

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 23, 2002

Mr. Pedro R. Moraes  
X Clean Cleaners  
1143 Gulf Breeze Parkway  
Gulf Breeze, Florida 32561

Re: Facility No.: 1131126-001

Dear Mr. Moraes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 20, 2002.

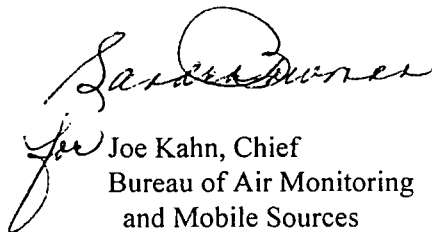
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Charlie Norman, Northwest District

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

*Printed on recycled paper.*

RECEIVED

AUG 20 2002

Bureau of Air Monitoring & Mobile Sources

ASGP

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.

TBD06420

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<input checked="" type="checkbox"/> CLEAN SERVICES, LLC
2. Site Name (For example, plant name or number):	<del>GR PLANT</del> <input checked="" type="checkbox"/> CLEAN CLEANERS, Gulf Breeze Plant
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 1143 GULF BREEZE PRWY City: GULFBREEZE County: SANTA ROSA Zip Code: 32561	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1131126-001

Responsible Official

6. Name and Title of Responsible Official: Name: PEDRO R MORAES Title: CHIEF EXECUTIVE MANAGER Title: CEM
7. Responsible Official Mailing Address: Organization/Firm: SAME Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (850) 478-5815 Fax: (850) 478-5791

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): PABLO GRANDE - OPERATION MANAGER
10. Facility Contact Address: Street Address: SAME City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (850) 932-2565 Fax: (850) 932-1268

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>3/2002</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>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

NA

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?

172 gallons (You must fill this in) in addition to 100 gal to fill new machine.

(b) If less than 12 months, how many? 1 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><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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 | <input checked="" type="checkbox"/>  |
| (b) Leak detection inspection and repair                         | <input checked="" type="checkbox"/>  |
| (c) Refrigerated condenser temperature monitoring                | <input checked="" type="checkbox"/>  |
| (d) Carbon adsorber exhaust perc concentration monitoring        | <input type="checkbox" value="N/A"/> |
| (e) Startup, shutdown, malfunction plan                          | <input checked="" type="checkbox"/>  |

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.*

PEDRO R. MORAES

Print name of responsible official

  
Signature

8/14/02  
Date



# Department of Environmental Protection

Jeb Bush  
Governor

Division of Air Resource Management  
2600 Blair Stone Road, MS 5510  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**

(CUT HERE)

**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.**

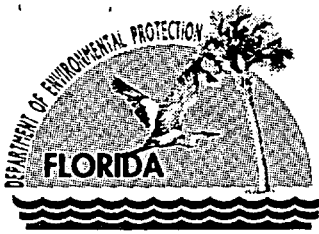
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 1131126  
X CLEAN SERVICES LLC  
8041 N DAVIS HIGHWAY  
PENSACOLA FL 32504

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

December 6, 2006

## NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year 2006. For your facility to maintain its eligibility for the Title V Air General permit, Rule 62-213.300(3)(b), F.A.C., states "...the owner or operator of the facility must upon written notice from the Department submit payment of an annual operation fee in the amount of \$50.00. This invoice constitutes the Department's written notice as required under the general permit rule.

Any annual operation fee not postmarked by **March 1, 2007**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dickson Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Veazey".

Sandra Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SV/sb

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

***X Clean Services, LLC***  
***www.x-clean.com***



*www.x-clean.com*

Office: 8041 N Davis Hwy  
Pensacola, FL 32504  
Phone: 850-478-5815  
Fax : 850-478-5791  
[pmoraes@x-clean.com](mailto:pmoraes@x-clean.com)  
Plant: 1143 Gulf Breeze Pkwy  
Gulf Breeze, FL 32561

**Pedro R Moraes**  
**CEM**





POSTAGE  
REQUIRED

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

**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.

471084 MAR152007

**TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

AIRS ID#1131126 ✓  
X CLEAN SERVICES LLC  
1143 Gulf Breeze Parkway  
GULF BREEZE, FLORIDA 32561

Surcan AI Multum  
& Mobile Services  
MAR 15 2007

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.

7004 2510 0002 3939 4896

U.S. Postal Service™  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
AIRS ID#1.13113e+006.....2 <sup>nd</sup> Cert 05		
Sent To	X CLEAN CLEANING, GULF BREEZE	
	PLANT	
Street, Apt. No. or PO Box No.	1143 Gulf Breeze Parkway	
City, State, ZIP	GULF BREEZE, FL 32561	
PS Form 3800	#1131126-001	

**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:  
1131126

AIRS ID#1.13113e+006.....2<sup>nd</sup> Cert 05  
 X CLEAN CLEANING, GULF BREEZE  
 PLANT  
 1143 Gulf Breeze Parkway  
 GULF BREEZE, FL 32561

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *Ana Moraes*

C. Date of Delivery *3/5/05*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service it)

7004 2510 0002 3939 4896

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 0310  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

First-Class Mail  
Permit No. G-10

MAR 7 2005

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32399-2400



U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7004 2510 0002 3939 0126

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total AIRS ID# 1131126 1stC		
Sent to	X CLEAN CLEANING, GULF BREEZE	
	PLANT	
Street, or PO	1143 Gulf Breeze Parkway	
City, St	GULF BREEZE, FL 32561	
PS Form 3811, August 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:

