



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 13, 2002

Mr. Anayat Nagji
Bayside Cleaners
11270 Fourth Street North, #206
St. Petersburg, Florida 33716

Re: Facility No.: 1030323-002

Dear Mr. Nagji:

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

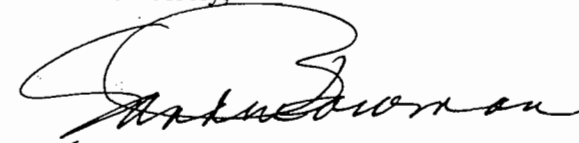
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



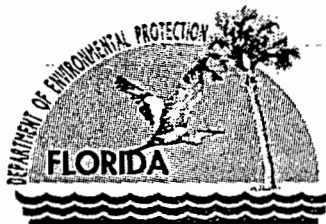
Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

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Jeb Bush
Governor

Department of Environmental Protection

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November 13, 2002

Mr. Anayat Nagji
Bayside Cleaners
11270 Fourth Street North, #206
St. Petersburg, Florida 33716

Re: Facility No.: 1030323-002

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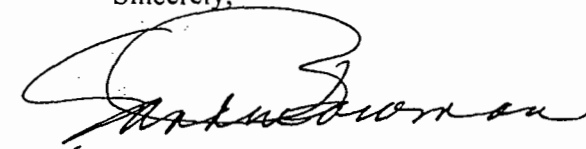
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Sincerely,



Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

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Fees 96-01

SAC 6

Compliance IN (SNC)
No Permit

Dibble, Dickson

From: Dibble, Dickson
Sent: Tuesday, April 03, 2007 5:33 PM
To: 'grobbins@co.pinellas.fl.us'
Cc: Bowman, Sandy; Grant, Patricia
Subject: Status to INACTIVE-AIRS ID# 1030323, BAYSIDE SUN INC d.b.a. BAYSIDE CLEANERS, 11270 4th Street North, ST.PETERSBURG, FL 33716

Gary,

FYI, and would you be so kind as to pass this information on to anyone else in your area who might have a need to know.

We have received a letter dated 3/23/07 from the R/O Mr. Anayat Nagji of the above facility. Based on his letter we have changed the status to INACTIVE. I will transpose the letter, to the best of my ability as follows:

To,

Mrs Sandra Bowman,

"I am requesting to rescine to operate the Dryclean machine. Due to the landlord to remove the Dry clean machine from the premises by the end of the year 2006. So

since Dec 25th 2006, we stop operating Dryclean machine and moved it to the warehouse before the end of Dec 31st 2006. The address of the warehouse is:

*8100 Ulmerton Rd Bldg 1
Largo, FL. 33771*

Thanking you,

Anayat NAGJI

What we are not certain about is whether or not the machine is in storage, or is it being operated as a plant at the above warehouse location.

Thank you,

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

4/3/2007

Do not hit the 'back' button on your browser, that will re-submit the query. Click [HERE](#) to go back.

Related Party

This Ad hoc report allows query of the facility related party data, including phone numbers, e-mail addresses, and mailing addresses.

Data for this Report is One Day Old PRODUCTION Data.

Table or View: FAC_RELATED_PARTY_VW

Ad Hoc Reporting								
AIRS ID	SITE NAME	LAST NAME	FIRST NAME	CITY	STATE	ADDRESS 2	ZIP 4	ZIP 5
1030323	BAYSIDE CLEANERS	NAGJI	ANAYAT	ST PETERSBURG	FL			33716

A Grand Total of 1 Records were returned.

select AIRSID,NAME,LAST,FIRST,CITY,STATE,ADDRESS_2,ZIP4,ZIP5 from Arms_Snap.FAC_RELATED_PARTY_VW where 1 = 1 AND UPPER(CATEGORY)='AREA' AND FAC_TYPE_CODE = 10 AND UPPER(FAC_TYPE_CODE)='10' AND UPPER(LAST) = 'NAGJI'

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All rights reserved

Revised: August 29, 2003

3-23-07

To,

RECEIVED

Mrs Sandra Bowman,

MAR 26 2007

Bureau of Monitoring
& Mobile Sources

I am requesting to rescine to operate the
 Dryclean machine. Due to the landlord
 to remove the Dryclean Machine from
 the premises by the end of year 2006.
 So since Dec 25th 2006, we stop operating
 Dryclean machine and moved it to the
 warehouse before the end of Dec 31st 2006.

