

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 18, 2003

Mr. Rohitkumar Patel
Diamond Cleaners
926 Cleveland Street
Clearwater, Florida 33755

Re: Facility No.: 1030462-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 17, 2003.

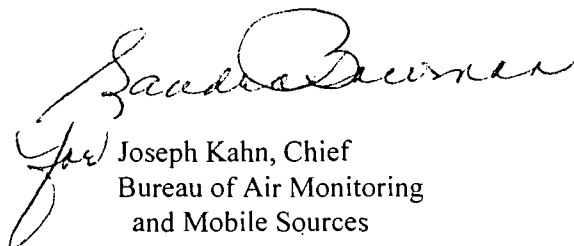
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

Printed on recycled paper.

3:25p 1/29/03 Called for Mr. Patel & left message.

New Owner

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JAN 17 2003
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <p>YOGI CLEANERS INC.</p>
2. Site Name (For example, plant name or number): <p>DIAMOND CLEANERS.</p>
3. Hazardous Waste Generator Identification Number: <p>FLD032207706.</p>
4. Facility Location: Street Address: 926 CLEVELAND STREET City: CLEARWATER County: PINELLAS Zip Code: 33755.
5. Facility Identification Number (DEP Use ONLY - do not fill in): <p>1030462-002</p>

Responsible Official

6. Name and Title of Responsible Official: Name: MR. ROHITKUMAR PATEL Title: OWNER.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 926 CLEVELAND ST. City: CLEARWATER County: PINELLAS Zip Code: 33755.
8. Responsible Official Telephone Number: Telephone: (727) 446 - 8465 Fax: (727) 446 - 5605.

Facility Contact (If different from Responsible Official)

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

Facility Information

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

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

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")
22 MAY 96	Existing/New	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?

[45] gallons (You must fill this in)

(b) If less than 12 months, how many? [4] 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.

ROHITKUMAR
Print name of responsible official

R. C. Patel
Signature

1-9-03
Date

01/29/2003

Spoke to Mr. Rohitkumar Patel and he stated that the boiler on site is a 7 horsepower boiler.

CRS

Page 16

5. Add horsepower (HP) for propane boiler.

**BOARD OF COUNTY
COMMISSIONERS**

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



RECEIVED
MAY 13 2005
Bureau of Air Monitoring
& Mobile Sources

May 10, 2005

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: Yogi Cleaners, Inc. - 1030462-002-AG

Ms. Bowman:

Enclosed is a Title V General Permit Notification for Yogi Cleaners, Inc., 926 Cleveland Street, Clearwater, FL, 33755, which was recently collected. During the most recent inspection, 04/28/05, at this facility, the co - owner, Mr. Arunkumar Patel wanted to submit a revised notification form to make Administrative Correction modification. He has requested to make himself the new responsible official. The current responsible official, his brother, Mr. Rohitukumar Patel is not at the facility on a regular basis. Our office assisted Mr. Arunkumar Patel 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,

A handwritten signature in black ink, appearing to read "Matt McCann".

Matt McCann, Environmental Program Manager
Air Quality Division

cc: RF, PF (103 0462)

\\AIR_QUALITY\VOL1\users\wpdocs\airqual\Air_Compliance\AQ\GPV\NotLtr0462_slj.doc

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



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Change RO not ownership

RECEIVED
MAY 13 2005
Bureau of Air
& Mobile Source
Control

SWPN

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):	YOGI CLEANERS INC		
2. Site Name (For example, plant name or number):	DIAMOND CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 032207706		
4. Facility Location: Street Address:	926 CLEVELAND STREET		
City:	County:	Zip Code:	
CLEARWATER	PINELLAS	33755	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030462-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	MR. ARUN KUMAR PATEL		Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm:				
Street Address:	926 CLEVELAND ST.			
City:	County:	Zip Code:		
CLEARWATER	PINELLAS	33755		
8. Responsible Official Telephone Number: Telephone:	(727 4468465	Fax:	(727 4425605	

Facility Contact (If different from Responsible Official)

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

Facility Information

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_____	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? [2]

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:

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_____	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?

