



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 18, 2002

Mr. Ketelie Escarment
First Impression Dry Cleaners
4937 Rattlesnake Road
Naples, Florida 34113

Re: Facility No.: 0210094-001

Dear Mr. Escarment:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 15, 2002.

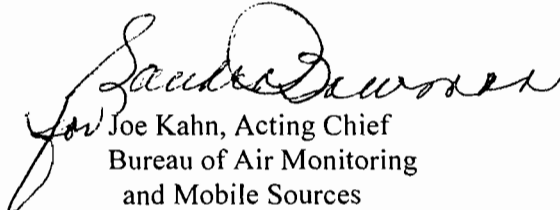
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Mr. Sherrill Culliver, South District

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



Florida Department of Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

FAX TRANSMITTAL SHEET

DATE: Jan. 22, 2002
TO: Ketelia Escarment
PHONE: 941-530-8500

FAX: 941-275-7819

FROM: Rick Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: ~~850-922-6979~~

RE: 1st Impression Dry Cleaners

*Fax 850-922-1362
Rick Butler*

CC: _____

Total number of pages including cover sheet: 5

Message

RECEIVED

FEB 14 2002

Bureau of Air Monitoring
& Mobile Sources

If there are any problems with this fax transmittal, please call the above phone number.

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

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JAN 15 2002

Part III. Notification of Intent to Use General Permit

ASGP
RECEIVED
FEB 14 2002
Bureau of Air Monitoring
& Mobile Sources

Prior to completing out this form, please read the instructions provided at the end of the form. See Bureau of Air Monitoring & Mobile Sources 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): First Impression Dry Cleaners
2. Site Name (For example, plant name or number): First Impression Dry Cleaners
3. Hazardous Waste Generator Identification Number: unknown
4. Facility Location: Street Address: City: Naples County: Collier Zip Code: 34113 4937 Rattlesnake Hammock Rd.
5. Facility Identification Number (DEP USE ONLY) (do not fill in)

Responsible Official

6. Name and Title of Responsible Official: Name: Katerlie Escarment Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 4937 Rattlesnake Road City: Naples County: Collier Zip Code: 34113 4937 Rattlesnake
8. Responsible Official Telephone Number: Telephone: (941) 530-8550 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")
<u>11/2001</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/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

How many washers do you have on-site? 4

How many dryers/reclaimers do you have on-site? 2

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?

35 gallons (You must fill this in)

(b) If less than 12 months, how many? 4 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".)

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?

For each boiler, indicate its horsepower (HP) rating: 15 1 1
Currently using will be switching to an about 3000

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 _____
- 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.

Ketelie Escarmont

Print name of responsible official

Ketelie Escarmont

Signature

Date

1/30/02

=== COVER PAGE ===

TO:

FROM: BEST CREATION OF COA

FAX: 2757819

TEL: 2751977

COMMENT:

ASGP

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**PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM**

RECEIVED

JAN 15 2002

Part III. Notification of Intent to Use General Permit

Before completing out this form, please read the instructions provided at the end of the form. Send Bureau of Air Quality Control 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):	First Impression Dry Cleaners		
2. Site Name (For example, plant name or number):	First Impression Dry Cleaners		
3. Hazardous Waste Generator Identification Number:	unknown		
4. Facility Location:			
Street Address:	NAP		
City:	County:	Zip Code:	
4937 Rattlesnake Hammock	Collier	34113	

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Title:		
Katelin Escarment	President		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	4937 Rattlesnake Road		
City:	County:	Zip Code:	
Naples	Collier	34113	
4937 Rattlesnake			
8. Responsible Official Telephone Number:			
Telephone:	Fax:		
(941) 530-8500	---		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:	SAME		
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	Fax:		
()	()		

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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>11/2001</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	<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

How many washers do you have on-site? 1

How many dryers/rectifiers do you have on-site? 1

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 23, 1993, it is a NEW unit (no units purchased after September 23, 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?

