

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 2 2001

Mr. Abdallah Kleib
Granada Cleaners
1256 County Road #1
Dunedin, Florida 34698

Re: Facility No.: 1030311-002

Dear Mr. Kleib:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 27, 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,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC 5
Compliance IN

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUN 12 2003

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):	James R Scott Jr. / Scott's Northwood Cleaners
2. Site Name (For example, plant name or number):	Scott's Northwood Cleaners
3. Hazardous Waste Generator Identification Number:	FLD 9821 72892
4. Facility Location: Street Address: City: County: Zip Code:	2454 N. McMullen Booth Road Clw Pinnellas 33759
5. Facility Identification Number (DEP Use ONLY - do not fill in)	10303/100222

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	James R Scott Jr. Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	 Clw Pinealles 33759
8. Responsible Official Telephone Number: Telephone: Fax:	(727) 726-1677 (727) 726-3388

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: ()	

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 27 2001
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): Abdallah Kleib
2. Site Name (For example, plant name or number): Granada Cleaners
3. Hazardous Waste Generator Identification Number: FLD 98 103 1099
4. Facility Location: Independence Square Street Address: 1256 County Rd #1 City: Dunedin County: Pinellas Zip Code: 34698
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030311-002

Responsible Official

6. Name and Title of Responsible Official: Name: Abdallah Kleib Title: owner
7. Responsible Official Mailing Address: Organization/Firm: Granada Cleaners Street Address: 1256 County Rd #1 City: Dunedin County: Pinellas Zip Code: 34698
8. Responsible Official Telephone Number: Telephone: (727)946-4158 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")
01-01-96	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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

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

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

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

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? 1

For each boiler, indicate its horsepower (HP) rating: 15 20 25

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 was told by sandy not to answer
- 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.

Abdallah Kleib
Print name of responsible official

Abdallah Kleib
Signature

06-21-01
Date

RECEIVED

BEST AVAILABLE COPY

RECEIVED

JUL - 5 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUN 27 2001
Bureau of Air Monitoring
& Mobile Sources

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):	Abdallah Kleib	
2. Site Name (For example, plant name or number):	Granada Cleaners	
3. Hazardous Waste Generator Identification Number:	FLD 981031099	
4. Facility Location:	Independence Square	
Street Address:	1256 County Rd #1	
City:	Dunedin	County: Pinellas Zip Code: 34698
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030311-002	

Responsible Official

6. Name and Title of Responsible Official:		
Name:	Abdallah Kleib	Title: owner
7. Responsible Official Mailing Address:		
Organization/Firm:	Granada Cleaners	
Street Address:	1256 County Rd #1	
City:	Dunedin	County: Pinellas Zip Code: 34698
8. Responsible Official Telephone Number:		
Telephone:	(727) 946-4158	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: _____
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Telephone:	() - - -	Fax: () - - -

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01-01-96	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC / CA / None required	same
_____	Existing / New	RC / CA / None required	_____
_____	Existing / New	RC / CA / None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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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	_____

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

gallons (You must fill this in)

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

New store: New machine

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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).

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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
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 No. 6 fuel oil Other (please list) _____

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(d) Carbon adsorber exhaust perc concentration monitoring
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Please indicate with an "X" the appropriate selection:

A.K

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was told by sandy hot to answer

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.

Abdallah Kleib
Print name of responsible official

Abdallah Kleib
Signature

06-21-01
Date

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

7000 0520 0020 9373 1937

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

Postmark
Here

AIRS ID # 1030311

Re GRANADA CLEANERS
 ABDALLAH KLEIB
Sir 1256 COUNTRY ROAD #1
 DUNEDIN FL
City 34698

(mailer)

PS

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:

AIRS ID # 1030311

GRANADA CLEANERS
 ABDALLAH KLEIB
 1256 COUNTRY ROAD #1
 DUNEDIN FL
 34698

2. Article Number (Copy from service label)
7000 0520 0020 9373 1937

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

C. Signature

Agent
 Addressee

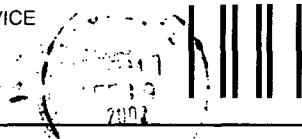
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

DUNEDIN FL
 FEB 09 2002

USPS 34698

Best Available Copy

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



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

AIRS ID# 112632 1stC
Sent TRINITY BEST CLEANERS
Street or PO 3516 N Powerline Road
City, POMPANO BEACH, FL 33064

PS Form 3811, August 2001 Instructions

7004 2510 0002 3938 6617

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>AIRS ID# 112632 1stC TRINITY BEST CLEANERS 3516 N Powerline Road POMPANO BEACH, FL 33064</p> </div>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery 2-8-01</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3938 6617</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

TOP OF ENVELOPE TO THE RIGHT

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 5010
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

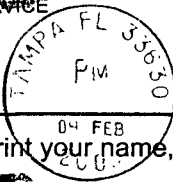
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FEB 11 11 2005
Mobile Sources
Air Monitor



U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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 & _____	Postmark Here
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	AIRS ID# 1030311 1stC GRANADA CLEANERS 1256 Country Road #1 DUNEDIN, FL 34698
PS Form 3800, June 2002	

SENDER: COMPLETE THIS SECTION <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. 	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> AIRS ID# 1030311 1stC GRANADA CLEANERS 1256 Country Road #1 DUNEDIN, FL 34698 </div>	A. Signature X <u>ABDALLAH ILI</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>2/9/05</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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.
7004 2510 0002 3938 7140	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	

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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

KUREG 31 APR 11 00 11 AM '05
9 00 00 PM '05

FEB 11 2005

RECEIVED

0001



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

OFFICIAL USE

7001 1140 0001 7556 2886

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

Postmark
Here

Total P. ID# 1030311
ABDALLAH KLEIB
GRANADA CLEANERS
1256 COUNTRY ROAD #1
DUNEDIN, FL 34698

Sent To

Street, A
or PO Box

City, Sta.