AIRS ID# 1131126 1stC  
 X CLEAN CLEANING, GULF BREEZE  
 PLANT  
 143 Gulf Breeze Parkway  
 GULF BREEZE, FL 32561

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Debra Kinney*

B. Received by (Printed Name) C. Date of Delivery  
 Debra Kinney 2/16/05

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number  
 (Transfer from service label)

7004 2510 0002 3939 0126

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 23 2005

RECEIVED

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

OFFICIAL USE

7001 0320 0001 7975 7346

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

Postmark Here

AIRS ID#1131126

Send to: X CLEAN CLEANING, GULF BREEZE  
 Plant: PLANT  
 Street or P.O. Box: PEDRO R MORAES  
 City: 1143 GULF BREEZE PARKWAY  
 State: GULF BREEZE FL 32561

PS 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#1131126

X CLEAN CLEANING, GULF BREEZE  
 PLANT  
 PEDRO R MORAES  
 1143 GULF BREEZE PARKWAY  
 GULF BREEZE FL 32561

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: 2-10-03

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

2. Article Number  
 (Transfer from service label)

7001 0320 0001 7975 7346

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 •

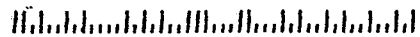
BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING  
& MOBILE SOURCES

FEB 12 2003

RECEIVED

32399+2400

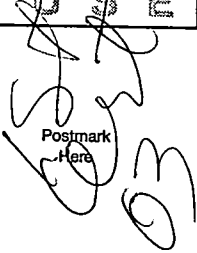




U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 1140 0001 7556 3845

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
ID# 1131126 PEDRO MORAES X CLEAN CLEANING, GULF BREEZE 1143 GULF BREEZE PARKWAY GULF BREEZE, FL 32561		

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# 1131126  
 PEDRO MORAES  
 X CLEAN CLEANING, GULF BREEZE  
 1143 GULF BREEZE PARKWAY  
 GULF BREEZE, FL 32561

2 Article Number

*(Transfer from service label)*

7001 1140 0001 7556 3845

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (*Printed Name*) **ANA MORAES** C. Date of Delivery **2-6-07**

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

3. Service Type

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

4. Restricted Delivery? (*Extra Fee*)

Yes

UNITED STATES POSTAL SERVICE

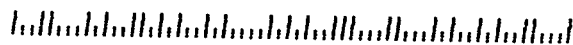


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

RECEIVED  
FEB 11 2004

Bureau of Air Monitoring & Mobile Sources  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING FEB 27 2004

437045

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

ID# 1131126  
 PEDRO MORAES  
 X CLEAN CLEANING, GULF BREEZE  
 1143 GULF BREEZE PARKWAY  
 GULF BREEZE, FL 32561

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

RECEIVED  
 MAR 4 2004  
 Bureau of Air Monitoring  
 & Mobile Source

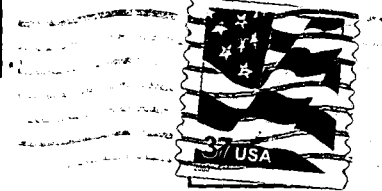
X Clean Services LLC

2423

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
02/04/2004	Bill		50.00	50.00		50.00
				Check Amount		50.00

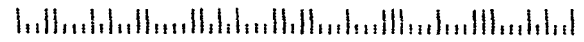
AmSouth Checking      ID#1131126 - Title V Air Fee      50.00

X Clean Services LLC  
8041 N. Davis Hwy.  
Pensacola, FL 32504



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

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457735 JAN 92006

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

1131126 10  
X CLEAN CLEANING, GULF BREEZE  
PLANT  
1143 Gulf Breeze Parkway  
GULF BREEZE, FL 32561

Bureau of Air  
& Mobile Sources

CLAIMED  
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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447770 FEB28 2005

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 1131126 1stC  
X CLEAN CLEANING, GULF BREEZE  
PLANT  
1143 Gulf Breeze Parkway  
GULF BREEZE, FL 32561

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

422747 FEB 10 2003

Do **NOT** Remove Label

AIRS ID#1131126  
 X CLEAN CLEANING, GULF BREEZE PLANT  
 PEDRO R MORAES  
 1143 GULF BREEZE PARKWAY  
 GULF BREEZE FL 32561

Bureau of Air Monitoring  
& Mobile Sources

FEB 14 2003

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

X Clean Services LLC

2054

Department of Environmental Protection

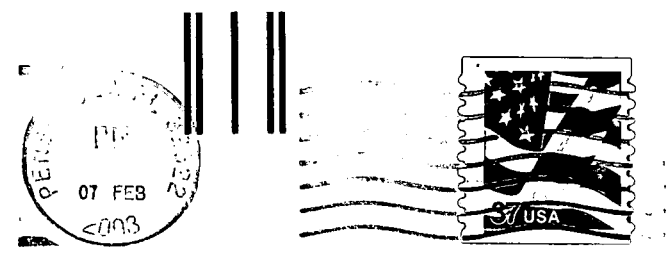
Date	Type	Reference	Original Amt.	Balance Due	2/6/2003 Discount	Payment
01/08/2003	Bill	Permit	50.00	50.00		50.00
				Check Amount		50.00

AmSouth Checking

AIRS ID#1131126

50.00

X Clean Services LLC  
8041 N. Davis Hwy.  
Pensacola, FL 32504



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

32315+3070 