

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 25, 2002

Mr. Alex Petroski  
Classic Cleaners  
6393 Ninth Street North  
St. Petersburg, Florida 33702

Re: Facility No.: 1030328-002

Dear Mr. Petroski:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 24, 2002.

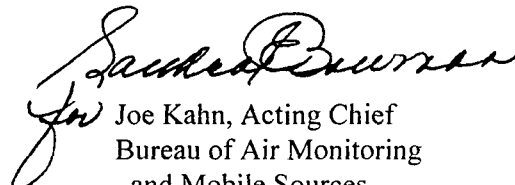
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Mr. Gary Robbins, Pinellas County

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

Printed on recycled paper.

2/6 Called + Left message for Alex Petrovski. CRB

Gen Paid 96-00  
SOC 5  
Compliance IN

SUN COUNTRY CLEANERS, INC.

2240 34th Way North  
Largo, FL 33771  
Phone (727) 535-9930  
Fax (727) 524-8509

December 2, 2003

Ms. Margaret Hennis  
Pinellas County  
Dept of Environmental Management  
Air Quality Division  
300 South Garden Avenue  
Clearwater, FL 33756

RE: the old "Classic Cleaners"  
6393 9th Street N., St. Petersburg

(1030328)

Dear Ms Hennis;

This letter is to follow up on our telephone conversation on Monday, December 1, 2003.  
On November 24, 2003, Sun Country Cleaners, Inc. purchased the assets only of "Classic Cleaners".  
At this time the equipment was inactivated from operation.

This location will operate as a "drop off and pick up" location only.  
No chemicals were used on this location at any time by Sun Country Cleaners, Inc.

Sincerely,

  
Barbara McCarthy  
Sun Country Cleaners, Inc.

RECEIVED  
DEC 03 2003

Bureau of Air Monitoring  
& Mobile Sources

DEC 10 2003

RECEIVED

1030328-002

Page 15

1(a) None Required should be marked  
under Control Device Required.

Date Control Device Installed should be  
blanks for existing small source.

Page 16

5. Add all boiler information

Page 17

Responsible official sign and date for  
changes made.

2/7/2002

Spoke with Alex Petroski and he stated  
that he has one boiler. He also stated  
it is 15 HP and is powered by natural gas.

**Best Available Copy**

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.

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Alex Petroski / Classic Cleaners
2. Site Name (For example, plant name or number):
Classic Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 980847271
4. Facility Location: Street Address: 6393 9th Street North City: St. Petersburg County: Pinellas Zip Code: 33702
5. Facility Identification Number (DEP Use ONLY - do not fill in):
1030328-002

**Responsible Official**

6. Name and Title of Responsible Official: Name: Alex Petroski Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Classic Cleaners Street Address: 6393 9th Street North City: St. Petersburg County: Pinellas Zip Code: 33702
8. Responsible Official Telephone Number: Telephone: (727) 522-7618 Fax: (727) 522-7618

**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: ( )

**RECEIVED**

JAN 24 2007

Bureau of Air Monitoring  
& Mobile Sources



**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site?   1  

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>9/84</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>same</u>
_____	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?

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

Alex Petroski  
Print name of responsible official

Alex Petroski  
Signature

1-9-02  
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

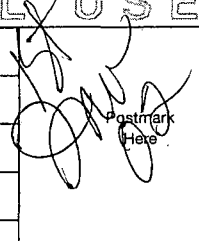
1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, 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.

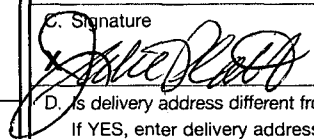
### Responsible Official

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

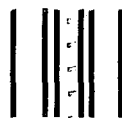
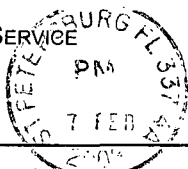
9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	AIRS ID#1030328
Street, Apt. No., or PO Box No.	CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH
City, State, ZIP+4	ST PETERSBURG FL 33702
PS Form 3800, Jan 1999	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) B. Date of Delivery  <span style="float: right;">7-7-03</span></p> <p>C. Signature  </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#1030328</p> <p>CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG FL 33702</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7001 0320 0001 7976 6737

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

air  
& Mobile Sources  
Air Monitorin

FEB 10 2003

DELIVERED



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

Sent To  
 CLASSIC CLEANERS #1030328  
 Street, Apt. No.,  
 or PO Box No. P O BOX 55336  
 City, State, ZIP+4  
 ST PETERSBURG FL 33732-5336

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0140 8277

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p style="font-size: large; font-family: cursive;">[Signature]</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: fit-content; margin: 0 auto;">           ST PETERSBURG            MAR 25 2004            1155 0276         </div>
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">ID# 1030328            ALEXANDER PETROSKI            CLASSIC CLEANERS            P O BOX 55336            ST PETERSBURG FL 33732-5336</p>	<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 0500 0004 0140 8277           </div>	

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

OFFICIAL USE

7001 0320 0001 7976 7574

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

02  
 27th  
 Postmark Here  
 Andrew

AIRS ID#1030328

CLASSIC CLEANERS  
 ALEXANDER PETROSKI  
 6393 9TH STREET NORTH  
 ST PETERSBURG FL  
 33702

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#1030328

CLASSIC CLEANERS  
 ALEXANDER PETROSKI  
 6393 9TH STREET NORTH  
 ST PETERSBURG FL  
 33702

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 7574

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Kelle Mordheim*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/8/3

