

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 18, 2002

Mr. Maung Tint  
Wood Lake Cleaner  
4307 Gunn Highway  
Tampa, Florida 33624

Re: Facility No.: 0571278-001

Dear Mr. Tint:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 2002.

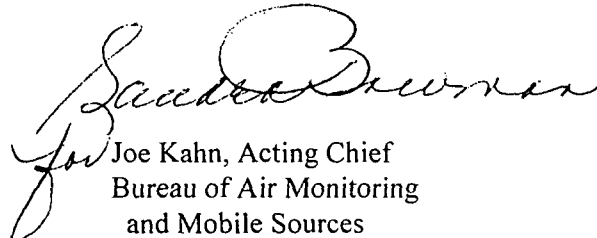
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joe Kahn, Acting Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

0571278-001

Page 15

2(c) Add # of gallons of "perc" purchased in past 12 months. If none add "0"

Page 16

3. If perc usage is less than 140 gallons then place "X" by Small Area Source.

6(e) Required for all sources. Should be marked.

Page 17

Responsible official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

*ASAP*

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): <i>Wood Lake Cleaner</i>
2. Site Name (For example, plant name or number): <i>Wood Lake Cleaner</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>4307 Gunn Hwy</i> City: <i>Tampa</i> County: <i>Hillsborough</i> Zip Code: <i>FL33624</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>05711278-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Maung Tint</i> Title: <i>OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>4307 Gunn Hwy</i> City: <i>Tampa</i> County: <i>Hillsborough</i> Zip Code: <i>FL33624</i>
8. Responsible Official Telephone Number: Telephone: <i>(813) 926-8318</i> Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Maung Cho Cho</i>
10. Facility Contact Address: Street Address: <i>4307 Gunn Hwy</i> City: <i>Tampa</i> County: <i>Hillsborough</i> Zip Code: <i>FL33624</i>
11. Facility Contact Telephone Number: Telephone: <i>(813) 926-8318</i> Fax: ( ) -

RECEIVED  
JAN 16 2002  
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? [ 1 ]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1/90	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

How many washers do you have on-site? [ \_\_\_\_\_ ]

How many dryers/reclaimers do you have on-site? [ \_\_\_\_\_ ]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

[ \_\_\_\_\_ ] gallons (You must fill this in) *it is new store doesn't know yet*

**(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 checked="" 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 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:

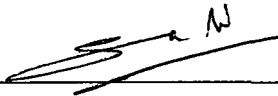
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

Maong Tint  
Print name of responsible official

  
Signature

1/9/02  
Date

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):	Woodlake cleaner
2. Site Name (For example, plant name or number):	WoodLake Cleaner
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	4307 Gunn Hwy Tampa County: Hillsborough Zip Code: FL 33624
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571278-001

Responsible Official

6. Name and Title of Responsible Official: Name:	Maung S. Tint	Title:	OWNER		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	4307 Gunn Hwy Tampa	County:	Hillsborough	Zip Code:	FL33624
8. Responsible Official Telephone Number: Telephone:	(813) 962-8318	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: City:		County:		Zip Code:	
11. Facility Contact Telephone Number: Telephone:	( ) -	Fax:	( ) -		

Bureau of Air Monitoring & Mobile Sources  
RECEIVED  
FEB 14 2002





**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")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

How many washers do you have on-site?

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

gallons (You must fill this in) *New Plant Just open.*

(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 checked="" 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 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.*

Maung Tint  
Print name of responsible official

  
Signature

2/11/02  
Date

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 459855 MAR 13 2006

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 571278 1st  
WOOD LAKE CLEANERS  
4307 Gunn Hwy  
TAMPA, FL 33624

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

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

Bureau of Air Mail  
& Mobile Sources  
MAR 15 2006

Printed on recycled paper.

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

446268 FEB14 2005

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 571278 10  
WOOD LAKE CLEANERS  
4307 Gunn Hwy  
TAMPA, FL 33624

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

*Printed on recycled paper.*

Bureau of Air Monitoring  
& Mobile Sources

FEB 16 2005

RECEIVED

7004 2510 0002 3938 7201

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)		
Total Postage & Fees		

Postmark  
Here

Sent To AIRS ID# 571278 1stC  
WOOD LAKE CLEANERS  
Street, Apt. No., or PO Box No. 4307 Gunn Hwy  
City, State, ZIP+4 TAMPA, FL 33624

