

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

February 29, 2000

Ms. Rene C. Tharpe
Click On Clean
4640 Highway 90 East
Marianna, Florida 32446

Re: Facility No.: 0630053

Dear Ms. Tharpe:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 24, 2000.

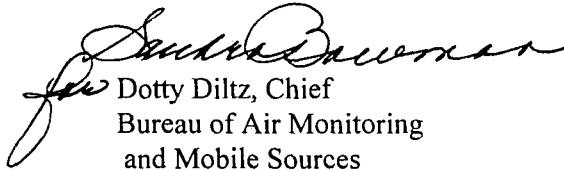
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

**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): <i>Northwest Florida Dry Cleaning and Laundry Services Inc.</i>		
2. Site Name (For example, plant name or number): <i>Click on Clean</i>		
3. Hazardous Waste Generator Identification Number:		
4. Facility Location: Street Address: <i>4640 Hwy 90 E</i> City: <i>Marianna</i> County: <i>Jackson</i> Zip Code: <i>32446</i>		
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0630053</i>		

RECEIVED
 JUN 24 2000
 Bureau of Air Monitoring
 Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Rene C. Tharpe</i> Title: <i>owner</i>	
7. Responsible Official Mailing Address: Organization/Firm: <i>West Florida Dry Cleaning and Laundry Services</i> Street Address: <i>4640 Hwy 90 E</i> City: <i>Marianna</i> County: <i>Jackson</i> Zip Code: <i>32446</i>	
8. Responsible Official Telephone Number: Telephone: <i>(850) 638-8040</i> Fax: () - <i>526 5564 (or) 718 2263</i>	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Wickie Adkins</i>	
10. Facility Contact Address: Street Address: <i>Same as above</i> City: County: Zip Code: <i>JAN 12 2000</i>	
11. Facility Contact Telephone Number: Telephone: <i>(850) 526-5564</i> Fax: () - <i>Northwest Florida DEP</i>	

RECEIVED
 JAN 12 2000

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")
<u>6-99</u>	Existing New	RC 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? 4

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?

100 ~~gallons~~ gallons (You must fill this in) total invoice

(b) If less than 12 months, how many? 6 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

probably, based on six months usage

- 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: 80

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.

Rene C. Therpe
Print name of responsible official

Rene C. Therpe
Signature

1 - 7 - 2000
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Northwest Florida Dry Cleaning and Laundry Services Inc.		
2. Site Name (For example, plant name or number):	Click on Clean		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	Street Address:	City:	County: Zip Code:
	4640 Hwy 90 E	Marionna	Jackson 32446
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0630053		

RECEIVED
Bureau of Air Monitoring
Mobile Services
JAN 24 2000

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	Rene C. Thorpe	owner
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	Northwest Florida Dry Cleaning and Laundry Services	4640 Hwy 90 E
	City:	County: Zip Code:
	Marionna	Jackson 32446
8. Responsible Official Telephone Number:	Telephone:	Fax: () -
	(850) 638-8040 526 5564 or 718 2263	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Wickie Adkins		
10. Facility Contact Address:	Same as above		
	Street Address:	City:	County: Zip Code:
			JAN 24 2000
11. Facility Contact Telephone Number:	Telephone:	Fax: () -	Northwest Florida DEP
	(850) 526-5564		

Facility Information

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<u>6-99</u>	Existing New	RC 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? 4

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:

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_____	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?

100 ~~gallons~~ gallons (You must fill this in) total invoice

(b) If less than 12 months, how many? 6 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 *probably, based on six months usage*
- 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"/> 9 |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> 3 |
| 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:

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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.

Rene C. Therne
Print name of responsible official

Rene C. Therne
Signature

1 - 7 - 2000
Date

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1115 TIME OUT: 1155 AIRS ID#: 063 0053
 TYPE OF FACILITY: DC
 FACILITY NAME: Click on Clean DATE: 28 Feb 00
 FACILITY LOCATION: 4640 Hwy 90 E.
Merriman FL 32446
 RESPONSIBLE OFFICIAL: Rene Thorpe PHONE NUMBER: 850 526-5564

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
① DID NOT RECORD ALL LEAK CHECKS	MAINTAIN AS EXPLAINED
② DID NOT MAINTAIN ROLLING 12-MONTH TOTALS OF PETHL.	MAINTAIN AS EXPLAINED
ENTERED MAR 02 2000	RECEIVED
REVIEWED MAR 02 2000	MAR - 3 2000 Bureau of Air Monitoring & Mobile Sources

COMMENTS: Clean, well run facility

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 8-12 mos (Approximate) LEFT FOR DC TO COMPLETE

INSPECTION CONDUCTED BY: Charles Norman (Please Print) (850)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 595-8364

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID# 0630053 DATE: 2/28/00 TIME IN: 1115 TIME OUT: 1155
FACILITY NAME: Click on Clean
FACILITY LOCATION: 4640 Hwy 190 E
Marioness FL 32446
RESPONSIBLE OFFICIAL: Rene Tharpe PHONE: 850-638-8040
CONTACT NAME: Vickie Atkins PHONE: 850-526-5564
~~22-114-776~~

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

ENTERED

MAR 02 2000

REVIEWED *(signature)*

MAR 02 2000

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

A.

