



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

March 11, 2003

RECEIVED
MAR 31 2003
Bureau of Air Monitoring
& Mobile Sources

Mr. Mohammed A. Sayani
E. C. Cleaners
14900 Southwest 296 Street
Leisure City, Florida 33033

Re: Facility No.: 0250936-003

Dear Mr. Sayani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 7, 2003.

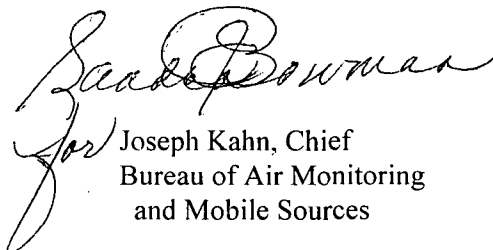
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

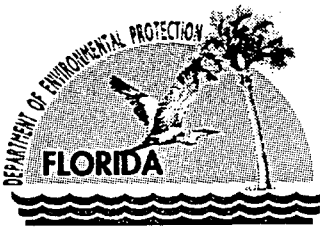

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 11, 2003

Mr. Mohammed A. Sayani
E. C. Cleaners
14900 Southwest 296 Street
Leisure City, Florida 33033

Re: Facility No.: 0250936-003

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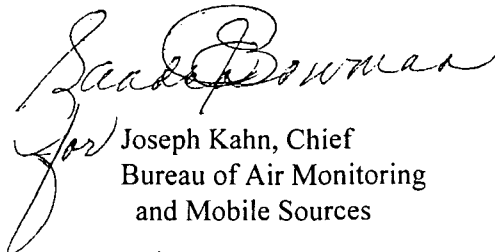
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Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

FEB 07 2003

FEB 04 2003

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Air Quality
Management Division

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):	TNA CORP.
2. Site Name (For example, plant name or number):	E.C. CLEANER'S
3. Hazardous Waste Generator Identification Number:	FLD 982130627
4. Facility Location: 18829 S.W. 42 ST Street Address: City: MIAMI County: DADE Zip Code: 33175	
0250936-003	

Responsible Official

6. Name and Title of Responsible Official:	
Name: MOHAMMED A. SAYANI	Title: VICE PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: TNA CORP Street Address: 14900 SW 296 ST City: LEISURE CITY County: DADE Zip Code: 33033	
8. Responsible Official Telephone Number: Telephone: (305) 248-2824 Fax: (305) 554-5705	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE.
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")
1990	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

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?

[60] gallons (You must fill this in)

(b) If less than 12 months, how many? [9] 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>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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
- (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

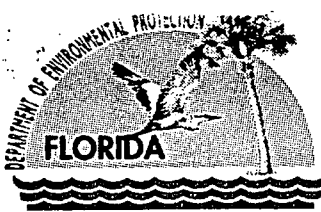
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

MOHAMMED A. SAYANI
Print name of responsible official

Signature

11/31/03
Date



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

April 3, 2003

Mr. Mohammed A. Sayani
E. C. Cleaners
14900 Southwest 296 Street
Leisure City, Florida 33033

Re: Facility No.: 0250936-003

Dear Mr. Sayani:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1066) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager

TNA CORP.
Ph. (305) 554-5705
12829 Bird Road
Miami, FL 33175

1066

63-643/670
BRANCH 00910

Pay to the
Order of

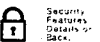
Department of Environmental Protection

Date 3/27/03

\$50.00

FiTri \$ 00/100

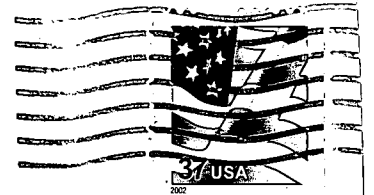
Dollars



WACHOVIA
ACH RT 067006432

For Title V General Permit

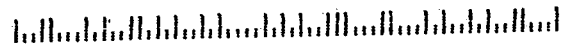
TNA Corp.
14900 SW 296 ST.
Leisure City Fla. 33033



5510

Department of Environmental Protection
2600 Blair Stone Road
Tallahassee Fla. 32399-2400

32399+2400



448978 MAR 14 2005

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

~~447717 11 02 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# 250936 1stC EC CLEANERS 12829 SW 42ND STREET MIAMI, FL 33175
--

Printed on recycled paper.

Bureau of Air Monitoring
& Mobile Sources
MAR 15 2005
RECEIVED

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



TNA Corporation
12829 SW 42ND STREET
MIAMI FLA. 33175
PICK UP & DELIVERY AVAILABLE
305-554-5705

To Whom It May Concern:

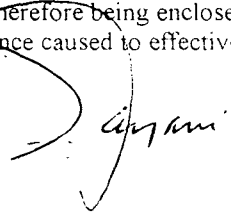
On February 15th, 2005 2 checks were made and mailed as following:

<u>Check #</u>	<u>Pay able to:</u>	<u>Amount:</u>
1494	Internal Revenue Services	\$89.80
1495	Dept. Of Environmental Protection	\$50.00

Due to an error check # 1494 was mailed to Dept. Of Environmental Protection and 1495 To IRS. Check # 1494 was returned by Dept. Of Env. Prot. But check # 1495 was cashed by IRS.

Replacement checks are therefore being enclosed to appropriate parties.
We regret any inconvenience caused to effective parties.