35 gallons (You must fill this in)

(b) If less than 12 months, how many? 4 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 _____)

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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 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

For each boiler, indicate its horsepower (HP) rating: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 adsorbent exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

BEST AVAILABLE COPY

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Ketelie Escorment

Print name of responsible official

Ketelie Escorment

Signature

1/30/02

Date

ASGP

RECEIVED

JAN 15 2002

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):	First Impression Dry Cleaners
2. Site Name (For example, plant name or number):	First Impression Dry Cleaners
3. Hazardous Waste Generator Identification Number:	unknown
4. Facility Location: Street Address: City: County: Zip Code:	NAP 4937 Rattlesnake Hammock Rd, Collier 34113
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0210074-001

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	Ketelie Escarmant President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	4937 Rattlesnake Road Naples Collier 34113
8. Responsible Official Telephone Number: Telephone: Fax:	(941) 530-8500 -

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:	SAME
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?

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")
7001			
_____	Existing/New	RC/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?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

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

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

- | | |
|---|--|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| 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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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:

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Responsible Official Certification

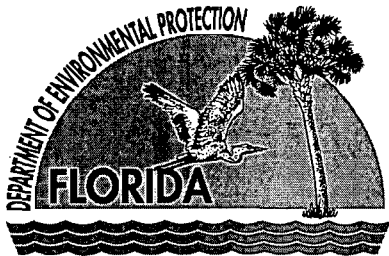
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I will promptly notify the Department of any changes to the information contained in this notification.

Print name of responsible official

Signature

Date



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: Jan. 22, 2002

TO: Ketelie Escarment

PHONE: 941-530-8500

FAX: 941-275-7819

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: 1st Impression Dry Cleaners

CC: _____

Total number of pages including cover sheet: 5

Message

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
2001			
_____	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

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Responsible Official Certification

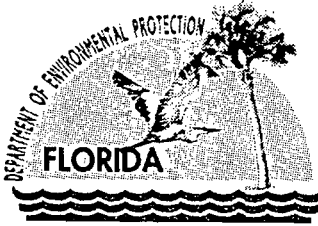
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

Print name of responsible official

Signature

Date



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

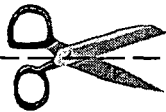
TO: Holder of Title V Air General Permit

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 can be found below on your mailing label.

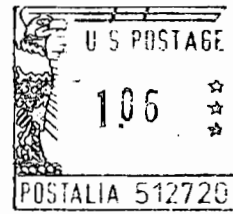
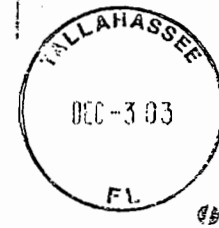
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

210094
KETELIE ESCARMENT
FIRST IMPRESSIONS DRY CLEANER
4937 RATTLESNAKE HAMMOCK ROAD
NAPLES FL 34113

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

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



NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD

Legis

NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD

RECEIVED
DEC 22 2003
Bureau of Air Monitoring
& Mobile Sources

210094
KETELIE ESCARMENT
FIRST IMPRESSIONS DRY CLEANER
4937 RATTLESNAKE HAMMOCK ROAD
NAPLES FL 34113

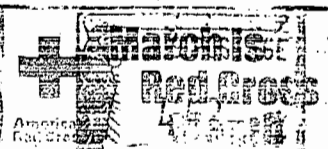
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7003 0500 0004 0144 7863 61



60514 1A 535246

RECEIVED

MAR 29 2004

Bureau of Air Monitoring
& Mobile Sources

RETURNED TO SENDER
Unclaimed

~~KETELIE ESCARMENT
FIRST IMPRESSIONS DRY-CLEANER
4937 RATTLE SNAKE HAMMOCK RD
NAPLES, FL 34113~~

Handwritten: Not back 3/24

Name _____
1st Notice 3/16
2nd Notice 3/16
Return 3/24

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 # 210094
 KETELIE ESCARMENT
 FIRST IMPRESSIONS DRY CLEANER
 4937 RATTLESNAKE HAMMOCK RD
 NAPLES, FL 34113

2. Article Number:

7003 0500 0004 0144 7863

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

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

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

7003 0500 0004 0144 7863
 AIRS ID # 210094

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

2nd Ct
 Postmark Here
2003

Total Postage

AIRS ID # 210094

Sent To

KETELIE ESCARMENT
 FIRST IMPRESSIONS DRY CLEANER
 4937 RATTLESNAKE HAMMOCK RD
 NAPLES, FL 34113

Street, Apt or PO Box

City, State

PS Form 3800, June 2002

See Reverse for Instructions

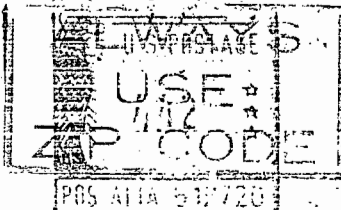
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7003 2260 0003 5651 1496