The address of the warehouse is:

8100 Ulmerton Rd Bldg 1
 Largo, FL 33771

Thanking you,

Anayat NAGJI
Anayat Ali

3032 Jodi Lane
PALM HARBOR, FL 34684
TAMPA FL 336
24 MAR 07 PM 6 P



Attention:

SANDRA Bowman
General Permits Sec
Bureau of Air monitoring and
Mobile Sources.
E-DEP 200 Blair Stone Rd.
Tallahassee, FL 32399

32399/3333

Dibble, Dickson

From: Bowman, Sandy
Sent: Monday, April 02, 2007 1:37 PM
To: Dibble, Dickson

Florida Department of Environmental Protection - Enterprise Applications

Query Activity Violation Complaint Help Return Exit Window

ARMCA0

AREA AIRS ID 1030323 Status A Owner BAYSIDE SUN INC
 Office SWPN County Pinellas Name Bayside Cleaners

Compliance Activity Detail

Compliance Activity Detail

CA* INSP Activity* INS2 COMPLIANCE INSPECTION WALK THROUGH #V
 Date Done 02/22/2007 Date Due Office* SWPN Ev Y Act C:
 Notes DISCONTINUE ITS DRY CLEANING OPERATION BECAUSE OF THE THREAT OF LOSING ITS LEASE. VC:

Obj Typ	Obj Num	S T	Object Description	Cmpl Stat	Viol CS	Comments
FAC			Facility Wide	IN		

Any notes that pertain to the preparation or execution of the Activity.

Record 1/1

Dick,

I found this. I think it may answer your question regarding Mr. Nagji's letter.

Sandy Bowman
 Environmental Administrator
 Division of Air Resource Management
 850/921-9583 or sandy.bowman@dep.state.fl.us

4/3/2007

1. (a) New should be circled under Status for 1995 dry-to-dry machines.
RC should be circled under Control Device Required for 1995 dry-to-dry machines.
Add Date Control Device Installed for 1995 dry-to-dry machines.

RECEIVED

OCT 09 2002

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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):	ANAYAT NAGSI		
2. Site Name (For example, plant name or number):	BAYSIDE CLEANERS		
3. Hazardous Waste Generator Identification Number:	GAD 981269095		
4. Facility Location: Street Address:	11270 4th ST NORTH # 206		
City:	County:	Zip Code:	
ST-Petersburg	PINELLAS	33716	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030323-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: ANAYAT NAGSI Title: President		
7. Responsible Official Mailing Address:	Organization/Firm: AS ABOVE		
Street Address:	City: County: Zip Code:		
8. Responsible Official Telephone Number:	Telephone: (727) 578 1087 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	GULFRIN ALI		
10. Facility Contact Address:	11270 4th ST N # 206		
Street Address:	City: ST-Pete County: PINELLAS Zip Code: 33716		
11. Facility Contact Telephone Number:	Telephone: (727) 578 1087 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")
DEC 1995	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?

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 type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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
- (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.

Amr A. (ANAYAT NAGSI)
Print name of responsible official

Amr A.
Signature

9.29.02
Date

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.

