

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 16, 2001

Mr. Nelson Figueroa  
Nelson's Cleaners and Laundry  
109 Central Drive  
Brandon, Florida 33510

Re: Facility No.: 0571093-002

Dear Mr. Figueroa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 13, 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

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

Printed on recycled paper.

Fees Paid 96-00  
SOC 5  
Compliance IN

X

#0571093

2781

NELSON'S ENTERPRISES OF TAMPA, INC.  
DBA NELSON'S CLEANERS & LAUNDRY  
PH 813-689-7202  
109 CENTRAL DRIVE  
BRANDON, FL 33510

AMSOUTH BANK OF FLORIDA  
VALRICO, FL  
63-466/631 147

12/15/2003

PAY TO THE ORDER OF Department of Environmental Protection

\$\*\*50.00

Fifty and 00/100\*\*\*\*\* DOLLARS

Department of Environmental Protection  
Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

MEMO

*[Handwritten Signature]*  
AUTHORIZED SIGNATURE MP



SECURITY FEATURES INCLUDED. DETAILS ON BACK.

NELSON'S ENTERPRISES OF TAMPA, INC./DBA NELSON'S CLEANERS & LAUNDRY  
Department of Environmental Protection

2781

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
11/03/2003	Bill	Title V Air General	50.00	50.00		50.00
				Check Amount		50.00

AMSOUTH BANK

50.00

**NELSON'S ENTERPRISES OF TAMPA, INC./DBA NELSON'S CLEANERS & LAUNDRY**

**2781**

Department of Environmental Protection

12/15/2003

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
11/03/2003	Bill	Title V Air General	50.00	50.00		50.00
				Check Amount		50.00

AMSOUTH BANK

50.00

0571093-002

page 17

7. If eligibility for Title V GP should be surrendered, then leave as is. If not then mark out "X" and permit # and place "X" by "No DEP air permits currently exist".

Responsible official sign and date for changes made.

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SEP 13 2001

Bureau of Air Monitoring  
& Mobile Sources

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):	Nelson's Enterprises of Tampa, Inc.		
2. Site Name (For example, plant name or number):	NELSON'S CLEANERS & LAUNDRY		
3. Hazardous Waste Generator Identification Number:	AIRS ID # 0571093001 AG.		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	109 CENTRAL DRIVE	BRANDON	Hillsborough FLORIDA 33510
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571093-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	NELSON FIGUEROA	Pres.
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
		109 CENTRAL DR.
	City:	County: Zip Code:
	BRANDON	Hillsborough FLORIDA 33510
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(813) 661-3918	(813) 655-5168

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:
	SAME AS ABOVE		
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	(813) 661-3918	(813) 655-5168	

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 2 ]

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")
21-11-99 <sup>NOV</sup>	Existing <input checked="" type="radio"/> New	RC <input checked="" type="radio"/> CA <input checked="" type="radio"/> None required	SAME
28 Jan-92	Existing <input checked="" type="radio"/> New	RC <input checked="" type="radio"/> CA <input checked="" type="radio"/> None required	SAME
_____	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? [ N/A ]

How many dryers/reclaimers do you have on-site? [ N/A ]

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?**

[ 231 ] 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 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 checked="" 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 0571093001AG.
- 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.*

Nelson Figueroa  
Print name of responsible official

[Signature]  
Signature

09-10-2001  
Date

RECEIVED

SEP 13 2001

Bureau of Air Monitoring  
Mobile Sources

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):	Nelson's Enterprises of Tampa, Inc.		
2. Site Name (For example, plant name or number):	NELSON'S CLEANERS & LAUNDRY		
3. Hazardous Waste Generator Identification Number:	AIRS ID # 0571093001 AG.		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	109 CENTRAL DRIVE	BRANDON FLORIDA	Hillsborough 33510
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571093-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	NELSON FIGUEROA	Pres.
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
		109 CENTRAL DR.
	City:	County: Zip Code:
	BRANDON FLORIDA	Hillsborough 33510
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(813) 661-3918	(813) 655-5168

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:
	SAME AS ABOVE		
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	(813) 661-3918 / 813689-7202	(813) 655-5168	

RECEIVED  
SEP 20 2001  
Bureau of Air Monitoring  
Mobile Sources

**Facility Information**

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

How many dry-to-dry machines do you have on-site? 2

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>21<sup>Nov</sup>-11-99</u>	Existing <input checked="" type="radio"/> New	RC <input checked="" type="radio"/> CA <input checked="" type="radio"/> None required	<u>SAME</u>
<u>28 Jan-92</u>	Existing <input checked="" type="radio"/> New	RC <input checked="" type="radio"/> CA <input checked="" type="radio"/> None required	<u>SAME</u>
_____	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? N/A

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

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?**

231 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?