RETURNED TO SENDER
Unclaimed

RECEIVED
FEB 27 2000
Rural Mail Agency
Tallahassee, FL

ID# 0094
~~KETHE ESCARMENT~~
~~FIRST IMPRESSIONS DRY CLEANER~~
~~4937 RAVENESNAKE HAMMOCK RD~~
~~NAPLES, FL 34113~~

Name _____
1st Notice 2/6
2nd Notice 2/11
Return 2/21

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# 210094
 KETELIE ESCARMENT
 FIRST IMPRESSIONS DRY CLEANER
 4937 RATTLESNAKE HAMMOCK RD
 NAPLES, FL 34113

2. Article Number
(Transfer from service label)

7003 2260 0003 5651 1496

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

102595-02-M-1540

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

158 03

To: ID# 210094
 56 KETELIE ESCARMENT
 51 FIRST IMPRESSIONS DRY CLEANER
 or 4937 RATTLESNAKE HAMMOCK RD
 01 NAPLES, FL 34113

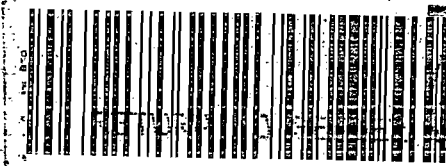
PS Instructions

7003 2260 0003 5651 1496

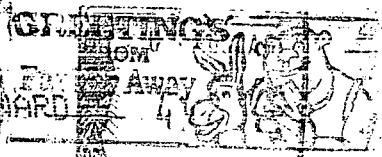
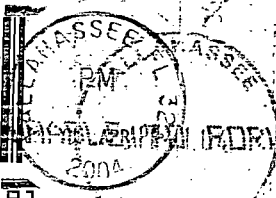
MS# 5510 MC Acct # 5621

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

CARRIED MAIL



7001 1140 0001 7556 4491



RECEIVED

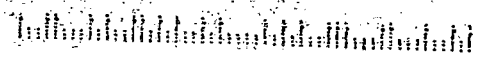
APR 1 2004

Bureau of Air, Water, and
& Mobile Resources

UTP

AIRS ID # 210094
FIRST IMPRESSIONS DRY CLEANER
KETELIE ESCARMENT
4937 RATTLESNAKE HAMMOCK RD
NAPLES, FL 34113

32399-2400



POSTNET ADDRESS ONLY - NO POSTAGE REQUIRED

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 # 210094
 FIRST IMPRESSIONS DRY CLEANER
 KETELIE ESCARMENT
 4937 RATTLESNAKE HAMMOCK RD.
 NAPLES, FL 34113

2. Article Number:

7001 1140 0001 7556 4491

PS Form 3611, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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)

Total Postage

AIRS ID # 210094

Sent To

FIRST IMPRESSIONS DRY CLEANER
 KETELIE ESCARMENT

Street, Apt. or PO Box No.

4937 RATTLESNAKE HAMMOCK ROAD

City, State, & ZIP

NAPLES FL 34113

PS Form 3800, January 2001

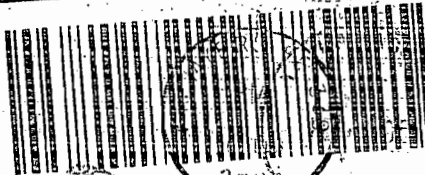
See Reverse for Instructions

7001 1140 0001 7556 4491

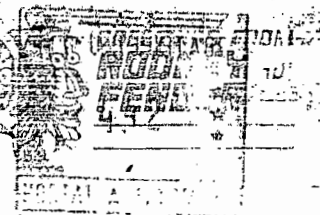
Handwritten signature and initials

MS# 5510 MC Acct # 5521

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



7004 2510 0002 3439 0355



Not Deliverable as Addressed
Unable to forward

VACANT

AIRS ID# 210094-1stC
FIRST IMPRESSIONS DRY CLEANER
4937 Rattlesnake Hammock Road
NAPLES, FL 34113

