



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

July 22, 2008

Ms. Nannette Turner
Blue Ribbon Laundry of Ormond, LLC
715 South Nova Road
Ormond Beach, Florida 32174

Re: Facility No.: 1270111-003

Dear Ms. Turner:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 19, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

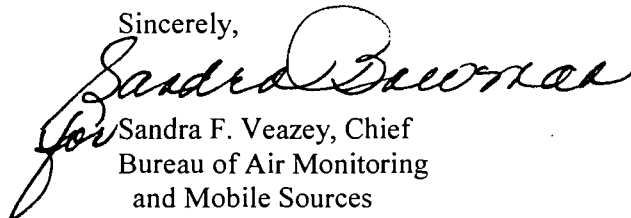
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,


Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Ms. Caroline Shine, Central District

cc: Mr. James Bradner, Central District - DAPA

INSP _____ CO _____

NO ACTIVITY FOR FACILITY

EMISSION FEE DATES *196-2000*

SOCR ~~VER~~ REPORTS *7*

COMP. STATUS - SNC MNC IN

*Insp - Insp Compliance Inspection
Walk through - 7/6/2006 - IN
Insp Volusia Co - CD - Cshine*

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JULY 19 2008
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):	Blue Ribbon laundry of Ormond, LLC.
2. Site Name (For example, plant name or number):	Blue Ribbon Laundry of Ormond, LLC
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 715 S. NOVA Rd. City: Ormond Beach County: VOLUSIA Zip Code: 32174	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1270111-003

Responsible Official

6. Name and Title of Responsible Official: Name: Nannette Turner Title: OWNER	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 715 S. NOVA Rd. City: Ormond Beach County: VOLUSIA Zip Code: 32174	
8. Responsible Official Telephone Number: Telephone: (386) 677-0111 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Nannette + John Turner
10. Facility Contact Address: Street Address: 715 S. NOVA Rd City: Ormond Beach County: VOLUSIA Zip Code: 32174	
11. Facility Contact Telephone Number: Telephone: (386) 677-0111 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")
<u>existing owners before me. ?</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/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? Purchased existing store
 gallons (You must fill this in) trying to setup to dryclean Awaiting permits

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

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

New store: New machine

Unopened store (date of expected opening _____)

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

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

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

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" 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 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.

Awaiting permits, Applied

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.

Nannette Turner

Print name of responsible official

Nannette Turner

Signature

5/27/8

Date

Purchased existing laundry, existing owners stop Drycleaning in 04, here are copies of their records. Applying to do drycleaning in-house.

Emergency Contact Telephone Number

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **FLCESQG** Manifest No. **64115**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BLUE RIBBON
715 S NOVA RD
ORMOND BEACH FL 32174
 4. Generator's Phone **(386) 677-0111** County: **Volusia** Ter: **SWF**

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name **MCF SYSTEMS ATLANTA, INC.** 6. US EPA ID Number **GAD981269095**

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name **FREEHOLD CARTAGE, INC.** 8. US EPA ID Number **NJD054126164**

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
MCF SYSTEMS ATLANTA, INC.
5353 Snappinger Woods Drive
Decatur GA 30035
 10. US EPA ID Number **GAD981269095**

G. State Facility's ID

H. Facility's Phone

HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
		No.	Type			
a.	X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Standard Filters <u>8</u>)	02	D.F.	160	P	PA02 0000
b.	X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Spill <u>Jumbo</u>)		D.M.		P	PA02 0000
c.	X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Still Bottom Liquid: <u>+</u> 15Gal, <u> </u> 30Gal, <u> </u> 55Gal)	01	D.M.	150	P	PA02 0000
d.	X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Lint <u> </u> Debris <u> </u>)		D.		P	PA02 0000

Additional Descriptions for Materials Listed Above
PA02
C.C. & W. File

K. Handling Codes for Waste Listed Above
001, 704

15. Special Handling Instructions and Additional Information
 The waste described in this manifest does not meet the treatment standards or prohibition levels of LDR Rule 40 CFR 268.7 (incineration) for non-wastewater that is 6.0 mg/kg for tetrachloroethylene waste, and cannot be land disposed. If undeliverable return to generator. In case of emergency spill, contact Chem-Trec at 1-800-424-9300

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.
 If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford

Printed/Typed Name Mary Washington Signature Mary Washington Month Day Year 14/13/04

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name Robert Carney Signature Robert Carney Month Day Year 14/13/04

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name Scott Southard Signature Scott Southard Month Day Year 04/14/04

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
 Printed/Typed Name Monica Casady Signature Monica Casady Month Day Year 04/19/04

