

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 18, 2002

Mr. Hemchand Sookdeo
Community Cleaners
2744 South Chickasaw Trail
Orlando, Florida 32829

Re: Facility No.: 0951169-002

Dear Mr. Sookdeo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 18, 2002.

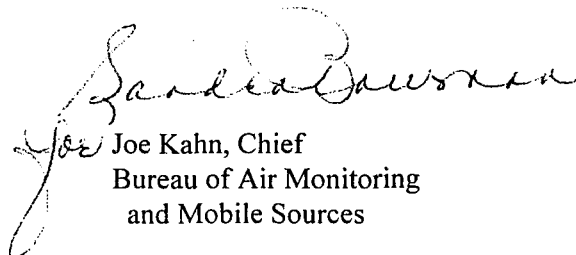
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw


cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

* New Owner.
10/25/2002 Called & left message for Herichard Soolideo 10:15 A.
10/30/2002 called a left message for Herichard Soolideo. 4:13 p

10/31/2002

 Spoke to Mr. Hemchand Sookdeo, owner of Community Cleaners, and he stated that his dry-to-dry machine was approximately 3 years old. He also stated that the dry-to-dry machine has a refrigerated condenser as a control device. Mr. Sookdeo stated that he has 2 washers and 1 dryer and they do not use perchloroethylene.

Page 15

1. (a) Add Date Initially Purchased From the Manufacturer for dry-to-dry machine.
Choose and circle appropriate control device under Control Device Required for dry-to-dry machine.

1. (b) Information listed in this section is for perchloroethylene using machines.

RECEIVED

OCT 18 2007

Bureau of Air Monitoring & Mobile Sources

RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

JUN 26 2007

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring & Mobile Sources

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):
RAM BARACK Cleaners Inc.

2. Site Name (For example, plant name or number):
1/6 Community Cleaners

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
 Street Address: *2744 S. Chickasaw Trail*
 City: *ORLANDO* County: *ORANGE* Zip Code: *32829*

5. Facility Identification Number (DEP Use ONLY - do not fill in):
0951169-002

Responsible Official

6. Name and Title of Responsible Official:
 Name: *Hemchand Sookdeo* Title: *owner/manager*

7. Responsible Official Mailing Address:
 Organization/Firm:
 Street Address: *2744 South Chickasaw Trail*
 City: *ORLANDO* County: *ORANGE* Zip Code: *32829*

8. Responsible Official Telephone Number:
 Telephone: *(407) 658-2011* Fax: *(407) 306-0516*

Facility Contact (If different from Responsible Official)

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

10. Facility Contact Address:
 Street Address:
 City: County: *Same As Above* 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")
Used <u>17/1999</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>Same</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? 2

How many dryers/reclaimers do you have on-site? 1

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

30 gallons (You must fill this in)

(b) If less than 12 months, how many? 9 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 _____)

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.

Homchand Soakdeo

Print name of responsible official

Signature

[Handwritten Signature]

Date

10/11/02

CHANGES
MADE

Homchand Soakdeo

PRINT
NAME

[Handwritten Signature]

SIGNATURE

11-25-02

DATE

AIRS ID # 0951169-002

CRB

10/31/2002

Spoke to Mr. Hemchand Sookdeo, owner of Community Cleaners, and he stated that his dry-to-dry machine was approximately 3 years old. He also stated that the dry-to-dry machine has a refrigerated condenser as a control device. Mr. Sookdeo stated that he has 2 washers and 1 dryer and they do not use perchloroethylene.

Page 15

1. (a) Add Date Initially Purchased From the Manufacturer for dry-to-dry machine.
Choose and circle appropriate control device under Control Device Required for dry-to-dry machine.

1. (b) Information listed in this section is for perchloroethylene using machines.

RECEIVED
D.C. ENVIRONMENTAL
PROTECTION DIVISION
2002 NOV 20 AM 11:21

[Faint, illegible text, possibly bleed-through from the reverse side of the page]

file 113
6/26/94
[Signature]

RECEIVED

JUN 26 2003

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

OCT 15 2002

RECEIVED

Bureau of Air Monitoring
& Mobile Sources

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): GOLDEN ROD CLEANERS
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: FL D984177816
4. Facility Location: Street Address: 4040 GOLDENROD RD. City: WINTER PARK FL County: ORANGE Zip Code: 32792
5. Facility Identification Number (DEP Use ONLY do not fill in) 095115B-002

Responsible Official

6. Name and Title of Responsible Official: Name: YVONNE H. ROBERTS Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (407) 657-5113 Fax: () -

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")
3/28/96 JK	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	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:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0951158001AG
- 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.

YVONNE H. ROBERTS

Print name of responsible official

Yvonne H. Roberts

Signature

Oct. 8, 2002

Date

CHANGES

MADE:


YVONNE ROBERTS
PRINT NAME

Yvonne H. Roberts
SIGNATURE

11/25/02
DATE

AIRS ID # 0951158-002

10/21/2002

 Spoke with Ms. Yvonne Roberts, Goldenrod Cleaners owner, and she stated that the dry-to-dry machine was originally purchased on March 28, 1996. She also stated that she did not know the horsepower of the natural gas fired boiler.

Page 15

1. (a) Add Date Machine Initially Purchased From the Manufacturer in space provided.

