Department of
Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

March 11, 2002

Mr. Randall Cothren
Eagle Cleaners
3185-C Capital Circle Northeast
Tallahassee, Florida 32308

Re: Facility No.: 0730091-002

Dear Mr. Cothren:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 7, 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,

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

JK/jw

cc: Mr. Charles Norman, Northwest District

Fees Paid 97-01
SOC 4
Compliance IN

(Corrected)

0730091-002

Page 15

1(a) New should be circled under Status for 1996 machines.

a Refrigerated Condenser is required for dry to dry machines classified as New.

Page 16

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

Page 17.

Resign with current date:

Initial/Date each change.

RECEIVED
MAY 20 2002
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
APR 15 2002
NORTHWEST FLORIDA
DEP

RECEIVED
MAR 13 2002
NORTHWEST FLORIDA
DEP

CORRECTED COPY

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED FEB 7 2002 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):
   Remcoht Corp D.B.A. Eagle Cleaners
2. Site Name (For example, plant name or number):
   Eagle Cleaners
3. Hazardous Waste Generator Identification Number:
   FLD984228700
4. Facility Location:
   Street Address: 3185-C Capital Circle N.E.
   City: Tallahassee County: Leon Zip Code: 32308
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0730091-002

Responsible Official

6. Name and Title of Responsible Official:
   Name: Randall Collison Title: Owner
7. Responsible Official Mailing Address:
   Organization/Firm: Eagle Cleaners
   Street Address: 3185-C Capital Circle N.E.
   City: Tallahassee County: Leon Zip Code: 32308
8. Responsible Official Telephone Number:
   Telephone: (850) 531-0124 Fax: ( ) -

Facility Contact (If different from Responsible Official)

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

RECEIVED MAY 20 2002 Bureau of Air Monitoring & Mobile Sources

RECEIVED APR 15 2002 NORTHWEST FLORIDA DEP

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")
8-96	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? [0]

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?

[90] 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 [X]

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		New machines at small area source	
(NONE REQUIRED)	[ ]	Refrigerated condenser	[✓]

Existing machines at large area source		New machines at large area source	
Carbon adsorber	[ ]	Refrigerated condenser	[ ]
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: [20] [ ] [ ]

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.

Randall E. Cothren

Print name of responsible official

Randy Cothren

Signature

Randall E. Cothren 4-11-02

2-5-02

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.

0730091-002

Page 15

1(a) New should be circled under Status for 1996 machines.

a Refrigerated Condenser is required for dry to dry machines classified as New.

Page 16

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

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 7 2000
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):
Rencoht Corp D.B.A. Eagle Cleaners

2. Site Name (For example, plant name or number):
Eagle Cleaners

3. Hazardous Waste Generator Identification Number:
FLD 984 228 700

4. Facility Location:
Street Address: 3185-C Capital Circle N.E.
City: Tallahassee County: Leon Zip Code: 32308

5. Facility Identification Number (DEP Use ONLY - do not fill in):
0730091-002

Responsible Official

6. Name and Title of Responsible Official:
Name: Randall Cotleren Title: Owner

7. Responsible Official Mailing Address:
Organization/Firm: Eagle Cleaners
Street Address: 3185-C Capital Circle N.E.
City: Tallahassee County: Leon Zip Code: 32308

8. Responsible Official Telephone Number:
Telephone: (850) 531-0124 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
Same

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")
8-96	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? [0]

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?

[90] 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 [X]

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		New machines at small area source	
(NONE REQUIRED)	[ ]	Refrigerated condenser	[✓]

Existing machines at large area source		New machines at large area source	
Carbon adsorber	[ ]	Refrigerated condenser	[ ]
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: [20] [ ] [ ]

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.

Randall E. Cothren
Print name of responsible official

Randy Cothren
Signature

2-5-02
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.

Renco Corp
3185-C Cap. Cir N.E.
Tallahassee, FL
32308

U.S. POSTAGE
PAID
TALLAHASSEE, FL
32303
FEB 06, '02
00087973-09
32399

UNITED STATES POSTAL SERVICE
0000
AMOUNT
$0.57

General Permits Section
Bureau of Air Monitoring and Mobile Sources
MS5510
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4672297 JAN17 2007

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# 730091
RENCOHT CORPORATION
3185-C Capital Circle NE
TALLAHASSEE, FLORIDA
32308

Bureau of Air Monitoring & Mobile Sources

JAN 22 2007

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

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

Printed on recycled paper.

EAGLE CLEANERS
"THE GREAT AMERICAN WAY"

3185-C Capital Circle, N.E.
Tallahassee, Florida 32308

TALLAHASSEE FL 323
16 JAN 2007 PM 2 L

39

Title V Air General Permits
Receipts
P.O. Box 3070
Tallahassee, FL

32315+3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457481 DEC30 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

730091 10
EAGLE CLEANERS
3185-C Capital Circle NE
TALLAHASSEE, FL 32308

Bureau of Air Monitoring
& Mobile Sources

JAN 3 2006

RECEIVED

FLAIR ACCT. CODE 37202035001375501000 0
BENIFITTING OBJECT CODE 002000
BENIFITTING CATEGORY 000200

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

Printed on recycled paper.

Best Available Copy

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444011 JAN 3 2005

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

RECEIVED
JAN 4
Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID# 730091 10
EAGLE CLEANERS
3185-C Capital Circle NE
TALLAHASSEE, FL 32308

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 can be found below on your mailing label.

✓ ARM

TOTAL AMOUNT DUE: $50.00

420708 DEC16 2002

Do NOT Remove Label

AIRS ID#0730091

EAGLE CLEANERS
RANDALL COTHREN
3185-C CAPITAL CIRCLE NE
TALLAHASSEE FL
32308

Bureau of Air Monitoring & Mobile Sources

DEC 18 2002

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

7003 2260 0003 5650 9738

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 Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

Sent To: ID# 730091
RANDALL COTHREN
EAGLE CLEANERS

Street, Apt. No.; or PO Box No.: 3185-C CAPITAL CIRCLE NE

City, State, ZIP+: TALLAHASSEE, FL 32308

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:

ID#-730091
RANDALL COTHREN
EAGLE CLEANERS
3185-C CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Wells
☐ Agent
☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery
2-6-04

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

2. Article Number (*Transfer from service label*) 7003 2260 0003 5650 9738

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

UNITED STATES POSTAL SERVICE

TALLAHASSEE FL 32
PM
06 FEB
2004

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

RECEIVED
FEB 9 2004
Bureau of Air Monitoring
& Mobile Sources

01

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436545 FEB18 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

ID# 730091
RANDALL COTHREN
EAGLE CLEANERS
3185-C CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

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