



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 26 2001

Mr. Michael St. John
St. John's Cleaners, Inc.
3225 South MacDill Avenue
Tampa, Florida 33629

Re: Facility No.: 0571065-002

Dear Mr. St. John:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 2001.

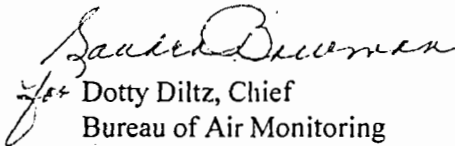
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fee paid
SOC 4
Compliance IN

Thomas, Bruce X.

From: Watson, Alain [WatsonA@epchc.org]

Sent: Monday, June 28, 2004 8:53 AM

To: Thomas, Bruce X.

Cc: Butler, Rick

Subject: Dry Cleaner Closed

FYI -
St. John's Cleaner's, 0571065, closed in November 2003.
alain

6/29/2004

0571065-002

p15

1(a) None Required should be circled
under Control Device Required.

Mark out "Same" under Date Control
Device Installed

p17

Responsible official sign and date for
changes made.

7. Mark out "X" and initial.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUN 22 2001

RECEIVED

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): ST. JOHN'S CLEANERS INC
2. Site Name (For example, plant name or number): MAC DILL
3. Hazardous Waste Generator Identification Number: 982135477
4. Facility Location: Street Address: 3225 SO. MACDILL AVE City: TAMPA, County: HILLS, Zip Code: 33629
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0571065-002

Responsible Official

6. Name and Title of Responsible Official: Name: MICHAEL ST. JOHN Title: PRES.
7. Responsible Official Mailing Address: Organization/Firm: ST. JOHN'S CLEANERS Street Address: 3225 SO. MACDILL AVE City: TAMPA County: HILLS, Zip Code: 33629
8. Responsible Official Telephone Number: Telephone: (813) 837 3012 Fax: (NA)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): N.A.
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (813) 837 3012 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")
11/10/91	<u>Existing</u> /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?

130 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".)

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

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:

- (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:

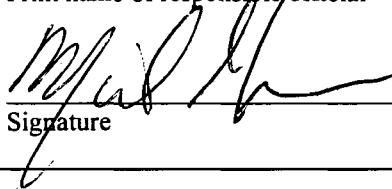
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0571065.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Michael St. John
Print name of responsible official


Signature

6-20-01
Date

JUL - 5 2001

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUN 22 2001

RECEIVED

Part III. Notification of Intent to Use General Permit

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1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ST. JOHN'S CLEANERS INC		
2. Site Name (For example, plant name or number):	MAC DILL		
3. Hazardous Waste Generator Identification Number:	982135-477		
4. Facility Location:	Street Address: 3225 SD. MACDILL AVE	City: TAMPA,	County: HILLS, Zip Code: 33629
5. Facility Identification Number (DEP Use ONLY - do not fill in):	05M1065-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: MICHAEL ST. JOHN	Title: PRES.
7. Responsible Official Mailing Address:	Organization/Firm: ST. JOHN'S CLEANERS	Street Address: 3225 SD. MACDILL AVE
	City: TAMPA	County: HILLS, Zip Code: 33629
8. Responsible Official Telephone Number:	Telephone: (813) 837 3012	Fax: (NA)

Facility Contact (If different from Responsible Official)

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

130 gallons (You must fill this in)

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

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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?
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(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

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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
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(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:

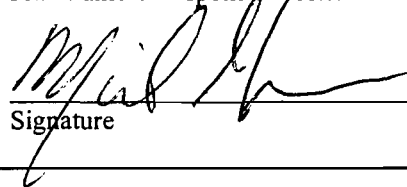
- 10
X"
Remained
M.S.
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I will promptly notify the Department of any changes to the information contained in this notification.

Michael St. John
Print name of responsible official


Signature

6-20-01
Date

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)		

2nd Cent.
2003
Postmark
Here

AIRS ID # 571065

7
 To
 or
 City

MICHAEL ST. JOHN
 ST. JOHN'S CLEANERS
 3225 S MACDILL AVE
 TAMPA, FL 33629

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 # 571065

MICHAEL ST. JOHN
 ST. JOHN'S CLEANERS
 3225 S MACDILL AVE
 TAMPA, FL 33629

2. Article Number
 (Transfer from service label)

7003 0500 0004 0144 5333

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

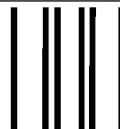
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (*Extra Fee*) Yes

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 2004

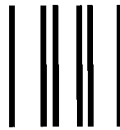
RECEIVED



7003 0500 0004 0140 8598	U.S. Postal Service™	
	CERTIFIED MAIL™ RECEIPT	
	<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
	For delivery information visit our website at www.usps.com	
	OFFICIAL USE	
Postage \$		<i>Re-mailed</i> <i>5/16/2004</i>
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Postmark Here		
Receiver's Name (Endorsement Required)	AIRS ID#571065	
Street	ST JOHNS CLEANERS	
City	MICHAEL ST JOHN	
State	4625 N MANHATTAN AVE STE J	
Zip	TAMPA FL 33614-6959	
PS Form 3800, June 2002		

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p style="font-size: 2em; text-align: center;"><i>5-10-04</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>AIRS ID# 571065 ST JOHNS CLEANERS MICHAEL ST JOHN 4625 N MANHATTAN AVE STE J TAMPA FL 33614-6959</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; display: inline-block; padding: 5px;">7003 0500 0004 0140 8598</div>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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

MAY 12 2004

RECEIVED





(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.

RECEIVED
AUG 26 2003
Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$75.00

431824 AUG22 2003

Do **NOT** Remove Label

AIRS ID#0571065
ST. JOHN'S CLEANERS MICHAEL ST. JOHN 3225 S MACDILL AVE TAMPA FL 33629

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

Printed on recycled paper.

