



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 12, 1998

Mr. Joey B. Jose
Farmer's Wash Bowl
1211 Summerwood Circle
West Palm Beach, Florida 33414

Re: Facility No.: 0990555

Dear Mr. Jose:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 24, 1998.

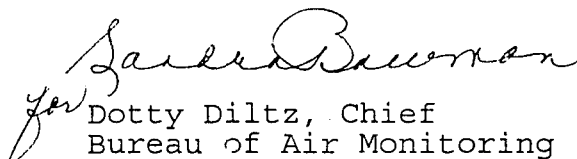
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

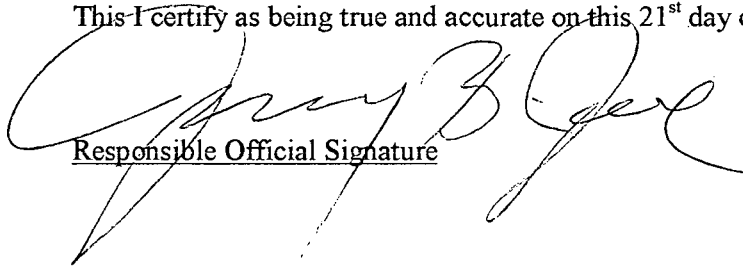
January 21, 2000

Mr. Joey Jose
Farmer's Wash Bowl Dry Cleaners
1200 S. Congress Avenue
West Palm Beach, Fl 33406

Florida Department of Environmental Protection
Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

I, _____, owner of Farmer's Washbowl Dry Cleaners
(AIRS # 0990531) 1200 South Congress Ave., West Palm Beach, Fl, hereby state that my facility
no longer uses perchloroethylene for dry cleaning purposes. My facility is used as a drop off
location only. The company that performs my dry cleaning is *FIVE STAR DRY CLEANERS*

This I certify as being true and accurate on this 21st day of January, 2000.


Responsible Official Signature

Date

1-21-00

RECEIVED
JAN 27 2000
Bureau of Air Monitoring
& Mobile Sources

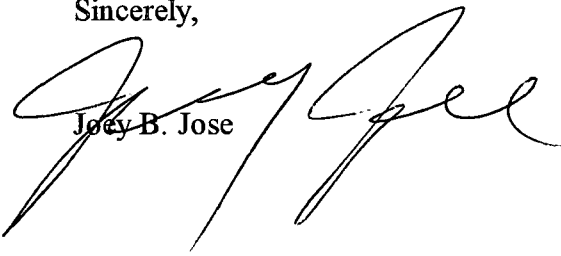
Sandy Bowman
General Permits Section
Bureau of Air Conditioning & Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl. 32399-2400

Joey B. Jose
Farmer's Washbowl
1200 South Congress Ave.
West Palm Beach, Fl. 33406

January 22, 2000

Dear Sandy Bowman,
Please take note that I, Joey B. Jose, proprietor of Farmer's Washbowl, a laundromat and dry cleaning facility, has not used PERC and the dry cleaning machine since October, 1999. I do not have any intention of using PERC and the dry cleaning machine. This facility is a drop-off site only.

Sincerely,


Joey B. Jose

0990555

P 15

* a) Required. Should be marked.

* b) Required. Should be marked.

* (F) Required. Should be marked.

P 16 Responsible Official sign and
date for changes.

* To be kept on-site.

RECEIVED
SEP 24 1998

Bureau of Air Monitoring
& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Farmer's Wash/Dry - Joey B. Jose		
2. Site Name (For example, plant name or number):	1200 S. Congress Ave. W.P.B. 33406		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:			
City:	SAFESIDE	County:	ABOVE
		Zip Code:	
5. Facility Identification Number (DEP Use):	0990550		

Responsible Official

↓
Please Mail this Address

6. Name and Title of Responsible Official:	Joey B. Jose - OWNER		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:			
City:	1211 Summerwood Circle	County:	W.P.B.
		Zip Code:	33414
8. Responsible Official Telephone Number:			
Telephone:	501 432-0051	Fax:	() -

Facility Contact (If different from Responsible Official)

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

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
		<i>V&S OLD Machine</i>							
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls		<i>F185</i>							
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?

24 gallons *120*

(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 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

Do not keep onsite
 Do not keep Record
 Do not have it

 Do not have on site

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) _____.

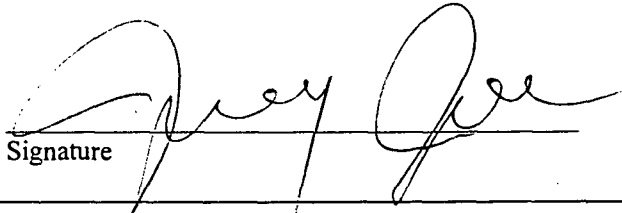
- No air permits currently exist for the operation of the facility indicated in this notification form.

