



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 21, 2001

Mr. Ebrahim Hiya
American Eagle Cleaner
1350 Cleveland Street
Clearwater, Florida 34615

Re: Facility No.: 1030335-002

Dear Mr. Hiya:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 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 96-00
Compliance IN
SOC 4

**BOARD OF COUNTY
COMMISSIONERS**

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Robert B. Stewart



RECEIVED
JUL 20 2006
Bureau of Air Monitoring
& Mobile Sources

July 18, 2006

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

Re: American Eagle and Laundry, Inc., dba - 1030335-002-AG

Mr. Thomas:

Based on a July 3, 2006 inspection at American Eagle and Laundry, Inc., dba, located at 1350 Cleveland Street, Clearwater, FL this facility shutdown for Perchloroethylene dry-to-dry operations. Inspection findings indicate that:

- 1) Neither the facility owner nor any facility's representatives were present at the time of the inspection.
- 2) Air Quality has received correspondence requesting the permit be rescinded.
- 3) Perchloroethylene and boiler equipment are no longer on the premises.
- 4) The building space previously used by this facility for its operations is now vacant, and for lease.
- 5) Air Quality intends to deactivate this facility from its tracking files and awaits confirmation from your office that it has been deactivated in the ARMS system.

Should you have any questions relative to this facility's operations please contact the assigned inspector Shea Jackson. If you wish to contact me directly, please call suncom 570-4422, or by email at sjackson@co.pinellas.fl.us.

Sincerely,

Matt McCann, Environmental Program Manager
Air Quality Division

cc: RF, PF (103 0335)

Attachment: rescind letter

H:\users\wpdocs\airqual\Air_Compliance\AQC\0335 GPVShutdown.doc

PLEASE ADDRESS REPLY TO:

300 S. Garden Avenue
Clearwater, Florida 33756
Phone: (727) 464-4422
FAX: (727) 464-4420
TDD: (727) 464-4106

Website: www.pinellascounty.org



FAXED
JUL 17 2006
Per.....

ATT: *Mia Jackson*
From: *American Eagle Cleaner*
1350 Cleveland
Clearwater, FL

We no longer need the
air permit for this location.
as we are no longer in business

Permit no. *1030335-001-A.G.*
Fax no. *727-4644420*

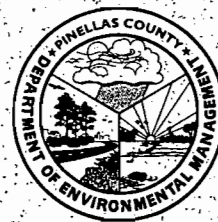
GP/GPV Facility Permit Update

Facility Name: American Eagle and Laundry, Inc.
Doing Business as:
Mail Address: 1350 Cleveland Street, Clearwater, FL
Contact Name: Esmail Yasmin
Phone Number: 813-265-8880
Air Permit No: 1030335-002-AG
ARMS No: 1030335
Expiration Date: 09/13/06
Emission Unit Description: New, Small Perchloroethylene Dry Cleaner: One Dry-to-dry machine (1996) with refrigerated condenser. An exempt 15 HP natural gas boiler is on-site
Inspector: Shea Jackson
Comments: Facility permanent shutdown – Out of business

Facility Status	<input checked="" type="checkbox"/>	Existing Source
	<input type="checkbox"/>	New Source
Permit Renewal	<input type="checkbox"/>	Inspector discussed with owner. Instructed owner to mail notification.
	<input type="checkbox"/>	Collected during inspection. AQ mailed original notification to DEP.
New Notification	<input type="checkbox"/>	Inspector discussed with owner. Instructed owner to mail notification.
	<input type="checkbox"/>	Collected during inspection. AQ mailed original notification to DEP.
Business no longer operating equipment	<input type="checkbox"/>	Inspector discussed with owner. Instructed owner to mail rescind letter.
	<input checked="" type="checkbox"/>	The cleaning equipment and boiler had been disconnect and removed from site. The property was posted for lease.
	<input type="checkbox"/>	Inspector discussed with owner. Owner plans to keep or sell equipment.
Out of business	<input type="checkbox"/>	Rescind letter not forthcoming.
	<input checked="" type="checkbox"/>	Call to Instruct property owner to mail rescind letter permit expires 9/2006
	<input type="checkbox"/>	Instructed owner to apply for standard permits
Facility exceeds usage limits	<input type="checkbox"/>	Owner has initiated standard permit application.
Administrative Corrections <i>Within 30 days of any changes requiring corrections to information contained in this notification form, the responsible official shall notify the Department in writing. Such changes shall include:</i>	<input type="checkbox"/>	(a) Any change in name of the responsible official or facility address or phone number;
	<input type="checkbox"/>	(b) A change in facility status requiring more frequent monitoring or reporting by the responsible official from that noted on the most recent notification form; and
	<input type="checkbox"/>	(c) Any other similar minor administrative change at the facility. Explain below: (i.e. Company Name change)



**PINELLAS COUNTY
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR QUALITY DIVISION
300 SOUTH GARDEN AVENUE
CLEARWATER, FLORIDA 33756**



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OCT - 2 2001

**Bureau of Air Monitoring
& Mobile Sources**

PHONE: (727) 464-4422
FAX: (727) 464-4420
SUNCOM: 570-4422
SUNCOM FAX: 570-4420

September 28, 2001

Rick Butler
Bureau of Air Monitoring & Mobile Sources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Re: Title V General Permit Notification 1030304-002-AG and 1030335-002 AG

Ms. Butler:

Enclosed are corrected Title V General Permit Notifications for East Lake Dry Cleaners, 2459 Sandy Point Road, Palm Harbor, FL 34685 and American Eagle Cleaners, 1350 Cleveland Street, Clearwater, FL 33755, which were recently collected.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail.