RECEIVED

FEB 14 2005

Bureau of Air Monitoring
& Mobile Sources

*Closed
Vacant
2/8/05*

PLACE STICKER AT TOP OF ENVELOPE OR FRONT OF MAILPIECE
OF THE RETURN ADDRESS FORM AT DOTTED LINE

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# 210094 1stC
 FIRST IMPRESSIONS DRY CLEANER
 4937 Rattlesnake Hammock Road
 NAPLES, FL 34113

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

PS Form 3811, August 2002

7004 2510 0002 3939 0355

Domestic Return Receipt

2ACPRI-03-P-4031

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

7004 2510 0002 3939 0355

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

Postmark Here

Sent To
 AIRS ID# 210094 1stC
 FIRST IMPRESSIONS DRY CLEANER
 4937 Rattlesnake Hammock Road
 NAPLES, FL 34113

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+

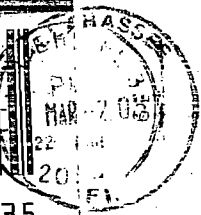
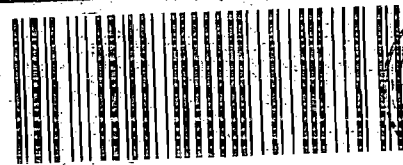
PS Form 3800, June 2002

See Reverse for Instructions

MS# 5510

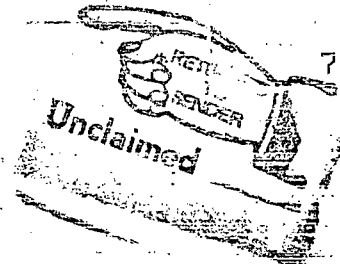
MC Acct # 5521

CERTIFIED MAIL



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

7004 2510 0002 3939 3035



Unclaimed

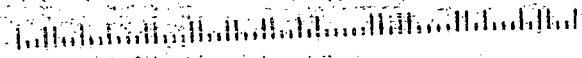
RECEIVED
MAR 25 2005

Handwritten: LR 348 3/24

Handwritten: 314
310
319

AIRS ID#0210094... 2nd Cert 05
FIRST IMPRESSIONS DRY CLEANER
4937 Rattlesnake Hammock Road
NAPLES, FL 34113

34113+5916 45



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#0210094.....2nd Cert 05
 FIRST IMPRESSIONS DRY CLEANER
 4937 Rattlesnake Hammock Road
 NAPLES, FL 34113

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

Article Number: 7004 2510 0002 3939 3035
 (Transfer from service label)

7004 2510 0002 3939 3035

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED
 FEBRUARY 11 2004
 AIRS ID#0210094

7004 2510 0002 3939 3035

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) _____ Total Postage & Fees \$ _____	Postmark Here
Sent To AIRS ID#0210094.....2 nd Cert 05 FIRST IMPRESSIONS DRY CLEANER Street, Apt. No. or PO Box No. 4937 Rattlesnake Hammock Road City, State, Zip NAPLES, FL 34113	
PS Form 3800	

MS# 5510

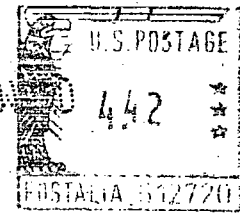
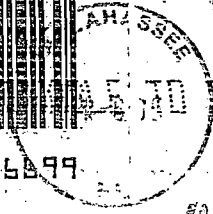
MC Acct #

5527
5524

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



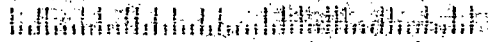
7004 2510 0004 6986 6899



Handwritten signature

AIRS ID# 210094 3rd Cert04
FIRST IMPRESSIONS DRY CLEANER
4937 Rattlesnake Hammock Road
NAPLES, FL 34113

34113+6323 99 2400



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# 210094 3rd Cert04
 FIRST IMPRESSIONS DRY CLEANER
 4937 Rattlesnake Hammock Road
 NAPLES, FL 34113

2. Article Number
(Transfer from service label)

7004 2510 0004 6986 6699

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent
 Addressee

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

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# 210094 3rd Cert04
 FIRST IMPRESSIONS DRY CLEANER
 4937 Rattlesnake Hammock Road
 NAPLES, FL 34113

