



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

June 24, 1997

Mr. Terry R. Lishen, President  
Adams Family Dry Cleaners  
1160 Royal Palm Beach Boulevard  
Royal Palm Beach, Florida 33441

Re: Facility No.: 09900495

Dear Mr. Lishen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 30, 1997.


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, Florida 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. Al Grasso, Palm Beach County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

*Printed on recycled paper.*

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
NOV 29 2011  
Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Royal Palm Cleaners, Inc
2. Site Name (For example, plant name or number): 1130 Royal Palm Bch Blvd.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: County: Zip Code:
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: SAM HANNA Title: Pres
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2100 45th St Suite B-8 City: West Palm Bch County: Palm Zip Code: 33407
8. Responsible Official Telephone Number: Telephone: (561) 841-2908 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")
_____	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

**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 \_\_\_\_\_

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

*CLOSED OPERATIONS MOVED EQUIPMENT OUT DAY CLEANING EQUIPMENT*

**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.*

SAM HANNA

Print name of responsible official



Signature

7/21/09

Date

# INTEROFFICE MEMORANDUM

**Sensitivity:** COMPANY CONFIDENTIAL

**Date:** 24-Feb-2000 12:02pm  
**From:** Jeff\_Dizek  
Jeff\_Dizek@doh.state.fl.us

**Dept:**

**Tel No:**

**To:** Sandy.Bowman (Sandy.Bowman@dep.state.fl.us)

**Subject:** Re: Air Conditioning Technician Certification

Hi Sandy.

Just want to keep ya up to date on a dry cleaner I visited last week. The facility has a new owner so I will send them a notification form to fill out and sent to DARM. This dry cleaner does not use their perc machine but they have kept their AIRS Id # by paying the annual \$50 fee. Here's the info:

Facility Name- Adams Family Dry Cleaning  
Active AIRS ID #0990495 (listed owner Terry Lishen)  
Inactice AIRS ID #0990412 (listed owner Coy Lee Adams)

According to the people I spoke with at this dry cleaner, they do not use the perc machine but wish to continue having an AIRS ID #. They also stated that Coy Lee Adams is the owner not Terry Lishen. I'll have them fill out the new notification ASAP and send it to you.

bye

Jeff

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

From: Sandy Bowman TAL 850/921-9583  
[mailto:Sandy.Bowman@dep.state.fl.us]  
Sent: Tuesday, February 22, 2000 6:35 AM  
To: Dizek, Jeff  
Subject: Re: Air Conditioning Technician Certification  
Sensitivity: Confidential

Hey Jeff!

We used to have a pretty active CFC program. However, our rules were changed to be consistent with the federal governments and we became more involved with Title V gp's. There is still a motor vehicle CFC rule on the state books and our statutory authority is only concerned with under the hood automotive a/c's or Section 609 of the Clean Air Act. Refrigerated trailers as well as any commercial facility is regulated under Section 608 of the Clean Air Act. For information about both programs and the rules and regulations with each, contact EPA's toll free number 1-800-296-1996. The hours of operation are 10-4 workdays. One caution with this number: Sometimes the operators

#0990495

Adams Family Dry Cleaning

p.15 5.(c) not required, mark out "v"  
and initial  
5.(f) required

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

APR 3 0 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	LISHEN ENTERPRISES INC
2. Site Name (For example, plant name or number):	ADAMS FAMILY DRY CLEANING
3. Hazardous Waste Generator Identification Number:	FLD 984 226 225
4. Facility Location: Street Address: City: Royal Palm BEACH County: PALM BEACH Zip Code: 33411	1160 ROYAL PALM BEACH BLVD
5. Facility Identification Number (DEP Use):	0990493

Responsible Official

6. Name and Title of Responsible Official:	<del>_____</del> Terry R. Lishen, Pres.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Royal Palm BEACH County: PALM BEACH Zip Code: 33441	ADAMS FAMILY DRY CLEANING 1160 ROYAL PALM BEACH BLVD
8. Responsible Official Telephone Number: Telephone: (561) 790-5330 Fax: ( ) -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	<del>_____</del>
10. Facility Contact Address: Street Address: City: County: Zip Code:	<del>_____</del>
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	<del>_____</del>



### Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date Machine Initially Purchased	Date Control Device Installed		Date Machine Initially Purchased	Date Control Device Installed		Date Machine Initially Purchased	Date Control Device Installed
<i>ECONOMATIC</i> <i>45681</i>									
Type of Machine	ID			ID			ID		
<i>Example</i> #1 03-OCT-93 12-NOV-93    #2 08-DEC-91                      #3 02-MAR-92 02-MAR-92									
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>(17)</i>	<i>6-2-87</i>		<i>6-2-87</i>				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