AIRS ID#: 1030323

Ali

RECEIVED

Revised 10/10/9
NOV 10 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: Bayside Cleaners DATE: 10/15/97
 FACILITY LOCATION: 11270 4th St N
St Petersburg, FL 33716

Annual Reporting Period: October 15, 1996 TO October 15, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Responsible official did not maintain a bi-weekly leak log.
 Exact period of non-compliance: from October 15, 1996 to October 15, 1997
 Action(s) taken to achieve compliance: Maintain a bi-weekly leak log checking specific points.
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Responsible official did not have a startup, shutdown or malfunction plan or operator's manual.
 Exact period of non-compliance: from October 15, 1996 to October 15, 1997
 Action(s) taken to achieve compliance: Maintain a startup, shutdown plan or have an operators manual on site.
 Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Gulfrin Ali Gulfrin Ali 10-15-97
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

AIRS ID#: 1030323

RECEIVED
Revised 10/10/9

NOV 10 1997
DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: Bayside Cleaners DATE: 10/15/97
 FACILITY LOCATION: 11270 4th St N
St Petersburg, FL 33716

Annual Reporting Period: October 15, 1996 TO October 15, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Responsible official did not maintain perchloroethylene purchase receipts.

Exact period of non-compliance: from October 15, 1996 to October 15, 1997

Action(s) taken to achieve compliance: Maintain purchase receipts in chronological order (Jan. 1996 - pres.)

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Responsible official did not maintain perchloroethylene purchase receipts as a monthly rolling average.

Exact period of non-compliance: from October 15, 1996 to October 15, 1997

Action(s) taken to achieve compliance: Maintain purchase receipts as a monthly (12 month) average

Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

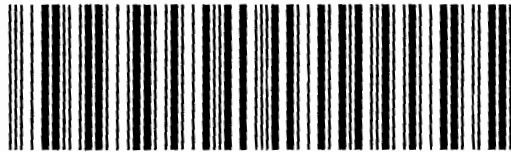
RESPONSIBLE OFFICIAL: Gulfarin Ali Gulfarin Ali 10-15-97
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



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BAY SIDE CLEANERS
11270⁴ STREET NORTH #206
ST. PETERSBURG, FL 33716.



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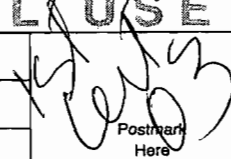
00044007-10

To, DIVISION OF AIR RESOURCES MANAGEMENT.
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400
(904) 488-6140.

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Restricted Delivery Fee (Endorsement Required)		

ID# 1030323
 1 ANAYAT NAGJI
 BAYSIDE CLEANERS
 11270 4TH STREET NORTH
 ST PETERSBURG, FL 33716

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 0926

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) _____</p> <p>C. Date of Delivery <u>2/6/04</u></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;"> ID# 1030323 ANAYAT NAGJI BAYSIDE CLEANERS 11270 4TH STREET NORTH ST PETERSBURG, FL 33716 </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 (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5650 0926 </div>	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-154	

UNITED STATES POSTAL SERVICE



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

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2004

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

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U.S. Postal Service
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 (Domestic Mail Only; No Insurance Coverage Provided)

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7001 1140 0001 7556 3326

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

303
 Postmark Here

AIRS ID # 1030323
 Total Posta **BAYSIDE CLEANERS #1030323**
Sent To ANAYAT NAGJI
 11270 4TH STREET NORTH
 ST PETERSBURG, FL 33716
 Street, Apt. or PO Box
 City, State

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:

AIRS ID # 1030323
 BAYSIDE CLEANERS
 ANAYAT NAGJI
 11270 4TH STREET NORTH
 ST PETERSBURG, FL 33716

2. Article Number

(Trans) 7001 1140 0001 7556 3326

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

ARZAL NAGJI

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
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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

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Bureau of Air Monitoring
& Mobile Sources



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Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Post		AIRS ID # 1030323

Sent To: ANAYAT NAGJI
 BAYSIDE CLEANERS
 11270 4TH STREET NORTH
 ST PETERSBURG, FL 33716

Street, Apt. or PO Box No. _____
 City, State, _____

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 8075

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 # 1030323

ANAYAT NAGJI
 BAYSIDE CLEANERS
 11270 4TH STREET NORTH
 ST PETERSBURG, FL 33716

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

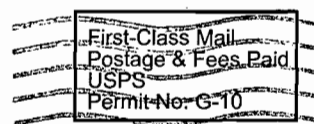
3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7003 0500 0004 0144 8075

