

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 1, 2001

Mr. Gary L. Nelson  
Nelson's Cleaners  
1203 (G) West Highway 50  
Clermont, Florida 34711

Re: Facility No.: 0694817-002

Dear Mr. Nelson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 2001.

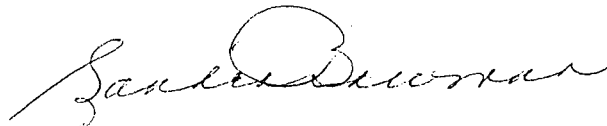
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

0694817-002

Page 15

1(a) (New) should be circled under  
Status.

(A.C.) should be circled under Control  
Device Required.

Page 16

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

Page 17

7. Add permit # of surrendered permit.  
If no permit to surrender, then mark  
No DEP air permits exist.

Responsible official sign and date  
for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

COMMENTS:

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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):	GARY L. NELSON.		
2. Site Name (For example, plant name or number):	NELSON'S CLEANERS 1203 (G) WEST HWY 50, CLERMONT, FL, 34711		
3. Hazardous Waste Generator Identification Number:	AIRS I.D # 0694817001AG.		
4. Facility Location:	1203 (G) WEST HWY 50		
Street Address:			
City:	CLERMONT, FL.	County:	LAKE
		Zip Code:	34711
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0694817-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	GARY L. NELSON	Title:	OWNER.
7. Responsible Official Mailing Address:			
Organization/Firm:	NELSON'S CLEANERS		
Street Address:	1203 (G) WEST HWY 50		
City:	CLERMONT, FL.	County:	LAKE
		Zip Code:	34711
8. Responsible Official Telephone Number:			
Telephone:	(352)394-6060	Fax:	(N/A)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	S/A		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( )	Fax:	( )

RECEIVED  
AUG 27 2001  
DEPT. OF AIR MONITORING  
AND TOXIC SUBSTANCES

**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")
March 1993	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

How many washers do you have on-site?

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
N/A	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 \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:  10

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.

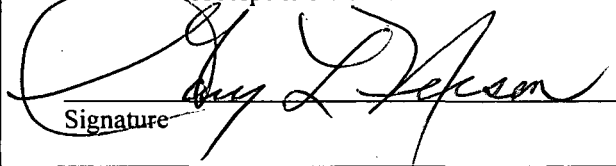
**Responsible Official Certification**

*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.*

GARY L. NELSON

Print name of responsible official



Signature

Date

8/20/01

*Duplicate*

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
SEP 20 2001  
Bureau of Air Monitoring  
& Water 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):	GARY L. NELSON.		
2. Site Name (For example, plant name or number):	NELSON'S CLEANERS. 1203 (G) WEST HWY 50, Clermont, FL, 34711		
3. Hazardous Waste Generator Identification Number:	AIRS I.D.# 0694817001 A.G.		
4. Facility Location:	1203 (G) WEST HWY 50		
Street Address:			
City:	Clermont, FL	County:	Lake
		Zip Code:	34711
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0694817-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	GARY L. NELSON	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	NELSON'S CLEANERS		
Street Address:	1203 (G) WEST HWY 50		
City:	Clermont, FL	County:	Lake
		Zip Code:	34711
8. Responsible Official Telephone Number:			
Telephone:	(352) 394-6060	Fax:	(N/A)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	S/A		
10. Facility Contact Address:			
Street Address:			
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( )	Fax:	( )

RECEIVED  
AUG 22 2001



**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")
March 1993	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

How many washers do you have on-site?

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
N/A	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 \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?

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

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:

~~2nd~~

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.*

GARY L. NELSON

Print name of responsible official

Gary L. Nelson  
Signature

8/20/01  
Date

Gary L. Nelson 9/17/01

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	Postmark Here
Sent To AIRS ID#0694817.....2 <sup>nd</sup> Cert 05 NELSON'S CLEANERS Street, Apt. No. or PO Box No. 1203 G West Hwy 50 City, State, ZIP CLERMONT, FL 34711	
PS Form 3800, See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4, if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse, so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Bruce K</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  AIRS ID#0694817.....2 <sup>nd</sup> Cert 05 NELSON'S CLEANERS 1203 G West Hwy 50 CLERMONT, FL 34711	B. Received by (Printed Name) C. Date of Delivery 2-4-05
2. Art (Transit) 7004 2510 0002 3939 1192	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) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