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0004 6986 6699

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

OFFICIAL USE

7001 0320 0001 7976 5822

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

OK
3/10/02
[Signature]
 Postmark Here

AIRS ID#0210094

Sent To: **FIRST IMPRESSIONS DRY CLEANER**
KETELIE ESCARMENT
 Street, or PO: **4937 RATTLESNAKE HAMMOCK ROAD**
 City, S: **NAPLES FL 34113**

PS Form 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#0210094

FIRST IMPRESSIONS DRY CLEANER
KETELIE ESCARMENT
4937 RATTLESNAKE HAMMOCK ROAD
NAPLES FL
34113

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 _____ **4-10**

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 **7001 0320 0001 7976 5822**
 (Transfer from Service Label)

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 STOP 115810
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 15 2003

RECEIVED

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)
 Total Postage & Fees

03rd
Postmark
Here

AIRS ID#0210094

Sent To **FIRST IMPRESSIONS DRY CLEANER**
KETELIE ESCARMENT
 Street, Apt. No.,
 or PO Box No. **4937 RATTLESNAKE HAMMOCK ROAD**
 City, State, ZIP+4 **NAPLES FL 34113**

PS Form 3800, Jan

7001 0320 0001 7976 2760

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#0210094
FIRST IMPRESSIONS DRY CLEANER
KETELIE ESCARMENT
4937 RATTLESNAKE HAMMOCK ROAD
NAPLES FL 34113

2 Article Number
 (Transfer from service label)

7001 0320 0001 7976 2760

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee

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 Monitoring
& Mobile Sources

MAR 13 2003

RECEIVED



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

Total Po:

AIRS ID#0210094

Sent To **FIRST IMPRESSIONS DRY CLEANER**
KETELIE ESCARMENT
 4937 RATTLESNAKE HAMMOCK ROAD
 NAPLES FL
 34113

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0001 7975 7803

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#0210094
FIRST IMPRESSIONS DRY CLEANER
KETELIE ESCARMENT
4937 RATTLESNAKE HAMMOCK ROAD
NAPLES FL
34113

2 Article Number

(Transfer from service label)

7001 0320 0001 7975 7803

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Jata Meise* Agent Addressee

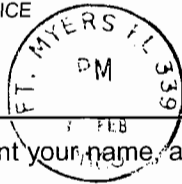
B. Received by (Printed Name) C. Date of Delivery

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

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 10 2003

RECEIVED



^{reference}
^{to permit}
^{draw}
To Finance & Accounting #8409
Per Sandy Bowman,
Bureau of Air Regulation,
Title V Section.

* credit the enclosed fee
to object code 2273.

Permit # 0210094-001

RECEIVED

Thanks,

APR 9 2002

Melanie Knapp

Bureau of Finance
and Accounting

REVENUE

Director Title & Land Records
(receiver of this
m's-directed mail)

--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS
DOCUMENT TO:

Title and Records

Name of Individual/Office

108

Mail Station Number

R E C E I V E D

APR 8 2002

TITLE AND LAND
RECORD SECTION

RECEIVED

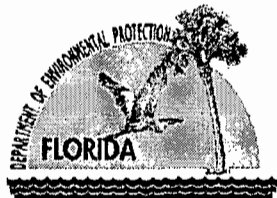
MAR 01 2002

BUREAU OF AIR REGULATION



J. He V Permit Office
Dept. of Environmental
Protection
7600 Blair Stone Rd.
Tallahassee, FL 32399-
2400

01



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# 210094 10
FIRST IMPRESSIONS DRY CLEANER
4937 Rattlesnake Hammock Road
NAPLES, FL 34113

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

ATTENTION:

The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.



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, 2004

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 subject to Title V of the federal Clean Air Act, 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 **2004**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, 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 Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

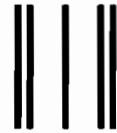
Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.



POSTAGE
REQUIRED

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

MS 5510 MC Acct# 5521

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



RECEIVED
JAN 3 2004
Bureau of Air Monitoring
& Mobile Sources

AIRS ID# 210094 10
FIRST IMPRESSIONS DRY CLEANER



Not Deliverable
as addressed.
Unable to forward.



6000C

Handwritten signature or initials.

FAX 941-275-7819

1/30/2002

spoke with Ketelie Escarment and she will FAX + mail
corrected form by 2/1/2002. CRB

2/7/02 Ms. Escarment stated she sent the form.