[45] gallons (You must fill this in)

(b) If less than 12 months, how many? [4] 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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 - 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
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 No. 6 fuel oil Other (please list) _____

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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.

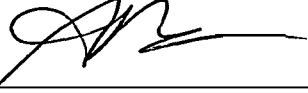
Responsible Official Certification

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.

MAARON KUMAR PATIL

Print name of responsible official



Signature

04/28/05

Date

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

7003 0500 0004 0144 5746

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

Received Sept 10 2002
Postmark Here

Total P AIRS ID # 1030462001AG 10

Sent To DIAMOND CLEANERS
 926 Cleveland Street
 Street, or PO B CLEARWATER, 33755
 City, St

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 # 1030462001AG 10
 DIAMOND CLEANERS
 926 Cleveland Street
 CLEARWATER, 33755

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *A-C-PAZ* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
A-C-PAZ *10/10/02*

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

7003 0500 0004 0144 5746

UNITED STATES POSTAL SERVICE



CREATING
FROM
POSTAGE WILL BE PAID BY ADDRESSEE

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

Bureau of Air Monitoring
& Mobile Sources

JUN 18 2001

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435582 JAN22 2004

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
JAN 26 2004
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

1030462
ROHITKUMAR PATEL
DIAMOND CLEANERS
926 CLEVELAND STREET
CLEARWATER FL 33755

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445058 JAN27 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

RECEIVED
JAN 28 2005
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID# 1030462 10
DIAMOND CLEANERS
926 Cleveland Street
CLEARWATER, FL 33755

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458472 JAN 26 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

1030462 10
DIAMOND CLEANERS
926 Cleveland Street
CLEARWATER, FL 33755

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

RECEIVED
JAN 27 2006
Bureau of Air Monitoring
& Mobile Sources

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458845 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# 1030462 ✓
YOGI CLEANERS INC
926 Cleveland Street
CLEARWATER, FLORIDA 33755

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

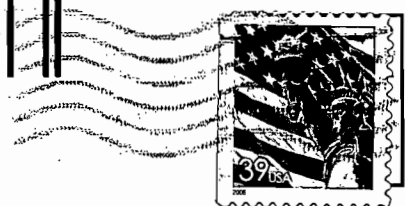
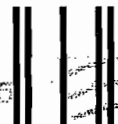
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

RECEIVED
JAN 10 2007
Bureau of Air Monitoring
& Mobile Sources

Printed on recycled paper.

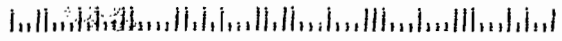
TAMPA FL 336

05 JAN 07 PM 3 L



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

323153070 BC99

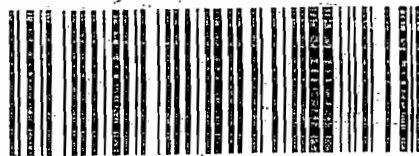


5510

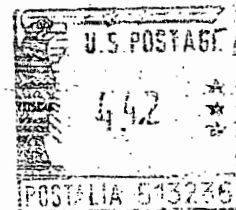
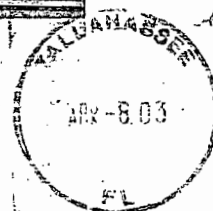
5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7000 1670 0013 3108 8988



Name _____

MC5521

1st Notice

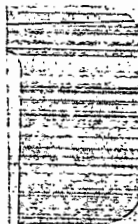
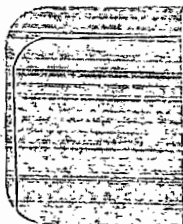
2nd Notice

BAMMS/BCO

JOEY ROBERTS

5510

LIN
4-10-03



RETURNED TO SENDER
UNCLAIMED

APR 25 2003

Mail of Air Monitoring
& Mobile Sources

APR 30 2003

RECEIVED

POSTAGE WILL BE PAID BY ADDRESSEE

SEND		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. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: DIAMOND CLEANERS RICHARD A TELLONE 926 CLEVELAND STREET CLEARWATER FL 33755		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number (Transfer from service label) 70001670001331088988		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
AIRS ID#1030462		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.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