PS Form 3800, July 2002

**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# 571278  
WOOD LAKE CLEANERS  
4307 Gunn Hwy  
TAMPA, FL 33624

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Meg Orr*

B. Received by (Printed Name) *CHO* C. Date of Delivery *2/10/15*

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 (Transfer from service label) **7004 2510 0002 3938 7201**

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

RECEIVED

FEB 14 2005

Bureau of Air Monitoring  
& Mobile Sources

0001







THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437412 MAR 5 2004

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

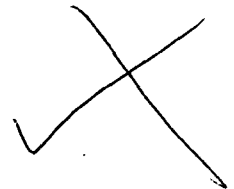
RECEIVED  
MAR 12 2004

**TOTAL AMOUNT DUE: \$50.00**

Bureau of Air Monitoring  
& Water Quality

Do NOT Remove Label

WD# 571278  
MAUNG TINT  
WOOD LAKE CLEANERS  
4307 GUNN HWY  
TAMPA, FL 33624



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423061 FEB17 2003

X

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#0571278
WOOD LAKE CLEANERS MAUNG TINT 4307 GUNN HWY TAMPA FL 33624

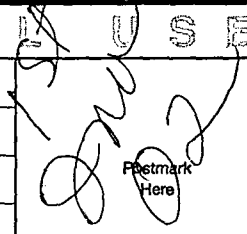
RECEIVED  
 FEB 19 2003  
 Bureau of Air Monitoring  
 & Mobile Source Control

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

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

**OFFICIAL USE**

7000 2870 0000 7027 5791

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

AIRS ID#0571278

**Total** WOOD LAKE CLEANERS

**Sent:** MAUNG TINT

4307 GUNN HWY

**Street,** TAMPA FL

33624

**City, St.**

PS Form 3800, May 2000

See Reverse for Instructions

**COMPLETE THIS SECTION**

Items 1, 2, and 3. Also complete Restricted Delivery if desired. Name and address on the reverse to return the card to you. Marked to the back of the mailpiece, if space permits.

To:

AIRS ID#0571278

WOOD LAKE CLEANERS  
MAUNG TINT  
4307 GUNN HWY  
TAMPA FL  
33624

**COMPLETE THIS SECTION ON DELIVERY**

<input checked="" type="checkbox"/> Received by (Please Print Clearly) <b>MAUNG CHO</b>	B. Date of Delivery <b>2/10/03</b>
C. Signature <b>Maung Cho</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<input checked="" type="checkbox"/> Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <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

70002870000070275791

2. Article Number (Copy from service label)

7003 2260 0003 5651 2400

**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	\$	<i>St C 03</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	ID# 571278	

Sent To MAUNG TINT  
 WOOD LAKE CLEANERS  
 Street, Apt or PO Box 4307 GUNN HWY  
 City, State TAMPA, FL 33624

PS Form 3800, June 2002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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# 571278  
 MAUNG TINT  
 WOOD LAKE CLEANERS  
 4307 GUNN HWY  
 TAMPA, FL 33624

2 Article Number  
*(Transfer from service label)*

7003 2260 0003 5651 2400

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*X Maung Tint*  Addressee

B. Received by *(Printed Name)* C. Date of Delivery  
 \_\_\_\_\_ 7.6.04

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  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2004

RECEIVED



7003 0500 0004 0144 5371

**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	\$	<i>audited</i>  <b>2003</b> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIR ID # 571278

Se MAUNG TINT  
 St WOOD LAKE CLEANERS  
 or 4307 GUNN HWY  
 Ci TAMPA, FL 33624

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:

AIR ID # 571278

MAUNG TINT  
 WOOD LAKE CLEANERS  
 4307 GUNN HWY  
 TAMPA, FL 33624

2 Article Number

(Transfer from service label)

7003 0500 0004 0144 5371

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *[Signature]*  Addressee

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

3-6-04

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

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: AIRS ID # 571199

Send  
 Street or P.O.  
 City

SHAFKAT ALI  
 BAYSIDE CLEANERS  
 3032 JODI LANE  
 PALM HARBOR, FL 34684

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 # 571199

SHAFKAT ALI  
 BAYSIDE CLEANERS  
 3032 JODI LANE  
 PALM HARBOR, FL 34684

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Paul Hies*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **3/11/04**

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 (Transfer from service label) **7003 0500 0004 0144 5579**



UNITED STATES POSTAL SERVICE



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DEPT. OF ENVIRONMENTAL PROTECTION  
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2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources  
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