

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 13, 2001

Mr. Carl Hawkins
C & C Dry Cleaners
14100 Walsingham Road, Unit 1
Largo, Florida 33774

Re: Facility No.: 1030349-002

Dear Mr. Hawkins:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 10, 2001.



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

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

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

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

Sincerely,


 Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

Printed on recycled paper.

Fees Paid 96-00

SOC 4

Compliance IN

1030349 - 002

page 15

1(a) Existing should be circled under Status.

None Required should be circled under Control Device Required.

Date Control Device Installed should be blank.

Page 17

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

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): <i>CARL HAWKINS</i>
2. Site Name (For example, plant name or number): <i>14100 WALSINGHAM Rd Unit #1 LARGO, FL 33774</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 055750608</i>
4. Facility Location: Street Address: City: <i>LARGO</i> County: <i>PINELLAS</i> Zip Code: <i>33774</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1030349-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>CARL HAWKINS</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>C+C DRYCLEANES</i> Street Address: <i>14100 WALSINGHAM RD Unit #1</i> City: <i>LARGO</i> County: <i>PINELLAS</i> Zip Code: <i>33774</i>
8. Responsible Official Telephone Number: Telephone: <i>(727) 596-1983</i> Fax: <i>(727) 593-0173</i>

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
Bureau of Air Monitoring
& Mobile Sources
OCT 10 2001

Facility Information

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

How many dry-to-dry machines do you have on-site? [ONE]

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>1983</u>	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	<u>1991</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? [NONE]

How many dryers/reclaimers do you have on-site? [NONE]

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?

[75] gallons (You must fill this in)

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

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 Transfer only on-site (used less than 200 gallons of perc per year)
 Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

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

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source

Carbon adsorber
Refrigerated condenser

New machines at large area source

Refrigerated condenser

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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.

CARL HAWKINS
Print name of responsible official


Signature

8-1-01
Date

C & C DRYCLEANERS

14100 WALSINGHAM ROAD UNIT 1
LARGO FL 37744

RECEIVED

JUL 17 2006

Bureau of Air Monitoring
& Mobile Sources

AIR ID 1030349-002
INACTIVE

Inactivated
10/10/01

July 11, 2006

Sandy Bowman Title V General Permit Office
Board Of Air Monitoring & Mobile Sources MS 5510
Florida Dept. Of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Dear Madam:

The business name C & C Drycleaners located at 14100 Walsingham Road Largo, Florida 33774, facility ID # 04003261, was sold 09-01-2005. The buyers name is Rita G. Klalaf 10744 Eveningwood Court Trinity, Florida 34655-5077. My last day of operation was 09-01-2005. The business is now being as a drop store.

Sincerely,



Carl G. Hawkins

Please cc:
Pinellas County

CC: Gary Robbins

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 *Gary Robbins, Pinellas Co.*

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>CARL HAWKINS</i>
2. Site Name (For example, plant name or number):	<i>14100 WALSHINGHAM Rd Unit #1 LARGO FL 33774</i>
3. Hazardous Waste Generator Identification Number:	<i>FLD 055750608</i>
4. Facility Location: Street Address: City: <i>LARGO</i> County: <i>PINELLAS</i> Zip Code: <i>33774</i>	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<i>1030349-002</i>

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8. Responsible Official Telephone Number: Telephone: <i>(727) 596-1983</i> Fax: <i>(727) 593-0173</i>	

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: ()	

RECEIVED
JUN 27 2002
Bureau of Air Monitoring & Mobile Sources

RECEIVED
OCT 10 2001
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? One

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>1983</u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>1991</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? NONE

How many dryers/reclaimers do you have on-site? NONE

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?

75 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

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Large Area Source

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 Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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

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

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating: 10

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:

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(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
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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.

CARL HAWKINS
Print name of responsible official


Signature

9-1-01
Date

1-15-02
Date

modified

signature

Hi Sandy,
Modified
renotification

Grant, Patricia

From: Thomas, Bruce X.

Sent: Friday, July 21, 2006 1:07 PM

To: McCann, Matthew G

Cc: Bowman, Sandy; Grant, Patricia

Matt,

C & C Drycleaners (1030349-002) has notified us their business has been sold and is now operating as a drop store. The facility status has been changed to inactive. Bruce

Bruce Thomas, P.E.

Division of Air Resource Management

(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

7/24/2006

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459984 MAR20206

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# 1030349 1st
C&C DRY CLEANERS
14100 Walsingham Rd Unit #1
LARGO, FL 33774

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 is located on the mailing label.

