

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 12, 2001

Mr. Nicholas L. Bissell
Tomoka Plaza Coin-O-Magic
715 South Nova Road
Ormond Beach, Florida 32174

Re: Facility No.: 1270111-002

Dear Mr. Bissell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 11, 2001.

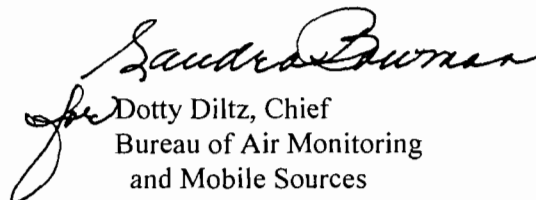
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

6/19 Fees Paid 96-00
GOC entered



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

12/10/02

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#1270111
TOMOKA PLAZA COIN-O-MATIC
NICHOLAS L BISSELL
715 S NOVA ROAD
ORMOND BEACH FL
32174

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

1270111-002

6/21/2001

Spoke to Tommy Mahris, Manager of Bonola Plaza Coin-O-Matic, and she stated that the dry cleaning Machine has a built-in Refrigerated Condenser. They have no dry clean washers or reclaimers

P15

(a) (RC) should be circled under Control Device Required.

Add Date Control Device Installed.

(b) Mark out information for transfer machines and initial by R.O.

P16: New machine at small area source should be marked.

P17

Responsible official sign and date for changes made.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

CC To:

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due: _____

Reply Required
Date Due: _____

Info Only

Comments:

From: _____

Tel: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>MARNIK INC.</i>
2. Site Name (For example, plant name or number): <i>TOMOKA PLAZA COIN-OP-MAGIC</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>715 SOUTH NOVA ROAD</i> City: <i>ORMOND BEACH</i> County: <i>VOLUSIA</i> Zip Code: <i>32174</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1270111-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>NICHOLAS L. BISSELL</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>MARNIK INC.</i> Street Address: <i>715 S. NOVA ROAD</i> City: <i>ORMOND BEACH</i> County: <i>VOLUSIA</i> Zip Code: <i>32174</i>
8. Responsible Official Telephone Number: Telephone: <i>(904) 677-0111</i> Fax: () -

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: () -

Bureau of Air Monitoring
& Mobile Sources
JUN 17 2001
RECEIVED

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")
1999	Existing <u>New</u>	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

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")
1999	Existing <u>New</u>	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 _____)

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 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.

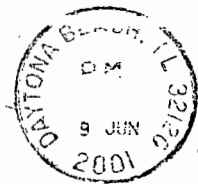
I will promptly notify the Department of any changes to the information contained in this notification.


NICHOLAS W BIFFEL
Print name of responsible official

Nicholas W. Biffel
Signature

6-9-2001
Date

MARNIK Inc.
215 S. NOVA ROAD
ORMOND BEACH, FL. 32174



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES - MISSISSIPPI
DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL. 32399-2400
32399+2400 

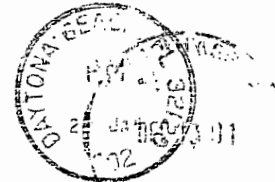
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

AC5521

BAMMS/BCO
JOEY ROBERTS
5510

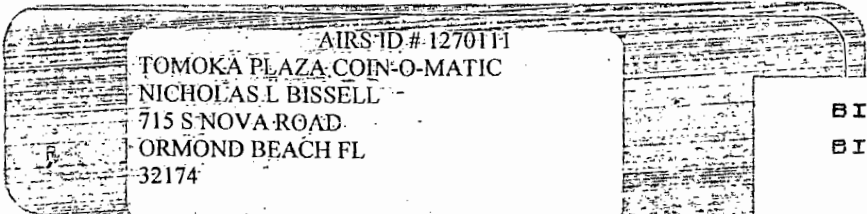
RECEIVED
JAN 29 2002



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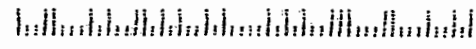
RETURN SERVICE REQUESTED

no longer available address



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RETURN TO SENDER
BISSELL, NICHOLAS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

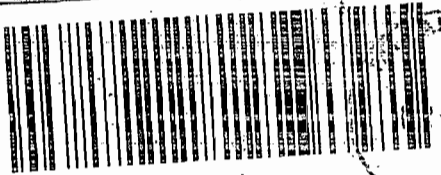
FLIM3 32174
3239972400



MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



7003 0500 0004 0144 9875

U.S. POSTAGE
4.42
POSTAGE 512720

RETURNED TO
NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD

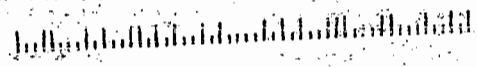
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Bureau of A
& Mobile Sources
Monitoring

