

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 30, 2002

Mr. Doyle McCourt
Agitator's Galore
8601-49th Street North
Pinellas Park, Florida 33782

Re: Facility No.: 1030493-001

Dear Mr. McCourt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 29, 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,


for 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"

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APR 29 2002

DEP
Bureau of Air Monitoring
& Mobile Sources

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):	Doyle McCourt / Agitator's Galore, LLC		
2. Site Name (For example, plant name or number):	Agitator's Galore		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	8601 49th Street North		
City:	Pinellas Park	County:	Pinellas
		Zip Code:	33782
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030493-001		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Doyle McCourt	Title:	Operations Manager
7. Responsible Official Mailing Address:			
Organization/Firm:	Agitator's Galore		
Street Address:	8601 49th Street North		
City:	Pinellas Park	County:	Pinellas
		Zip Code:	33782
8. Responsible Official Telephone Number:			
Telephone:	(727) 546-2006	Fax:	(727) 546-2016

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:	() -

04/24/02

4/24/02
Hey Sandy,
Agitation's Colore
notification.
I'll keep you
updated concerning
startup date
Jff

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>1991</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/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?

 _____ 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 7/02)

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

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

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

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

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Doyle F. McCurt
Print name of responsible official

Doyle F. McCurt
Signature

4/23/02
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

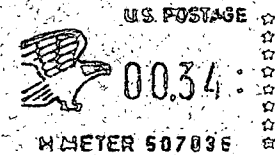
6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, 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.

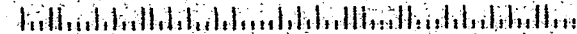
**PINELLAS COUNTY
BOARD OF
COUNTY
COMMISSIONERS**

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR QUALITY DIVISION
300 SO. GARDEN AVE.
CLEARWATER, FL 33756



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

32399-2400 01



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

424333 MAR 3 2003

Do **NOT** Remove Label

AIRS ID#1030493

AGITATOR'S GALORE
DOYLE MCCOURT
8601 49TH STREET NORTH
PINELLAS PARK FL
33782

FOR GOVERNMENT USE ONLY
Org.: 3755010100 EO: A1
Fund: 20-2-035001
Obj.: 002273

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.

TOTAL AMOUNT DUE: \$75.00

3755-2273
3755-2274

438741 APR 28 2004

Bureau of Air Monitoring
& Mobile Sources

APR 30 2004

RECEIVED

Do NOT Remove Label

AIRS ID# 1030493	1030493
AGITATOR'S GALORE	
DOYLE MCCOURT	
8601 49TH STREET NORTH	
PINELLAS PARK, FL 33782	
AIRS ID# 1150120	

FOR GOVERNMENT USE ONLY	
ORG.:	37550101000 EO: B1
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.

TOTAL AMOUNT DUE: \$50.00

460640 APR 6 2006

Do NOT Remove Label

AIRS ID# 1030493	1st
AGITATOR'S GALORE DELSTAR CLEANERS LLC	
8601 49th Street North	
PINELLAS PARK, FL 33782	

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

471463 MAR23 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

75.00 RECEIVED

APR 02 2007

Do NOT Remove Label

AIRS ID#1030493
AGITATOR'S GALOR LLC
8601 49th Street North
PINELLAS PARK, FLORIDA 33782

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.



DELSTAR CLEANERS
5545 PARK BLVD.
PINELLAS PARK, FL 33781

471463 MAR23 2007

1293

Date 3/21/07

Pay to the Order of Department of Environmental Protection \$ 75.00

seventy five ~~_____~~ Dollars

© HARLAND PARSONS

Security Features Details on Back



For AIRS ID# 1030493

Dyke F. McCall

MP

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

OFFICIAL USE

985E 3586
 7556 7556
 0001 1140
 0001 1140

Postage	\$	3203 - new Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		AIKS ID # 1050495
Sent To		
AGITATOR'S GALORE		
DOYLE MCCOURT		
Street, Apt. No. or PO Box No.		
8601 49TH STREET NORTH		
PINELLAS PARK, FL 33782		
City, State, ZIP:		
#1030493		
PS Form 3800, January 2001		
See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

AIKS ID # 1050495
 AGITATOR'S GALORE
 DOYLE MCCOURT
 8601 49TH STREET NORTH
 PINELLAS PARK, FL 33782

2 Article Number
 (Transfer from service label)

7001 1140 0001 7556 3586

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 4.3.01

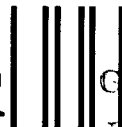
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes



UNITED STATES POSTAL SERVICE



GREETINGS
FROM
Far Far Away

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

APR 5 2004

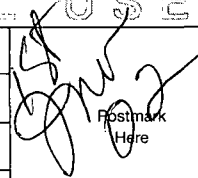
RECEIVED



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

OFFICIAL USE

7094 7975 7001 0320 0001 7001

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Po		AIRS ID#1030493
Sent To	AGITATOR'S GALORE	
	DOYLE MCCOURT	
Street, Apt. or PO Box	8601 49TH STREET NORTH	
City, State	PINELLAS PARK FL	
	33782	
PS Form 3800, January 2001 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION


- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

AGITATOR'S GALORE
 DOYLE MCCOURT
 8601 49TH STREET NORTH
 PINELLAS PARK FL
 33782

AIRS ID#1030493

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 x  Addressee

B. Received by (Printed Name) C. Date of Delivery
 2-7-3

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

2 Article Number
 (Transfer from service label) 70001 0320 0001 7975 7094

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 SURV.
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION # 5510
2600 BLANK LINE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED

