



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 3, 2001

Mr. William McDermott
The Dry Cleaner
3269 Southwest 42 Avenue
Palm City, Florida 34990

Re: Facility No.: 0850115-002

Dear Mr. McDermott:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 2, 2001.

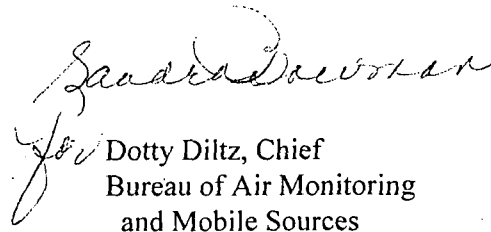
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC 3
Compliance IN

Bowman, Sandy

0850115

From: Bowman, Sandy
Sent: Friday, November 22, 2002 8:36 AM
To: Whiting, Dorothy
Cc: Davis, William
Subject: RE:McDermont Management Outstanding Warrant

As you may recall, I have attempted over the past month to determine if a refund re-issuance to McDermont Management is needed.

I spoke with Mr. McDermont on 10/17/2002. I was told by Mr. McDermont his book keeper was in only on Saturdays. Mr. McDermont would check with the book keeper and get back with me.

I did not hear back from Mr. McDermont. I called him on 10/29/2002. He was not available and I left a message with his staff.

I still did not hear back from Mr. McDermont. I called him on 11/05/2002. He was not available and I left a message with his staff.

I did not hear back from Mr. McDermont. I called him on 11/14/2002. He was not available and I left a message with his staff. She found the message I had previously left and read it back to me.

I did not hear back from Mr. McDermont. I called him on 11/21/2002 at 8:55 am. He was not available and I left a message on his answering machine. Again, I had no response from Mr. McDermont.

Mr. McDermont knows the reason I have been trying to reach him. Since he has not responded, I do not think it is appropriate to re-issue the refund check at this time.

Sandy

*Sandy Bowman
Environmental Consultant
DEP-Division of Air Resource Management
(850)921-9583 or SUNCOM 291-9583
E-Mail: Sandy.Bowman@dep.state.fl.us*

7/2/01

085 0115

William McHernok

~~777~~ - 288 - 6526

3/27/02 deep part
march

Bowman, Sandy

From: Whiting, Dorothy
Sent: Wednesday, October 16, 2002 4:11 PM
To: Bowman, Sandy
Subject: Outstanding Warrants over 3 months old

McDermont Management Inc on 05/10/2002 in refund (Receipt No 378479) of a payment previously received. The warrant has not cleared our bank account and is therefore outstanding.

It is the responsibility of the Division representative or their designee as addressed above to pursue the re-issuance of the refund should research reveal a refund is still due.

If further information or documentation is required please let me know.

Liberty Laundry on 065/06/2002 in refund (Receipt No 380036) of a payment previously received. The warrant has not cleared our bank account and is therefore outstanding.

It is the responsibility of the Division representative or their designee as addressed above to pursue the re-issuance of the refund should research reveal a refund is still due.

If further information or documentation is required please let me know.

9:20a.m. 10/17/02
Called with Mr. McDermott.
Spoke with Mr. [unclear] is in on
his bookkeeper - he will have her
Saturdays - he will have her
check and get back with me.

8:55
11/21 -
left
message on
answering
machine.

9:04 10/29/02 - Called
left message with female staff
11:22 11/5/02 - Called left
message with female staff
3:00 11/14/02 - Called left
message with female staff
message head back
to me.

0850115-002

p15

1(a) a 1990 machine is Existing machine.

Existing should be circled under Status

RC and/or CA should be circled under
Control Device Required.

Enter Date Control Device Installed.

p17

Responsible Official sign and date
for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL - 2 2001
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): <i>McDERMOTT MANAGEMENT, INC.</i>
2. Site Name (For example, plant name or number): <i>THE DRY CLEANER</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 984175224</i>
4. Facility Location: Street Address: <i>3269 SW 42nd AVE.</i> City: <i>PALM CITY</i> County: <i>MARTIN</i> Zip Code: <i>34990</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0850115-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>WILLIAM McDERMOTT</i> Title: <i>V.P./TREA.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>THE DRY CLEANER</i> Street Address: <i>3269 SW 42nd AVE</i> City: <i>PALM CITY</i> County: <i>MARTIN</i> Zip Code: <i>34990</i>
8. Responsible Official Telephone Number: Telephone: <i>(561) 288-6526</i> Fax: <i>(561) 288-6526 *51</i>

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: () -

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")
1990	Existing <u>New</u>	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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

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

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

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

[280] 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:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0850 115
- 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.

WILLIAM McDERMOTT
Print name of responsible official

William McDermott
Signature

6/25/01
Date

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	Postmark Here AIRS ID # 0850115
Sent To THE DRY CLEANER WILLIAM MCDERMOTT Street, Apt. N 3269 SW 42ND AVENUE or PO Box No PALM CITY FL City, State, Zip 34990	
PS Form 3800, January 2001 See Reverse for Instructions	

7001 0320 0001 7976 0100

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD IN ADDRESS LABEL	
SENDER: COMPLETE THIS SECTION <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. 1. Article Addressed to: <p style="text-align: center;">AIRS ID # 0850115</p> THE DRY CLEANER WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990	COMPLETE THIS SECTION ON DELIVERY A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery <div style="text-align: right; font-size: 1.2em;">3/13/02</div> C. Signature <input checked="" type="checkbox"/> <i>William McDermott</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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
7001 0320 0001 7976 0100	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

