



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 17, 1997

Mr. James Mims  
Mickler's Cleaners  
811-A East Base Street  
Madison, Florida 32340

Re: Facility No.: 0790018

Dear Mr. Mims:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 16, 1997.

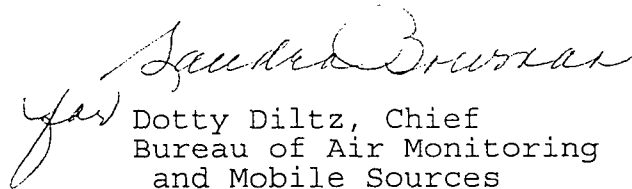
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

1-6-99

RECEIVED

DEC 12 2000

Bureau of Air Monitoring  
& Mobile Sources

To whom It may Concern,  
Michael's Cleaners has  
out of business. It is now  
owned by: Marie Morrison (850-973-4440)  
811-A 2 Base St.  
Madison, FL 32340

It is called: Morrison's Cleaners.  
She took it over: Feb. 1, 1999.

Thank you,  
James Sims  
850-973-3411



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

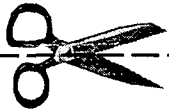
**TO: Holder of Title V Air General Permit**

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

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

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

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



(cut here)

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

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0790018  
MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

OCT 16 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Micklen's Dry Cleaners, Inc.		
2. Site Name (For example, plant name or number):	<del>Micklen's</del> Cleaners		
3. Hazardous Waste Generator Identification Number:	GAD 981269095		
4. Facility Location: Street Address:	811-A E. Base St.		
City:	County:	Zip Code:	
5. Facility Identification Number (DEP Use):	01790018		

Responsible Official

6. Name and Title of Responsible Official:	James Mims - President-owner		
7. Responsible Official Mailing Address:	Micklen's Dry Cleaners, Inc.		
Organization/Firm:	811-A E. Base St.		
Street Address:	City:	County:	Zip Code:
	Madison	Madison	32340
8. Responsible Official Telephone Number:	Telephone: (850) 973-4440 Fax: ( ) 973-3411		

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: ( ) -		

#0790018

Mickler's Cleaners

p. 14 1. (a) add date control device  
installed

1. (c) mark out "X"

3. should be new small area  
source

p. 15 4. should be new small area  
source w/ refreg. con.

**Facility Information**

1(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		01-oct-93			n/a				
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

new  
small  
T.A.

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### 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

Yes

(b) Leak detection inspection and repair

Yes

(c) Refrigerated condenser temperature monitoring

Yes

(d) Carbon adsorber exhaust perc concentration monitoring

No

(e) Instrument calibration

No

(f) Start-up, shutdown, malfunction plan

Yes

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No 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.*

James R. Minick  
Signature

10-2-97  
Date



**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

AIRS ID 0790018  
MICKLER'S DRY CLEANERS INC  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

Do NOT Remove Label

Bureau of Air Monitoring  
& Mobile Sources

FEB 26 1998

RECEIVED

Annual Reporting Period: 2-27 1998 TO \_\_\_\_\_ 19\_\_\_\_

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

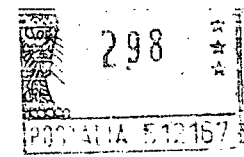
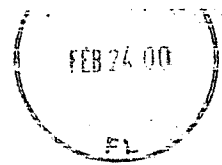
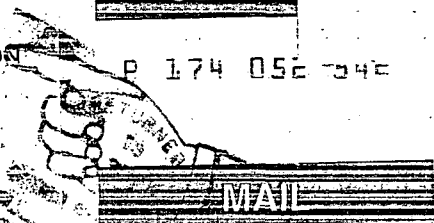
RESPONSIBLE OFFICIAL: James R. Mims James R. Mims 2-27-98  
Name (Please Print) Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

**GERTIF**

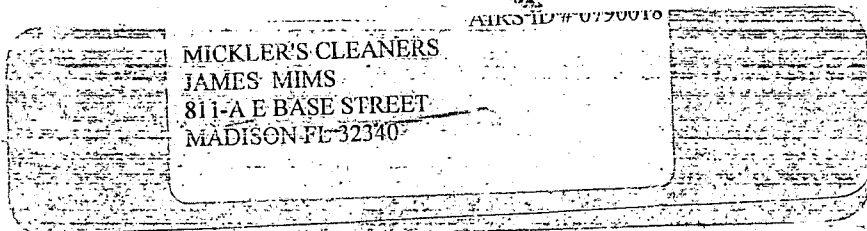
P 174 05E 34E



MC5521

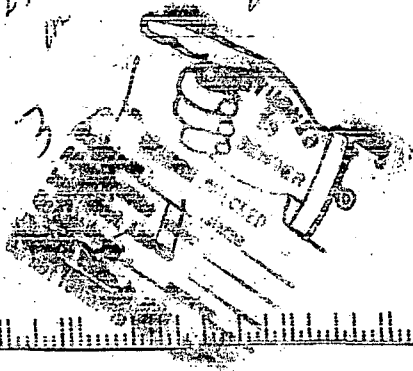
BAMMS/BCO  
JOEY ROBERTS  
5510

AIRTEL # 0790010



*Handwritten:* 225.00

*Handwritten:* Unclaimed



32380X2972 02

so that we can return  
 Attach this card to the back of the mailpiece,  
 or on the front if space permits.

