



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 10, 2002

Ms. Nancy DeSantis
Delray Cleaners
4051 West Atlantic Avenue
Delray Beach, Florida 33445

Re: Facility No.: 0990607-001

Dear Ms. DeSantis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 2002.

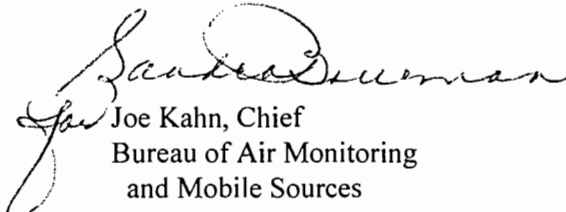
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

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SEP 17 2007



Source & Mobile Monitoring

SEP 17 2007

Charlie Crist
Governor Bureau of Air Monitoring
& Mobile Sources

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

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**NON-COMPLIANCE LETTER
CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

September 11, 2007

Ms. Nancy De Santis
Delray Cleaners (AIRS ID No. 0990372)
4051 West Atlantic Avenue
Delray Beach, FL 33445

RE: Air Pollution Source Inspection for Title V Air General Permit

Dear Ms. De Santis:

A representative of the Palm Beach County Health Department conducted an inspection of your facility on September 6, 2007. Observations made by our inspector, Mr. Jeffrey Dizak, indicated that the following items at your facility (s) need to be corrected.

Problems Noted: Rolling monthly total of yearly perchloroethylene consumption has not been maintained. Condenser temperature logs were not recorded. Receipts for the amount of perchloroethylene purchased within the preceding 12 months were not made available during the time of inspection.

Your air pollution Title V General Permit requires responsible official (RO) to perform a rolling monthly total of yearly perchloroethylene consumption at the above dry cleaning facility. Condenser temperature logs must also be maintained and receipts for the amount of perchloroethylene purchased within the preceding 12 months must be made available to our department during the time of inspection. This documentation method could include, but is not limited to completing all sections of the Florida Department of Environmental Protection's Dry Cleaner Compliance Calendar 2007.



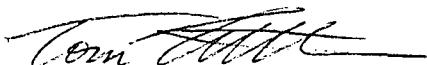
Division of Environmental Health & Engineering
Post Office Box 29 / 901 Evernia Street, West Palm Beach, FL 33402
Jean M. Malecki, MD, MPH, FACPM, Director
www.pbchd.com

Page 2
Ms. De Santis

We would greatly appreciate your assistance by taking these corrective measures. A follow-up inspection shall be performed in or about 30 days. We look forward to your continued assistance in maintaining and improving the air quality in Palm Beach County. If you have any questions please call Mr. Jeffrey Dizек at (561) 355-3070 XT 1145.

Sincerely,

For the Division Director, Environmental Health and Engineering



Tom Tittle, Environmental Manager
Air Pollution Control Section

TT/jd

CC: Sandy Bowman, Florida Department of Environmental Protection- Tallahassee



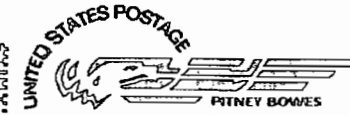
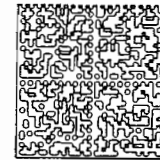
Division of Environmental Health & Engineering
Post Office Box 29 / 901 Evernia Street, West Palm Beach, FL 33402
Jean M. Malecki, MD, MPH, FACPM, Director
www.pbchd.com

FLORIDA DEPARTMENT OF

HEALTH

PALM BEACH COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH AND ENGINEERING
901 Evernia Street, Second Floor
P.O. Box 29
West Palm Beach, Florida 33402-0029

AIR POLLUTION SECTION



02 1A \$ 00.41⁰
0004398613 SEP 13 2007
MAILED FROM ZIP CODE 33401

Mr. Sandy Bowman
Division Of Air Resources Management
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

32399+2400 0001



Bowman, Sandy

From: Martin_Liebler@doh.state.fl.us
Sent: Tuesday, July 01, 2003 6:43 AM
To: Bowman, Sandy
Cc: Ajaya_Satyal@doh.state.fl.us
Subject: RE: Pay 02NoPay.xls

Sandy,0990372 has been renamed and renumbered 0990607, 0990415 is a drop store,0990426 is closed,0990450 is closed,0990478 needs to pay,0990527 is a drop store,0990585 is out of business.

-----Original Message-----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: Monday, June 30, 2003 2:27 PM
To: Norman, Charles; Schilling, Tracy; Lewis, Wayne; Culliver, Sherrill; Janis, Neal; tutt@coj.net; John.Parker@ocfl.net; cbittle@broward.org; Martin_liebler@doh.state.fl.us; nozari@epchc.org; mmccann@co.pinellas.fl.us; ajaya_satyal@doh.state.fl.us; scameron@co.sarasota.fl.us; barrom@miamidade.gov
Cc: Davis, William; Grant, Patricia
Subject: Pay 02NoPay.xls

Hey All!

According to our records, the attached list identifies those facilities that have not paid their Title V general permit 2002 annual operations fee. Some of these facilities may no longer be in business or they may have changed ownership. If you are aware of any such changes, please let us know so that we may update the database.