4463074 FEB 18 2005

RECEIVED

FEB 21 2005

Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1030349 10
C&C DRY CLEANERS
14100 Walsingham Rd Unit #1
LARGO, FL 33774

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

Printed on recycled paper.

7004 2510 0002 3939 0690

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Postmark
Here

Sent To AIRS ID# 1030349 1stC
C&C DRY CLEANERS
14100 Walsingham Rd Unit #1
LARGO, FL 33774

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

PS Form 3811, June 2002

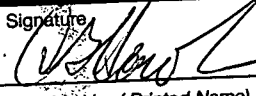
SENDER: COMPLETE THIS SECTION

- 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# 1030349 1stC
C&C DRY CLEANERS
14100 Walsingham Rd Unit #1
LARGO, FL 33774

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X  Addressee

B. Received by (Printed Name) Agent
C. Date of Delivery Addressee
D-8-01

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

3. Service Type

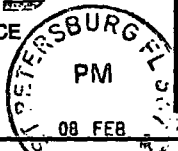
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 2510 0002 3939 0690

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436450 FEB172004

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1030349
CARL HAWKINS
C&C DRY CLEANERS
14100 WALSINGHAM ROAD
LARGO FL 33774

Bureau of Air Monitoring
& Mobile Sources

FEB 20 2004

RECEIVED

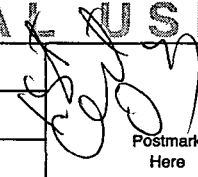
FOR GOVERNMENT USE ONLY
Off: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 0022737

7003 2260 0003 5650 9905

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	ID# 1030349	
Sent To	CARL HAWKINS	
Street, Apt. No., or PO Box No.	C&C DRY CLEANERS	
City, State, ZIP	14100 WALSINGHAM ROAD	
	LARGO, FL 33774	

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:

ID# 1030349
 CARL HAWKINS
 C&C DRY CLEANERS
 14100 WALSINGHAM ROAD
 LARGO, FL 33774

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 9905

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 2-7-08

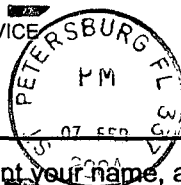
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

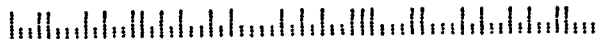
• Sender: Please print your name, address, and ZIP+4 in this box. •

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

FEB 11 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4

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

TOTAL AMOUNT DUE \$50.00

RECEIVED

FEB 21 2003

423149 FEB18 2003

Do NOT Remove Label

AIRS ID#1030349

C&C DRY CLEANERS
CARL G HAWKINS
14100 WALSINGHAM ROAD
LARGO FL
33774

Bureau of Air Monitoring
& Mobile Sources

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

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

OFFICIAL USE

7001 0320 0001 7976 6850

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

AIRS ID#1030349

Sent To C&C DRY CLEANERS
 Street, Apt. CARL G HAWKINS
 or PO Box # 14100 WALSHINGHAM ROAD
 City, State, ZIP+4 LARGO FL
 33774

PS Form 3811

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#1030349

C&C DRY CLEANERS
 CARL G HAWKINS
 14100 WALSHINGHAM ROAD
 LARGO FL
 33774

2. Article Number (Copy from service label)

7001 0320 0001 7976 6850

COMPLETE THIS SECTION ON DELIVERY

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

2/17/03

C. Signature

X *Mary Brown* Agent
 Addressee

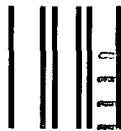
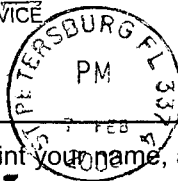
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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 PROC
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414127 FEB14 2002 ✓

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 1030349
C&C DRY CLEANERS
CARL G HAWKINS
14100 WALSINGHAM ROAD
LARGO FL
33774

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

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

7000 0520 0020 9373 1876

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		
AIRS ID # 1030349		
Recip.	C&C DRY CLEANERS	Sender
	CARL G HAWKINS	
Street	14100 WALSINGHAM ROAD	
	LARGO FL	
City, St.	33774	

PS Form 3800, February 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS
 FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

- 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.

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

2.9.2

C. Signature
 Addressee
 Agent

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

1. Article Addressed to:

AIRS ID # 1030349
 C&C DRY CLEANERS
 CARL G HAWKINS
 14100 WALSINGHAM ROAD
 LARGO FL
 33774

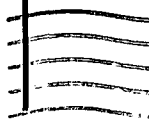
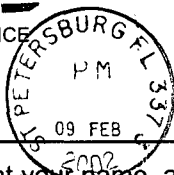
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0520 0020 9373 1876

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 •

PERMANENT SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2002

RECEIVED

32399/2400

