



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

March 9, 2004

Ms. DeeAnn Kerrutt
Arome Dry Cleaners
1969 Sunset Point Road, Suite 5
Clearwater, Florida 33765

Re: Facility No.: 1030381-004

Dear Ms. Kerrutt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 6, 2004.

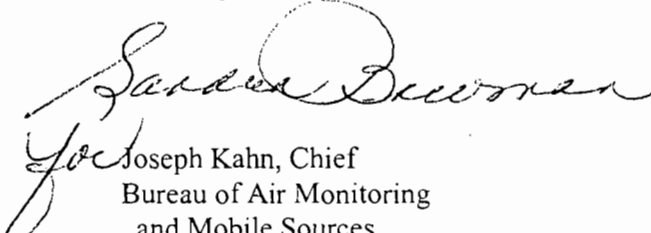
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



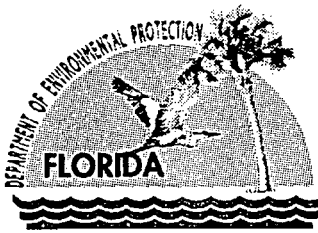
Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

May 9, 2006

Mrs. Dee Ann Kerrutt
Arome Dry Cleaners
1969 Sunset Point Road, Suite 5
Clearwater, Florida 33765

Re: Facility No.: 1030381-004

Dear Mrs. Kerrutt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 27, 2006.

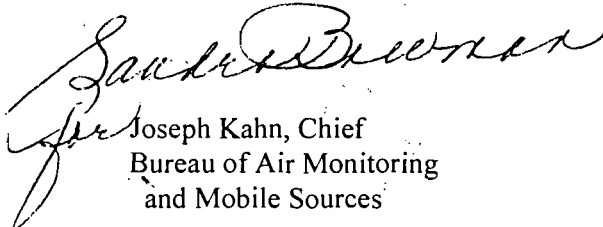
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Sincerely,



Joseph 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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EMISSION FEE DATES *1997-2002*
SOC REPORTS *3*
COMPLIANCE STATUS *IN*

RECEIVED

FEB 27 2006

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

FEB 16 2006

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):
DEEANN KERRUTT / AROME DRY CLEANERS

2. Site Name (For example, plant name or number):
1969 SUNSET POINT RD. #5

3. Hazardous Waste Generator Identification Number:
FLR000104968

4. Facility Location: AROME DRY CLEANERS
Street Address: 1969 SUNSET POINT RD. #5
City: CLEARWATER County: FL Pinellas Zip Code: 38765

5. Facility Identification Number (DEP Use ONLY - do not fill in):
1030381-004

Responsible Official

6. Name and Title of Responsible Official:
Name: DEEANN KERRUTT Title: OWNER

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: SAME AS ABOVE
City: County: Zip Code:

8. Responsible Official Telephone Number:
Telephone: (727) 562-9339 Fax: (N/A)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
EUSTACE KERRUTT - manager

10. Facility Contact Address:
Street Address: SAME AS ABOVE
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: (727) 447-8075 Fax: ()

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>12/8/1991</u>	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	<u>Same</u>
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [N/A]

How many dryers/reclaimers do you have on-site? [N/A]

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/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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?

[148.60] 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 ← just barely by 8.6 gallons
- 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 type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input checked="" 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? 1

For each boiler, indicate its horsepower (HP) rating: 7

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
10 30 381-004-AG
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

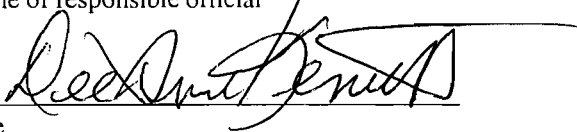
Responsible Official Certification

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.

DEEANN KERRUTT

Print name of responsible official



Signature

2/15/06

Date

**BOARD OF COUNTY
COMMISSIONERS**

Kenneth T. Welch - Chairman
Ronnie E. Duncan - Vice Chairman
Calvin D. Harris
Susan Latvala
John Morroni
Karen Williams Seel
Robert B. Stewart



RECEIVED

FEB 27 2006

Bureau of Air Monitoring
& Mobile Sources

February 23, 2006

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

Re: Arome Dry Cleaners - 1030381-004-AG

Ms. Bowman:

Enclosed is a Title V General Permit Notification for Arome Dry Cleaners, 1969 Sunset Point Road, Clearwater, FL, 33765, which was recently collected from the owner of the facility.