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	02 J. R. Rags Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
AIRS ID#0571065	
Sent	ST. JOHN'S CLEANERS
Street or P.O.	MICHAEL ST. JOHN
City	3225 S MACDILL AVE
	TAMPA FL
	33629
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#0571065

ST. JOHN'S CLEANERS
MICHAEL ST. JOHN
3225 S MACDILL AVE
TAMPA FL
33629

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 3873

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *E. Rags*

Agent

Addressee

B. Received by (Printed Name)

ERTU Rags

C. Date of Delivery

3/8/03

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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 •

DUR. 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 12 2003

RECEIVED

BEST AVAILABLE COPY SECTION

Items 1, 2, and 3. Also complete Restricted Delivery is desired.

Write 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#0571065

ST. JOHN'S CLEANERS
MICHAEL ST. JOHN
3225 S MACDILL AVE
TAMPA FL
33629

COMPLETE THIS SECTION ON DELIVERY

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

9/11/02

C. Signature

X1 *Michael St. John* Agent Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

1000 1670 001331091940

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

OFFICIAL USE

7000 1670 0013 3109 1940

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

*02
3rd
Michael St. John*
Postmark Here

AIRS ID#0571065

Sent to: ST. JOHN'S CLEANERS
 Street: MICHAEL ST. JOHN
 3225 S MACDILL AVE
 City, State: TAMPA FL
 ZIP: 33629

UNITED STATES POSTAL SERVICE



Permit No.

• 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 M.
& Mobile Sources
APR 14 2003



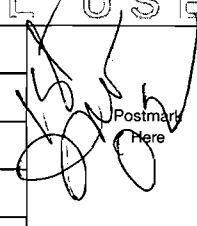
Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may **ONLY** be combined with First-Class Mail or Priority Mail.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
OFFICIAL USE		
Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
AIRS ID#0571065		
Send Str or Cit	ST. JOHN'S CLEANERS MICHAEL ST. JOHN 3225 S MACDILL AVE TAMPA FL 33629	
PS		or Instructions

7001 0320 0001 7975 6486

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. 	A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery DORIS RADNEY 2/7/03 C. Signature X <i>Doris Radney</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: ST. JOHN'S CLEANERS MICHAEL ST. JOHN 3225 S MACDILL AVE TAMPA FL 33629 AIRS ID#	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> 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 12 2003

CEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413402 JAN22 2002 *cl*

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 # 0571065

ST. JOHN'S CLEANERS
MICHAEL ST. JOHN
3225 S MACDILL AVE
TAMPA FL
33629

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

0610

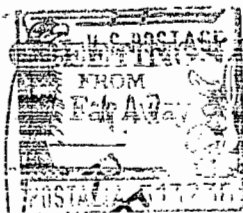
5521

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

CERTIFIED MAIL



7001 1140 0001 7556 4255



RECEIVED
BAMMS/ASCO
JOE VAUGHAN
UNCLAIMED

NL
RK
4-9

#057106

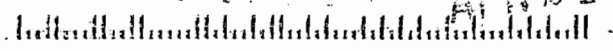
RECEIVED
APR 29 2001
Bureau of Air Monitoring
& Mobile Sources

FINAL NOTICE

STJ0225* 336293143 1903 43 04 07/04
NOTIFY SENDER OF NEW ADDRESS
: ST JOHNS CLEANERS
4625 N MANHATTAN AVE STE J
TAMPA FL 33614-6959

APR 24 2004

336293143



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)	

Handwritten: 3/03
Postmark here

Total Postage AIKS ID # 571065
Sent To ST. JOHN'S CLEANERS
MICHAEL ST. JOHN
3225 S MACDILL AVE
TAMPA, FL 33629
City, State, ZIP #0571065

7001 1140 0001 7556 4255

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:

AIKS ID # 571065
ST. JOHN'S CLEANERS
MICHAEL ST. JOHN
3225 S MACDILL AVE
TAMPA, FL 33629

Handwritten: 5/7/065

Handwritten: Re-mailed 5/6/2004

2. Article Number

(Transfer from service label)

7001 1140 0001 7556 4255

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.

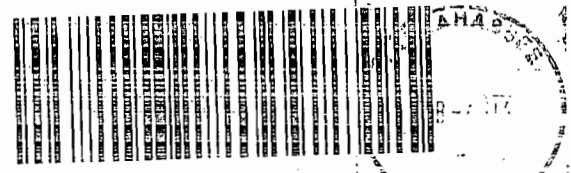
4. Restricted Delivery? (Extra Fee)

Yes

MS# 5510 MC Acct # 5529

CERTIFIED MAIL

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



7003 2260 0003 5650 0847

ANK

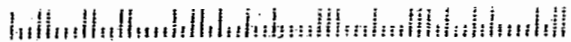
ID# 571065
MICHAEL ST. JOHN
ST. JOHN'S CLEANERS
3225 S MACDILL AVE
TAMPA, FL 33629

**ATTEMPTED,
NOT KNOWN**

Bureau of Air Mailing
& Mobile Sources

RECEIVED
FEB 12 2004

3362948171 33



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD 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:

ID# 571065
 MICHAEL ST. JOHN
 ST. JOHN'S CLEANERS
 3225 S MACDILL AVE
 TAMPA, FL 33629

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

7003 2260 0003 5650 0841

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7003 2220 0922 0000 0595 1490

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)	

[Handwritten Signature]
Postmark
Here

To: ID# 571065

Sent
 Street
 or P.O.
 City,

MICHAEL ST. JOHN
 ST. JOHN'S CLEANERS
 3225 S MACDILL AVE
 TAMPA, FL 33629