



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

August 29, 2000

Mr. Gulam Charonia  
Executive Cleaners  
12031 Southwest 117 Avenue  
Miami, Florida 33186

Re: Facility No.: 0251035-001

Dear Mr. Charonia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 21, 2000.

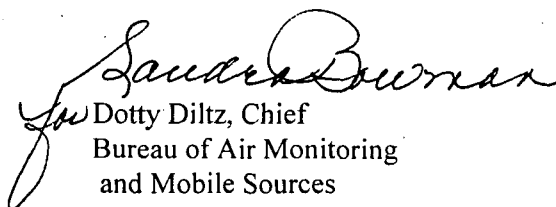
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

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

Printed on recycled paper.

0251035-001  
Executive Cleaners

p16

5. No such units on site should be marked.  
Mark out all steam and hot water units.  
Add Horsepower and fuel type for second boiler.

RECEIVED  
JUL 27 2000

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUL 21 2000

**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):<br><i>Sony Dry Cleaners Corp.</i>               |
| 2. Site Name (For example, plant name or number):<br><i>Executive Cleaners</i>   |
| 3. Hazardous Waste Generator Identification Number:<br><i>FLDCESQG</i>   |
| 4. Facility Location:<br>Street Address: <i>12031 SW 117 Ave.</i><br>City: <i>Miami</i> County: <i>Dade</i> Zip Code: <i>33186</i> |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):<br><i>0251035-001</i>   |

**Responsible Official**

|  |
|--|
| 6. Name and Title of Responsible Official:<br>Name: <i>GULAM Charania</i> Title: <i>Owner</i>                            |
| 7. Responsible Official Mailing Address:<br>Organization/Firm: <i>SAME</i><br>Street Address:<br>City: County: Zip Code: |
| 8. Responsible Official Telephone Number:<br>Telephone: ( ) - Fax: ( ) -   |

**Facility Contact (If different from Responsible Official)**

|   |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager):         |
| 10. Facility Contact Address:<br>Street Address:<br>City: County: Zip Code: |
| 11. Facility Contact Telephone Number:<br>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") |
|--|----------------------|---------------------------------------|---|
| 6/96                                       | Existing/ <u>New</u> | <u>RC</u> /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><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/>            |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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

How many boilers do you have on-site?

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

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) Electric

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:

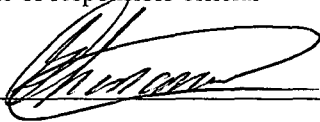
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

John A. Charnick  
Print name of responsible official

  
Signature

7/22/00  
Date

RECEIVED  
MAR 13 2003

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

MAR 06 2003

Air Quality  
Management Division

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): | JUAN CARLOS DANIEL SCHWEIDER (EXECUTIVE DRY CLEANERS)                      |  |  |
| 2. Site Name (For example, plant name or number):                                  | EXECUTIVE DRY CLEANERS   |  |  |
| 3. Hazardous Waste Generator Identification Number:                                | FLDCES9G   |  |  |
| 4. Facility Location:  | Street Address: 12031 SW 117 AVE<br>City: MIAMI County: FL Zip Code: 33186 |  |  |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):                 |  |  |  |

Responsible Official

|  |   |  |  |
|--|---|--|--|
| 6. Name and Title of Responsible Official: | Name: JUAN CARLOS DANIEL SCHWEIDER Title: OWNER                       |  |  |
| 7. Responsible Official Mailing Address:   | Organization/Firm:<br>Street Address: SAME<br>City: County: Zip Code: |  |  |
| 8. Responsible Official Telephone Number:  | Telephone: (305) 233-3839 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:<br>City: County: Zip Code: |  |  |
| 11. Facility Contact Telephone Number:                              | Telephone: ( ) Fax: ( )                    |  |  |

file

APMS #

0251035.002

New Owner.



**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<br>From Manufacturer | Status<br>(circle one) | Control Device Required*<br>(circle one) | Date Control Device Installed<br>(if already included at time of<br>purchase, write "SAME") |
|---|------------------------|--|---|
| <u>6/96</u>                                   | Existing/ <u>New</u>   | <u>RC</u> /CA/None required              | <u>SAME</u>   |
| _____   | Existing/New           | RC/CA/None required                      | _____   |
| _____   | Existing/New           | RC/CA/None required                      | _____   |

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

1.(b) **TRANSFER MACHINES ONLY**

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<br>From Manufacturer | Status<br>(circle one) | Control Device Required*<br>(circle one) | Date Control Device Installed<br>(if already included at time of<br>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?

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

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

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

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  [X] OR  
No such units on-site  [ ]

How many boilers do you have on-site?  [ ]  0  0  3  
For each boiler, indicate its horsepower (HP) rating:  0  0  3

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) ELECTRIC

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  [X]
- (b) Leak detection inspection and repair  [X]
- (c) Refrigerated condenser temperature monitoring  [X]
- (d) Carbon adsorber exhaust perc concentration monitoring  [ ]
- (e) Startup, shutdown, malfunction plan  [X]

