



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 18, 2003

Ms. Kristin C. Bercume
Palms Cleaners
4238-45th Street South
St. Petersburg, Florida 33711

Re: Facility No.: 1030372-003

Dear Ms. Bercume:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 13, 2003.

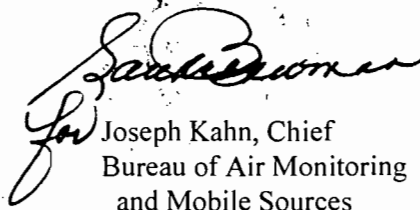
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED
 FEB 13 2003
 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): Boundless Blessings, Inc. dba Palms Cleaners
2. Site Name (For example, plant name or number): Palms Cleaners
3. Hazardous Waste Generator Identification Number: FLCESQG
4. Facility Location: Street Address: 1212 Pasadena Avenue S. City: South Pasadena County: Pinellas Zip Code: 33707
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030372-003

Responsible Official

6. Name and Title of Responsible Official: Name: Kristin C. Bercume Title: President
7. Responsible Official Mailing Address: Organization/Firm: Boundless Blessings Street Address: 4238-45th St S. City: St. Petersburg County: Pinellas Zip Code: 33711
8. Responsible Official Telephone Number: Telephone: (727) 347-4896 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? [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")
March 1996	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> 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?

[40] gallons (You must fill this in) (continuing records of prev. owner)

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

Check why it is less than 12 months: New owner: [X] 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: - 33

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
1030372-002-AG
- 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.

Kristin C. Bercume
Print name of responsible official

Kristin C. Bercume
Signature

1-29-03
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

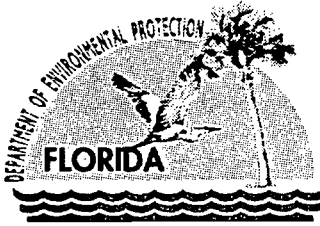
1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, 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.



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 23, 2003

Ms. Kristin Bercume
Palms Cleaners
4238-45th Street South
St. Petersburg, Florida 33711

AIRSID
10303M2-
002

Dear Ms. Bercume:

Thank you for your submittal of the Division of Air Resources Management Application for Transfer of Air Permit form. The Department received your submittal on January 10.

In accordance with Rule 62-213.300(3), Florida Administrative Code (F.A.C.), the Title V Air General Permit is **not-transferable** and does not follow a change in ownership of the facility. As the new owner of Palms Cleaners, you are eligible to operate under the terms of a Title V air general permit provided a Perchloroethylene Dry Cleaner Air General Permit Notification Form is completed and submitted to the Department. The terms and conditions for perchloroethylene dry cleaning facilities are listed in Part II of the notification form.

For your convenience, I am enclosing a copy of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. Please complete this form and submit it to the following address:

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

If you have any questions pertaining to the completion of this form or about the Title V general permit program, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

SB/

Enclosure
cc: Jeff Morris, Pinellas County
Rick Butler

"More Protection, Less Process"



Department of Environmental Protection

Division of Air Resource Management

STATEMENT OF COMPLIANCE - TITLE V SOURCE

BUREAU OF WASTE CLEANUP

JAN 10 2003

DRY CLEAN SOLVENT CLEANUP PROGRAM

REASON FOR SUBMISSION (Check one to indicate why this statement of compliance is being submitted)

<input type="checkbox"/> Annual Requirement	<input checked="" type="checkbox"/> Transfer of Permit	<input type="checkbox"/> Permanent Facility Shutdown
---	--	--

REPORTING PERIOD*	REPORT DEADLINE**
_____ through _____ of _____ (year)	_____

*The statement of compliance must cover all conditions that were in effect during the indicated reporting period, including any conditions that were added, deleted, or changed through permit revision.

**See Rule 62-213.440(3)(a)2., F.A.C.

Facility Owner/Company Name: Boundless Blessings, Inc.

Site Name: Palms Cleaner Facility ID No. 529501171 County: Pinellas

COMPLIANCE STATEMENT (Check only one of the following three options)

A. This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part, and there were no reportable incidents of deviations from applicable requirements associated with any malfunction or breakdown of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above.

