

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 11, 2003

Mr. John Adams  
Delmar Cleaners of Boynton Beach  
1600 North Federal Highway  
Boynton Beach, Florida 33435

Re: Facility No.: 0990629-001

Dear Mr. Adams:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 4, 2003.

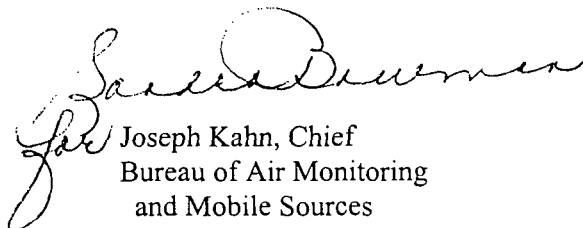
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

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EMISSION FEE DATES .....  
SOC REPORTS .....  
COMPLIANCE STATUS .....

*NO Activity exist*

**Bowman, Sandy**

---

**From:** Jeffrey\_Dizek@doh.state.fl.us  
**Sent:** Tuesday, October 23, 2007 10:03 AM  
**To:** Bowman, Sandy  
**Cc:** Dibble, Dickson; Thomas\_Tittle@doh.state.fl.us  
**Subject:** AIRS #0990629

Sandy/Dick,

please inactivate the following dry cleaning facility. It was verified Out of Business via onsite visit on 10/22/2007.

**Delmar Cleaners of Boynton Beach**  
**1600 N. Federal Highway**  
**Boynton Beach, FI 33435**  
**AIRS # 0990629**

Thanks

Jeff

*Jeffrey Dizek*  
*Environmental Specialist II*  
*Palm Beach County Health Department*  
*(561) 355-3070 EXT.1145*

---

10/23/2007

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

RECEIVED  
NOV 3 2003  
Bureau of Air Monitoring  
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	UNlimited CONCEPTS Group INC
2. Site Name (For example, plant name or number):	DELMAR CLEANERS OF BOYNTON BEACH
3. Hazardous Waste Generator Identification Number:	F1098/003908
4. Facility Location: 1600 N. Fed. Hwy Street Address: City: BOYNTON BEACH County: PALM BEACH Zip Code: 33435	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0990629-001

RECEIVED  
DEC 9 2003  
Bureau of Air Monitoring  
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name: JOHN ADAMS Title: VICE-PRES.
7. Responsible Official Mailing Address: 1600 N. Fed. Hwy Organization/Firm: Street Address: City: BOYNTON BEACH County: PALM BEACH Zip Code: 33435
8. Responsible Official Telephone Number: Telephone: (561) 732 2324 Fax: (561) 734 4529

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): JOHN ADAMS
10. Facility Contact Address: Street Address: SAME 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? [ 2 ]

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")
1989	Existing	RC/CA/None required	
1991	Existing	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?

[ 100 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ ] months

Check why it is less than 12 months: New owner: [ ] Did not keep records: [ ]

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
  - Transfer only on-site (used less than 200 gallons of perc per year)
  - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
  - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
  - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

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

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
 No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

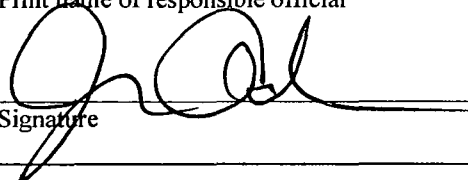
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

JOHN Adams  
Print name of responsible official

  
Signature

10/29/03  
Date

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

**Facility Information**

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

**Equipment Monitoring and Recordkeeping Information**

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

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

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

**Responsible Official Certification**

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.



## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



Florida  
Department of  
Environmental Protection

Jeb Bush  
Governor

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

David Struhs  
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 12/2/2003  
TO: Mr. John Adams  
PHONE: 561-732-2324

FAX: 561-734-4529

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Title V General Permit  
CC: \_\_\_\_\_

Total number of pages including cover sheet: 2

Message

Mr. Adams,

Please make changes to number 1 and number 6  
on page 14 and return to me by facsimile. Contact  
me with any questions.

I thank you,  
Rich Butler

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper

=== COVER PAGE ===

TO:

\_\_\_\_\_

FROM:

JOHN&DINA ADAMS

FAX: 5617344529

TEL: 5617336615

COMMENT:

RECEIVED  
DEC 04 2003  
Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
NOV 3 2003  
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):	RON SOLOMON
2. Site Name (For example, plant name or number):	DELMAR CLEANERS OF BOYNTON BEACH
3. Hazardous Waste Generator Identification Number:	FID 981003908
4. Facility Location: 1600 N. Fed. Hwy Street Address: City: BOYNTON BEACH County: PALM BEACH Zip Code: 33435	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0990629-001

Responsible Official

6. Name and Title of Responsible Official: Name: JOHN ADAMS Title: MANAGER	
7. Responsible Official Mailing Address: 1600 N. Fed. Hwy Organization/Firm: Street Address: City: BOYNTON BEACH County: PALM BEACH Zip Code: 33435	
8. Responsible Official Telephone Number: Telephone: (561) 732 2324 Fax: (561) 734 4529	

Facility Contact (If different from Responsible Official)

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

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.