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

7000 0600 0026 4128 7409

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

To: AIRS ID # 0850115
 Re: THE DRY CLEANER
 WILLIAM MCDERMOTT
 Str: 3269 SW 42ND AVENUE
 Cit: PALM CITY FL
 34990

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 # 0850115

THE DRY CLEANER
 WILLIAM MCDERMOTT
 3269 SW 42ND AVENUE
 PALM CITY FL
 34990

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery 2/9/02
C. Signature X <i>William McDermott</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> 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 7409



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414835 MAR 4 2002

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

X

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0850115

THE DRY CLEANER
WILLIAM MCDERMOTT
3269 SW 42ND AVENUE
PALM CITY FL
34990

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415378 MAR25 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

*pl
12/4/02
refund
#8355*

Do **NOT** Remove Label

AIRS ID # 0850115

THE DRY CLEANER
WILLIAM MCDERMOTT
3269 SW 42ND AVENUE
PALM CITY FL
34990

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

7004 2510 0002 3939 1147

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

Postmark
Here

Total F AIRS ID#0850115.....2nd Cert 05

Sent To THE DRY CLEANER
 Street, A 3269 SW 42nd Avenue
 or PO Box PALM CITY, FL 34990
 City, Sta

PS Form 3811, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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#0850115.....2nd Cert 05
 THE DRY CLEANER
 3269 SW 42nd Avenue
 PALM CITY, FL 34990

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 [Signature] Addressee
- B. Received by (Printed Name) C. Date of Delivery
McDERMOTT 3-8-05
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: 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

7004 2510 0002 3939 1147

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

Mobile Source

MAR 1 0 2005

RECEIVED



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

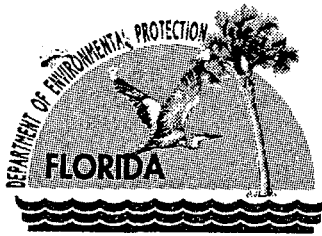
Do NOT Remove Label

AIRS ID# 850115 1stC
THE DRY CLEANER
3269 SW 42nd Avenue
PALM CITY, FL 34990

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

Printed on recycled paper.

RECEIVED
MAR 11 2005
Bureau of Air Monitoring
& Mobile Sources



Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Colleen M. Castille
Secretary

February 28, 2005

McDermott Management, Inc.
D/B/A The Dry Cleaner
3269 SW 42nd Avenue
Palm City, Florida 34990

*Dear Gentlemen
Please accept my sincere apology for
any problems that this may have
caused. It was unintentional.
William McDermott*

To Whom It May Concern:

We are returning your check, number 16558, for the following reason.

- Check Not Signed
- Wrong Payee
- Other

Please contact me if you have any questions at (850) 245-2458.

Sincerely,

Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance and Accounting

AS/tc
cc: Reading File
Cashier

U.S. Postal Service™
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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

AIRS ID# 850115 1stC
 THE DRY CLEANER
 3269 SW 42nd Avenue
 PALM CITY, FL 34990

PS Form 3811, August 2001

7004 2510 0002 3938 6648

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# 850115 1stC
 THE DRY CLEANER
 3269 SW 42nd Avenue
 PALM CITY, FL 34990

2. Article Number

(Transfer from service label)

7004 2510 0002 3938 6648

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

DRY CLEANER

C. Date of Delivery

2-9-05

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 8510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 16 2005

Air Monitoring
Mobile Sources

1201 1595 0000 0922 0007

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OFFICIAL USE

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

1500
 Postmark Here
03

Total Pos ID# 850115
 WILLIAM MCDERMOTT
 Sent To THE DRY CLEANER
 Street, Apt. 3269 SW 42ND AVENUE
 or PO Box 1 PALM CITY, FL 34990
 City, State,

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# 850115
 WILLIAM MCDERMOTT
 THE DRY CLEANER
 3269 SW 42ND AVENUE
 PALM CITY, FL 34990

2. Article Number

(Tr) 7003 2260 0003 5651 1021

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Russ Burnett Agent Addressee

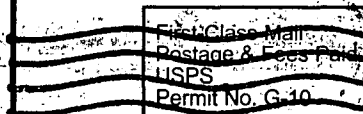
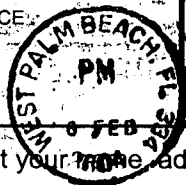
B. Received by (Printed Name) C. Date of Delivery
 2/6/04

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

UNITED STATES POSTAL SERVICE



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

DARPA MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED

912948932





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

<p>THE DRY CLEANER WILLIAM MCDERMOTT 3269 SW 42ND AVENUE PALM CITY FL 34990</p>	<p>AIRS ID#0850115</p>
---	------------------------

Bureau of Air Monitoring & Mobile Sources

422743 FEB 10 2003

FEB 14 2003

RECEIVED

<p>FOR GOVERNMENT USE ONLY Org.: 37550101000, EO: A1 Fund: 20-2-035001 Obj.: 002273</p>
--

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

7000 1670 0013 3108 6571

OFFICIAL USE

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

Postmark Here
[Handwritten Signature]

AIRS ID#0850115

Sent THE DRY CLEANER
 Street WILLIAM MCDERMOTT
 3269 SW 42ND AVENUE
 City, PALM CITY FL
 34990

PS Form 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#0850115
 THE DRY CLEANER
 WILLIAM MCDERMOTT
 3269 SW 42ND AVENUE
 PALM CITY FL
 34990

2. Article Number
 (Transfer from service label)

7000 1670 0013 3108 6571

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

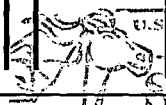
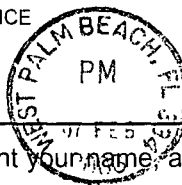
B. Received by (Printed Name) C. Date of Delivery

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

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.

BUREAU OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
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