B. This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part; however, there were one or more reportable incidents of deviations from applicable requirements associated with malfunctions or breakdowns of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above, which were reported to the Department. For each incident of deviation, the following information is included:

1. Date of report previously submitted identifying the incident of deviation.
2. Description of the incident.

C. This facility was in compliance with all terms and conditions of the Title V Air Operation Permit and, if applicable, the Acid Rain Part, EXCEPT those identified in the pages attached to this report and any reportable incidents of deviations from applicable requirements associated with malfunctions or breakdowns of process, fuel burning or emission control equipment, or monitoring systems during the reporting period identified above, which were reported to the Department. For each item of noncompliance, the following information is included:

1. Emissions unit identification number.
2. Specific permit condition number (note whether the permit condition has been added, deleted, or changed during certification period).
3. Description of the requirement of the permit condition.
4. Basis for the determination of noncompliance (for monitored parameters, indicate whether monitoring was continuous, i.e., recorded at least every 15 minutes, or intermittent).
5. Beginning and ending dates of periods of noncompliance.
6. Identification of the probable cause of noncompliance and description of corrective action or preventative measures implemented.
7. Dates of any reports previously submitted identifying this incident of noncompliance.

For each incident of deviation, as described in paragraph B. above, the following information is included:

1. Date of report previously submitted identifying the incident of deviation.
2. Description of the incident.

RECEIVED
JAN 22 2003
Bureau of Air Monitoring & Mobile Sources

STATEMENT OF COMPLIANCE - TITLE V SOURCE

RESPONSIBLE OFFICIAL CERTIFICATION

I, the undersigned, am a responsible official (Title V air permit application or responsible official notification form on file with the Department) of the Title V source for which this document is being submitted. With respect to all matters other than Acid Rain program requirements, I hereby certify, based on the information and belief formed after reasonable inquiry, that the statements made and data contained in this document are true, accurate, and complete.

Kristin Bercume 12-31-02
(Signature of Title V Source Responsible Official) (Date)

Name: Kristin Bercume Title: President

DESIGNATED REPRESENTATIVE CERTIFICATION (only applicable to Acid Rain source)

I, the undersigned, am authorized to make this submission on behalf of the owners and operators of the Acid Rain source or Acid Rain units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

(Signature of Acid Rain Source Designated Representative) (Date)

Name: _____ Title: _____

{Note: Attachments, if required, are created by a responsible official or designated representative, as appropriate, and should consist of the information specified and any supporting records. Additional information may also be attached by a responsible official or designated representative when elaboration is required for clarity. This report is to be submitted to both the compliance authority (DEP district or local air program) and the U.S. Environmental Protection Agency(EPA) (U.S. EPA Region 4, Air and EPCRA Enforcement Branch, 61 Forsyth Street, Atlanta GA 30303).}

Notification of New Ownership

New Facility Owner/Company Name: Boundless Blessings, Inc. (dba Palms Cleaners)

~~New~~ Site Name: (no name change) Palms Cleaners County: Pinellas

I, the undersigned, am or will be the new owner or authorized representative* of the non-Title V source or the new responsible official of the Title V source addressed in this application, whichever is applicable. I further state that I have examined the application and documents submitted by the current permittee, the basis on which the above listed permit(s) was/were issued by the Department, and state that they accurately and completely describe the permitted facility. I further state that I am familiar with the permit(s), agree to comply with its/their terms and conditions, and agree to assume the rights and liabilities contained therein. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete. I also agree to promptly notify the Department of any future change in ownership of, or responsibility for, the permitted facility.

Kristin Bercume Kristin Bercume
(Signature)

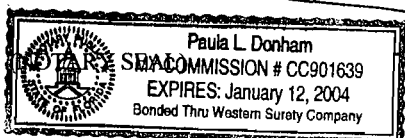
Name: Kristin Bercume
Title: President Date: 12-31-02

Mailing Address: 4238-45th St. S.
City: St. Petersburg Zip Code: 33711
Telephone No: 727-867-1101 Fax No.: —

Effective Date of Sale or Legal Transfer: 12-16-02
(If not yet known, leave blank. Once known, date must be provided to the Department to process a change of ownership administrative permit correction in accordance with Rule 62-210.360, F.A.C.)

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 6th day of Jan 2003



[Signature]
(Signature of Notary Public - State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification FLDL # B625503605490
Type of Identification Produced Florida D.L.

* Attach letter of authorization if other than owner or corporate officer.