MAR 17 2005

RECEIVED

01



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448094 MAR 22 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**

RECEIVED  
MAR 7 2005  
Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

AIRS ID# 694817 1stC  
NELSON'S CLEANERS  
1203 G West Hwy 50  
CLERMONT, FL 34711

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
FEB 06 2005  
Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

694817 10  
NELSON'S CLEANERS  
1203 G West Hwy 50  
CLERMONT, FL 34711

FLAIR ACCT. CODE 37202035001375500000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

7003 0500 0004 0144 7603

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

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

**OFFICIAL USE**

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

Postmark  
Here

AIRS ID# 694817 1stC  
NELSON'S CLEANERS  
1203 G West Hwy 50  
CLERMONT, FL 34711

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# 694817 1stC  
NELSON'S CLEANERS  
1203 G West Hwy 50  
CLERMONT, FL 34711

2. Article Number  
(Transfer from service label)

7003 0500 0004 0144 7603

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *Carol DeVin*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
2/2

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

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

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

FEB 9 2005

RECEIVED

01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414996 MAR 6 2002

3/1/02

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 # 0694817  
NELSON'S CLEANERS  
GARY L NELSON  
1203 G WEST HWY 50  
CLERMONT FL  
34711

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

RECEIVED  
MAR 8 2002  
Bureau of Air Monitoring  
& Mobile Sources

424825 MAR 5 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

AIRS ID#0694817  
NELSON'S CLEANERS  
GARY L NELSON  
1203 G WEST HWY 50  
CLERMONT FL  
34711

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

RECEIVED  
MAR 10 2003  
Bureau of Air Monitoring  
& Mobile Sources  
paid 2/20/03  
DDN # 423270

423270 FEB 20 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

AIRS ID#0694817  
NELSON'S CLEANERS  
GARY L NELSON  
1203 G WEST HWY 50  
CLERMONT FL  
34711

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

RECEIVED  
FEB 26 2003  
Bureau of Air Monitoring  
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING.

435765 JAN 28 2004

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

694817  
GARY NELSON  
NELSON'S CLEANERS  
1203 G WEST HWY 50  
CLERMONT FL 34711

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

RECEIVED  
JAN 30 2004  
Bureau of Air Monitoring  
& Mobile Sources

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

7000 0600 0026 4128 7706

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
AIRS ID # 0694817		
To: NELSON'S CLEANERS Gary L Nelson 1203 G WEST HWY 50 CLERMONT FL 34711		
PS		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 # 0694817  
 NELSON'S CLEANERS  
 GARY L NELSON  
 1203 G WEST HWY 50  
 CLERMONT FL  
 34711

**COMPLETE THIS SECTION ON DELIVERY**

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

2/9/02

C. Signature

X *Carol Nelson*

Agent  
 Addressee

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

3. Service Type

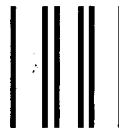
Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7000 0600 0026 4128 7706

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 32309-4700

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
FEB 11 2002

01



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

9189 RATE ETD0 0291 0000 7000

OFFICIAL USE

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

To AIRS ID#0694817

Sen NELSON'S CLEANERS  
 GARY L NELSON  
 Stre 1203 G WEST HWY 50  
 City CLERMONT FL 34711

PS Form 3811, August 2001 or Instructions

SEND

PLACE STICKER AT TOP OF ENVELOPE  
 TO THE RIGHT OF RETURN ADDRESS  
 ON A DOTTED LINE

SECTION ON DELIVERY

- 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#0694817

NELSON'S CLEANERS  
 GARY L NELSON  
 1203 G WEST HWY 50  
 CLERMONT FL  
 34711

A. Signature  Agent  
 *Carol Nelson*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 2.2.03

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7000 1670 0013 3108 6816

ted

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.

BUREAU OF AIR MONITORING & MOBILE SOURCES  
FEDERAL ENVIRONMENTAL PROTECTION AGENCY  
MAIL STOP 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2003

RECEIVED