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

OFFICIAL USE

Postage \$	Postmark Here <i>022 3rd JAN 2001</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	AIRS ID#1030462
Sent To	DIAMOND CLEANERS
Street, Apt	RICHARD A TELLONE
City, State	926 CLEVELAND STREET
	CLEARWATER FL
	33755

PS Form 3800, May 2000 See Reverse for Instructions

8988 801E ET00 02PT 0001

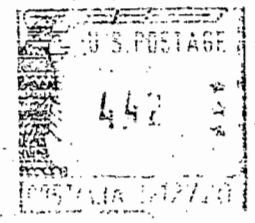
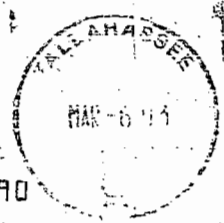
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL

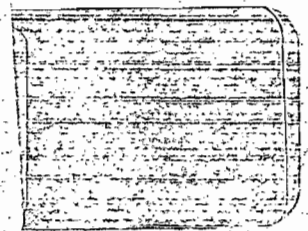


7001 0320 0001 7975 4390

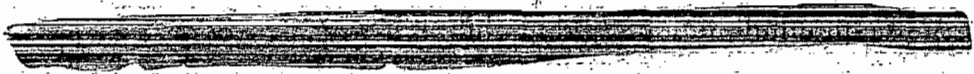


Name _____
1st Notice _____
2nd Notice 3-13
in 3-23

Ln
3803



RETURNED TO SENDER
UNCLAIMED
Bureau of Air Mail
& Mobile Services
MAR 26 2003
MAR 24 2003



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#1030462

DIAMOND CLEANERS
 RICHARD A TELLONE
 926 CLEVELAND STREET
 CLEARWATER, FL
 33755

2. Article Number

7001 0320 0001 7975 4390

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

PS Form 3811, August 2001

Domestic Return Receipt

102535-02-M-1540

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)	

To: AIRS ID#1030462

DIAMOND CLEANERS
 RICHARD A TELLONE
 926 CLEVELAND STREET
 CLEARWATER FL
 33755

PS Form 3800, January 2001 See Reverse for Instructions

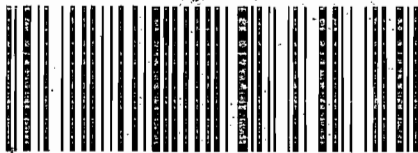
7001 0320 0001 7975 4390

Richard Tellone
Postmark Here

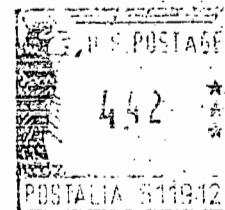
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7001 0320 0001 7976 6928



1st Notice 2-7-03
2nd Notice 2-15
Return 2-22

RS ID#1030462
RYMOND CLEGGERS
RE: ROAD A PAVING
92 CUNYLAND STREET
CLEARWATER FL
33755

UNCLAIMED
FEB 2 2003
MAIL ROOM

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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. Received by <i>(Please Print Clearly)</i> B. Date of Delivery	
1. Article Addressed to: <div style="text-align: right; margin-right: 100px;">AIRS ID#1030462</div> DIAMOND CLEANERS RICHARD A TELLONE 926 CLEVELAND STREET CLEARWATER FL 33755		C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified-Mail <input type="checkbox"/> Express-Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <i>(Transfer from service label)</i>		4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
PS Form 3811, March 2001		Domestic Return-Receipt	
		102595-01-M-1424	

7001 0320 0001 7976 6928

U.S. Postal Service

CERTIFIED MAIL RECEIPT

~~(Domestic Mail Only. No Insurance Coverage Provided)~~

OFFICIAL USE

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

Postmark Here

AIRS ID#1030462

Sent To	DIAMOND CLEANERS
Street, Apt. No. or PO Box No.	RICHARD A TELLONE
City, State, Zip	926 CLEVELAND STREET CLEARWATER FL 33755

PS Form 3800

7001 0320 0001 7976 6928