ORIGINAL - RETURN TO GENERATOR

GENERATOR
TRANSPORTER
FACILITY

BEST AVAILABLE COPY
Emergency Contact Telephone Number

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
FLCESQG

Manifest Document No.
56391

3. Generator's Name and Mailing Address
RUE RIBBON 987-0056

715 E NOVA RD ORMOND BEACH FL 32114

4. Generator's Phone (386) 677-0111 County: Volusia Per: SWF

5. Transporter 1 Company Name
MCF SYSTEMS ATLANTA, INC

6. US EPA ID Number
GAD981269095

7. Transporter 2 Company Name
FREHOLD CARTAGE INC

8. US EPA ID Number
NJD054126164

9. Designated Facility Name and Site Address
MCF SYSTEMS ATLANTA, INC.
5353 Snapfinger Woods Drive
Decatur GA 30035

10. US EPA ID Number
GAD981269095

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (770) 593-9434

E. State Transporter's ID

F. Transporter's Phone (770) 593-9434

G. State Facility's ID

H. Facility's Phone (770) 593-9434

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
01	DF	70	P	F002/D039
	DM		P	F002/D039
01	DM	1 SG	P	F002/D039
	D		P	F002/D039

a. X RQ WASTE TETRACHLOROETHYLENE, 6.1 UN1897, III (Standard Filters) 4

b. X RQ WASTE TETRACHLOROETHYLENE, 6.1 UN1897, III (Spill) 1 drum

c. X RQ WASTE TETRACHLOROETHYLENE, 6.1 UN1897, III (Still Bottom Liquid) 15Gal, 300Gal, 55Gal

d. X RQ WASTE TETRACHLOROETHYLENE, 6.1 UN1897, III (Lint) Debris

J. Additional Descriptions for Materials Listed Above
ERG #160 Prev. Manifest No. PAID
C.C. ON FILE

K. Handling Codes for Waste Listed Above
S01, T04

15. Special Handling Instructions and Additional Information
The waste described in this manifest does not meet the treatment standards or prohibition levels of LDR rule 40 CFR 268.7 (prohibitive) for non wastewater that is 6.0 mg/kg for tetrachloroethylene waste, and cannot be land disposed. A retrievable return is generated. In case of emergency spill, contact Chem-Tec at 1-800-424-9500.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: **Pam Andrews** Signature: *Pam Andrews* Month Day Year: **11/02/03**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: **Robert Ambrey** Signature: *Robert Ambrey* Month Day Year: **11/02/03**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: **Diana Peterson** Signature: *Di Pe* Month Day Year: **11/12/03**

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: **Monica Gaddy** Signature: *Monica Gaddy* Month Day Year: **11/12/03**

GENERATOR
TRANSPORTER
FACILITY

ORIGINAL - RETURN TO GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **FLCESQG** Manifest No. **35015**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Blue Ribbon
715 S NOVA RD **ORMOND BEACH FL 32174**
4. Generator's Phone **(386) 677-0111** County: **Volusia** Ter. **SWF**

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name **MCF SYSTEMS ATLANTA, INC.** 6. US EPA ID Number **GAD981269095**

C. State Transporter's ID

D. Transporter's Phone **(770) 533-8434**

7. Transporter 2 Company Name **FREEHOLD CARTAGE, INC.** 8. US EPA ID Number **NJD054126164**

E. State Transporter's ID

F. Transporter's Phone **(841) 633-4380**

9. Designated Facility Name and Site Address
MCF SYSTEMS ATLANTA, INC.
5353 Snappinger Woods Drive
Decatur GA 30035 10. US EPA ID Number **GAD981269095**

G. State Facility's ID

H. Facility's Phone **(770) 503-0434**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
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a. **X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III**
(Standard Filters 4)

01	D.F.	80	P	F002/D030
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b. **X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III**
(Spill Jumbo)

	D.M.		P	F002/D030
--	------	--	---	-----------

c. **X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III**
(Still Bottom Liquid: 15Gal, 30Gal, 55Gal)

01	D.M.	150	P	F002/D030
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d. **X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III**
(Lift Debris)

	D.		P	F002/D030
--	----	--	---	-----------

J. Additional Descriptions for Materials Listed Above
ERG #160 Prev. identified rep. FRD #225 SC Per 19N.

K. Handling Codes for Wastes Listed Above
M051, M052, M053, S01, S02, T54, T55, T07, T16

15. Special Handling Instructions and Additional Information
The waste described in this manifest does not meet the treatment standards or prohibition levels of LDR Rule 40 CFR 268.7 (incineration) for non-wastewater that is 6.0 mg/kg for tetrachloroethylene waste, and cannot be land disposed. If undeliverable return to generator. In case of emergency spill, contact Chem-Trec at 1-800-424-9300

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name **ANTONIO TAVARES** Signature *Antonio Tavares* Month Day Year **6/3/03**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **Robert Gember** Signature *Robert Gember* Month Day Year **6/3/03**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name **Scott Southard** Signature *Scott Southard* Month Day Year **6/6/03**

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name **Monica Gandy** Signature *Monica Gandy* Month Day Year **10/17/03**

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **FLCESQG** Manifest Document No. **13475**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
TOMOKA PLAZA COIN MATIC
715 S NOVA RD
ORMOND BEACH FL 32174
4. Generator's Phone **(904) 877-0111** County: **Volusia** Ter: **5WF**