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

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

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

Bureau of Air Monitoring  
& Mobile Sources

MAR 11 2003

RECEIVED



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**

7003 0500 0004 0144 8174

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

*2nd pk*  
 Postmark  
 Here  
 2003

AIRS ID # 1030328

Total Postage  
 Sent To  
 Street, Apt. No. or PO Box No.  
 City, State, Zi

ALEXANDER PETROSKI  
 CLASSIC CLEANERS  
 6393 9TH STREET NORTH  
 ST PETERSBURG, FL 33702

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 # 1030328  
 ALEXANDER PETROSKI  
 CLASSIC CLEANERS  
 6393 9TH STREET NORTH  
 ST PETERSBURG, FL 33702

2. Article Number  
 (Transfer from service)

7003 0500 0004 0144 8174

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*D. Guerrero*

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

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

APR 25 2003  
 ST PETERSBURG, FL 33702

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

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

RECEIVED

MAR 29 2004

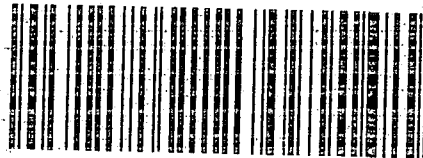
Bureau of Air Monitoring  
& Mobile Sources

Best Available Copy

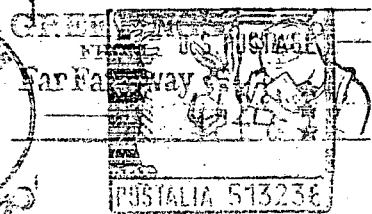
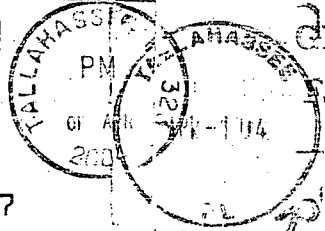
MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

CERTIFIED MAIL



7001 1140 0001 7556 3517



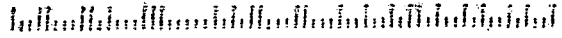
POSTALIA 51323E

ATTEMPTED  
NOT KNOWN

RECEIVED  
APR 8 2004  
Bureau of Air Monitoring  
& Mobile Sources

CLASSIC CLEANERS  
ALEXANDER PETROSKI  
6393 9TH STREET NORTH  
ST PETERSBURG, FL 33702

33702+6442



Vertical text on the right edge of the document, possibly a scanning artifact or a reference number.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature _____ <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  AIRS ID # 1030526 CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG, FL 33702	B. Received by (Printed Name) _____ C. Date of Delivery _____  D. Is delivery address different from item 1? <input type="checkbox"/> Yes -If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number _____ (Transfer from service label)	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) <input type="checkbox"/> Yes
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 7001 1140 0001 7556 3517	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	AIRS ID # 1030526 CLASSIC CLEANERS
Street, Apt. No., or PO Box No.	ALEXANDER PETROSKI 6393 9TH STREET NORTH
City, State, ZIP+	ST PETERSBURG, FL 33702 #1030328
PS Form 3800, January 2001 See Reverse for Instructions	

7001 1140 0001 7556 3517

BROOKS

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

7000 1670 0001 3108 8933

OFFICIAL USE

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

02  
3rd  
Postmark  
Here  
*[Signature]*

Total Pos

AIRS ID#1030328

Sent To CLASSIC CLEANERS  
 ALEXANDER PETROSKI  
 Street, Apt 6393 9TH STREET NORTH  
 ST PETERSBURG FL  
 City, State, 33702

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:

AIRS ID#1030328

CLASSIC CLEANERS  
 ALEXANDER PETROSKI  
 6393 9TH STREET NORTH  
 ST PETERSBURG FL  
 33702

97001610001331088933

2. Article Number

*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *[Signature]*  Addressee

B. Received by *(Printed Name)* C. Date of Delivery  
 4-10-03

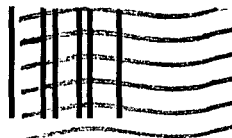
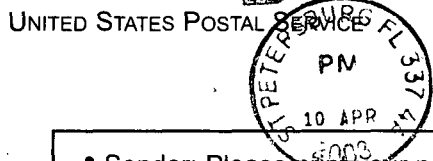
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? *(Extra Fee)*  Yes

Best Available Copy



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
EPA U.S. ENVIRONMENTAL PROTECTION  
MAIL STOP 10610  
2300 MARKSTONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

APR 17 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414445 FEB25 2002

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

X

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 1030328  
CLASSIC CLEANERS  
ALEXANDER PETROSKI  
6393 9TH STREET NORTH  
ST PETERSBURG FL  
33702

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

0521 1251 1595 0000 0922 0001 7003 2601 3001

**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)	

*158 X*  
*09/03*  
Postmark  
here

ID# 1030328  
ALEXANDER PETROSKI  
CLASSIC CLEANERS  
6393 9TH STREET NORTH  
ST PETERSBURG, FL 33702