



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

March 25, 1998

Mr. Don Kelly  
JTJ Laundromat & Dry Cleaners  
9756 66th Street North  
Pinellas Park, Florida 33782

Re: Facility No.: 1030420

Dear Mr. Kelly:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 16, 1998.


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,

  
for Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

RECEIVED

MAR 16 1998

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): D.K. Enterprises
2. Site Name (For example, plant name or number): JTT Laundromat + Dry Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 9756 66th St. N. City: Pinellas Park County: Pinellas Zip Code: 33782
5. Facility Identification Number (DEP Use): 1030420

Responsible Official

6. Name and Title of Responsible Official: Don Kelly, Owner
7. Responsible Official Mailing Address: Organization/Firm: JTT Laundromat + Dry Cleaners Street Address: 9756 66th St N City: Pinellas Park County: Pinellas Zip Code: 33782
8. Responsible Official Telephone Number: Telephone: (813) 541-0639 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) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		15-JUN-95							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

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

### 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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  
\_\_\_\_\_

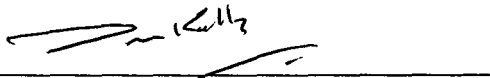
No air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

Signature



Date

2/11/98

**TITLE V AIR QUALITY AIR GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/ DISCOVERY  RE-INSPECTION

AIRS ID#:	DATE: <u>2/11/98</u>	TIME IN: <u>2:30p</u>	TIME OUT: <u>4:07p.m.</u>
FACILITY NAME:	<u>JTJ Laundromat &amp; Dry Cleaners</u>		
FACILITY LOCATION:	<u>9756 66th St. N. Pinellas Park, FL 33782</u>		
RESPONSIBLE OFFICIAL:	Phone No.: <u>541-0639</u>		
Permit No. _____	Exp. Date: _____		

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked):

*\* New facility. Has not begun operation*  
**Inspection Summary Report Guidance**

**Compliance Requirement/Problem**

**Follow-up Action Required**

<input type="checkbox"/> Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/> Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/> Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/> Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/> Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/> Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/> Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: New facility. Has not begun operation. Facility filled out notification with assistance of inspector. 2/9/98

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes  No   
 \* Annual Compliance Inspection will not occur until April, 1998

Inspection Conducted by: Jeff Morris

Inspector's Signature: Jeff Morris

Phone Number: 464-4422 Date of next Inspection: 4/2/98  
 (Approximate)

D.K. ENTERPRISES INC.  
D/B/A J.T.J. LAUNDRY & DRY CLEANERS  
9784 66<sup>th</sup> ST N  
PINELLAS PARK  
FLORIDA

DOTTIE DILTZ,

PLEASE CANCEL THE DRY CLEANING PERMIT IN MY  
NAME ABOVE BECAUSE WE HAVE SOLD THE BUSINESS AND THE  
NEW OWNER HAS APPLIED FOR THE PERMIT UNDER HIS  
OWN COMPANY NAME.

Yours Truly

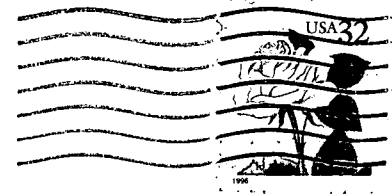
*[Signature]*

AIRS ID#  
1030420  
Inactivate  
& file

RECEIVED  
MAY 8 1998  
Bureau of Air Monitoring  
& Mobile Sources



DOTTIE DILTZ - CHIEF  
BUREAU OF AIR MONITORING  
DEPT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD.  
TALLAHASSEE  
FLORIDA 32399-2400



32399/2400



**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION  COMPLAINT  DISCOVERY

AIRS ID#: 1030420 DATE: 2/11/98 TIME IN: 2:30 p.m. TIME OUT: 4:09 p.m.  
 FACILITY NAME: JTT Laundromat + Dry Cleaners  
 FACILITY LOCATION: 9756 66th St. N.  
Pinellas Park, FL 33782  
 RESPONSIBLE OFFICIAL: Don Kelly Phone No.: 541-0639  
 Permit No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**PART I: NOTIFICATION**

(Check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(Check appropriate box)

- No notification form
- Drop store / out of business / petroleum

- A.
- |  |   |
|--|---|
| <p><b>1. Existing small area source</b> <input checked="" type="checkbox"/><br/>         dry-to-dry only, x &lt; 140 gal/yr<br/>         transfer only, x &lt; 200 gal/yr<br/>         both types, x &lt; 140 gal/yr<br/>         (Constructed before 12/9/91)</p>                       | <p><b>2. New small area source</b> <input type="checkbox"/><br/>         dry-to-dry only, x &lt; 140 gal/yr<br/>         transfer only, x &lt; 200 gal/yr<br/>         both types, x &lt; 140 gal/yr<br/>         (Constructed before 12/9/91)</p>                                  |
| <p><b>3. Existing large area source</b> <input type="checkbox"/><br/>         dry-to-dry only, 140 &lt; x &lt; 2,100 gal/yr<br/>         transfer only, 200 &lt; x &lt; 1,800 gal/yr<br/>         both types, 140 &lt; x &lt; 1,800 gal/yr<br/>         (Constructed before 12/9/91)</p> | <p><b>4. New large area source</b> <input type="checkbox"/><br/>         dry-to-dry only, 140 &lt; x &lt; 2,100 gal/yr<br/>         transfer only, 200 &lt; x &lt; 1,800 gal/yr<br/>         both types, 140 &lt; x &lt; 1,800 gal/yr<br/>         (Constructed before 12/9/91)</p> |

This is a correct facility classification:

- Y  N  Can not determine (will need to examine purchase records when facility begins operation in early March 98)

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \_\_\_\_\_ gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  
*(facility has containers on site) - N/A*
- 2. Examining the containers for leakage?  Y  N
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  NA

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

If classification (1) has been checked, no controls are required. Proceed to Part V.