MAR 1 0 2004

RECEIVED

~~715 S. NOVATO
ORMOND BEACH FL 32174~~



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 # 127011

NICHOLAS BISSELL
TOMOKA PLAZA COIN-O-MATIC
715 S NOVA ROAD
ORMOND BEACH, FL 32174

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 9775

PS Form 3811, August 2001

Domestic Return Receipt

102599-02/M/1540

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

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
[Handwritten Signature]
 04

AIRS ID # 127011

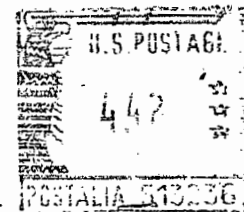
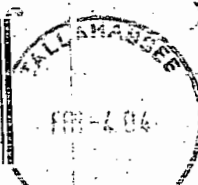
NICHOLAS BISSELL
TOMOKA PLAZA COIN-O-MATIC
715 S NOVA ROAD
ORMOND BEACH, FL 32174

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9775

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

CERTIFIED MAIL



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5521

7003 2260 0003 5551 FEB 01 2004

RETURNED TO SENDER
NOT DELIVERABLE
AS ADDRESSEE
UNABLE TO FORWARD

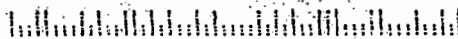
Bureau of Air Monitoring
& Mobile Sources

FEB 12 2004

RECEIVED

ID# 270111
NICHOLAS BISSELL
TOMOKA PLAZA COIN-O-MATIC
715 S NOVA ROAD
ORMOND BEACH FL 32174

32399-2400



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" 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. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ID# 1270111 NICHOLAS BISSELL TOMOKA PLAZA COIN-O-MATIC 715 S NOVA ROAD ORMOND BEACH, FL 32174		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article No. _____ (Transfer) _____		3. Service type <input 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.	
7003 2260 0003 5651 1335		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

7003 2260 0003 5651 1335

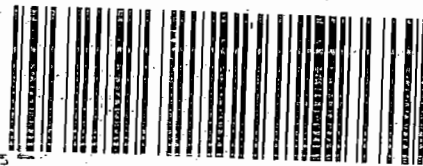
U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
To ID# 1270111	
To NICHOLAS BISSELL	
Sen TOMOKA PLAZA COIN-O-MATIC	
715 S NOVA ROAD	
Stre or F ORMOND BEACH, FL 32174	
City	
PS Form 3800, June 2002	
See Reverse for Instructions	

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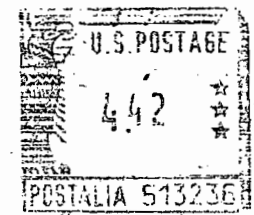
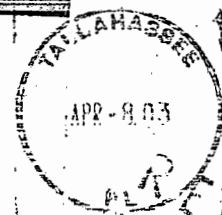
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CERTIFIED MAIL

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

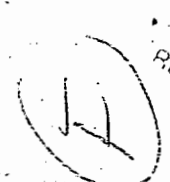


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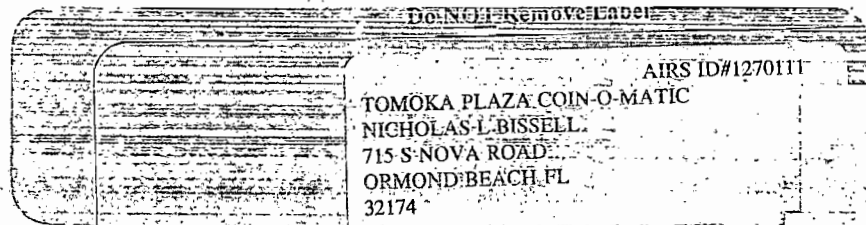


MC5521

BAMMS/BCO
JOEY ROBERTS
5510

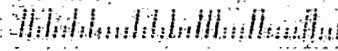
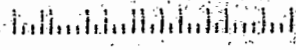


RECEIVED
APR 16 2003
Bureau of Air Monitoring
& Mobile Sources



BISS715 321742222 1102 23 04/14/03
RETURN TO SENDER
BISSELL NICHOLAS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

32174+7322572400



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#1270111

TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL
 32174

2. Article Number

(Transfer from service label)

PS Form 3841 August 2001

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
 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