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# 1030311
ABDALLAH KLEIB
GRANADA CLEANERS
1256 COUNTRY ROAD #1
DUNEDIN, FL 34698

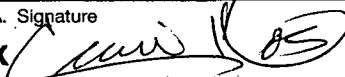
2. Article Number

(Transfer from service label)

7001 1140 0001 7556 2886

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/16/04

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

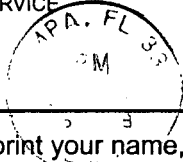
Registered Return Receipt for Merchandise

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

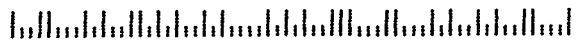
• Sender: Please print your name, address, and ZIP+4 in this box •

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

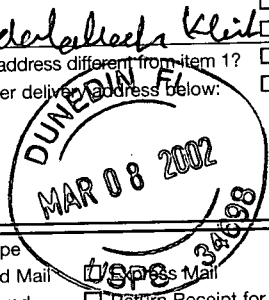
RECEIVED



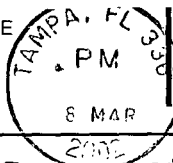
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 1030311	
GRANADA CLEANERS ABDALLAH KLEIB 1256 COUNTRY ROAD #1 DUNEDIN FL 34698	
PS Form 3800, January 2001 See Reverse for Instructions	

7001 0320 0001 7976 0018

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	
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) _____</p> <p>B. Date of Delivery <u>3/8/02</u></p> <p>C. Signature <u>Abdallah Kleib</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 1030311</p> <p>GRANADA CLEANERS ABDALLAH KLEIB 1256 COUNTRY ROAD #1 DUNEDIN FL 34698</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. 7001 0320 0001 7976 0018</p>	



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 3510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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

7000 2870 0000 7027 6086

OFFICIAL USE

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

[Handwritten Signature]
 Postmark Here

AIRS ID#1030311

Total Postage: GRANADA CLEANERS
Sent To: ABDALLAH KLEIB
 1256 COUNTRY ROAD #1
Street, Apt. No.: DUNEDIN FL
 34698
City, State, Zip

PS Form 3800, May 2000

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#1030311

GRANADA CLEANERS
 ABDALLAH KLEIB
 1256.COUNTRY ROAD #1
 DUNEDIN FL
 34698

70002870000070276086

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

[Handwritten Signature]
 2/7/03

C. Signature

Agent
 Addressee

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

DUNEDIN
FEB 07 2003

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 •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 18 2003

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446799 FEB17 2005

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# 1030311 10
GRANADA CLEANERS
1256 Country Road #1
DUNEDIN, FL 34698

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

Bureau of Air Monitoring
& Mobile Sources

FEB 21 2005

RECEIVED

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459414 FEB27 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

Do NOT Remove Label

AIRS ID# 1030311 1st
GRANADA CLEANERS
1256 Country Road #1
DUNEDIN, FL 34698

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436839 FEB 25 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

1030311
ABDALLAH KLEIB
GRANADA CLEANERS
1256 COUNTRY ROAD #1
DUNEDIN FL 34698

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

Bureau of Air Monitoring
& Mobile Sources

MAR 3 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

422712 FEB10 2003

Do NOT Remove Label

AIRS ID#1030311

GRANADA CLEANERS
 ABDALLAH KLEIB
 1256 COUNTRY ROAD #1
 DUNEDIN FL
 34698

Mobile Sources
Air Monitoring

FEB 14 2003

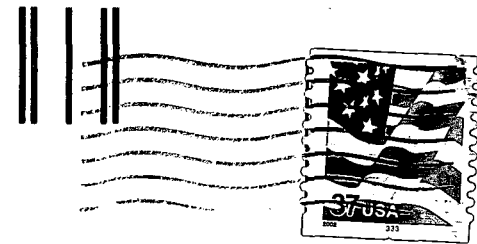
CEIN

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

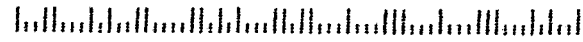
Souad Kleib
 1503 Main St.
 Dunedin, FL 34698-4650

TAMPA, FL 336
 PM
 6 FEB
 2003



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

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414734 MAR 1 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

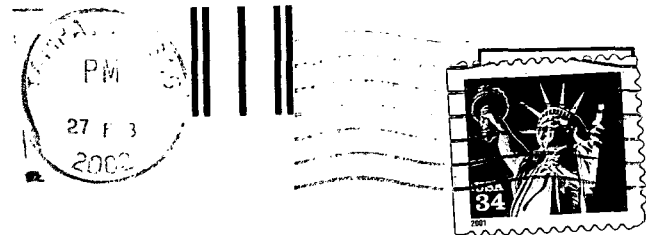
✓

Do **NOT** Remove Label

AIRS ID # 1030311
 GRANADA CLEANERS
 ABDALLAH KLEIB
 1256 COUNTRY ROAD #1
 DUNEDIN FL
 34698

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

K Souad Kleib
 1503 Main St.
 Dunedin, FL 34698



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

32315-3070

