



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 26, 2001

Ms. Lata Patel
The Superior Cleaner
14428 North Dale Mabry
Tampa, Florida 33618

Re: Facility No.: 0571166-002

Dear Ms. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 8, 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.



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Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 26, 2001

Mr. Lata Patel
The Superior Cleaner
14428 North Dale Mabry
Tampa, Florida 33618

Re: Facility No.: 0571166-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 8, 2001.

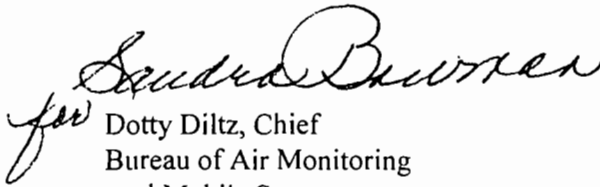
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Sincerely,


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.



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JAN 8 2004
Bureau of Air Monitoring
& Mobile Sources

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):	The Superior Cleaner of Tampa Bay Inc		
2. Site Name (For example, plant name or number):	The Superior Cleaner		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	14428 N. Dale Mabry		
Street Address:			
City:	Tampa	County:	Hillsborough
		Zip Code:	33618
5. Facility Identification Number (DEP Use ONLY, do not fill in):	05171166-002		

Responsible Official

6. Name and Title of Responsible Official:	05171166-002		
Name:	Lata Patel	Title:	owner
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	14428 N. Dale Mabry		
City:	Tampa	County:	Hillsborough
		Zip Code:	33618
8. Responsible Official Telephone Number:			
Telephone:	(813) 264-1003	Fax:	() -

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:	() -	Fax:	() -

0571166-002

1/9/2001

Called and asked for Lata Patel and she was not available. Chris is worker who answered phone and she stated the boiler to be 20 HP.

PL6

5. Add HP rating for boiler.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
Bureau of Air Monitoring
& Mobile Sources
JAN 8 2000
Actually received
Jool
Sbb

Part III. Notification of Intent to Use General Permit

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	The Superior Cleaners of Tampa Bay Inc.
2. Site Name (For example, plant name or number):	The Superior Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: County: Zip Code:	14428 N. Dale Mabry Tampa Hillsborough 33618
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571166-002

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	Lata Patel owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	14428 N. Dale Mabry Tampa Hillsborough 33618
8. Responsible Official Telephone Number: Telephone: Fax:	(813) 264-1003 () -

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: 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")
<u>April 94</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 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 _____)

RECEIVED
 JAN 8 2000
 Bureau of Air Monitoring
 & Mobile Sources

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 type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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.

Leita Patel

Print name of responsible official

L-S. Patel

Signature

01.03.01

Date

Butler, Rick

From: Alain Watson [WatsonA@epchc.org]
Sent: Wednesday, December 31, 2003 10:26 AM
To: Butler, Rick
Subject: Inactive Dry Cleaner

Rick:

- 002

Please change the status of The Superior Dry Cleaner, 0571166, to inactive. The facility went out of business and removed the perc dry cleaning machine. A new owner is currently constructing a non-HAP solvent dry cleaning business in the same location. The facility will use GreenEarth cleaning solvent and thus is not subject to the MACT standard or need an air GP. Thanks, alain

Alain G. Watson
Air Toxics Section
Environmental Protection Commission
of Hillsborough County
ph# 813.272.5530
watsona@epchc.org



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

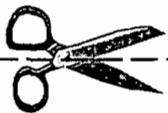
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

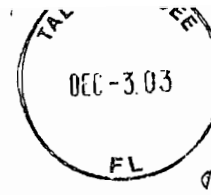
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label


571166
LATA PATEL
THE SUPERIOR CLEANER
14428 N DALE MABRY HWY
TAMPA FL 33618

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

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



SUPE428 336181275 1303 15 12/09/03
RETURN TO SENDER
: SUPERIOR CLEANER
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER