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.*

*Juan Carlos David Schneider*

Print name of responsible official

Signature

Date

*02/06/03*

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2-5-01</u>   |
| 1. Article Addressed to:<br><br>EXECUTIVE CLEANERS<br>GULAM CHARANIA<br>12031 SW 117TH AVENUE<br>MIAMI FL 33186<br><br>AIRS ID # 0251035   | C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee   |
| 2. Article Number (Copy from service label)<br><u>7000 0600 0026 7825 6201</u>   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |
| PS Form 3811, July 1999  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| Domestic Return Receipt  | 102595-99-M-1789  |

| U.S. Postal Service<br><b>CERTIFIED MAIL RECEIPT</b><br>(Domestic Mail Only; No Insurance Coverage Provided)                                       |                      |
|--|----------------------|
| 7000 0600 0026 7825 6201   | [Redacted]           |
| Postage \$ _____<br>Certified Fee _____<br>Return Receipt Fee (Endorsement Required) _____<br>Restricted Delivery Fee (Endorsement Required) _____ | Postmark Here        |
| Total F _____  | AIRS ID # 0251035    |
| Recipient EXECUTIVE CLEANERS<br>GULAM CHARANIA<br>Street, 12031 SW 117TH AVENUE<br>City, St MIAMI FL 33186   | PS Form Instructions |

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

**OFFICIAL USE**

7001 0320 0001 7976 0629

|   |    |  |
|---|----|--|
| Postage   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |

Postmark  
Here

AIRS ID # 0251035

EXECUTIVE CLEANERS  
 GULAM CHARANIA  
 12031 SW 117TH AVENUE  
 MIAMI FL  
 33186

PS Form 3811, July 1999 Use 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 # 0251035  
 EXECUTIVE CLEANERS  
 GULAM CHARANIA  
 12031 SW 117TH AVENUE  
 MIAMI FL  
 33186

**COMPLETE THIS SECTION ON DELIVERY**

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

3/8/02

C. Signature

X



- 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

7001 0320 0001 7976 0629



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.

415106 APR 19 2002

**TOTAL AMOUNT DUE: \$75.00**

Do **NOT** Remove Label

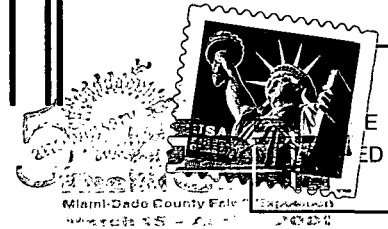
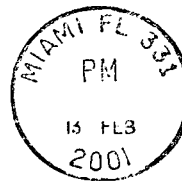
AIRS ID # 0251035  
EXECUTIVE CLEANERS  
GULAM CHARANIA  
12031 SW 117TH AVENUE  
MIAMI FL 33186

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

Printed on recycled paper.

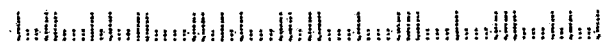


EXECUTIVE CLEANERS  
12031 S.W. 117 AVE  
MIAMI FL 33186



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

32315X3070



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

AIRS ID # 0251035

EXECUTIVE CLEANERS  
GULAM CHARANIA  
12031 SW 117TH AVENUE  
MIAMI FL 33186

405396 FEB 13 2001

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
FEB 13 2001

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



| U.S. Postal Service<br><b>CERTIFIED MAIL RECEIPT</b><br>(Domestic Mail Only. No Insurance Coverage Provided)  |  |            |                    |               |  |   |                   |
|---|--|------------|--------------------|---------------|--|---|-------------------|
| 7000 0600 0026 4128 7904  | <table border="1"> <tr> <td>Postage \$</td> <td rowspan="5" style="text-align: center; vertical-align: middle;">Postmark<br/>Here</td> </tr> <tr> <td>Certified Fee</td> </tr> <tr> <td>Return Receipt Fee<br/>(Endorsement Required)</td> </tr> <tr> <td>Restricted Delivery Fee<br/>(Endorsement Required)</td> </tr> <tr> <td>Total</td> </tr> </table> | Postage \$ | Postmark<br>Here   | Certified Fee | Return Receipt Fee<br>(Endorsement Required) | Restricted Delivery Fee<br>(Endorsement Required) | Total             |
| Postage \$  | Postmark<br>Here   |            |                    |               |  |   |                   |
| Certified Fee   |  |            |                    |               |  |   |                   |
| Return Receipt Fee<br>(Endorsement Required)  |  |            |                    |               |  |   |                   |
| Restricted Delivery Fee<br>(Endorsement Required)   |  |            |                    |               |  |   |                   |
| Total   |  |            |                    |               |  |   |                   |
| AIRS ID # 0251035   |  |            |                    |               |  |   |                   |
| <table border="1"> <tr> <td>Rec</td> <td>EXECUTIVE CLEANERS</td> </tr> <tr> <td>Stre</td> <td>GULAM CHARANIA<br/>12031 SW 117TH AVENUE</td> </tr> <tr> <td>City</td> <td>MIAMI FL<br/>33186</td> </tr> </table> |  | Rec        | EXECUTIVE CLEANERS | Stre          | GULAM CHARANIA<br>12031 SW 117TH AVENUE      | City  | MIAMI FL<br>33186 |
| Rec   | EXECUTIVE CLEANERS   |            |                    |               |  |   |                   |
| Stre  | GULAM CHARANIA<br>12031 SW 117TH AVENUE  |            |                    |               |  |   |                   |
| City  | MIAMI FL<br>33186  |            |                    |               |  |   |                   |
| PS Instructions   |  |            |                    |               |  |   |                   |

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 0251035

EXECUTIVE CLEANERS  
GULAM CHARANIA  
12031 SW 117TH AVENUE  
MIAMI FL  
33186

2. Article Number (Copy from service label)

7000 0600 0026 4128 7904

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

2-9-02

C. Signature

X

 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

RECEIVED

FEB 11 2002

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

Bureau of Air Monitoring  
& Sources

ARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
100 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

