

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 26, 2001

Ms. Mayra Ramos  
Castel Inc.  
811 Sand Lake  
Orlando, Florida 32809

Re: Facility No.: 0951212-002

Dear Ms. Ramos:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 2001.

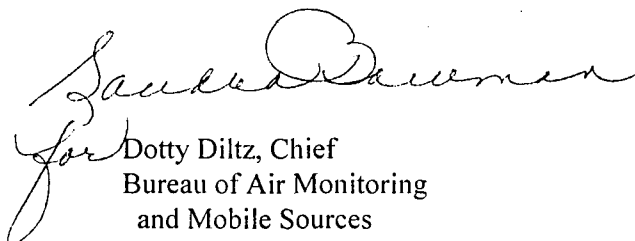
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

9/5/01

called and asked for machine and boiler information. Mrs. Ramos  
will call back with information. C.R.B.

0951212-002

RECEIVED  
AUG 27 2001

RECEIVED  
SEP - 7 2002

Bureau of Air Monitoring  
& Mobile Sources

P15

(c) New should be circled under  
Status  
AC should be circled under Control Device  
Required

SEP 28 2001

Prior to fill  
completed fo

Facility Name a

1. Facility Own
CA:
2. Site Name (
3. Hazardous V
4. Facility Loc: Street Adre City: C
5. Facility Ident

P16

3. choose one.  
4. mark out 'x' under Existing machinery at  
large area source.  
5. add # of boilers on site and horsepower (HP)  
for each boiler

2

Responsible Off

6. Name and T Name: MA
7. Responsible Organization Street Adre City: OR
8. Responsible Telephone:

6(c) } Required for New small sources.  
(e) } Should be marked.

P17

Responsible official sign and date  
for changes made.

Facility Contact

9. Name and T Eli
10. Facility Contact Address: Street Address: 811 SAND LAKE RD City: Orlando County: FL Zip Code: 32809
11. Facility Contact Telephone Number: Telephone: (407) 438-8911 Fax: (407) 438-8911

RECEIVED  
AUG 22 2001

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): <b>CASTEL INC.</b>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <b>811 SAND LAKE ROAD</b> City: <b>Orlando</b> County: <b>FL</b> Zip Code: <b>32809</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in) <b>095/212-002</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>MAYRA RAMOS</b> Title: <b>OWNER</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>CASTEL INC.</b> Street Address: <b>811 SAND LAKE</b> City: <b>Orlando</b> County: <b>FL</b> Zip Code: <b>32809</b>
8. Responsible Official Telephone Number: Telephone: <b>(407) 438-8911</b> Fax: <b>(407) 438-8911</b>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <b>ELISEO CASTELLANO</b> <b>MANAGER</b>
10. Facility Contact Address: Street Address: <b>811 SAND LAKE RD</b> City: <b>Orlando</b> County: <b>FL</b> Zip Code: <b>32809</b>
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**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")
1994	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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:

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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?**

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 \_\_\_\_\_)





0951212-002

P15

(e) New should be circled under  
Status  
AC should be circled under Control Device  
Required

P16

3. choose one.

4. Mark out "X" under Existing machinery at  
large area source.

5. Add # of boilers on site and horsepower (HP)  
for each boiler

6(c) } Required for New small sources.  
(e) } Should be marked.

P17

Responsible official sign and date  
for changes made.



DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. \_\_\_\_\_  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

COMMENTS:

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

0951212-002

9/6/01

Spoke to Mayra Ramos and she stated that the dry to dry machine has a refrigerated condenser as a control device. She also stated that there is one boiler on site and it is a 10 HP boiler.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

COMMENTS:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

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\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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AUG 22 2004

PERCHLOROETHYLENE DRY CLEANER  
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_____	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?

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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?

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".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u>              | <u>New machines at small area source</u>                   |
| (NONE REQUIRED) <input type="checkbox"/>                   | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>              | <u>New machines at large area source</u>                   |
| Carbon adsorber <input type="checkbox"/>                   | Refrigerated condenser <input type="checkbox"/>            |
| Refrigerated condenser <input checked="" type="checkbox"/> |  |

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.*

Mayra Ramos  
Print name of responsible official

Mayra Ramos  
Signature

7-31-01  
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459410 FEB27 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

951212 10  
CASTEL INC  
811-813 Sand Lake Road  
ORLANDO, FL 32809

RECEIVED  
MAR 01 2006  
Bureau of Air Monitoring  
& 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

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.

470856 MAR12 2007

**TOTAL AMOUNT DUE: \$50.00**

PERMIT  
EXP: 9/22/2006  
SUBMITTED 8/22/2001

Do NOT Remove Label

AIRS ID#951212  
CASTEL INC  
811-813 Sand Lake Road.  
ORLANDO, FLORIDA 32809

UNABLE TO  
CONTACT

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.

