

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 27, 2001

Mr. Warren Isham
A1A Dry Cleaners
Post Office Box 1296
Callahan, Florida 32011-1296

Re: Facility No.: 0890431-001

Dear Mr. Isham:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 23, 2001.

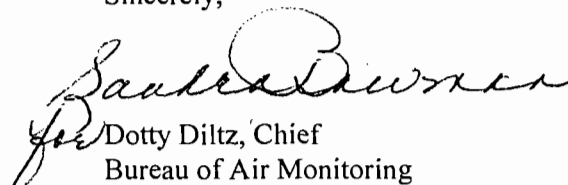
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
Bureau of Air Monitoring
& Mobile Sources
JAN 2 12:40

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):	AIA DRY CLEANERS
2. Site Name (For example, plant name or number):	SITE # 168710
3. Hazardous Waste Generator Identification Number:	FLR 000064832
4. Facility Location: Street Address: 3505-4 SOUTH KINGS RD City: CALLAHAN County: NASSAU Zip Code: 32011	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0890431-001

Physical address

Responsible Official

6. Name and Title of Responsible Official: Name: FRAN ISHAM Title: GEN. MGR.	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: P.O. Box 1296 City: CALLAHAN County: NASSAU Zip Code: 32011-1296	
8. Responsible Official Telephone Number: Telephone: (904) 899-2250 Fax: (904) 899-9791	

Mailing address

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	FRAN ISHAM GEN. MGR.
10. Facility Contact Address: Street Address: (SAME AS ABOVE) City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () (SAME) Fax: ()	

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 27 2001

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):	ALA Dry Cleaners		
2. Site Name (For example, plant name or number):	SITE # 168710		
3. Hazardous Waste Generator Identification Number:	FLR 64832		
4. Facility Location:	Street Address: 3505-4 South Kings Rd. City: Callahan County: Nassau Zip Code: 32011		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0890431-001		

Responsible Official

6. Name and Title of Responsible Official:	Name: Warren Isham Title: Owner	
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: PO BOX 1296 City: Callahan County: Nassau Zip Code: 32011-1296	
8. Responsible Official Telephone Number:	Telephone: (904) 879-2250 Fax: (904) 879-9791	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	FRAN ISHAM GEN. MGR.	
10. Facility Contact Address:	Street Address: SAME 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? 1

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>12/96</u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>5/00</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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?

120 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 _____
- 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.

Warren Esham
Print name of responsible official


Signature

02 - 23 - 01
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
Actually received
JAN 24 2000
Bureau of Air Mgmt & 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>AIA DRY CLEANERS</i>
2. Site Name (For example, plant name or number): <i>SITE # 168710</i>
3. Hazardous Waste Generator Identification Number: <i>PLR 000064832</i>
4. Facility Location: Street Address: <i>3505-4 SOUTH KINGS RD</i> City: <i>CALLAHAN</i> County: <i>NASSAU</i> Zip Code: <i>32011</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0890431-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>FRAN ISHAM</i> Title: <i>GEN. MGR.</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>PO. BOX 1296</i> City: <i>CALLAHAN</i> County: <i>NASSAU</i> Zip Code: <i>32011-1296</i>
8. Responsible Official Telephone Number: Telephone: <i>(904) 879-2250</i> Fax: <i>(904) 879-9791</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>FRAN ISHAM GEN. MGR.</i>
10. Facility Contact Address: Street Address: <i>(SAME AS ABOVE)</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () <i>(SAME)</i> 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")
12/96	Existing	RC/CA/None required	5/00
_____	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?

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:


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- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

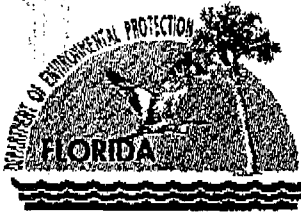
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I will promptly notify the Department of any changes to the information contained in this notification.

FRAN ISHAM
Print name of responsible official


Signature

1-16-01
Date



Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

David B. Struhs
Secretary

FAX COVER SHEET

DATE: 2/23/01

TO: Rick Butler

PHONE:

FAX: (850) 922-6979

FROM: Fred Alvarez, Air Section

PHONE: (904) 448-4310, EXT. 254

FAX: (904) 448-4363

Number of pages including cover sheet: 5

SUBJ: ADA Dry Cms, Callahan, Nassau Co

Rick: attached re-signed Gen. Permit.
Hope this helps.

HOT-1
PASS TO
R.B.
TX'S

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.

