

Arti Bhaskar

Signature

8-23-03

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.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".


Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

09/26/2003

 Spoke with Mr. Arti Bhaskar, president of Convergent Holdings, Inc., and he stated that he is not sure of the exact purchase dates for the two dry-to-dry machines on-site. Mr. Bhaskar believes the Jensen dry-to-dry machine was purchased in 1989 and the Spencer dry-to-dry machine was purchased in 1985. He also indicated that 90 gallons of perchloroethylene were purchased in the past 12 months.

Page 15

1. (a) Add Date Initially Purchased from Manufacturer for each dry-to-dry machine.
2. (a) Add the amount of perchloroethylene purchased in the past 12 months.

Page 16

6. (a)(b)(e) All three items are required for all sources. Should be marked.

Dibble, Dickson

From: Dibble, Dickson
Sent: Tuesday, June 17, 2008 1:28 PM
To: 'Jeffrey_Dizek@doh.state.fl.us'
Cc: Bowman, Sandy
Subject: RE: AIRS #0990627

Tracking: Recipient Delivery Read
 'Jeffrey_Dizek@doh.state.fl.us'
 Bowman, Sandy Delivered: 6/17/2008 1:28 PM Read: 6/17/2008 1:31 PM

Jeff,

Facility status is now on INACTIVE status.

Florida Department of Environmental Protection - Enterprise Applications

Details Enterprise permit Compliance Pollutant related party Help Return exit Window

Air Resource Management System - Facility

AREA Office: **SEPB** SE: **PALM BEACH** County: **PALM BEACH** AIRS ID

Owner/Comp: **CONVERGENT HOLDINGS INC** Site: **SAV ON DRY CLEANERS**

Directions:

Street: **1869 Woolbright Road**

City: **BOYNTON BEACH** Zip: **33426**

UTM Zone: **17** East: **590.71** North: **2932.78** Latitude: **26 30 50.8400** Longitude: **80**

Status: **I** **INACTIVE** Maj Group SIC: **72** **PERSONAL SERVICES**

Reloc: **N** Shtdwn Dt: Str Dt: Final Shtdwn Dt:

Gov Fac: **0** **NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE** HAZ Waste Generator ID: FLD

AOR Req: **N** Ozone SIP Facility: **N** Type: **10** **PCE Drycleaning Facilities**

Compliance Tracking: Current Permit In

Title V: **TITLE V** non-HAP Class: **MINOR** HAP Class: **MINOR** Public

of Emis Units: C: A: I: Generator Rating:

Comment: **06/17/08-Per e-mail, same date, fr Jeff Dizek & verified 6/16/08, INACTIVATE as facility does only wet clean**

The Database has been successfully Updated

Record 1/1

6/17/2008

Thank you, and have a great day!

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Jeffrey_Dizek@doh.state.fl.us [mailto:Jeffrey_Dizek@doh.state.fl.us]
Sent: Tuesday, June 17, 2008 1:19 PM
To: Dibble, Dickson
Subject: RE: AIRS #0990627

Got it...

Hope all is well!

Jeff

*Jeffrey Dizek
Environmental Specialist II
Palm Beach County Health Department
(561) 355-3070 EXT.1145*

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]
Sent: Tuesday, June 17, 2008 12:24 PM
To: Dizek, Jeff
Cc: Bowman, Sandy; Tittle, Thomas A
Subject: FW: AIRS #0990627

Jeff,
Cecily has moved over to Title V Air Operating Permits, Bureau of Air Regulation (BAR) and is no longer handling Title V Air General Permitting.
I have re-assumed that responsibility along with the Non-Title V permitting, so for future reference, questions or changes as you have indicated below I will be the point of contact.

6/17/2008

I will make the necessary changes per your request.

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 (850) 921-9586
 SunCom 291-9586
 ICG-#345
Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

From: Tart, Cecily
Sent: Tuesday, June 17, 2008 12:12 PM
To: Dibble, Dickson
Cc: Bowman, Sandy
Subject: FW: AIRS #0990627

Cecily N. Tart
 Title V Section
 Bureau of Air Regulation
 Florida Department of Environmental Protection
 Phone: (850) 488-1906
 Fax: (850) 921-9533
cecily.tart@dep.state.fl.us

From: Jeffrey_Dizek@doh.state.fl.us [mailto:Jeffrey_Dizek@doh.state.fl.us]
Sent: Tuesday, June 17, 2008 12:11 PM
To: Tart, Cecily
Cc: Thomas_Tittle@doh.state.fl.us
Subject: AIRS #0990627
 Cecily,
 please Inactivate the following Dry Cleaner:
AIRS #0990627
Sav on Dry Cleaners

6/17/2008

**1869 Woolbright Road
Boynton Beach, FL 33426**

This facility was purchased by a new owner who only is doing Wet Cleaning at this location. The Perc machine has been removed (verified on 6/16/08 by inspection).