7000 1670 0013 3108 8957

Domestic Return Receipt

102595-02-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)	

022
3
Postmark
Here

Total F

Sent To

Street

City, Sta

AIRS ID#1270111
 TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL
 32174

PS Form 3800 May 2000

See Reverse for Instructions

7000 1670 0013 3108 8957

CERTIFIED MAIL

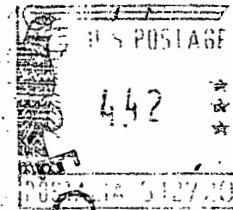
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

5510

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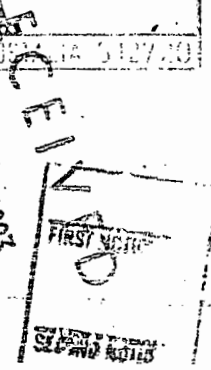


7001 0320 0001 7976 6522



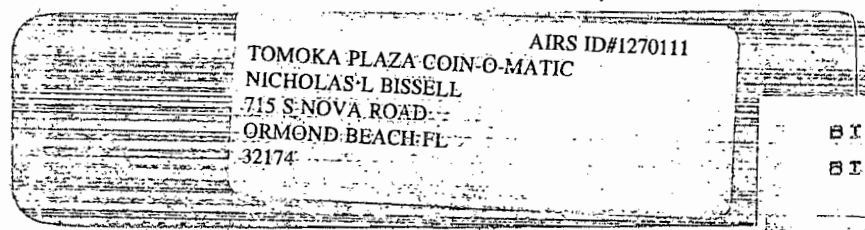
Bureau of Air Monitoring
& Mobile Sources

MAR 13 2003



AC5524

BAMMS/BCO
JOEY ROBERTS
5510



AIRS ID#1270111
TOMOKA PLAZA COIN-O-MATIC
NICHOLAS L BISSELL
715 S NOVA ROAD
ORMOND BEACH FL
32174

BISSE715 521743231 1102 16 03/10/03
RETURN TO SENDER
BISSELL NICHOLAS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD

32174+2003-3-10

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#1270111

TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL
 32174

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 6522

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

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, March 2001

Domestic Return Receipt

102595-01-M-1424

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

OFFICIAL U.S. MAIL

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

Postmark Here

AIRS ID#1270111

Total
 TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL
 32174

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0001 7976 6522

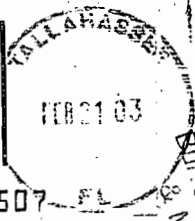
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



7000 0600 0026 4128 4507 FL



Department of Air Monitoring
& Mobile Sources



RECEIVED
03 2003



AIRS ID#1270111
TOMOKA PLAZA COIN-O-MATIC
NICHOLAS L BISSELL
715 S NOVA ROAD
ORMOND BEACH FL
32174

B135715 321743794 1102 16 02/26/03
RETURN TO SENDER
BISSELL NICHOLAS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD

32399-2400-01 07

SENDER: COMPLETE THIS SECTION

ACTION ON DELIVERY

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

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

C. Signature

- Agent
- Addressee

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

1. Article Addressed to:

AIRS ID# 1270111
 TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL 32174

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

70000600 0026 412A 4507

PS Form 3811, July 1999

Domestic Return-Receipt

102595-00-M-0952

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Received 7/25/2000

AIRS ID# 1270111
 TOMOKA PLAZA COIN-o-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL 32174

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

7000 0600 0026 412A 4507

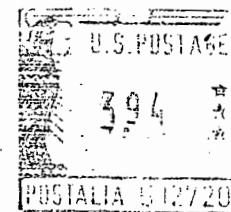
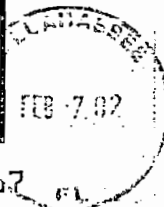
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



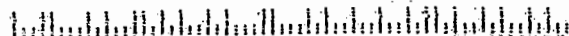
7000 0520 0020 9373 2217



AIRS ID # 1270111
TOMOKA PLAZA COIN-O-MATIC
NICHOLAS L BISSELL
715 S NOVA ROAD
ORMOND BEACH FL
32174

BT55715 321743955 1102 25 02/12/02
RETURN TO SENDER
BISSELL, NICHOLAS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

321743955 01



TO THE HIGH OFFICIALS OF THE UNITED STATES
PLACE STICKER AT TOP OF ENVELOPE

COMPLETE THIS SECTION ON DELIVERY

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

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

C. Signature _____
 Agent
 Addressee

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

1. Article Addressed to:

AIRS ID # 1270111
 TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL
 32174

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0520 0020 9373 2217

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0020 9373 2217

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

Postmark Here

AIRS ID # 1270111
 TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL
 32174

by mailer)

PS Form 3800, February 2000. See reverse for instructions.