RECEIVED
FEB 23 2001
Bureau of Air Monitoring
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ALA Dry Cleaners		
2. Site Name (For example, plant name or number):	SITE # 168710		
3. Hazardous Waste Generator Identification Number:	FLR 64832		
4. Facility Location:	Street Address: 3505-4 South Kings Rd. City: Callahan County: NASSAU Zip Code: 32011		
Facility Identification Number (DEP Form 62-213.900(2))			

Responsible Official

6. Name and Title of Responsible Official:	Name: Warren Isham Title: Owner		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: PO BOX 1296 City: Callahan County: NASSAU Zip Code: 32011-1296		
8. Responsible Official Telephone Number:	Telephone: (904) 879-2250 Fax: (904) 879-9791		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	FRAN ISHAM GEN. MGR.		
10. Facility Contact Address:	Street Address: SAME 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? 1

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>12/96</u>	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>5/00</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

122 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: 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
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- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

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I will promptly notify the Department of any changes to the information contained in this notification.

Warren Lsham
Print name of responsible official


Signature

02-23-01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459 390 FEB 27 2006

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

890431 10
A1A DRY CLEANERS #168710
3505-4 South Kings Road
CALLAHAN, FL 32011

Bureau of A. V. Inquiries
& Mobile Sources

MAR 01 2006

RECEIVED

FLAIR ACCT. CODE 372020350013755010000
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.

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

444656 JAN 28 2005

RECEIVED
JAN 20 2005

Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 890431 10 A1A DRY CLEANERS #168710 3505-4 South Kings Road CALLAHAN, FL 32011

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 FEB 27 2004

437044

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# 890431
 WARREN ISHAM
 A1A DRY CLEANERS #168710
 PO BOX 1296
 CALLAHAN, FL 32011

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

RECEIVED
 MAR 4 2004
 Bureau of Air Mortgages
 & Mobile Sources

7002 2260 0000 0922 E002
 6460 7595 E000 0949

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 Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Warren Isham
 Postmark Here

Total Pcs ID# 890431
 Sent To WARREN ISHAM
 A1A DRY CLEANERS #168710
 Street, Ap. PO BOX 1296
 or PO Box CALLAHAN, FL 32011
 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# 890431
 WARREN ISHAM
 A1A DRY CLEANERS #168710
 PO BOX 1296
 CALLAHAN, FL 32011

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Warren Isham* Agent Addressee
 B. Received by (Printed Name) *Warren Isham*
 C. Date of Delivery *2-6-01*
 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 (Transf) 7003 2260 0003 5651 0949

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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422878 FEB12 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#0890431
AIA DRY CLEANERS #168710
WARREN ISHAM
PO BOX 1296
CALLAHAN FL
32011-1296

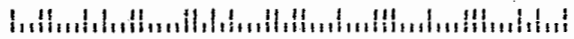
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Warren Isham DBA A1A Cleaners
PO Box 1296
Callahan, FL 32011-1296



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 59



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

OFFICIAL USE

7000 1670 0013 3108 6458

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

Postmark
 Here

AIRES ID#0890431

Sent To A1A DRY CLEANERS #168710
 Street, WARREN ISHAM
 City, St PO BOX 1296
 CALLAHAN FL
 32011-1296

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:

AIRES ID#0890431

A1A DRY CLEANERS #168710
 WARREN ISHAM
 PO BOX 1296
 CALLAHAN FL
 32011-1296

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-18-05

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

2. Article Number

(Transfer from service label)

7000 1670 0013 3108 6458

UNITED STATES POSTAL SERVICE



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

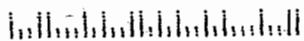
• Sender: Please print your name, address, and ZIP+4 in this box •

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

FEB 12 2005

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414118 FEB14 2002

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0890431
A1A DRY CLEANERS #168710
WARREN ISHAM
PO BOX 1296
CALLAHAN FL
32011-1296

FOR GOVERNMENT USE ONLY
Org.: 3750101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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

7000 0600 0026 4128 7386

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

Postmark
Here

↑ AIRS ID # 0890431

Recip: AIA DRY CLEANERS #168710
 Street: WARREN ISHAM
 PO BOX 1296
 City: CALLAHAN FL
 32011-1296

PS Form 3811, July 1999 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 # 0890431
 AIA DRY CLEANERS #168710
 WARREN ISHAM
 PO BOX 1296
 CALLAHAN FL
 32011-1296

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Warren Isham 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 7386

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

Bureau of Air Monitoring
& Mobile Sources

FEB 14 2002

RECEIVED