Thank you as always (:)

Jeff

Jeffrey Dizek

Environmental Specialist II

Palm Beach County Health Department

(561) 355-3070 EXT.1145

size=2 width="100%" align=center>

Spam

Not spam

Forget previous vote

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

7001 1140 0001 7556 3685

OFFICIAL USE

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

[Handwritten Signature]
 Postmark Here

Total ID# 990627

ARTI BHASKAR

Sent SAV ON DRY CLEANERS

3113 CLINT MOORE ROAD APT 103

BOCA RATON, FL 22496

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:

ID# 990627
 ARTI BHASKAR
 SAV ON DRY CLEANERS
 3113 CLINT MOORE ROAD APT 103
 BOCA RATON, FL 22496

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 2-5-4

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

7001 1140 0001 7556 3685

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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437314 MAR 3 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

990627
ARTI BHASKAR
SAV ON DRY CLEANERS
3113 CLINT MOORE ROAD APT 103
BOCA RATON FL 22496

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

RECEIVED
MAR 11 2004
Bureau of Air Monitoring
Surveillance

7003 0500 0004 0144 8044

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

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

OFFICIAL USE

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

2nd CX
Postmark Here
2003

AIRS ID # 990627

Total Post **ARTI BHASKAR**
SAV ON DRY CLEANERS
3113 CLINT MOORE ROAD APT 103
BOCA RATON, FL 33496

Sent To _____
 Street, Apt. or PO Box _____
 City, State, _____

PS Form 3800, June 2002

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 # 990627
ARTI BHASKAR
SAV ON DRY CLEANERS
3113 CLINT MOORE ROAD APT 103
BOCA RATON, FL 33496

2. Article Number

7003 0500 0004 0144 8044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Arti Bh Agent
 Addressee

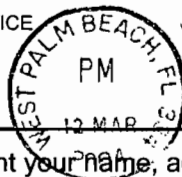
B. Received by (Printed Name) _____ C. Date of Delivery _____

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

UNITED STATES POSTAL SERVICE



First Class Mail
Postage & Fees Paid
USPS
Permit No. G 48

• 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

RECEIVED
MAR 15 2004

Bureau of Air Monitoring
& Mobile Source

32399/2400



7004 2510 0002 3939 4278

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here
Total Post AIRS ID# 990627 1stC SAV ON DRY CLEANERS 1869 Woolbright Road BOYNTON BEACH, FL 33426	
Sent To _____ Street, Apt. or PO Box # _____ City, State, _____	
PS Form 3800, June 2002	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# 990627 1stC
 SAV ON DRY CLEANERS
 1869 Woolbright Road
 BOYNTON BEACH, FL 33426

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 2/7/05

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

3. Service Type

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

7004 2510 0002 3939 4278 Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

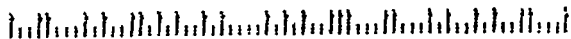
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Division of Air Monitoring
& Mobile Sources

FEB 10 2005

RECEIVED



IP 990627

448507 MAR 7 2005 1876
 CONVERGENT HOLDINGS, INC. D/B/A 04/2002
 SAV-ON DRYCLEANERS
 3113 CLINT MOORE ROAD APT 103
 BOCA RATON, FL 33496-3382

DATE 03/01/05

PAY TO THE ORDER OF TITLE V AIR GENERAL PERMITS \$ 50.00
 FIFTY DOLLARS & no/100

SUNTRUST
 SunTrust Bank

FOR _____ Aarti Bhadani MP

Security Features Details on Back.

63-607/670

© HARLAND 2001

448508 MAR 7 2005 1875
 CONVERGENT HOLDINGS, INC. D/B/A 04/2002
 SAV-ON DRYCLEANERS
 3113 CLINT MOORE ROAD APT 103
 BOCA RATON, FL 33496-3382

DATE 03/01/05

PAY TO THE ORDER OF TITLE V AIR GENERAL PERMITS \$ 75.00
 SEVENTY-FIVE & no/100

SUNTRUST
 SunTrust Bank

FOR _____ Aarti Bhadani MP

Security Features Details on Back.

63-607/670

© HARLAND 2001

1489 Jensen
 1985 Spencer
 90 gals
 0990627

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.

448507 MAR 7 2005

448508 MAR 7 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990627 1stC
SAV ON DRY CLEANERS
1869 Woolbright Road
BOYNTON BEACH, FL 33426

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

Printed on recycled paper.

7004 2510 0002 3939 7835

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

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

OFFICIAL USE

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

Postmark
Here

Sent To AIRS ID#0990627.....2nd Cert 05
 SAV ON DRY CLEANERS
 Street, Apt. No., or PO Box No. 1869 Woolbright Road
 City, State, ZIP+4 BOYNTON BEACH, FL 33426

PS Form 3800, July 2001

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0990627.....2nd Cert 05
 SAV ON DRY CLEANERS
 1869 Woolbright Road
 BOYNTON BEACH, FL 33426

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 7835

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 03/4/05

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

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

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

All Monitoring
the Center

MAR 8 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

473510 APR25 2007

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

RECEIVED

TOTAL AMOUNT DUE: \$75.00

APR 27 2007

Do NOT Remove Label

AIRS ID#990627
CONVERGENT HOLDINGS INC ✓
1869 Woolbright Road
BOYNTON BEACH, FLORIDA 33426

Bureau of A. M. ...
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
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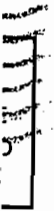
Printed on recycled paper.

SAU-ON CLEANERS
1869 WOOLBRIGHT ROAD
BOYNTON BEACH, FL-33426
FL- 33426

WEST PALM BEACH

FL 334 3

23 APR 2007 PM



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 8099