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

OFFICIAL USE

7001 0320 0001 7976 2678

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

Christopher M. ...
 Postmark
 Here
 03

AIRS ID#1030493

AGITATOR'S GALORE
 DOYLE MCCOURT
 8601 49TH STREET NORTH
 PINELLAS PARK FL
 33782

PS Form 3811 January 2001 (See Reverse for Instructions)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

AIRS ID#1030493

AGITATOR'S GALORE
 DOYLE MCCOURT
 8601 49TH STREET NORTH
 PINELLAS PARK FL
 33782

2 Article Number
 (Transfer from service label)

7001 0320 0001 7976 2678

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Christopher M. ...* Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery
 3-8-03

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

UNITED STATES POSTAL SERVICE



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

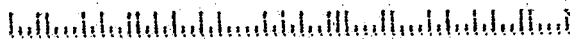
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bur. of Air Monitoring
& Mobile Sources

MAR 12 2003

RECEIVED



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

OFFICIAL USE

7001 1140 0001 7556 3005

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

Postmark
Here

Total Postage: ID# 1030493
 DOYLE MCCOURT
Sent To AGITATOR'S GALORE
 8601 49TH STREET NORTH
 Street, Apt. No. or PO Box No PINELLAS PARK, FL 33782
 City, State, ZIP

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 1030493
 DOYLE MCCOURT
 AGITATOR'S GALORE
 8601 49TH STREET NORTH
 PINELLAS PARK, FL 33782

2. Article Number
 (Transfer from service label)

7001 1140 0001 7556 3005

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Tracey J. Melillo* Agent
 Addressed

B. Received by (Printed Name)

C. Date of Delivery

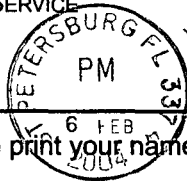
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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 9 2004

RECEIVED



7003 0500 0004 0144 9751

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

Postmark Here

AIRS ID # 1030493

DOYLE MCCOURT
 AGITATOR'S GALORE
 8601 49TH STREET NORTH
 PINELLAS PARK, FL 33782

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.
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1 Article Addressed to:

AIRS ID # 1030493

DOYLE MCCOURT
 AGITATOR'S GALORE
 8601 49TH STREET NORTH
 PINELLAS PARK, FL 33782

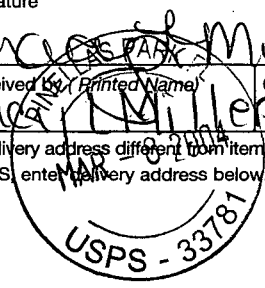
COMPLETE THIS SECTION ON DELIVERY

A. Signature X *[Signature]* Agent

B. Received by (Printed Name) *Tracey Miller* Addressee

C. Date of Delivery *3-8-05*

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



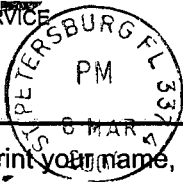
3. Service Type

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) **7003 0500 0004 0144 9751**

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

Director of Air Monitoring
and Mobile Sources

MAR 11 2004

RECEIVED

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

OFFICIAL USE

6290 6666 2000 0752 4007
 7004 2510 0002 3939 0829

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

Postmark
Here

Total Postage & AIRS ID# 1030493 1stC
 Sent To AGITATOR'S GALORE
 8601 49th Street North
 PINELLAS PARK, FL 33782
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

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# 1030493 1stC
 AGITATOR'S GALORE
 8601 49th Street North
 PINELLAS PARK, FL 33782

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 0829

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Keen* Agent Addressee

B. Received by (Printed Name)

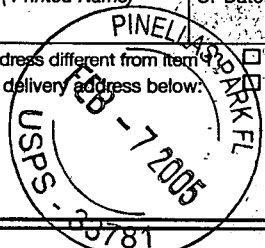
C. Date of Delivery

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

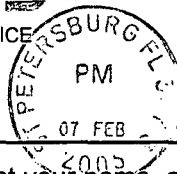
3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes



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

Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED

2359+6542



7004 2510 0002 3939 4872

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OFFICIAL USE

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

AIRS ID#1.03049e+006.....2nd Cert 05

Sent To
 AGITATOR'S GALORE
 8601 49th Street North
 PINELLAS PARK, FL 33782

Street, Apt. N
 or PO Box No
 City, State, Zi

PS Form 3800

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#1.03049e+006.....2nd Cert 05
 AGITATOR'S GALORE
 8601 49th Street North
 PINELLAS PARK, FL 33782

1030493-001

2 Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 3-4-5

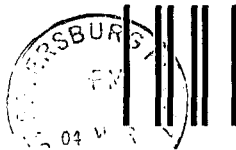
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3939 4872

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 •

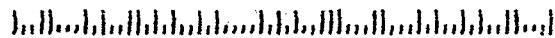
DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF ENVIRONMENTAL PROTECTION
& Mobile Source

MAR 7 2005

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7004 2510 0004 6986 6941

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

Postmark
Here

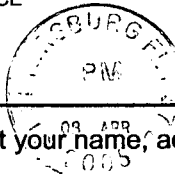
† AIRS ID# 1030493 3rd Cert04

AGITATOR'S GALORE
 8601 49th Street North
 PINELLAS PARK, FL 33782

PS Form 3800, June 2002 See Reverse for Instructions

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. 		A. Signature X <i>Fred Sind</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1 Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> AIRS ID# 1030493 3rd Cert04 AGITATOR'S GALORE 8601 49th Street North PINELLAS PARK, FL 33782 </div>		B. Received by (Printed Name) C. Date of Delivery 4-8-05	
2 Article Number (Transfer from service label)		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 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	
		7004 2510 0004 6986 6941	

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

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

DARW/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

APR 11 2005

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32399+2400