During the most recent inspection at the facility, on February 7, 2006 it was found that the facility's Perchloroethylene 12-month usage total had exceeded 140 gallons as of May 2005. The usage continues to be above the 140-gallon limit. The responsible official and owner, Dee Ann Kerrutt had failed to submit an updated notification form for this change of usage and resultant status change from an existing small to an existing large area source. Our office assisted her in processing this notification.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail.

Sincerely,

Matt McCann, Environmental Program Manager
Air Quality Division

cc: RF, PF (103 0381)
Attachment: Form 62-213.900(2)

H:\users\wpdocs\airqual\Air_Compliance\AQI\AromeCleaner notltr_2006.doc website: www.pinellascounty.org

PLEASE ADDRESS REPLY TO:
300 S. Garden Avenue
Clearwater, Florida 33756
Phone: (727) 464-4422
FAX: (727) 464-4420
TDD: (727) 464-4106



1030381
11/20/2003

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.

Bureau of Air Monitoring
& Mobile Sources
FEB 6 2004

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	DEEANN KERRUTT DBA: AROME DRY CLEANERS		
2. Site Name (For example, plant name or number):	AROME DRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLR000104968		
4. Facility Location: Street Address: City: _____ County: _____ Zip Code: _____	1969 SUNSET POINT ROAD STE 5. CLEARWATER PINELLAS 33765		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030381-004		

Responsible Official

6. Name and Title of Responsible Official: Name: _____ Title: _____	DEEANN KERRUTT OWNER		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: _____ County: _____ Zip Code: _____	1969 SUNSET POINT RD. STE 5 AS ABOVE SAME AS ABOVE		
8. Responsible Official Telephone Number: Telephone: (____) _____-____ Fax: (____) _____-____	(727) 562-9339 (727) 712-3102		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	VALENTINO BARTOLONE (plant manager)		
10. Facility Contact Address: Street Address: City: _____ County: _____ Zip Code: _____			
11. Facility Contact Telephone Number: Telephone: (____) _____-____ Fax: (____) _____-____	(727) 643-0530		

Bureau of Air Monitoring
& Mobile Sources
FEB 6 2004

RECEIVED

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")
08-DEC-91	Existing	RC/CA/None required	SAME
_____	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? [0]

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? [1] 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 _____)

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

DEP
ST # 188
- 850 -
433-0300
E.P.B.
FLR
000104968

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.

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.

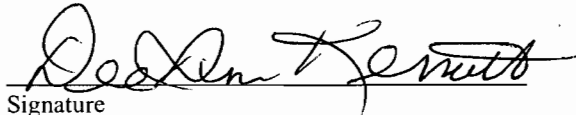
Responsible Official Certification

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.

DEE ANN KERRUTT

Print name of responsible official



Signature

2-3-04

Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

470189 FEB282007

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# 1030381 ✓
AROME DRY CLEANERS
1969 Sunset Point Rd
CLEARWATER, FLORIDA 34625

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

RECEIVED

MAR 06 2007

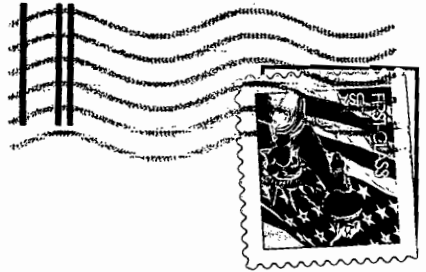
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Bureau of Air Monitoring
& Mobile Sources

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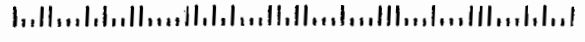
Arome Cleaners
1969 Sunset Point Rd. #5
Clearwater, FL 33765

ST PETERSBURG FL 337
26 FEB 2007 PM 3 T



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

32315+3070-70 B099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459174 FEB23 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

1030381 10
AROME DRY CLEANERS
1969 Sunset Point Rd
CLEARWATER, FL 34625

Buy & Monitor
Nucleic Sources

FEB 27 2006

RECEIVED

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

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7004 2510 0002 3939 8092

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

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

Sent To AIRS ID#1.03038e+006.....2nd Cert 05
 AROME DRY CLEANERS
 Street, Apt. No.; or PO Box No. 1969 Sunset Point Rd
 City, State, ZIP+4 CLEARWATER, FL 34625

1030381

PS Form 3800, J

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:

1030381

AIRS ID#1.03038e+006.....2nd Cert 05
 AROME DRY CLEANERS
 1969 Sunset Point Rd
 CLEARWATER, FL 34625

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 8092

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
Valerie Hill
- B. Received by (Printed Name) C. Date of Delivery
Valerie Hill 3/7
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

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

FOR MONITORING
& MANAGEMENT
OF SOURCE

MAR 15 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448729 MAR 9 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

<p>1030381 AIRS ID# 1030381-006.....2nd Cert 05 AROME DRY CLEANERS 1969 Sunset Point Rd CLEARWATER, FL 34625</p>

RECEIVED
MAR 11 2005
Bureau of Air Monitoring
& Mobile Sour

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

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OFFICIAL USE

7004 2510 0002 3939 0744

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

Postmark
Here

AIRS ID# 1030381 1stC
 Sent To AROME DRY CLEANERS
 Street, Apt. No., or PO Box No. 1969 Sunset Point Rd
 City, State, ZIP+4 CLEARWATER, FL 34625

PS Form 3800, July 2003

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# 1030381 1stC
 AROME DRY CLEANERS
 1969 Sunset Point Rd
 CLEARWATER, FL 34625

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 0744

COMPLETE THIS SECTION ON DELIVERY

A. Signature Certified Mail Express Mail
 Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 A. Aronetti 2/7

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 •

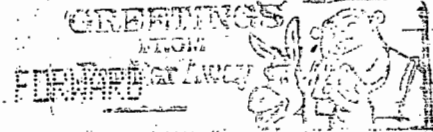
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 16 2005
Bureau of Air Monitoring & Mobile Sources

MS# 5610 MC Acct # 5621

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

CERTIFIED MAIL



7001 1140 0001 7556 3524

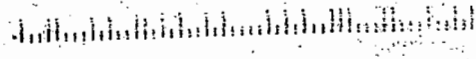
RECEIVED

APR 7 2004

Bureau of Air Monitoring
& Mobile Sources

HARBOR CLEANERS
RONALD QUICK
2180 N HERCULES AVE
CLEARWATER, FL 33763

33763+2523 21



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:

ARTS ID # 1050581
HARBOR CLEANERS
RONALD QUICK
2180 N. HERCULES AVE
CLEARWATER, FL 33763

ARTS ID # 1110020

2. Article Number

(Transfer from service label)

7001 1140 0001 7556 3524

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) 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.

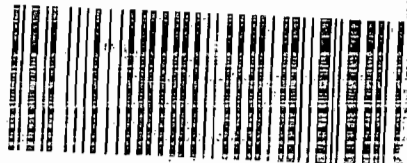
4. Restricted Delivery? (Extra Fee) Yes

MS# 5510 MC Acct # 5531

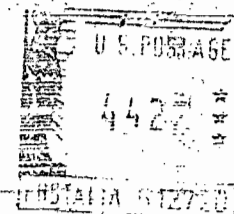
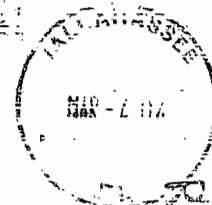
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

OF THE RETURN ADDRESS, FOLLOW THE INSTRUCTIONS

CERTIFIED MAIL



7003 0500 0004 0144 82



RECEIVED

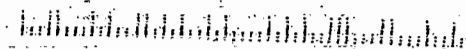
Bureau of Air Monitoring
& Mobile Sources

APR 6 2004

RONALD QUICK
HARBOR CLEANERS
2180 N. HERCULES AVE
CLEARWATER, FL 33763

QUICK180* 33763 1304 45 04/02/04
RETURN TO SENDER
QUICK N HARBOR CLEANERS
MOVABLE TO ADDRESSEE
UNABLE TO FORWARD
RETURN TO SENDER

33763+2323023/2400



Postnet barcode

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 type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</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>
<p>AIRS ID# 1030381</p> <p>RONALD QUICK HARBOR CLEANERS 2180 N HERCULES AVE CLEARWATER, FL 33763</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 (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number</p> <p>7003 0500 0004 0144 8280</p>	
<p>PS Form 3811, August 2001</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

4

U.S. Postal Service

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(Domestic Mail Only; No Insurance Coverage Provided)

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

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

AIRS ID# 1030381

Total Postage

Sent To: RONALD QUICK
HARBOR CLEANERS
2180 N HERCULES AVE
CLEARWATER, FL 33763

Street, Apt. or PO Box
City, State

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 8280