Sincerely,

Matt McCann, Senior Environmental Specialist
Air Quality Division

cc: RF, PF (1030335)(1030304)

1030335-002

P15

1(a) New should be circled under Status.

RC should be circled under Control Device Required.

add Date Control Device Installed in space provided. If some as purchase date add "Some".

P16

4. New machine at small area source should be marked. Mark out "X" under Existing machines at small area source.

P17

Responsible official sign and date for changes made.

9/5/01 Spoke to Yasmin Esmail (A.O. 0571075) and she is married to Ebrahim Darya. She stated the dry to dry machine has a built-in refrigerated condenser for a control device.

RECEIVED

AUG 13 2001

Bureau of Air Monitoring
& Mobile Sources

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 Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	American Eagle Cleaners		
2. Site Name (For example, plant name or number):	Ebrahim HANA		
3. Hazardous Waste Generator Identification Number:	ID 1030335001A (FLD 98209627)		
4. Facility Location: Street Address:	1350 Cleveland Street		
City:	County:	Zip Code:	
Clearwater	Pinellas	34615	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030335-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Ebrahim HANA	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	same 1350 Cleveland Street		
Street Address:			
City:	County:	Zip Code:	
Clearwater	PINELLAS	34615	
8. Responsible Official Telephone Number:			
Telephone:	(813) 205-6635	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:	() -

BEST AVAILABLE COPY

BEST AVAILABLE COPY

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")
1996	<u>Existing</u> /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

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 *Slow Business*

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 machine
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: 0 1 5

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

BEST AVAILABLE COPY

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.

EBRAHIM HAIYA

Print name of responsible official



Signature

6.15.01

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.

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 Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Ebrahim Hiya / American Eagle Cleaners		
2. Site Name (For example, plant name or number):	American Eagle Cleaners		
3. Hazardous Waste Generator Identification Number:	1030335001 ^m (FLD 98209627)		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	1350 Cleveland Street	Clearwater	Pinellas 33755 34615
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030335-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:			
	Ebrahim Hiya	Owner			
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City:	County:	Zip Code:
	American Eagle Cleaners	1350 Cleveland Street	Clearwater	Pinellas	33755 34615
8. Responsible Official Telephone Number:	Telephone:	Fax:			
	(813) 727 205-6635	()			

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? [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")
<u>June/1996</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC/CA/None required	<u>June/1996 (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? [_____]

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?

[20] gallons (You must fill this in)

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

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

New store: [_____] New machine [_____]

Unopened store [_____] (date of expected opening _____)

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

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

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

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

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

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

How many boilers do you have on-site?

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
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- (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.


* facility reapplied for a permit due to the expiration of the previous one.

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.

Ebrahim H. Miya
Print name of responsible official


Signature

9.26.01
Date

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Department of Environmental Protection
2600 Blair Stone Road
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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.
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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.

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

AIRS ID# 1030335 1stC

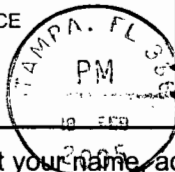
Sent To: AMERICAN EAGLE AND LAUNDRY
 INC
 Street, Ap or PO Box: 1350 Cleveland
 City, State: CLEARWATER, FL 34615

PS Form 3811, August 2001

7004 2510 0002 3938 7355

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: 5px 0;"> AMERICAN EAGLE AND LAUNDRY INC 1350 Cleveland CLEARWATER, FL 34615 </div> <p style="margin-left: 20px;"><i>Airs ID 1030335</i></p>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J. EBRAHIM</i></p> <p>C. Date of Delivery <i>2/18/05</i></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 <small>(Transfer from service label)</small></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 7355</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</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 •

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 22 2005

RECEIVED

0001



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

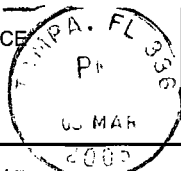
Sent To: AIRS ID#1.03034e+006.....2nd Cert 05
 AMERICAN EAGLE AND LAUNDRY INC
 Street, Apt. No., or PO Box No. 1350 Cleveland
 City, State, ZIP+4 CLEARWATER, FL 34615
 1030335-002

PS Form 3800-01

7004 2510 0002 3939 7989

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. Signature </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>P. EBRAHIM</u></p> <p>C. Date of Delivery <u>3/8/01</u></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>1. Article Addressed to:</p> <p style="font-size: large; text-align: center;">1030335</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> AIRS ID#1.03034e+006.....2nd Cert 05 AMERICAN EAGLE AND LAUNDRY INC 1350 Cleveland CLEARWATER, FL 34615 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express 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>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3939 7989</p>	

UNITED STATES POSTAL SERVICE



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

MAR 17 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434926 JAN 2 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

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1030335
EBRAHIM HIYA
AMERICAN EAGLE AND LAUNDRY INC
1350 CLEVELAND
CLEARWATER FL 34615

Bureau of Air Monitoring
& Mobile Sources

JAN 8 2004

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

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448384 MAR 4 2005

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AIRS ID# 1030335 1stC
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INC
1350 Cleveland
CLEARWATER, FL 34615

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OBJECT: 002273



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421998 JAN21 2003

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Bureau of Air Mail
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JAN 24 2003



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413306 JAN18 2002

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