1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)

2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 125 gallons. in 8ix mos. includes original bill up for new machine as to total usage ≈ 100 /yr.

Bureau of Air Monitoring
& Mobile Sources

MAR - 3 2000

RECEIVED

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also: NA

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? *NOT accurate* Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? *Failed to record some of them.* Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Charles Norman
Inspector's Name (Please Print)

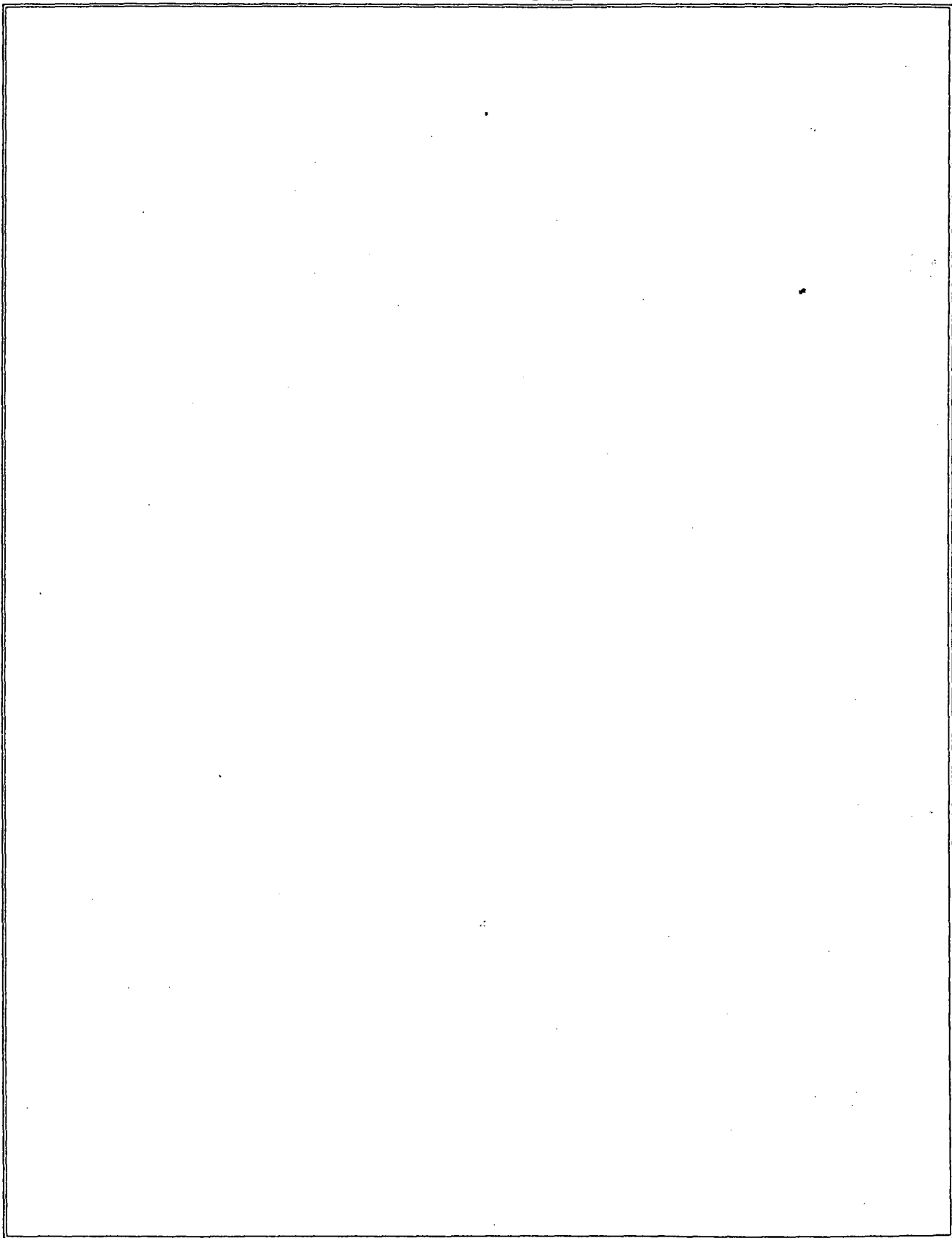
2/28/00
Date of Inspection

Charles Norman
Inspector's Signature

8-12 mos
Approximate Date of Next Inspection

6-11

ADDITIONAL SITE INFORMATION:



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.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 630053 10 CLICK ON CLEAN 4640 Hwy 90 E MARIANNA, FL 32446
--

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

Printed on recycled paper.