Page 16

4. New machines at small area source Refrigerated condenser should be marked.

5. Add horsepower (HP) for natural gas fired boiler.

2002 NOV 20 AM 11:22

RECEIVED
O.C. ENVIRONMENTAL
PROTECTION DIVISION

file
6/2/83
PK

RECEIVED

OCT 18 2002

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	RAM BARACK Cleaners Inc.		
2. Site Name (For example, plant name or number):	1/6 Community Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	2744 S. Chickasaw Trail		
City:	ORLANDO	County:	ORANGE Zip Code: 32829
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951169-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Hemchand Sookdeo	Title:	owner/manager
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	2744 South Chickasaw Trail		
City:	ORLANDO	County:	ORANGE Zip Code: 32829
8. Responsible Official Telephone Number:			
Telephone:	(407) 658-2011	Fax:	(407) 306-0516

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same As Above		
10. Facility Contact Address:			
Street Address:			
City:	Same As Above	County:	Same As Above 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")
<u>Used</u>	<u>Existing</u> /New	RC/CA/None required	<u>Same</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")
_____	<u>Existing</u> /New	RC/CA/ <u>None</u> required	<u>Same</u>
_____	<u>Existing</u> /New	RC/CA/ <u>None</u> required	<u>Same</u>
_____	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 _____)

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.

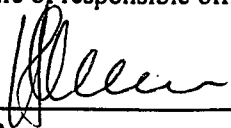
Responsible Official Certification

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.

Homeland Soakdeo

Print name of responsible official

Signature 

Date 10/11/02

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.

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

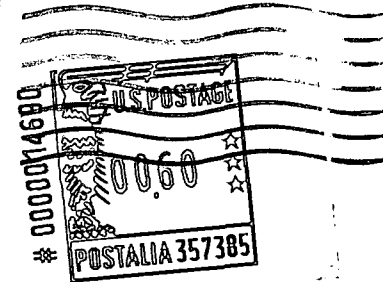
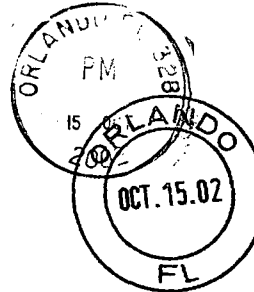
- If you wish to continue your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a new RO (Responsible Official), and/or your existing business has moved to a new location, please check this box and return this form with your completed notification form.

- If you do not wish to continue your eligibility, please disregard this notice.

Community Cleaners
2744 South Chickasaw Trail
Orlando FL 32829



General Permits Section
Bureau Of Air Monitoring and Mobile Sources,
Ms 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

32399-2400 



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434706 DEC26 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

951169 HEMCHAND SOOKDEO COMMUNITY CLEANERS STORE #1 2744 SOUTH CHICKASAW TRAIL ORLANDO FL 32829

X
 Bureau of
& Mobile
 RECEIVED
 DEC 3
 2003
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

451021 APR24 2006

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 951169 COMMUNITY CLEANERS STORE #1 2744 S Chickasaw Trail ORLANDO, FL 32829

RECEIVED
 APR 25 2006
 Bureau of
& Mobile Sources

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
--

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443396 DEC16 2004

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# 951169 10 COMMUNITY CLEANERS STORE #1 2744 S Chickasaw Trail ORLANDO, FL 32829
--

Printed on recycled paper.

RECEIVED
 DEC 17 2004
 Bureau of Air Monitoring
 & Mobile Sources

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



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#0951169 COMMUNITY CLEANERS STORE #1 HEMCHAND SOOKDEO 2744 SOUTH CHICKASAW TRAIL ORLANDO FL 32829

RECEIVED
 MAR 12 2003
 Bureau of Air Monitoring
 & Mobile Sources
 425627

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

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

Postmark
 Here

Total Pos

AIRS ID#0951169

Sent To **COMMUNITY CLEANERS STORE #1**
HEMCHAND SOOKDEO
 Street, Apt. **2744 SOUTH CHICKASAW TRAIL**
 or PO Box / **ORLANDO FL**
 City, State, **32829**

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0001 7976 3606

SENDE

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

SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0951169
COMMUNITY CLEANERS STORE #1
HEMCHAND SOOKDEO
2744 SOUTH CHICKASAW TRAIL
ORLANDO FL
32829

A. Received by (Please Print Clearly) _____ B. Date of Delivery **3/8/03**

C. Signature **[Signature]**

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)

7001 0320 0001 7976 3606

UNITED STATES POSTAL SERVICE



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

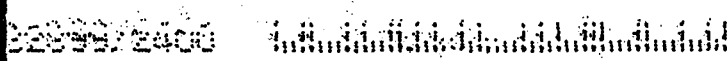
• Sender: Please print your name, address, and ZIP+4 in this box •

1/ Air Monitoring
Mobile Sources

MAR 11 2003

CE
V
D

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 16510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



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

OFFICIAL USE

7001 0320 0001 7975 7469

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

[Handwritten Signature]
 Postmark Here

To: AIRS ID#0951169
 Ser: COMMUNITY CLEANERS STORE #1
 HEMCHAND SOOKDEO
 Str: 2744 SOUTH CHICKASAW TRAIL
 or: ORLANDO FL
 Cit: 32829

PS Form 3811, August 2001 or 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#0951169

COMMUNITY CLEANERS STORE #1
 HEMCHAND SOOKDEO
 2744 SOUTH CHICKASAW TRAIL
 ORLANDO FL
 32829

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
 _____ 2/7/03

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7001 0320 0001 7975 7469

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 10 2003
RECEIVED