RECEIVED
DEC 15 2003
Bureau of Air Monitoring
& Mobile Sources

571166
LATA PATEL
THE SUPERIOR CLEANER
14423 N DALE MABRY HWY
TAMPA FL 33618

From: - Superior cleaners
14428 N. Dale Mabry
Tampa
FL - 33618



To,
General Permits section
Bureau of Air Monitoring and Mobil
Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee
FL - 32399-2400

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

OFFICIAL USE

7001 0320 0001 7975 9289

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

Postmark
 Here
Receipt

Total Postage & _____

AIRS ID # 0571166

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

10
 LATA PATEL
 THE SUPERIOR CLEANER
 14428 N DALE MABRY HWY
 TAMPA FL 33618

PS Form 3800, Jan 1999

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:

10 AIRS ID # 0571166
 LATA PATEL
 THE SUPERIOR CLEANER
 14428 N DALE MABRY HWY
 TAMPA FL 33618

COMPLETE THIS SECTION ON DELIVERY

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

4/12/02

C. Signature

L-S. Patel 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

Postnet Number (Copy from copying label)

7001 0320 0001 7975 9289

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

For Use of Air Monitoring
& Mobile Sources

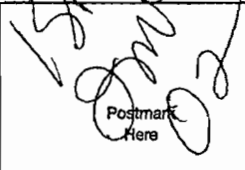
APR 19 2002

RECEIVED

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

7000 2870 0000 7027 5654

OFFICIAL USE

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

AIRS ID#0571166

Total Postage THE SUPERIOR CLEANER
Sent To LATA PATEL
 14428 N DALE MABRY HWY
Street, Apt. # TAMPA FL
 33618
City, State, Zip

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#0571166

THE SUPERIOR CLEANER
 LATA PATEL
 14428 N DALE MABRY HWY
 TAMPA FL
 33618

7000287000070275654

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 2-7
C. Signature X <i>Pranali Patel</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	

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.

4. Restricted Delivery? (Extra Fee) Yes

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407105 MAR12 2001

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

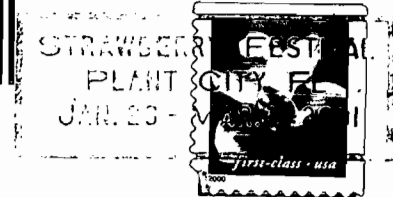
AIRS ID # 0571166

THE SUPERIOR CLEANER
~~ELLIOT SHIBBS~~ *Lata Patel*
 14428 N DALE MABRY HWY
 TAMPA FL 33618

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

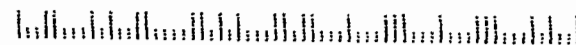
RECEIVED
 MAR 14 2001
 Bureau of Air Monitor
 & Mobile Sources

*From:-
 Superior Cleaners
 14428 N. Dale Mabry
 Tampa FL 33618*



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

32315X3070



MS# 5510 MC Acct # 6521

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

CERTIFIED MAIL



7003 2260 0003 5651 2226



ID# 571166
LATA PAT
THE SUPE
14428 N E
TAMPA, FL 336



- MOVED, LEFT NO ADDRESS
 - ATTEMPTED - NOT KNOWN
 - UNCLAIMED REFUSED
 - NO SUCH STREET
 - NO SUCH NUMBER
 - INSUFFICIENT ADDRESS
 - NOT DELIVERABLE AS ADDRESSED
 - UNABLE TO FORWARD
- Date 206
Carr/Init _____
Route No. _____

MLN

RECEIVED

FEB 10 2004

Bureau of Air Monitoring
& Mobile Sources

3361242020 72



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. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <input checked="" type="checkbox"/>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ID# 571166 LATA PATEL THE SUPERIOR CLEANER 14428 N DALE MABRY HWY TAMPA, FL 33618		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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? (Extra Fee) <input type="checkbox"/> Yes	
		7003 2260 0003 5651 2226	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To: ID# 571166

