



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 30, 1996

Mr. Stanley Pavey
Professional Dry Cleaners
3050 Tamiami Trail North
Naples, Florida 34103

Re: Facility I.D. No. 0210068

Dear Mr. Pavey:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 16, 1996.

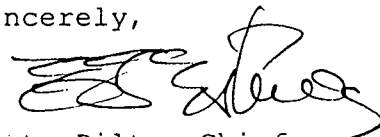
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

INTEROFFICE MEMORANDUM

Date: 22-Jul-1998 04:40pm
From: Wayne Lewis FTM
LEWIS_W@A1@FTM1
Dept: South District Office
Tel No: 941/332-6975

To: Sandy Bowman TAL

(BOWMAN_S@A1@DER)

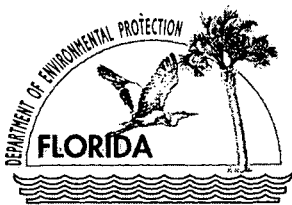
Subject: Re: Professional Dry Cleaners

(1) I have a note from Dennis Bamberg saying that he is the new owner of Professional Cleaners (AIRS ID#0210068). I checked the database and we have no record (other than this note) that the facility has changed hands. Do you know the status?

(2) I have another change in ownership for you. Prima Dry Cleaners Inc. at 15306 Pembroke Point Audubon CC in Naples (ID# 0210073) has a new owner, Mr. Knauerhase. I will send the new owner a notification form and copy you.
Sandy,

We went to One Hour Professional Cleaners but Bamberg was not there. I also just finished calling and leaving a message on his machine. Bamberg was there last year for the inspection but I guess every-one assumed he was the contact cause that's what he was listed as. In speaking to the young lady behind their counter, Mr Bamberg took ownership two years ago. If you get the new app. first, let me know but I do plan to keep up on it and I'll send it through interoffice if I get there first.

Don't have any idea who Mr. Knauerhase is unless he's the new owner of the house at Pembroke Point. The plant is on Tamiami Trail East and it is owner by the new owners I contacted you about back in May. I've been waiting for you to get the new number in the system but now I take it, you never got the app. I do remember they wanted the name back to Towne Centre Cleaners instead of Prima Dry Cleaners. However, our trip to Naples wasn't a total waste today and neither was these two interesting messages. The owner of the Towne Centre Cleaners is Rose Pavey. Her husband says he has owned a previous Dry Cleaner but Rose hasn't. I thought it rather interesting that his name is Stan Pavey. If we added a 'ley' to Stan, I'd say we had a remarkable similarity with the previous owner of Professional Dry Cleaner. Be interesting to find out where this leads cause I do believe Haz. Waste is planning on sending them a personal invitation to a "party" here at the office. Karen did a follow-up to the CAV and start-up visit and letters we made late April/ early May. This place was baaadd. Don't you just love when we spend so much time to help someone and they just blow you off..... I'll stay on it in between everything else.....



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Twin Towers Office Building
2600 Blair Stone Road
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Secretary

LETTER OF NONCOMPLIANCE

RECEIVED

JUL - 6 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID# 0210068
PROFESSIONAL DRY CLEANERS
~~STANLEY~~
TO: 3050 TAMiami TRAIL
NAPLES FL 34103


Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

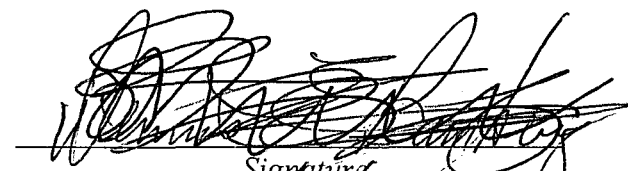
- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

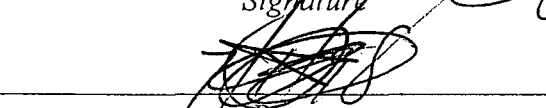
If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.


Name (please print)


Signature


Date

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

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,



Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

PREVIOUS OWNER GOT NEW ~~1997~~ 1997
FORM & FORGOT TO FORWARD IT
TO ME. UPON RECEIVING THIS HE
FORWARDED FORM TO ME & I
PAID & FILED FORM 7/1/98.
SORRY FOR THE CONFUSION

REGARDS

Dennis E

ID# 45152

Bamberg

✓

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: <u>0210068</u>	DATE: <u>5/8/97</u>	TIME IN: _____	TIME OUT: _____
FACILITY NAME: <u>One Hour Professional Cleaners</u>			
FACILITY LOCATION: <u>3050 Tamiami Tr, Naples, FL</u>			

PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	<input type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A.	
1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)
This is a correct facility classification <input type="checkbox"/> Y <input type="checkbox"/> N	
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
E. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>49.2</u> gallons. <u>5 Purchases from November 1996 to April 1997</u>	

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? *Perc. is pumped into machine* Y N
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 N/A

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)

1. Equipped all machines with the appropriate vent controls? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y 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? Y N
Is the temperature differential equal to or greater than 20° F? 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? Y N N/A
Is the perc concentration equal to or less than 100 ppm? 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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

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 instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

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 on 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. Does the responsible official check the following areas for leaks?