If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)

If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993.

If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.)

**A. Has the responsible official of all new sources and existing large area sources:**  
(check appropriate boxes)

- |   |   |   |
|---|---|---|
|   | Mach__  | Mach__  |
| 1. Equipped all machines with the appropriate vent controls?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?                      | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?                          | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  
Is the temperature differential equal to or greater than 20° F?  Y  N  
 Y  N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  
Is the perc concentration equal to or less than 100 ppm?  Y  N  NA  
 Y  N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?  Y  N  NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  NA
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  NA

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:  
a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? (*for direct reading instrument only*)  Y  N  NA
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  NA

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent of exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

**If using direct-reading instrumentation, is the equipment:**

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only).  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use.  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log?  Y  N

4. The following area should be checked for leaks by the inspector:

Hose connections, fitting couplings, and valves  Y  N

Muck cookers  Y  N

Door gaskets and seating  Y  N

Stills  Y  N

Filter gaskets and seating  Y  N

Exhaust dampers  Y  N

Pumps  Y  N

Diverter valves  Y  N

Solvent tanks and containers  Y  N

Cartridge Filter housing  Y  N

Water separators  Y  N

Don Kelly

Name of Responsible Official

Jeff Morris

Inspector's Name (Please Print)

Jeff Morris

Inspector's Signature

2/11/98

Date of Inspection

2/25/98

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

**Machine #1:**

Manufacturer Multinatic Capacity 30 lbs

Model# SO10ASTE Serial# 345049 Mfg yr \_\_\_\_\_

**Machine #2:**

Manufacturer \_\_\_\_\_ Capacity \_\_\_\_\_ lbs

Model# \_\_\_\_\_ Serial# \_\_\_\_\_ Mfg yr \_\_\_\_\_

**Notification (unpermitted sources only):**

- 1. Was the facility assisted in filling out the notification by the inspector?  Y  N
- 2. Did the facility insist on filling out its own notification, and will send it to FDEP?  Y  N

**Record keeping :**

- 1. Does facility have statement/specs as to the design accuracy of the temperature sensor?  Y  N *N/A*  
(temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)

**Hazardous Waste:**

- 1. Is all perc. contaminated wastewater either treated or disposed of properly?  Y  N
- 2. If wastewater is evaporated, is it an approved system, and using carbon filtration?  Y  N  
*(Plans to dispose as hazardous waste)*
- 3. Does the facility have secondary containment for the dry-dry machine?  Y  N \*
- 4. Does the facility have secondary containment for any perc. waste containers?  Y  N  
*(Has secondary containment for waste)*

**Boiler:**

Manufacturer National Industrial Hp 15

Model # T-15 Serial # T-100058732 Mfg yr \_\_\_\_\_

Fuel Type: Natural gas?  propane?  fuel oil?

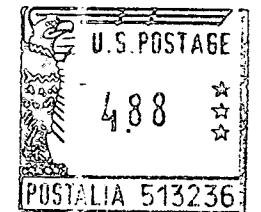
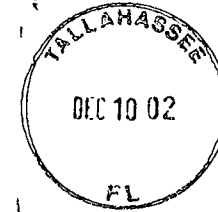
Comments: \* Facility will install secondary containment for the machine on 2/21/98. Facility gm

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

VERIFIED MAIL



7000 0520 0020 9372 7152




5510

5521

*Previous owner  
NO FORWARD on FILE  
8/24*

RECEIVED  
DEC 10 2002  
Bureau of Air Monitoring  
& Mobile Sources

 NOT DELIVERABLE  
AS ADDRESSED,  
UNABLE TO FORWARD

10 AIRS ID # 1030420001AG  
DON KELLY  
JTJ LAUNDROMAT & DRY CLEANERS  
9756 66TH STREET NORTH  
PINELLAS PARK FL 33782

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

7000 0520 0020 9372 7152

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	

*Receipt*  
 Postmark  
 Here  
 03

10 AIRS ID # 1030420001AG  
**Recipient's** DON KELLY  
**Street, Apt. N** JTJ LAUNDROMAT & DRY CLEANERS  
 9756 66TH STREET NORTH  
**City, State, Zi** PINELLAS PARK FL 33782

PS Form 3800, February 2000 See Reverse for 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.

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

C. Signature  Addressee  
 Agent

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

1. Article Addressed to:

10 AIRS ID # 1030420001AG  
 DON KELLY  
 JTJ LAUNDROMAT & DRY CLEANERS  
 9756 66TH STREET NORTH  
 PINELLAS PARK FL 33782

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

*70000520002093727152*

4. Restricted Delivery? *(Extra Fee)*  Yes

2. Article Number *(Copy from service label)*