1. Article Addressed to:

MICKLER'S CLEANERS  
 JAMES MIMS  
 811-A E BASE STREET  
 MADISON FL 32340

AIRS ID # 0790018

X

Agent  
 Addressee

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

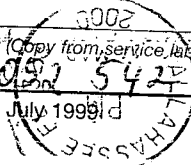
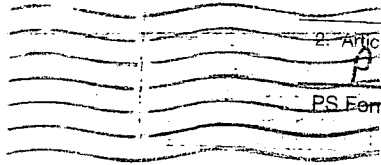
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

P 174 052 542

PS Form 3811, July 1999



Domestic Return Receipt

102595-99-M-1789

P 174 052 542

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Send to

AIRS ID # 0790018

MICKLER'S CLEANERS  
 JAMES MIMS  
 811-A E BASE STREET  
 MADISON FL 32340

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400  
#05521

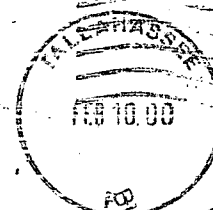
BAMMS/BCO  
JOEY ROBERTS  
5510

MICKLER'S CLEANERS  
JAMES WIMS  
811-A E BASE STREET  
MADISON, FL 32310

**CERTIFIED**

Z 333 667 288

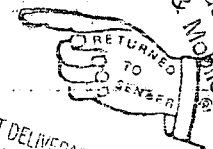
**MAIL**



Bureau of Air Monitoring  
& Mobile Sources

MAR - 3 2000

RECEIVED



RETURNED TO SENDER

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

2-17  
2-26

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

AIRS ID # 0790018

MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON, FL 32340

**4a. Article Number**

333 667 288

**4b. Service Type**

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

**7. Date of Delivery**

7-11-00 m

**5. Received By: (Print Name)**

**8. Addressee's Address (Only if requested and fee is paid)**

**6. Signature: (Addressee or Agent)**

X

Thank you for using Return Receipt Service.



-----  
**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**

303558 ✓

**Do NOT Remove Label**

AIRS ID 0790018  
MICKLER'S DRY CLEANERS INC  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
FEB 24 1998

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0369079

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

**TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

AIRS ID # 0790018

MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

RECEIVED  
MAIL ROOM  
APR 15 99

Z 333 667 288

2000

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0790018

MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340



PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	



is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0790018

MICKLER'S DRY CLEANERS INC  
 JAMES MIMS  
 811-A E BASE STREET  
 MADISON FL 32340

4a. Article Number

Z 333 612 868

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-13-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *James Mims*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 612 868

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
 Postmaster for International Mail (See reverse)  
 AIRS ID 0790018

MICKLER'S DRY CLEANERS INC  
 JAMES MIMS  
 811-A E BASE STREET  
 MADISON FL 32340

PS Form 3800 April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

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- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

AIRS ID # 0790018

**4a. Article Number**

Z 333 667 179

**4b. Service Type**

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

**7. Date of Delivery**

4-2-99

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

*J. Mims*

**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 667 179

US Postal Service

**Receipt for Certified Mail**

AIRS ID # 0790018

MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

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Fold at line over top of envelope to the right of the return address

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

AIRS ID # 0790018

4a. Article Number

P 174 052 247

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

5-1-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X J. Moore*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 247

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0790018

MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

PS Form 3800 April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to

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3. Article Addressed to:

MICKLER'S CLEANERS  
 JAMES MIMS  
 811-A E BASE STREET  
 MADISON FL 32340

AIRS ID # 0790018

4a. Article Number

2333660317

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-12-95

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

*X<sup>e</sup> Amoreira Da*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

23336603171999

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0790018

MICKLER'S CLEANERS  
 JAMES MIMS  
 811-A E BASE STREET  
 MADISON FL 32340

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

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

OFFICIAL USE

7000 1670 0013 3108 7097

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

*Receipt*  
 Postmark  
 Here  
*02*

10 AIRS ID # 0790018001AG  
 MARIE MORRISON  
 MICKLER'S CLEANERS  
 811-A E BASE STREET  
 MADISON FL  
 32340

PS Form 3800, May 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE  
 TO THE RIGHT OF RETURN ADDRESS

**LETE THIS 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:

10 AIRS ID # 0790018001AG  
 MARIE MORRISON  
 MICKLER'S CLEANERS  
 811-A E BASE STREET  
 MADISON FL  
 32340

2. Article Number  
 (Transfer from service label)

7000 1670 0013 3108 7097

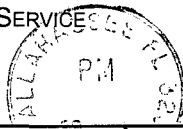
A. Received by <i>(Please Print Clearly)</i> <i>Niya Proctor</i>	B. Date of Delivery <i>7.25.02 h</i>
C. Signature <i>x Niya Proctor</i>	
<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? *(Extra Fee)*  Yes

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 •

RECEIVED  
MAR 02 2002  
Mobile Sources

DARWIN MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 CLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

2399+6342



Z 210 663 107

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID # 0790018

MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to

**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 # 0790018

MICKLER'S CLEANERS  
JAMES MIMS  
811-A E BASE STREET  
MADISON FL 32340

2210 663 107

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

8-1-00 N

C. Signature

X

D. Is delivery address different from item 1?  Yes

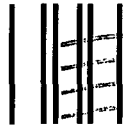
If YES, enter delivery address below:  No

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Branch of Air Monitoring  
Mobile Sources

RECEIVED

APR - 3 2000

32399+2400