*existing  
small  
none*

- Existing small area source                       New small area source   
 Existing large area source                       New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### 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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

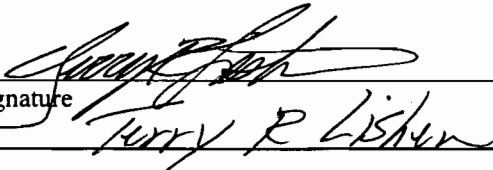
No air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

Signature

  
Terry R. Lisher

Date

4/21/97

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

10990495  
RECEIVED  
MAR 17 1999  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:45 TIME OUT: 11:00 AIRS ID#: \_\_\_\_\_

TYPE OF FACILITY: Dry cleaning

FACILITY NAME: Adam Family Dry cleaning

FACILITY LOCATION: 1160 Royal Palm Beach Blvd  
R.P.B. FL 33411

DATE: 3-19-99

RESPONSIBLE OFFICIAL: Terry Lishen PHONE NUMBER: 790-5330

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). *Does not apply*
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
They use this store as a drop off store.	
Owner says they do not use their dry cleaning machine. They give out for dry cleaning to	
ID # 0990428 Ferguson Ridge. However they would like to pay yearly fee for title V permit.	
So please continue to send yearly fee for title V	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: Feb 2000 (Approximate)

INSPECTION CONDUCTED BY: R V Chokshi (Please Print)

INSPECTOR'S SIGNATURE: *R.V. Chokshi* PHONE NUMBER: 355-3070

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:55 TIME OUT: 10:05 AIRS ID#: 0990492  
 TYPE OF FACILITY: Dry cleaning  
 FACILITY NAME: Adam Family Dry Cleaning DATE: 3-3-98  
 FACILITY LOCATION: 1160 Royal Palm Beach Blvd  
R.P.B., FL 33411  
 RESPONSIBLE OFFICIAL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<p>Owners say they do not do dry cleaning at this store. They give out their dry cleaning to Ferguson Ridge ID#0990428 per owner.</p>	<p>Asked to write a letter that you do not do dry cleaning at this address. Also give name &amp; address who does your dry cleaning.</p>
<p>Please continue sending title V General permit annual notice for fees.</p>	

**RECEIVED**  
 JUN 16 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3-3-99  
 (Approximate)  
 INSPECTION CONDUCTED BY: ~~Mench 19~~ R.V. Chokshi  
 (Please Print)  
 INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

Fax to: State of Florida  
Palm Beach County Health Department  
561-355-2442  
Attn: Rasik Chokshi

From: Adams Family Dry Cleaners  
1160 Royal Palm Beach Blvd.  
561-795-5330

Pages Including The Cover: 2

**RECEIVED**  
JUN 16 1998  
Bureau of Air Monitoring  
& Mobile Sources

Adams Family Dry Cleaners  
1160 Royal Palm Beach Boulevard  
Royal Palm Beach, Florida 33411  
Terry and Robin Lishen  
551-790-5330

State of Florida  
Palm Beach County Health Department  
901 Everneco Street  
West Palm Beach, Florida 33402  
Attn. Rasik Chokshi

May 5, 1998

To Whom It May Concern,

Adams Family Dry Cleaners has had there dry cleaning machine off and unused since February 1998

We have been wholesaling our cleaning out to Ferguson Ridge Cleaners at 1302 Lake Ave., Lake Worth, Florida, 561-586-4411.

We could possibly be using the dry cleaning machine again in the near future. We will contact Mr. Chokshi before doing so.

If you have any questions regarding this matter please do not hesitate to contact us

Sincerely,

Robin L. Lishen  
Vice President

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

7000 2870 0000 7027 4527

**O F F I C I A L U S E**

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

Postmark  
Here

Total Postage & 10 AIRS ID # 0990495001AG

**Sent To** TERRY R LISHEN  
**Street, Apt. No.;** ADAMS FAMILY DRY CLEANERS  
 1160 ROYAL PALM BEACH BLVD  
**City, State, ZIP+** ROYAL PALM BEACH FL 33441

PS Form 3800, May 2000

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:

10 AIRS ID # 0990495001AG  
 TERRY R LISHEN  
 ADAMS FAMILY DRY CLEANERS  
 1160 ROYAL PALM BEACH BLVD  
 ROYAL PALM BEACH FL 33441

7000287000070274527

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

C. 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

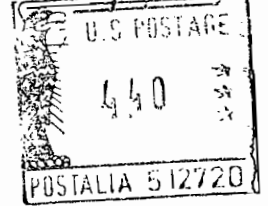


STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

CERTIFIED MAIL



7000 2870 0000 7027 4527



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED  REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS  
ADDRESSED UNABLE  
TO FORWARD
- ROUTE NO \_\_\_\_\_ DATE \_\_\_\_\_
- CARR/INITIALS \_\_\_\_\_

10 AIRS ID # 0990495001AG  
TERRY R LISHEN  
ADAMS FAMILY DRY CLEANERS  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

P 174 052 134

1999

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.