For each boiler, indicate its horsepower (HP) rating:  30

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.*

Nelson Figueroa  
Print name of responsible official

[Signature]  
Signature

09-10-2001  
Date

[Signature]

09-10-2001

109 Central Drive  
Brandon, FL 33510

Phone (813) 661-3918  
Fax (813) 655-5168

.....

# Nelson's Enterprises

Bureau of Air Monitoring  
& Mobile Sources

SEP 28 2001

RECEIVED

September 25, 2001

## General Permits Section

Attention: Sandra Bowman  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

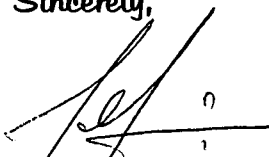
Dear Ms. Bowman

Recently I fill out a Dry Cleaner Air General Permit Form and by mistake I did a mark in the space that said, "I hereby surrender. . . ". I make the correction and initial them.

I apologize for all the inconvenience and thank you for taking the time to verify this.

If you need to reach me, please call at (813) 661-3918.

Sincerely,



Nelson Figueroa  
President

ZV

.....

Quality and Service is our Priority

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457723 JAN 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

571093 10  
NELSON'S CLEANERS & LAUNDRY  
INC  
109 Central Dr  
BRANDON, FL 33510

Bureau of Air Mail  
& Mobile Services

JAN 11 2006

RECEIVED

ELAIR 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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443935 DEC29 2004

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# 571093 10  
NELSON'S CLEANERS & LAUNDRY  
INC  
109 Central Dr  
BRANDON, FL 33510

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

Bureau of Air Mail  
& Mobile Services

DEC 30 2004

RECEIVED

Printed on recycled paper.



NELSON'S ENTERPRISES OF TAMPA, INC. D/B/A NELSON'S CLEANERS & LAUNDRY

8011

Department of Environmental Protection

12/22/2004

2005 year due

50.00

AMSOUTH BANK

ID 571093 gen permit

50.00

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark  
Here

ID# 571093  
 NELSON FIGUEROA  
 NELSON'S CLEANERS & LAUNDRY  
 109 CENTRAL DRIVE  
 BRANDON, FL 33510

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 1762

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>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery        2-7-07</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ID# 571093            NELSON FIGUEROA            NELSON'S CLEANERS &amp; LAUNDRY            109 CENTRAL DRIVE            BRANDON, FL 33510         </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           7003 2260 0003 5651 1762         </div>	

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436377 FEB 13 2004

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

RECEIVED  
FEB 19 2004  
Bureau of Air Monitoring  
& Mobile Sources

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

ID# 571093  
NELSON FIGUEROA  
NELSON'S CLEANERS & LAUNDRY  
109 CENTRAL DRIVE  
BRANDON, FL 33510

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420520 DEC11 2002

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#0571093

NELSON'S CLEANERS & LAUNDRY INC  
 NELSON FIGUEROA  
 109 CENTRAL DRIVE  
 BRANDON FL  
 33510

~~Bureau of Air Monitoring & Mobile Sources~~

DEC 13 2002

RECEIVED

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

NELSON'S ENTERPRISES OF TAMPA, INC./DBA NELSON'S CLEANERS & LAUNDRY  
DEPARTMENT OF ENVIROMENTAL

12/6/2002

4591

50.00

Amsouth Bank

AIRS ID 0571093

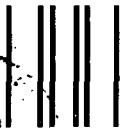
50.00

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
Postmark Here	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID # 0571093
Recipient's Name	NELSON'S CLEANERS & LAUNDRY INC
Street, Apt. No.	NELSON FIGUEROA
City, State, Zip	109 CENTRAL DRIVE BRANDON FL 33510

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	
SENDER: COPY TO THE RIGHT OF RETURN ADDRESS	ON 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>	<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery <u>2-9-02</u></p> <p>C. Signature <u>Rush Rodriguez</u></p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0571093</p> <p>NELSON'S CLEANERS &amp; LAUNDRY INC NELSON FIGUEROA 109 CENTRAL DRIVE BRANDON FL 33510</p>	<p>3. Service Type</p> <p><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.</p>
<p>2. Article Number (Copy from service label)</p> <p><u>70000600002641286655</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999	Domestic Return Receipt 102595-00-M-0952

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  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2002

RECEIVED







THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413953 FEB11 2002 ✓

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 # 0571093  
NELSON'S CLEANERS & LAUNDRY INC  
NELSON FIGUEROA  
109 CENTRAL DRIVE  
BRANDON FL  
33510

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

**NELSON'S ENTERPRISES OF TAMPA, INC./DBA NELSON'S CLEANERS & LAUNDRY**

DEPARTMENT OF ENVIROMENTAL

2/7/2002

**3303**

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
01/15/2002	Bill		50.00	50.00		50.00
				Check Amount		50.00

Amsouth Bank

50.00