MAYRA RAMOS (407) 438-8911



(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447017 FEB22 2005

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 951212 1stC  
CASTEL INC  
811-813 Sand Lake Road  
ORLANDO, FL 32809

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

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
FEB 23 2005

*Printed on recycled paper.*

7003 0500 0004 0144 6613

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark  
Here

Sent To AIRS ID# 951212 1stC  
 CASTEL INC  
 Street, Apt. No.,  
 or PO Box No. 811-813 Sand Lake Road  
 City, State, ZIP+4 ORLANDO, FL 32809

PS Form 3800, J1

**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# 951212 1stC  
 CASTEL INC  
 811-813 Sand Lake Road  
 ORLANDO, FL 32809

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 6613

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/2/05

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

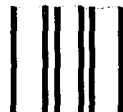
Registered  Return Receipt for Merchandise

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 •

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

FEB 9 2005

RECEIVED

01



7003 0500 0004 0140 7881

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

*recep*  
 Postmark Here

0951212001AG 10  
 CASTEL INC  
 811-813 Sand Lake Road  
 ORLANDO, FL 32809

PS Form 3800, June 2002 See Reverse for Instructions

TURN ADDRESS FOLD AT DOTTED LINE  
 TICKET AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

0951212001AG 10  
 CASTEL INC  
 811-813 Sand Lake Road  
 ORLANDO, FL 32809

2. Article Number  
 (Transfer from service label)

7003 0500 0004 0140 7881

**COMPLETE THIS SECTION ON DELIVERY**

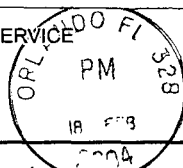
A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery 2/18/14

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 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2600

Bureau of Air M.  
Mobile Sources

RECEIVED  
FEB 2 2004

2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412851 JAN 10 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 # 0951212
CASTEL INC
MAYRA RAMOS
811 SAND LAKE ROAD
ORLANDO FL
32809

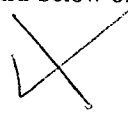
<b>FOR GOVERNMENT USE ONLY</b>
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



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.

435838 JAN 30 2004



**TOTAL AMOUNT DUE: \$50.00**

Bureau of  
 & Mobile  
 Services  
 0951212  
 MAYRA RAMOS  
 CASTEL INC  
 811 SAND LAKE  
 ROAD  
 ORLANDO FL 32809

Do **NOT** Remove Label  
 RECEIVED

AIRS ID # 0951212
CASTEL INC
MAYRA RAMOS
811 SAND LAKE ROAD
ORLANDO FL 32809

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

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

7001 0320 0001 7975 7681

**OFFICIAL USE**

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

Postmark Here *[Signature]*

AIRS ID#0951212

Total 1 CASTEL INC  
 Sent To MAYRA RAMOS  
 811 SAND LAKE ROAD  
 Street, or PO Box ORLANDO FL  
 City, State 32809

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="text-align: right;">AIRS ID#0951212</div> CASTEL INC MAYRA RAMOS 811 SAND LAKE ROAD ORLANDO FL 32809		B. Received by (Printed Name) _____	C. Date of Delivery 2/7/13
		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) <input type="checkbox"/> Yes	
2. Article Number <small>(Transfer from service label)</small>		7001 0320 0001 7975 7681	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1035	

**SENDER: COMPLETE THIS SECTION**

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- 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:

VOGUE 1 HR CLEANERS  
OSCAR A SARMIENTO  
9877 SW 184 ST  
MIAMI FL  
33157

AIRS ID#0250732

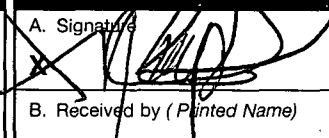
2. Article Number

(Transfer from service label)

7001 0320 0001 7975 7872

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/8/03

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

3. Service Type

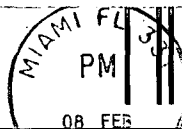
 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10  
EAGLE  
THAT MOVES AMERICA

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

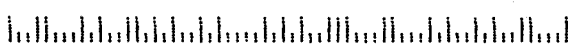
BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED

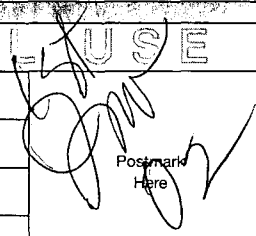
01



7001 0320 0001 7975 7582

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

**OFFICIAL USE**

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

**Total** AIRS ID#0951211

Sent To	TIKAL CLEANERS JULIO GONZALEZ
Street, or PO E	4207 EDGEWATER DRIVE
City, St	ORLANDO FL 32804

PS Form 3811, January 2001 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:

AIRS ID#0951211

TIKAL CLEANERS  
 JULIO GONZALEZ  
 4207 EDGEWATER DRIVE  
 ORLANDO FL  
 32804

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

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

2/8

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  
 (Transfer from service label) || 7001 || 0320 || 0001 || 7975 || 7582 ||

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 Mon.  
& Mobile Sources

FEB 13 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422858 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#0951212

CASTEL INC  
MAYRA RAMOS  
811 SAND LAKE ROAD  
ORLANDO FL  
32809

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273