468944 FEB12 2007

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#990629  
DELMAR CLEANERS OF BOYNTON  
BEACH  
1600 N Federal Hwy  
BOYNTON BEACH, FLORIDA 33435

UNLIMITED  
CONCEPTS GROUP  
Inc.  
d.b.a.

PER 11/3/03  
REGISTRATION  
FORM

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

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 2002:035001  
OBJECT: 002273

Bureau of Air Monitoring  
& Mobile Sources

2007

VEE

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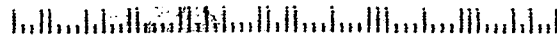
Unlimited Concrete Group  
D/B/a Delta Cleaners  
1600 W Federal Hwy #9  
Boynton Beach FL 33435

WEST PALM BEACH  
FL 334 5 7  
ON FEB 20 1999



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

323153070 5099



7004 2510 0002 3939 9723

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

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To AIRS ID# 990525 3 <sup>rd</sup> Cert04 DEL MAR CLEANERS		
Street, Apt. N 1600 North Federal Hwy or PO Box No BOYNTON BEACH, FL 33435		
City, State, Zi		

**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# 990525 3<sup>rd</sup> Cert04  
DEL MAR CLEANERS  
1600 North Federal Hwy  
BOYNTON BEACH, FL 33435

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) J Adams C. Date of Delivery 4-8-05

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

7004 2510 0002 3939 9723

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  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

APR 1 2005

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32399-2400





7004 2510 0004 6986 5524

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here
Total AIRS ID#0990525.....2 <sup>nd</sup> Cert 05 DEL MAR CLEANERS 1600 North Federal Hwy BOYNTON BEACH, FL 33435	
Street, or PO. City, S	_____ _____ _____
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#0990525.....2<sup>nd</sup> Cert 05  
 DEL MAR CLEANERS  
 1600 North Federal Hwy  
 BOYNTON BEACH, FL 33435

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Maria T Santos  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7004 2510 0004 6986 5524

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 7 2005  
U.S. MAIL  
MOBILE SOURCE CONTROL



7004 2510 0002 3939 8030

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**OFFICIAL USE**

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

AIRS ID#0990629.....2<sup>nd</sup> Cert 05

*Sent To* DELMAR CLEANERS OF BOYNTON  
 BEACH  
*Street, Apt. No.;  
 or PO Box No.* 1600 N Federal Hwy  
*City, State, ZIP+4* BOYNTON BEACH, FL 33435

PS Form 3800, J1

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID#0990629.....2<sup>nd</sup> Cert 05  
 DELMAR CLEANERS OF BOYNTON  
 BEACH  
 1600 N Federal Hwy  
 BOYNTON BEACH, FL 33435

2. Article Number  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*X Maria T Santos*

B. Received by (*Printed Name*)  Agent  
 Addressee  
*Maria T Santos*

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

7004 2510 0002 3939 8030

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

Department of Air Quality  
& Mobile Sources

MAR 7 2005

RECEIVED



7004 2510 0002 3939 4476

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	AIRS ID# 990629 1stC DELMAR CLEANERS OF BOYNTON BEACH	
Sent To	1600 N Federal Hwy	
Street, Apt or PO Box	BOYNTON BEACH, FL 33435	
City, State		

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# 990629 1stC  
DELMAR CLEANERS OF BOYNTON  
BEACH  
1600 N Federal Hwy  
BOYNTON BEACH, FL 33435

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

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

*[Signature]*

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.

7004 2510 0002 3939 4476 Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

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

Supra  
Mobile Sources  
All Monitoring

FEB 21 2005

RECEIVED



7004 2510 0002 3938 6990

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

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

**OFFICIAL USE**

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

Postmark  
Here

Sent To AIRS ID# 990525 1stC  
 DEL MAR CLEANERS  
 Street, Apt. # or PO Box No 1600 North Federal Hwy  
 City, State, Z BOYNTON BEACH, FL 33435

PS Form 380

115

**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# 990525 1stC  
 DEL MAR CLEANERS  
 1600 North Federal Hwy  
 BOYNTON BEACH, FL 33435

2. Article Number  
(Transfer from service label)

7004 2510 0002 3938 6990

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) ERICA DANFLO  
 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.

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

Bureau of Air Monitoring  
& Mobile Sources

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448294 MAR 32005

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# 990629 1stC  
DELMAR CLEANERS OF BOYNTON  
BEACH  
1600 N Federal Hwy  
BOYNTON BEACH, FL 33435

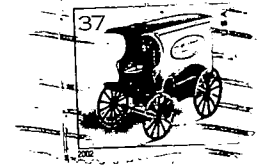
*Printed on recycled paper.*

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

Bureau of Air Monitoring  
& Mobile Sources

MAR 7, 2005

RECEIVED



GENERAL PERMIT SECTION  
BUREAU OF AIR MONITORING  
DEPT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD.  
TALLAHASSEE, FL 32399

32399+6542