Street, or PO B: LATA PATEL

City, St: THE SUPERIOR CLEANER

 14428 N DALE MABRY HWY

 TAMPA, FL 33618

Postmark Here

03

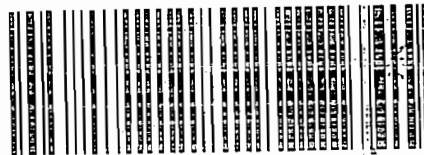
PS Form 3811, August 2001

7003 2260 0003 5651 2226

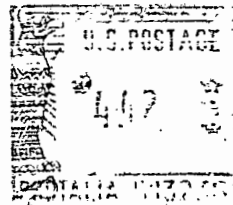
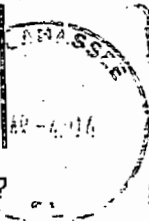
CERTIFIED MAIL

MS# 5510 MC Acct # 5571

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



7003 0500 0004 0144 5357



*UAA
Rt 1870*

AIR'S ID #
LATA PATEL
THE SUPERIOR CLEANER
14428 N DALE MABRY HWY
TAMPA, FL 33618



RETURN TO SENDER

- MOVED, LEFT NO ADDRESS
- ATTEMPTED, LEFT NO ADDRESS
- UNCLAIMED - NOT KNOWN
- NO SUCH STREET REFUSED
- NO SUCH NUMBER
- INSUFFICIENT ADDRESS
- NOT DELIVERABLE AS
- ADDRESSED UNABLE TO FORWARD

Date: 3-08

Carrier/Init

Route No

Bureau of Internal Revenue
MAR 10 2004
1st NOTICE
2nd NOTICE
RETURNED TO

3361842320 72

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. DO NOT COVER ANY POSTAGE.

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 # 571166

LATA PATEL
THE SUPERIOR CLEANER
14428 N DALE MABRY HWY
TAMPA, FL 33618

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7003 0500 0004 0144 5357

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 0500 0004 0144 5357

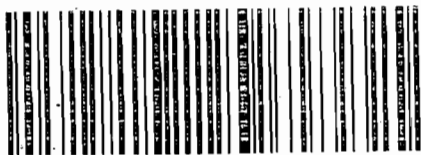
U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<small>For delivery information visit our website at www.usps.com</small>	
OFFICIAL USE	
Postage \$	<i>2nd Cert.</i> 2003 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 571166	
LATA PATEL THE SUPERIOR CLEANER 14428 N DALE MABRY HWY TAMPA, FL 33618	
<small>PS Form 3808, June 2002</small>	

2nd Cert.
2003
Postmark Here

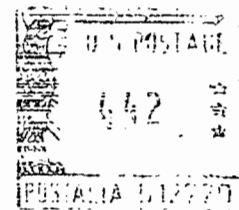
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7001 0320 0001 7976 3767



HPO

AIRS ID#0571166
THE SUPERIOR CLEANER
LATA PATEL
14428 N DALE MABRY HWY
TAMPA FL
33618

SUPE428 336183100 1303 39 03/24/03
RETURN TO SENDER
SUPERIOR CLEANER
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

33618+2020 71

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#0571166

THE SUPERIOR CLEANER
LATA PATEL
14428 N DALE MABRY HWY
TAMPA FL
33618

2. Article Number
(Transfer from service label)

7001 0320 0001 7976 3767

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

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

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

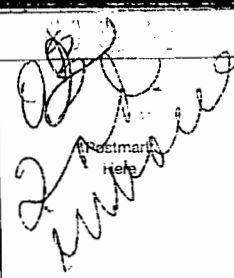
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