- | | | | |
|---|--|---------------------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N | <i>No draw back with door opening</i> | |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N |

Dennis E. Bamberg
Name of Responsible Official

Sherrill Culliver
Inspector's Name (Please Print)

Sherrill Culliver
Inspector's Signature

5/8/97
Date of Inspection

5/98
Approximate Date of Next Inspection

#0210068

P.14

1. (a) add date control
Device installed
1. (c) should not be marked
3. new small area source
should be marked

P.15

4. new small r. c. should
be marked

W

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>A.M. and J.P. CORP.</i>		
2. Site Name (For example, plant name or number):	<i>PROFESSIONAL DRY CLEANERS</i>		
3. Hazardous Waste Generator Identification Number:	<i>1W-0146</i>		
4. Facility Location:	<i>3050 TAMMIAMI TRAIL N</i>		
Street Address:	<i>3050 TAMMIAMI TRAIL N</i>		
City:	County:	Zip Code:	
<i>NAPLES</i>	<i>COLLIER</i>	<i>34103</i>	
5. Facility Identification Number (DEP Use):	<i>0210068</i>		

Responsible Official

6. Name and Title of Responsible Official:	<i>STANLEY PAVEY PRES.</i>		
7. Responsible Official Mailing Address:	<i>3050 TAMMIAMI TRAIL N</i>		
Organization/Firm:	<i>3050 TAMMIAMI TRAIL N</i>		
Street Address:	<i>3050 TAMMIAMI TRAIL N</i>		
City:	County:	Zip Code:	
<i>NAPLES</i>	<i>COLLIER</i>	<i>34103</i>	
8. Responsible Official Telephone Number:	Telephone: <i>(941) 261-1297</i> Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	<i>STANLEY PAVEY MGR - PRES.</i>		
10. Facility Contact Address:	<i>3050 TAMMIAMI TRAIL N</i>		
Street Address:	<i>3050 TAMMIAMI TRAIL N</i>		
City:	County:	Zip Code:	
<i>NAPLES</i>	<i>COLLIER</i>	<i>34103</i>	
11. Facility Contact Telephone Number:	Telephone: <i>(941) 261-1297</i> Fax: () -		

RECEIVED

SEP 16 1996

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
Dry-to-Dry Unit									
(1) w/ ref. condenser		JAN 94							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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

Z 333 613 503

US Postal Service

Receipt for Certified Mail

AIRS ID# 0210068

PROFESSIONAL DRY CLEANERS
STANLEY PAVEY
3050 TAMiami TRAIL
NAPLES FL 34103

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to right of the return address

Is your RETURN ADDRESS completed on the reverse side?

SEE

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0210068
PROFESSIONAL DRY CLEANERS
STANLEY PAVEY
3050 TAMiami TRAIL
NAPLES FL 34103

4a. Article Number

2 333 613 503

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6-26-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

X

Angela Burger

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code 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 Monitoring
& Mobile Sources

JUN 29 1998

RECEIVED





Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

LETTER OF NONCOMPLIANCE

TO:

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I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)

Signature

Date

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

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

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

Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

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

CERTIFIED MAIL



0000 0520 0020 9372 9422

RETURNED
TO
SENDER
Not Deliverable as Addressed
Unable to Forward
Inactive



*WTR
13*

10 AIRS ID # 0210068001AG
STANLEY PAVEY
PROFESSIONAL DRY CLEANERS
3050 TAMiami TRAIL
NAPLES FL 34103

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
AUG 27 2001

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER	ACTION 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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i></td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery	C. Signature		X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery								
C. Signature									
X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee								
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> 10 AIRS ID # 0210068001AG STANLEY PAVEY PROFESSIONAL DRY CLEANERS 3050 TAMAMI TRAIL NAPLES FL 34103 </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.								
2. Article Number <i>(Copy from service label)</i> <div style="font-size: 1.2em; font-family: cursive;">7000 0520 0020 9372 9422</div>									
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789									

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

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total		
10 AIRS ID # 0210068001AG Recip STANLEY PAVEY <i>(letter)</i> Street, PROFESSIONAL DRY CLEANERS City, St 3050 TAMAMI TRAIL NAPLES FL 34103		
PS Form 3800, February 2000		See Reverse for Instructions

7000 0520 0020 9372 9422

No Endorsement

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

CERTIFIED

Z 333 613 098

MAIL

550304
MS5510

AIRS ID# 0210068

A.M. & J.P. CORP
STANLEY PAVEY
3050 MIAMI TRAIL
NAPLES FL 34103

MLNA

United States
Registered
Inspection
MLNA
Do not re-use in this area

Bureau of Air Monitoring
B. Mobile Sources

APR 08 1998

RECEIVED

XXXXXXXXXXXX



Z 333 613 098

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

AIRS ID# 0210068

A.M. & J.P. CORP
 STANLEY PAVEY
 3050 TAMIAMI TRAIL
 NAPLES FL 34103

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

A.M. & J.P. CORP
 STANLEY PAVEY
 3050 TAMIAMI TRAIL
 NAPLES FL 34103

AIRS ID# 0210068

4a. Article Number

7333613098

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Domestic Return Receipt

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258548

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

RECEIVED
MAIL ROOM

JAN 21 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 0210068
~~STANLEY RAVEY~~ *1 HR CLEANERS*
3050 TAMiami TRAIL
NAPLES FL 34103

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Z 333 660 294

US Postal Service
Receipt for Certified Mail

AIRS ID 0210068

A.M. & J.P. CORP
STANLEY PAVEY
3050 TAMIAMI TRAIL
NAPLES FL 34103

PS Form 3800 April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	