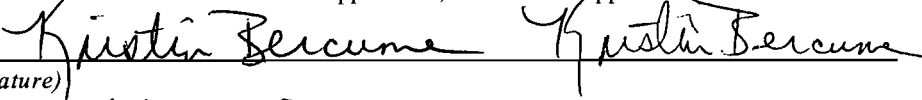
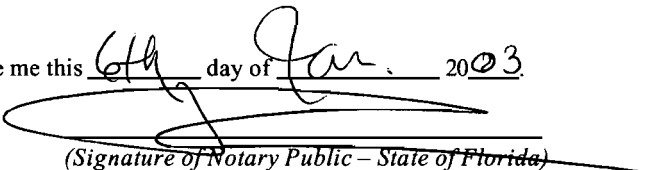
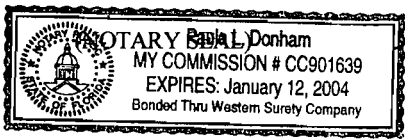
Department of Environmental Protection

Division of Air Resources Management

APPLICATION FOR TRANSFER OF AIR PERMIT

<input type="checkbox"/> Title V Permit No.*:	_____	<i>(unknown)</i>
<input type="checkbox"/> Non-Title V Permit No(s):	_____ _____	

Notification of Sale or Legal Transfer

Facility Owner/Company Name <i>(As Currently Permitted)</i> : Bandless Palms Cleaners	Facility ID No.: 529501171
Site Name: Palms Cleaners	County: Pinellas
Street Address or Other Locator: 1212 South Pasadena Av.	
City: St Petersburg,	Zip Code: 33707
I, the undersigned, hereby notify the department of the sale or legal transfer of the facility listed above. Under its current air permit(s), I am the owner or authorized representative of the non-Title V source or the responsible official of the Title V source addressed in this application, whichever is applicable.	
 (Signature)	
Name: Kristin Bercume	
Title: President	Date: 12-31-02
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>	
Sworn to (or affirmed) and subscribed before me this <u>6th</u> day of <u>Jan.</u> 20 <u>03</u>	
 (Signature of Notary Public - State of Florida)	
 (Name of Notary Typed, Printed, or Stamped)	
Personally Known _____ OR Produced Identification <u>PDL # B625503605490</u>	
Type of Identification Produced <u>Florida ID L</u>	

* Title V Sources Only: Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee. If there is a change in designated representative at an Acid Rain source, submit a copy of the Certificate of Representation submitted to EPA pursuant to 40 CFR 72, subpart B. A Statement of Compliance (DEP Form 62-213.900(7)) covering the portion of the calendar year up to the DEP Form No. 62-210.900(7)
 Effective: 04/16/01

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458424 JAN25 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

1030372 10
PALMS CLEANERS
1212 Pasadena Ave So
SOUTH PASADENA, FL 33707

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

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

Printed on recycled paper.

7003 0500 0004 0144 7498

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

AIRS ID# 1030372 1stC
 PALMS CLEANERS
 1212 Pasadena Ave So
 SOUTH PASADENA, FL 33707

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# 1030372 1stC
 PALMS CLEANERS
 1212 Pasadena Ave So
 SOUTH PASADENA, FL 33707

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 7498

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Viola Frank*

- Agent
 Addressee

B. Received by (Printed Name)

Viola Frank

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-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

Bureau of Air
& Mobile
Sources
Monitoring

FEB 16 2005

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436452 FEB172004

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

1030372
KRISTIN BERCUME
PALMS CLEANERS
4238 45TH STREET SOUTH
ST PETERSBURG FL 33711

Bureau of Air Mail
& Mobile Sources

FEB 20 2004

RECEIVED

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035004
Obj.: 002273

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446287 FEB142005

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# 1030372 1stC
PALMS CLEANERS
1212 Pasadena Ave So
SOUTH PASADENA, FL 33707

Printed on recycled paper.

RECEIVED
FEB 16 2005
Bureau of Air Monitoring
& Mobile Sources
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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

OFFICIAL USE

7001 1140 0001 7556 2947

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

[Handwritten Signature]
 Postmark Here

Total Postage ID# 1030372
 Sent To KRISTIN BERECUME
 PALMS CLEANERS
 Street, Apt. N or PO Box No 4238 45TH STREET SOUTH
 City, State, Zi ST PETERSBURG, FL 33711

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# 1030372
 KRISTIN BERECUME
 PALMS CLEANERS
 4238 45TH STREET SOUTH
 ST PETERSBURG, FL 33711

2. Article Number
(Transfer from service label)

7001 1140 0001 7556 2947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *K Bercume* Agent Addressee

B. Received by *(Printed Name)*
K Bercume

C. Date of Delivery
2-6-04

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

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

7001 0320 0000 7976 9464 7581

OFFICIAL USE

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

Handwritten signature and initials

Postmark
Here

AIRS ID#1030372

PALMS CLEANERS
PETER R SWANSON
7923 11TH AVE SO
ST PETE FL
33707

See Reverse for Instructions

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

REC'D
FED
OCT 2004
DEPT. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
ALLAHASSEE, FLORIDA 32399-2400



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.