Sincerely,


Mohammed A. Sayani

cc: Dept. of Environmental Protection

7004 2510 0002 3939 4070

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OFFICIAL USE

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

Postmark
Here

Total Pos AIRS ID# 250936 1stC
 EC CLEANERS
 Sent To 12829 SW 42ND STREET
 Street, Apt. MIAMI, FL 33175
 or PO Box
 City, State,

PS Form 3800, June 2002

See Reverse for Instructions

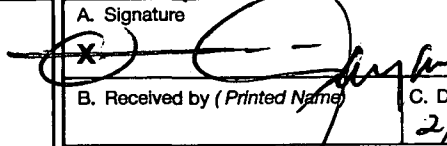
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 250936 1stC
 EC CLEANERS
 12829 SW 42ND STREET
 MIAMI, FL 33175

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee
 B. Received by (Printed Name) C. Date of Delivery
 2/5/05
 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.

7004 2510 0002 3939 4070

Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (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 •

DARWIN 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

FEB 11 2005

RECEIVED



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OFFICIAL USE

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

AIRS ID # 250936

Sent To: **MOHAMMED SAYANI**
EC CLEANERS
 Street, Apt. No., or PO Box No. **14900 SW 296 STREET**
 City, State, ZIP+4 **LEISURE CITY, FL 33033**

PS Form 3800, 1-03

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">AIRS ID # 250936</p> <p>MOHAMMED SAYANI EC CLEANERS 14900 SW 296 STREET LEISURE CITY, FL 33033</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MOHAMMED SAYANI</p> <p>C. Date of Delivery 3/6/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <div style="text-align: center; margin: 10px 0;"> </div> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input 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.
<input 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.						
<p>7003 0500 0004 0144 9065</p>							

ified

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

Department of Air Monitoring
and Sources

MAR 8 2004

RECEIVED

01



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

7000 1670 0013 3109 2169

OFFICIAL USE

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

*02
3rd
Wagon*
 Postmark
 Here

AIRS ID#0250936

Total INVESTORS ENTERPRISES
 Sent To CARLOS BENITEZ
 Street, 12829 SW 42ND STREET
 City, State MIAMI FL 33175

PS Form 3800, May 2000

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#0250936
 INVESTORS ENTERPRISES
 CARLOS BENITEZ
 12829 SW 42ND STREET
 MIAMI FL
 33175

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 4/10/03
 C. Signature
 Agent
 Addressee
 Is delivery address different from item 1?
 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 (Copy from service label)

14001640 0013 3109 2169

ried
mailing

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

APR 14 2003

RECEIVED

01



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

OFFICIAL USE

7001 0320 0001 7975 4567

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

[Handwritten Signature]
 Postmark
 Here

AIRS ID#0250936

TO INVESTORS ENTERPRISES
 CARLOS BENITEZ
 12829 SW 42ND STREET
 MIAMI FL
 33175

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:

AIRS ID#0250936

INVESTORS ENTERPRISES
 CARLOS BENITEZ
 12829 SW 42ND STREET
 MIAMI FL
 33175

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-10

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

(Transfer from service lab)

7001 0320 0001 7975 4567

ified

UNITED STATES POSTAL SERVICE



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

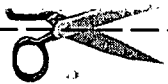
• Sender: Please print your name, address, and ZIP+4 in this box •

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

MAR 17 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

RECEIVED
MAR 25 2004
Bureau of Air Monitoring
& Mobile Sources

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# 250936
MOHAMMED SAYANI
EC CLEANERS
14900 SW 296 STREET
LEISURE CITY, FL 33033

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459800 MAR 9 2006

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 250936 10
EC CLEANERS
12829 SW 42ND STREET
MIAMI, FL 33175

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

Bureau of Air Mail
& Mobile Services

MAR 10 2006

RECEIVED

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 is located on the mailing label. 459964 MAR 17 2006

Paid \$ 100.00
2004 - 2005

TOTAL AMOUNT DUE: \$50.00

Thank you!

Do **NOT** Remove Label

AIRS ID# 250939 1st
LAOMAN'S DRY CLEANER
1611 ALTON ROAD
MIAMI BEACH, FL 33139

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

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

Printed on recycled paper.

7003 3000 2260 0000 1595 0604

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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)	

*St
cert
2*
Postmark
Here

Total Pos ID# 250936

Sent To **MOHAMMED SAYANI**
EC CLEANERS
 Street, Apt. or PO Box | **14900 SW 296 STREET**
 City, State, | **LEISURE CITY, FL 33033**

Gardner, Kelly

From: Bowman, Sandy
Sent: Monday, March 20, 2006 6:31 AM
To: Gardner, Kelly
Cc: Thomas, Bruce X.; Sullivan, Ann
Subject: RE: Laoman's Dry Cleaner

The owner is also paying for year 2004. The object code is the same as is the AIRS ID number. I appreciate your attentiveness. Thank you.

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

-----Original Message-----

From: Gardner, Kelly
Sent: Friday, March 17, 2006 11:13 AM
To: Bowman, Sandy
Cc: Sullivan, Ann
Subject: Laoman's Dry Cleaner

I received a \$100.00 from Laoman's Dry Cleaner. There was only 1 invoice sent in with the check (AIRS ID#: 250939 for \$50.00). There is a note on it that says:

Paid \$100.00
2004 - 2005

How should the other \$50.00 be applied? Do I use the same object code and Airs ID # or something else?
Thanks.

Kelly Gardner
Accountant I
Department of Environmental Protection
Finance & Accounting - Revenue Section
Phone: (850) 245-2427, SC: 205-2427
Fax: (850) 245-2464, SC: 205-2464, MS - 77
Kelly.Gardner@dep.state.fl.us