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

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

AIRS ID#0571166

Sent to: THE SUPERIOR CLEANER
 Street or PO: LATA PATEL
 City: TAMPA FL
 33618

7976 9262 1000 0220 1001

6510

5521

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

MC5521

BAMMS/BCO
JOEY ROBERTS
5510

UAA

AIRSTW # 571100
THE SUPERIOR CL
LATA PATEL
14428 N DALE MA
TAMPA, FL 33618



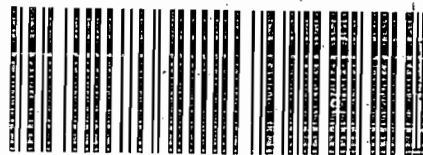
- MOVED, LEFT NO ADDRESS
- ATTEMPTED - NOT KNOWN
- UNCLAIMED REFUSED
- NO SUCH STREET
- NO SUCH NUMBER
- INSUFFICIENT ADDRESS
- NOT DELIVERABLE AS
ADDRESSED UNABLE TO FORWARD

Date 4-03

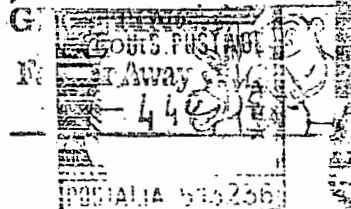
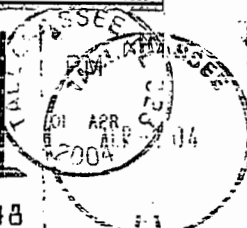
Carri/init _____

Route No. _____

HERITAGEWAY



7001 1140 0001 7556 4248



RECEIVED

APR 7 2004

Bureau of Air Monitoring
Mobile Sources

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) _____	C. Date of Delivery _____
1. Article Addressed to: AIRS ID # 511100 THE SUPERIOR CLEANER LATA PATEL 14428 N DALE MABRY HWY TAMPA, FL 33618	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001 Domestic Return Receipt 595-02-M-1540		

7001 1140 0001 7556 4248

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

OFFICIAL USE

Postage \$	\$2.03 <i>[Signature]</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	AIRS ID # 511100 THE SUPERIOR CLEANER LATA PATEL 14428 N DALE MABRY HWY TAMPA, FL 33618
Street, Apt. 1 or PO Box #	
City, State, 2	#0571166

PS Form 3800, January 2001 See Reverse for Instructions

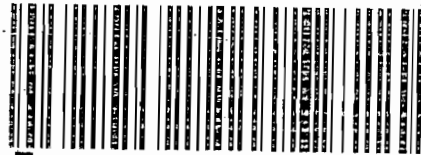
7001 1140 0001 7556 4248

5510

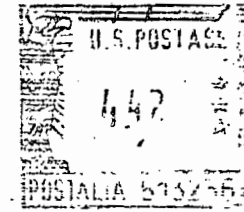
5521

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

CERTIFIED MAIL



7000 1670 0013 3108 9039




MC5521

BAMMS/BCO
JOEY ROBERTS
5510

MLA

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

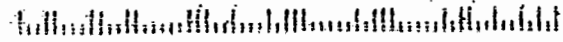
 RETURNED TO SENDER

MOVED, LEFT NO ADDRESS
 ATTEMPTED - NOT KNOWN
 UNCLAIMED REFUSED
 NO SUCH STREET
 NO SUCH NUMBER
 INSUFFICIENT ADDRESS
 NOT DELIVERABLE AS
 ADDRESSED UNABLE TO FORWARD

Date 4-10
 Carr/Init _____
 Route No. _____

Bureau of Air Mailing
& Mailing Sources
APR 15 2005

33612/2020



Vertical text on the right edge of the envelope

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#0571166

THE SUPERIOR CLEANER
 LATA PATEL
 14428 N DALE MABRY HWY
 TAMPA FL
 33618

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee

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

3. Service Type

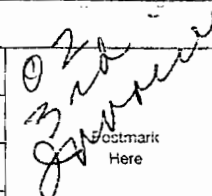
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
70001670001331089039

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

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage:		AIRS ID#0571166
Sent To: THE SUPERIOR CLEANER		
Street, Apt. No.: LATA PATEL		
City, State, ZIP: 14428 N DALE MABRY HWY TAMPA FL 33618		


 Signature Here

7000 1670 0013 3108 9039
 PS Form 3800, May 2000 See Reverse for Instructions