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



Date

9-21-98

✓

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:15 TIME OUT: 11:00 AIRS ID#: 0990555

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: Farmer's Wash Bowl DATE: 9-21-98

FACILITY LOCATION: 1211 Summerwood Circle
WPB, FL 33414

RESPONSIBLE OFFICIAL: Joey Jose PHONE NUMBER: 432-0051

- 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
Asked to install secondary containment around dry cleaning machine	FDEP will be informed

RECEIVED
OCT 15 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: Sept 1999 (Approximate)

INSPECTION CONDUCTED BY: R V Chokshi (Please Print)

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

1211 Summerwood Circle, WPB, 33414

BEST AVAILABLE COPY
PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS

All Mails to
This Address
only

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990555 DATE: 9-21-98 TIME IN: 10:15 TIME OUT: 11:00
FACILITY NAME: Farmer's Wash Bowl
FACILITY LOCATION: 1200 S. Conroy Ave
WPB, FL 33406
RESPONSIBLE OFFICIAL: Joey Jose PHONE: 432-0051
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit Helped him fill Notification form

PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input checked="" type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 115 gallons. up to Aug 21, 98

New owner
since Jan 98

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? *Asked to keep on site* Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? *Asked to keep on site* Y N
7. Maintained deviation reports? *Asked to keep Records* Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? *Asked to Log, Gave FDEP Calender* Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) N/A
- Halogen leak detector N/A
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Joey B. Jose

Responsible Official's Name
(Please Print)

R V Chokshi

Inspector's Name (Please Print)

R.V. Chokshi

Inspector's Signature

Joey Jose

Responsible Official's Signature

9-21-98

Date of Inspection

Sept 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-----|-----|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | [] | [X] |
| Waste area | [] | [X] |
| Spotting area Sealed | [] | [X] |

Joey said they do not do spotting

- | | | |
|---|-----|-----|
| 2. Disposal of Water from Water Separator using approved evaporator | [] | [X] |
| or contracted Wastewater service | [X] | [] |

1. Explained to install Secondary Containment for dry cleaning machine & waste area
2. Explained to ~~install~~ Seal Spotting area
3. Asked & Explained to keep Perc Purchase receipts on site
4. Asked to Record leak check ^{Temperature} on FDEP Calendar
5. Gave Joey FDEP Calendar and Explained for Record keeping

Z 210 662 398

2000

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0990555

FARMERS WASHBOWL
JOEY B JOSE
1211 SUMMERWOOD CIRCLE
WEST PALM BEACH FL 33414

PS Form 3800, April 1995

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	

Z 333 667 351

2000

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0990555

FARMERS WASHBOWL
JOEY B JOSE
1211 SUMMERWOOD CIRCLE
WEST PALM BEACH FL 33414

PS Form 3800, April 1995

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	

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 # 0990555

FARMERS WASHBOWL
JOEY B JOSE
1211 SUMMERWOOD CIRCLE
WEST PALM BEACH FL 33414

2. Article Number: (Copy from service label)

Z 210 662 398

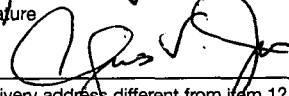
PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

Agnes Jose

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

Domestic Return Receipt

102595-99-M-1789

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Receipt
09/10/03
Mae of

Total Post 10 0990555001AG
 FARMER'S WASHBOWL

Sent To JOEY B JOSE

Street, Apt. or PO Box 1211 SUMMERWOOD CIRCLE

City, State, WEST PALM BEACH, FL 33406

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 3742

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 - 0990555001AG
 FARMER'S WASHBOWL
 JOEY B JOSE
 1211 SUMMERWOOD CIRCLE
 WEST PALM BEACH, FL 33406

2. Article Number (If)

7003 0500 0004 0144 3742

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Leonora V. Swan* Addressee

B. Received by (Printed Name) C. Date of Delivery
 9/10/03

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

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

4. Restricted Delivery? (Extra Fee) Yes

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
SEP 12 2003

Division of Air Quality
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393212

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

RECEIVED
MAIL ROOM
MAR - 6 00

Do NOT Remove Label

AIRS ID # 0990555

FARMERS WASHBOWL
 JOEY B JOSE
 1211 SUMMERWOOD CIRCLE
 WEST PALM BEACH FL 33414

Bureau of Air Monitoring
& Mobile Sources

MAR - 8 2000

RECEIVED

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356829

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

RECEIVED
MAIL ROOM
JAN 11 99

Do NOT Remove Label

AIRS ID # 0990555

FARMERS WASHBOWL
 JOEY B JOSE
 1211 SUMMERWOOD CIRCLE
 WEST PALM BEACH FL 33414

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