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name
MCF SYSTEMS ATLANTA, INC.
6. US EPA ID Number
GAD981269095
7. Transporter 2 Company Name
FREEHOLD CARTAGE, INC.
8. US EPA ID Number
NJID054126164

C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
MCF SYSTEMS ATLANTA, INC.
5353 Snappinger Woods Drive
Decatur GA 30035
10. US EPA ID Number
GAD981269095

G. State Facility's ID
H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Hazardous Waste Code
	No.	Type			
a. X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Standard Filters 4)	01	D.F.	80	P	P001
b. X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Spill Jumbo)		D.M		P	P001
c. X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Still Bottom Liquid: 15Gal, 30Gal, 55Gal)		D.M		P	P001
d. X RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (S.B. Powder/Sludge: 3 15Gal, 30Gal, 55Gal)	03	D.M	2180	P	P001

J. Additional Descriptions for Materials Listed Above
SPENT SOLVENT IN 29 55 GAL CAN'S ALL IN EACH EMPTY
K. Handling Codes for Waste Listed Above
MS01, MS02, MS03, S01, S02, T54, T55, T56, T15

15. Special Handling Instructions and Additional Information
The waste described in this manifest does not meet the treatment standards or prohibition levels of LDR Rule 40 CFR 268.7 (incineration), which is 0.05 mg/l for spent tetrachloroethylene solvent wastes, and cannot be land disposed. If undeliverable return to generator. In case of emergency spill, contact Chem-Trec at 1-800-424-9300

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: **KEVIN J. LARRANCE** Signature: *Kevin Larrance* Month Day Year: **7/23/02**

17. Transporter 1 Acknowledgement of Receipt of Material's
Printed/Typed Name: *[Signature]* Signature: *[Signature]* Month Day Year: **7/23/02**

18. Transporter 2 Acknowledgement of Receipt of Material's
Printed/Typed Name: **Sherry Haines** Signature: *Sherry Haines* Month Day Year: **7/24/02**

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: **Tom Dorse** Signature: *Tom Dorse* Month Day Year: **7/24/02**

CURRENT

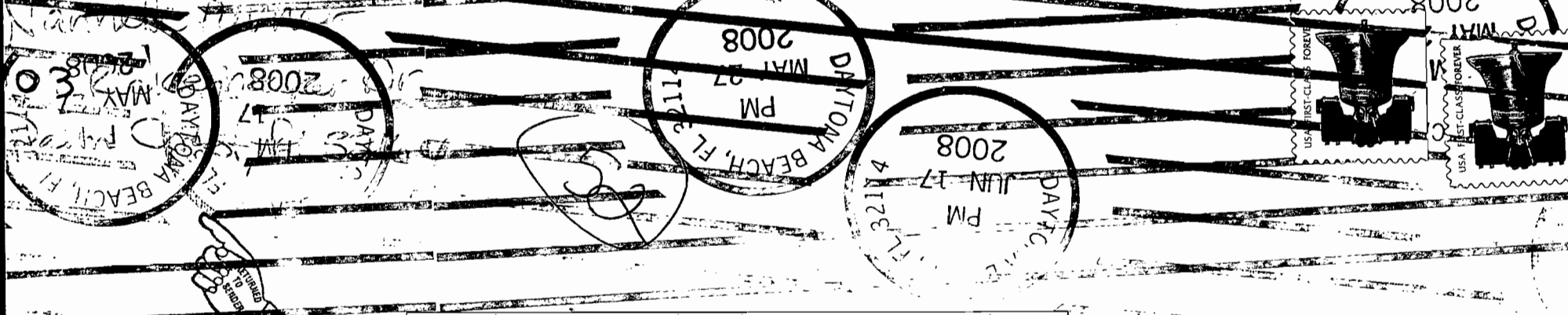
ARMINV08

Date *	ARMS ID	Site	Relo Shut	Office	T	
User Name	AIRS ID	Owner/Comp	Fac Status	Relo Sirt	Corn Track	V
10/11/2004	4294	TOMOKA PLAZA COIN-O-MATIC	INACTIVE		CD	Y
RODRIGUEZ W	1270111	MARNIK INC				

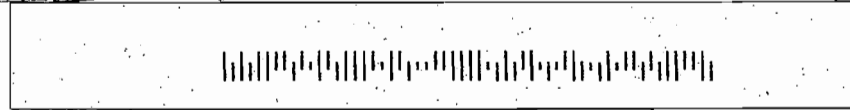
HISTORY

10/11/2004	4294	TOMOKA PLAZA COIN-O-MATIC	ACTIVE		CD	Y
RODRIGUEZ W	1270111	MARNIK INC				

Reason: 9/04: Inspector reports that facility is a drop store



RETURNED TO SENDER
RETURNED FOR ADDITIONAL POSTAGE. CROSS OUT THIS NOTICE OR PASTE STAMPS OVER IT.



General Permits Section
Bureau of Air Monitoring & Mobile Sources
MS 5510
Dept. of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, Fl. 32399-2400