Do not use for International Mail /  
AIRS ID # 0990495

ADAMS FAMILY DRY CLEANERS  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990495  
ADAMS FAMILY DRY CLEANERS  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

4a. Article Number

P174 052 134

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2-27

5. Received By: (Print Name)

*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

2 333 660 589

1999

US Postal Service  
**Receipt for Certified Mail**

Coverage Provided.

AIRS ID # 0990495

ADAMS FAMILY DRY CLEANERS  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990495  
ADAMS FAMILY DRY CLEANERS  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

4a. Article Number

2 333 660 589

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

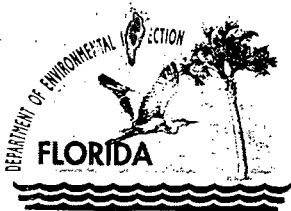
2-13-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

Thank you for using Return Receipt Service.



# Department of Environmental Protection

Bureau of Air Monitoring  
of Mobile Sources

MAR 03 1998

RECEIVED

303922

Virginia B. Wetherell  
Secretary

Lawton Chiles  
Governor

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

**TO: Holder of Title V Air General Permit**

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300, F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32399-2400

RECEIVED  
MAIL ROOM  
FEB 27 98



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303922 ✓

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 0990495

LISHEN ENTERPRISES INC  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
FEB 27 98

Z 333 613 072

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

AIRS ID 0990495

LISHEN ENTERPRISES INC  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0990495  
LISHEN ENTERPRISES INC  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

4a. Article Number

Z 333 613 072

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

2-14-07

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Carol D. Overland

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 667 347

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to AIRS ID # 0990495

ADAMS FAMILY DRY CLEANERS  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**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 # 0990495  
ADAMS FAMILY DRY CLEANERS  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
2/14/00

C. Signature  
X Carol Lishen  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

P 174 052 215

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

AIRS ID # 0990495

ADAMS FAMILY DRY CLEANERS  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID #0990495

ADAMS FAMILY DRY CLEANERS  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441

4a. Article Number

P174 052 215

4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

4-3-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Jennifer Epstein

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393373

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 # 0990495  
 ADAMS FAMILY DRY CLEANERS  
 TERRY R LISHEN  
 1160 ROYAL PALM BEACH BLVD  
 ROYAL PALM BEACH FL 33441

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
MAR 1 1999

RECEIVED  
MAIL ROOM  
MAR -9 00

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: B1  
 Fund: 20-2-035001  
 Obj.: 002273



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

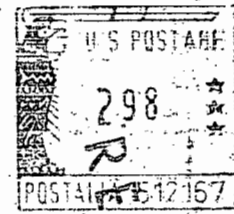
MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

**CERTIFIED**

Z 210 662 434

**MAIL**



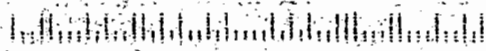
*Refused*  
**REFUSED**



- Department of Air Monitoring  
& Mobile Sources
- RETURNED TO SENDER
  - INSUFFICIENT ADDRESS
  - NO SUCH NUMBER
  - UNCLAIMED  REFUSED
  - ATTEMPTED NOT KNOWN
  - CLOSURE OF CARRIER ROUTE
  - VACANT
  - NO RECEPTACLE
  - NOT DELIVERABLE AS ADDRESSES UNABLE TO FORWARD
  - ROUTING SLIP DATE
  - CARRIER NAME

**RECEIVED**  
MAR 5 2000

AIRS ID # 0990495  
ADAMS FAMILY DRY CLEANERS  
TERRY R LISHEN  
1160 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33441



**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 # 0990495

ADAMS FAMILY DRY CLEANERS  
 TERRY R LISHEN  
 1160 ROYAL PALM BEACH BLVD  
 ROYAL PALM BEACH FL 33441

2. Article Number (Copy from service label)

2210 662 434

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  
 X  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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7 210 662 434

US Postal Service  
**Receipt for Certified Mail** 0000  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

AIRS ID # 0990495

ADAMS FAMILY DRY CLEANERS  
 TERRY R LISHEN  
 1160 ROYAL PALM BEACH BLVD  
 ROYAL PALM BEACH FL 33441

PS Form 3800 April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	