Penalty letters were mailed in April to 140 facilities. If you are interested in pursuing enforcement for non-payment and would like copies of letters mailed or signed certified receipts, please contact Pat Grant.

Thank you. Have a safe and happy Fourth!

Sandy

09/18/2002

CRB

Spoke with Ms. Nancy Desantis, RO of Delray Cleaners, and she stated that she is the owner of the Delray Cleaners.

Page 14

6. Add Title of Responsible Official.

Page 15

1. (a) New should be circled under Status for 1998 machine.

Page 16

4. New Machines at small area source Refrigerated Condenser should be marked.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

SEP 9 2002

RECEIVED

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. If 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): Delray Cleaners
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: 50-73-01453
4. Facility Location: Street Address: Delray Beach City: 4051 W. Atlantic Ave. County: Palm Beach Zip Code: 33445
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990604-001 0372-002

Responsible Official

6. Name and Title of Responsible Official: Name: Nancy DeSantis Title:
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 4051 W. Atlantic Ave. City: Delray Beach County: Palm Beach Zip Code: 33445
8. Responsible Official Telephone Number: Telephone: (561) 499-0759 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? [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>1998</u> ^{4 yrs}	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	<u>4/02</u>
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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?

[40] gallons (You must fill this in)

(b) If less than 12 months, how many? [5] 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>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input 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 | <input checked="" type="checkbox"/> |
| (b) Leak detection inspection and repair | <input checked="" type="checkbox"/> |
| (c) Refrigerated condenser temperature monitoring | <input checked="" type="checkbox"/> |
| (d) Carbon adsorber exhaust perc concentration monitoring | <input checked="" type="checkbox"/> |
| (e) Startup, shutdown, malfunction plan | <input checked="" type="checkbox"/> |

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.

Nancy De Santis

Print name of responsible official

Nancy De Santis

Signature

8/27/02

Date

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

Postmark
Here

1 AIRS ID#0990372.....2nd Cert 05
 DELRAY CLEANERS
 4051 West Atlantic Blvd
 DELRAY BEACH, FL 33445

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.

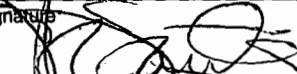
1. Article Addressed to:

AIRS ID#0990372.....2nd Cert 05
 DELRAY CLEANERS
 4051 West Atlantic Blvd
 DELRAY BEACH, FL 33445

2. Article Number
(Transfer from service label)

7004 2510 0004 6986 5562

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

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

3/4/05

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 •

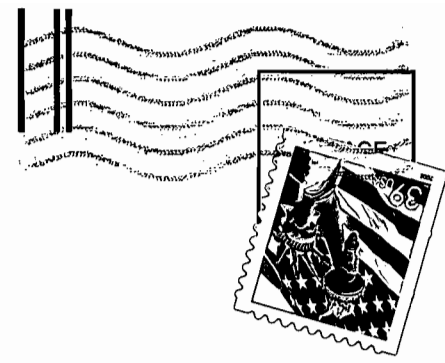
DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
MAR 15 2005
MAIL STATION 5510
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
MAR 15 2005

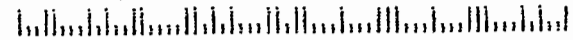
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WEST PALM BEACH
FL 334 61
14 MAR 2007 PM



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

323153070 8099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

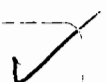
4711.11 MAR16207

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#990372
DELRAY CLEANERS
4051 West Atlantic Blvd
DELRAY BEACH, FLORIDA 33445



Bureau of Internal Revenue
& Mobile Sources

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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FUND: 20-2-035001
OBJECT: 002273

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

AIRS ID# 990372 1stC
 DELRAY CLEANERS
 401 West Atlantic Blvd
 DELRAY BEACH, FL 33445

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 2960

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 2/3</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AIRS ID# 990372 1stC DELRAY CLEANERS 401 West Atlantic Blvd DELRAY BEACH, FL 33445 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0002 3939 2960

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Permit No. G-10

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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 16 2005

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage: DELRAY CLEANERS		
Sent To: NANCY DE SANTIS		
4051 W ATLANTIC AVENUE		
DELRAY BEACH, FL 33445		

PS Form 3800, June 2002. See Reverse for Instructions

4534 4140 4000 0050 0004 7003

B. N. 3

w

Postmark Here

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:

MRS ID # 990007
 DELRAY CLEANERS
 NANCY DE SANTIS
 4051 W ATLANTIC AVENUE
 DELRAY BEACH, FL 33445
 #0990372

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 4/5/04

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

7003 0500 0004 0144 4534

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USPS
Permit No. G-10

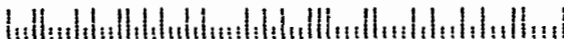
• Sender: Please print your name, address, and ZIP+4 in this box •

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

APR 9 2001

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7001 1140 0001 7556 3142

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

Handwritten: 03 Jan
 Postmark Here

Total Price: **MARKS ID # 990372**
Sent To: DELRAY CLEANERS
 NANCY DE SANTIS
 Street, Apt or PO Box: 4051 W ATLANTIC AVENUE
 City, State: DELRAY BEACH, FL 33445