469767 FEB22 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1030372
BOUNDLESS BLESSINGS INC. ✓
1212 Pasadena Ave So
SOUTH PASADENA, FLORIDA 33707

RECEIVED
FEB 26 2007
Bureau of Air Mail
Mobile Station

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

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

Printed on recycled paper.

PALMS CLEANERS

Department of Environmental Protection

2006 AIRS ID 1030372

3/5/2007

8651

50.00

Cash Operating Accto AIRS ID#1030372

50.00

Palms Cleaners
We Make You Look Great!!
1212 Pasadena Avenue South
South Pasadena, Florida 33707-6202
Phone: (727) 347-4896

ST PETERSBURG FL 337

PA 55 33707 04 5



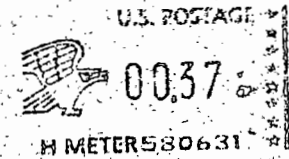
TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070-70 8099



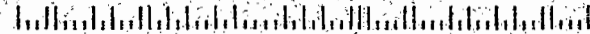
**PINELLAS COUNTY
BOARD OF
COUNTY
COMMISSIONERS**

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR QUALITY DIVISION
300 SO. GARDEN AVE.
CLEARWATER, FL 33756



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

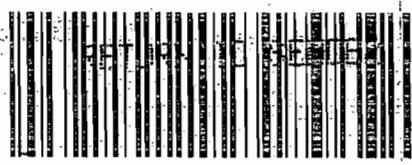
32399+2400 01



MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



7000 0600 0026 4128 9465

TALLAHASSEE
FL
APR 15 03

U.S. POSTAGE
442
POSTALIA 513236

UNCLAIMED

AIRS ID# 1030372
PETER R. SWANSON
PALMS CLEANERS
26 DOLPHIN DRIVE
TREASURE ISLAND FL 33706-3113

Bureau of Air Monitoring
& Mobile Sources

MAY 27 2003

RECEIVED

Name _____
1st Notice APR 11 2003
2nd Notice 5-9
Return 5-17

SENDER: COMPLETE THIS SECTION

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:

ATRS ID# 1030372
 PETER R SWANSON
 PALMS CLEANERS
 26 DOLPHIN DRIVE
 TREASURE ISLAND FL 33706-3113

2. Article Number (Copy from service label)

700006000026 4128 9465

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

C. Signature Agent Addressee

X Registered Return Receipt for Merchandise

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

3. Service Type Certified Mail Express Mail

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Remailed 4/14/2003

7000 0600 0026 4128 9465

Postage \$
Certified Fee

Postmark Here

ATRS ID# 1030372
 PETER R SWANSON
 PALMS CLEANERS
 26 DOLPHIN DRIVE
 TREASURE ISLAND FL 33706-3113

PS Form 3800, February 2000

See Reverse for Instructions

5510

5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



TALLAHASSEE
FOR REASON SHOWN
APR-8.03
FL

U.S. POSTAGE
442
POSTALIA 513236

MC5521

BAMMS/BCA
JOEY ROBERTS
5510

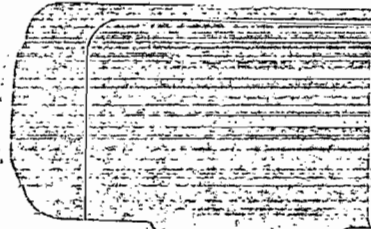
CLAIMED

1670 0013 3108 8865

RECEIVED
MAY 27 2003
Bureau of
AIRS ID#1030372

SWANSON
Peter

Name
1st Notice APR 12 2003
2nd Notice 5-9
Return 5-17



PALMS CLEANERS
PETER R SWANSON
7923 11TH AVE SO
ST PETE FL
33707

SWANSON
NOTIFY SENDER OF NEW ADDRESS
SWANSON
26 DOLPHIN DR
TREASURE ISLAND FL 33706-3113



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#1030372

PALMS CLEANERS
 PETER R SWANSON
 7923 11TH AVE SO
 ST PETE FL
 33707

2. Article Number
 (Transfer from service label)

11001670001331088865

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

Domestic Return Receipt

102595-02-M-1540

588 POST ETD 0297 000

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

OFFICIAL USE

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

Postmark Here

AIRS ID#1030372

Total Po

Sent To **PALMS CLEANERS**
PETER R SWANSON

Street, Apt **7923 11TH AVE SO**
ST PETE FL

City, State, **33707**

02
3 ad
Quinn

PS Form 6800, May 2000 See Reverse for Instructions