RECEIVED
DEC 29 2003
Bureau of Air Monitoring
& Mobile Sources

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

630053 RENE THARPE CLICK ON CLEAN 4640 HWY 90 E MARIANNA FL 32446

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

434808 DEC 29 2003
RECEIVED
DEC 31 2003
Bureau of Air Monitoring
& Mobile Sources

X



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423769 FEB26 2003

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

CLICK ON CLEAN RENE C THARPE 4640 HWY 90 E MARIANNA FL 32446	AIRS ID#0630053
--	-----------------

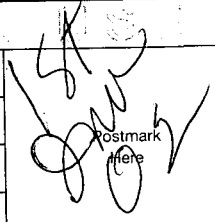
Bureau of Air Support & Mobile
 FEB 28 2003
 RECEIVED

FOR GOVERNMENT USE ONLY Org.: 3753010100 EO: A1 Fund: 80-0035001 Obj.: 00223

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

7000 1670 0013 3108 6632

OFFICIAL USE

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

Postmark Here

AIRS ID#0630053

Sent **CLICK ON CLEAN**
 RENE C THARPE
 Street 4640 HWY 90 E
 City, MARIANNA FL
 32446

PS Form Instructions

THIS SECTION ON DELIVERY

PLACE STICKER ON TOP OF ENVELOPE

1. Article Addressed to:

AIRS ID#0630053

CLICK ON CLEAN
 RENE C THARPE
 4640 HWY 90 E
 MARIANNA FL
 32446

2. Article Number
 (Transfer from service label)

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 Agent
 Addressee

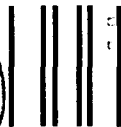
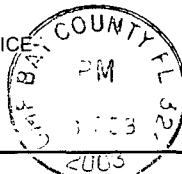
B. Received by (Printed Name)

C. Date of Delivery

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

7000 1670 0013 3108 6632

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 •

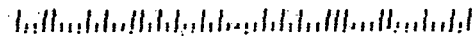
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 15510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 07 2003

RECEIVED

32399-2400





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400005

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 # 0630053

CLICK ON CLEAN
RENE C THARPE
4640 HWY 90 E
MARIANNA FL 32446

Bureau of Air Monitoring
& Mobile Sources

DEC 23 2000

RECEIVED

12-26-00 P.O.

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

DEC 23 2000

RECEIVED
MAIL ROOM

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

7000 0600 0026 4128 7713

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Tr AIRS ID # 0630053		
Re	CLICK ON CLEAN	
	RENE C THARPE	
Str	4640 HWY 90 E	
Cit	MARIANNA FL	
	32446	
PS	for Instructions	

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 <i>2-8-02</i>
	C. Signature <i>x [Signature]</i>	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
AIRS ID # 0630053 CLICK ON CLEAN RENE C THARPE 4640 HWY 90 E MARIANNA FL 32446	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 <i>(Copy from service label)</i> <i>7000 0600 0026 4128 7713</i>	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0630053</p> <p>CLICK ON CLEAN RENE C THARPE 4640 HWY 90 E MARIANNA FL 32446</p>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>3-7-02</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>3. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Copy from service label)</p> <p style="font-size: large; font-weight: bold;">7001 0320 0001 7976 1916</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

RECEIVED
MAR 8 2002
Bureau of Air Mail & Mobile Services

U.S. Postal Service									
CERTIFIED MAIL RECEIPT									
(Domestic Mail Only; No Insurance Coverage Provided)									
OFFICIAL USE									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Postage</td> <td style="width: 40%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table> <p>Total Postage</p>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<p style="text-align: center;">Postmark Here</p> <p style="text-align: center;">AIRS ID # 0630053</p>
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
<p>Sent To CLICK ON CLEAN RENE C THARPE 4640 HWY 90 E MARIANNA FL 32446</p>									
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>									

7001 0320 0001 7976 1916



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415180 MAR14 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 # 0630053

CLICK ON CLEAN
RENE C THARPE
4640 HWY 90 E
MARIANNA FL
32446

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