PS Form 3800, 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:

MARKS ID # 990372
 DELRAY CLEANERS
 NANCY DE SANTIS
 4051 W ATLANTIC AVENUE
 DELRAY BEACH, FL 33445
Handwritten: #0990372

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Handwritten Signature]* Agent Addressee
 B. Received by (Printed Name): *[Handwritten Signature]* C. Date of Delivery: *1/5/04*

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

2 7001 1140 0001 7556 3142

UNITED STATES POSTAL SERVICE



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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

APR 9 2004

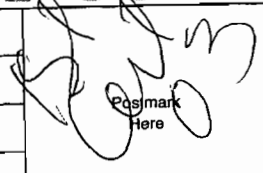
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Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	ID# 990372	

Sent To: **NANCY DE SANTIS**
DELRAY CLEANERS

Street, or PO: **4051 W ATLANTIC AVENUE**

City, State: **DELRAY BEACH, FL 33445**

Instructions

7003 2260 0003 5650 0612

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# 990372
 NANCY DE SANTIS
 DELRAY CLEANERS
 4051 W ATLANTIC AVENUE
 DELRAY BEACH, FL 33445

2. Article Number
(Transfer from service label)

7003 2260 0003 5650 0612

COMPLETE THIS SECTION ON DELIVERY

- A. Signature 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



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

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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

RECEIVED

MAR 15 2005

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 \$	2nd Ct Postmark Here 2003
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

AIRS ID # 990607

Total Postage

Sent To **NANCY DE SANTIS**
DELRAY CLEANERS
4051 W ATLANTIC AVENUE
DELRAY BEACH, FL 33445

Street, Apt. 1
 or PO Box N
 City, State, Z

PS Form 3800, 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 THIS SECTION ON DELIVERY
<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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: right;">AIRS ID # 990607</p> <p>NANCY DE SANTIS DELRAY CLEANERS 4051 W ATLANTIC AVENUE DELRAY BEACH, FL 33445</p> </div> <p>2. Article Number <i>(Tr)</i> 7003 0500 0004 0144 8037</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 3/8/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



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

RECEIVED
MAR 14 2004
U.S. MAIL
TALLAHASSEE, FL

7003 2260 0003 5650 8113

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

[Handwritten Signature]
 Postmark Here

Tr ID# 990607
 NANCY DE SANTIS
 DELRAY CLEANERS
 Ser 4051 W ATLANTIC AVENUE
 Str or 1 DELRAY BEACH, FL 33445
 City

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# 990607
 NANCY DE SANTIS
 DELRAY CLEANERS
 4051 W ATLANTIC AVENUE
 DELRAY BEACH, FL 33445

2. Article Number
(Transfer from service label)

7003 2260 0003 5650 8113

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Handwritten Signature] Addressee

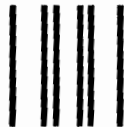
B. Received by *(Printed Name)* C. Date of Delivery
 2/6/04

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



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

Bureau of Air M.
Florida State

FEB 10 2001

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7004 2510 0002 3938 7652

U.S. Postal Service™
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OFFICIAL USE

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

Postmark
Here

AIRS ID# 990607 1stC
 DELRAY CLEANERS
 4051 W Atlantic Avenue
 DELRAY BEACH, FL 33445

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# 990607 1stC
 DELRAY CLEANERS
 4051 W Atlantic Avenue
 DELRAY BEACH, FL 33445

2. Article Number

(Transfer from service label)

7004 2510 0002 3938 7652

COMPLETE THIS SECTION ON DELIVERY

A. Signature X  Agent
 Addressee

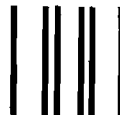
B. Received by (Printed Name) C. Date of Delivery

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 •

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

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FEB 16 2005

U.S. DEPT. OF ENVIRONMENTAL PROTECTION
& MOBILE SOURCE



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

461205 MAY 3 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# 990372
DELRAY CLEANERS
4051 West Atlantic Blvd
DELRAY BEACH, FL 33445

Printed on recycled paper.

RECEIVED
Bureau of Air Monitoring & Mobile Source
FLAIR ACCT CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

438222 APR 9 2004

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# 990372
DELRAY CLEANERS
NANCY DE SANTIS
4051 W ATLANTIC AVENUE
DELRAY BEACH, FL 33445

Printed on recycled paper.

RECEIVED
Bureau of Air Monitoring & Mobile Source
APR 19 2004
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: B1
FUND: 20-2-035001
OBJECT: 002273

(CU)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448822 MAR 10 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#0990372.....2 nd Cert 05 DELRAY CLEANERS 4051 West Atlantic Blvd DELRAY BEACH, FL 33445

Printed on recycled paper.

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

RECEIVED
 MAR 11 2005
 Bureau of Air Monitoring
 & Mobile Sources

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#0990607.....2 nd Cert 05 DELRAY CLEANERS 4051 W Atlantic Avenue DELRAY BEACH, FL 33445
--

Printed on recycled paper.

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

RECEIVED
 MAR 11 2005
 Bureau of Air Monitoring
 & Mobile Sources