UNITED STATES POSTAL SERVICE



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

RECEIVED

MAR

9 2004

Bureau of Air Monitoring
& Mobile Sources

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

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

AIRS ID# 1030323 1stC
BAYSIDE CLEANERS
 11270 4th Street North
 ST PETERSBURG, FL 33716

PS Form 3800

7004 2510 0002 3938 7157

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"/> <i>Gregg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Gregg</i> <i>FEB 03 2005</i></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: 10px; margin-top: 10px;"> AIRS ID# 1030323 1stC BAYSIDE CLEANERS 11270 4th Street North ST PETERSBURG, FL 33716 </div>	<p>3. Service Type</p> <p><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>
<p>2. Article Number (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> 7004 2510 0002 3938 7157 </div>

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

FEB 10 2005

RECEIVED

32399-2400



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

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OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees <input type="checkbox"/>	

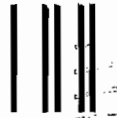
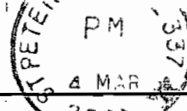
7004 2510 0002 3939 8078

Sent To AIRS ID#1.03032e+006.....2nd Cert 05
 BAYSIDE CLEANERS
 Street, Apt. No., or PO Box No. 11270 4th Street North
 City, State, ZIP+4 ST PETERSBURG, FL 33716

PS Form 3800, JUL

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-top: 10px;"> AIRS ID#1.03032e+006.....2nd Cert 05 BAYSIDE CLEANERS 11270 4th Street North ST PETERSBURG, FL 33716 # 1030323-002 </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> <p style="font-size: large; font-family: cursive;">Gulzar Ali</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 style="font-size: large; text-align: center;">MAR 04 2005</p> <p>3. Service Type</p> <p><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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3939 8078</p>	

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458794 FEB 9 2006

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1030323 1st
BAYSIDE CLEANERS
11270 4th Street North
ST PETERSBURG, FL 33716

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

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

Printed on recycled paper.

Bureau
FEB 9 2006
AIRS

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

449771 MAR 25 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#1.03032e+006.....2nd Cert 05
BAYSIDE CLEANERS
11270 4th Street North
ST PETERSBURG, FL 33716
10 30323-002

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

Printed on recycled paper.

RECEIVED
MAR 29 2005
Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

438410 APR 16 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

#1030323

AIRS ID # 1030323
BAYSIDE CLEANERS
ANAYAT NAGJI
11270 4TH STREET NORTH
ST PETERSBURG, FL 33716

Printed on recycled paper.

~~2273-50.00~~
~~2274-25.00~~
Bureau of All Services
APR 21 2004
RECEIVED
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: BSM
FUND: 20-2-035001
OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447763 FEB 28 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# 1030323 1stC
BAYSIDE CLEANERS
11270 4th Street North
ST PETERSBURG, FL 33716

Printed on recycled paper.

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466846 JAN 8 2007

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# 1030323
 BAYSIDE SUN INC
 11270 4th Street North
 ST PETERSBURG, FLORIDA
 33716

Bureau of Air Monitoring
 & Mobile Sources
 JAN 10 2007

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

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

421438 JAN 7 2003
RECEIVED

Do NOT Remove Label

AIRS ID# 1030323
 BAYSIDE CLEANERS
 ANAYAT NAGJI
 11270 4TH STREET NORTH
 ST PETERSBURG FL
 33716

JAN 09 2003
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1 Monitoring
 Fund: 20-2-035001 Mobile Sources
 Obj.: 002273

BAYSIDE SUN, INC.

003604

Licenses Expense

50.00

1/2/07

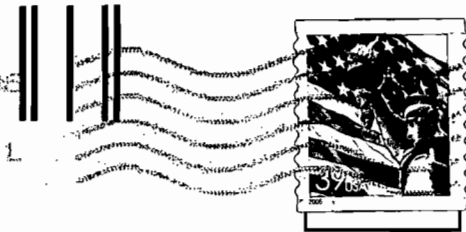
003604

Florida Dept Environmental

\$50.00

TAMPA FL 336

05 JAN 07 PM 4 1



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

32315-3070 BO99