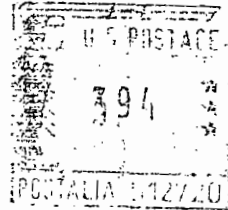
CERTIFIED MAIL

MS# 9510 MC Acct # 6029

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

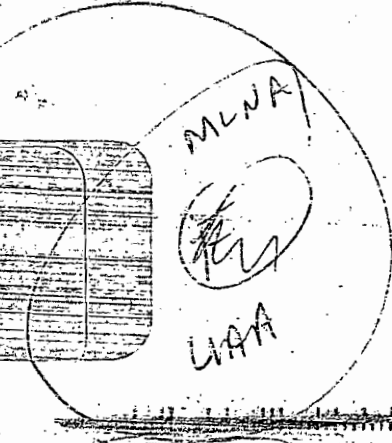


7001 0320 0001 7976 0186



NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD

AIRS ID # 1270111
TOMOKA PLAZA COIN-O-MATIC
NICHOLAS L. BISSELL
715 S NOVA ROAD
ORMOND BEACH FL
32174



Bureau of Air Monitoring
& Mobile Sources

MAR 11 2002

RECEIVED

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 # 1270111
 TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL
 32174

2. Article Number (Copy from service label)

7001 0320 0001 7976 0186

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

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)	

Postmark Here

AIRS ID # 1270111
 TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL
 32174

PS Form 3800 January 2001

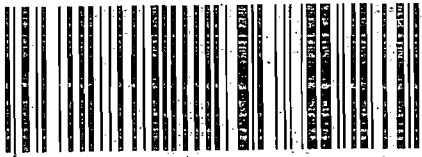
See Reverse for Instructions

7001 0320 0001 7976 0186

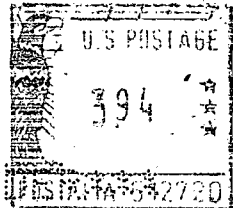
MS# 5510

MC Acct# 5521

CERTIFIED MAIL



7001 0320 0001 2925 948

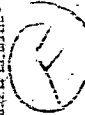


Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD

AIRS ID# 1270111
TOMOKA PLAZA COIN-O-MATIC
NICHOLA L BISSELL
715 S-NOVA ROAD
ORMOND BEACH FL 32174

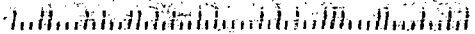


ATM Air Monitoring
Mobile Sources

APR 9 2002

RECEIVED

0025 0320 0001 2925 948



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 # 1270111
 TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL 32174

2. Article Number (Copy from service label)

7001 0320 0001 7975 9487

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

OFFICIAL USE

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

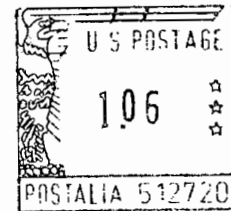
7001 0320 0001 7975 9487

AIKS ID # 1270111

To: TOMOKA PLAZA COIN-O-MATIC
 NICHOLAS L BISSELL
 715 S NOVA ROAD
 ORMOND BEACH FL
 32174

for instructions

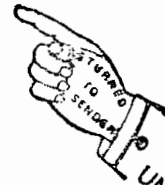
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



RECEIVED

DEC 26 2003

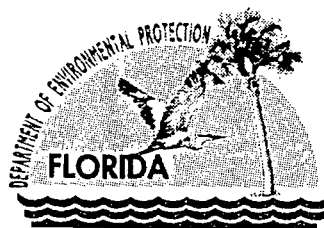
Bureau of Air Monitoring
& Mobile Sources



NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD

UAAA

1270111
NICHOLAS BISSELL
TOMOKA PLAZA COIN-O-MATIC
715 S NOVA ROAD
ORMOND BEACH FL 32051



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

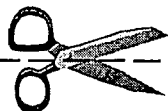
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

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

Do NOT Remove Label

1270111
NICHOLAS BISSELL
TOMOKA PLAZA COIN-O-MATIC
715 S NOVA ROAD
ORMOND BEACH FL 32174

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

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

OFFICIAL USE

7001 1140 0001 7556 3623

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

3rd
03
Postmark
Here
[Signature]

Total Postage PAID BY ADDRESSEE
Sent To TOMOKA PLAZA COIN-O-MATIC
NICHOLAS BISSELL
Street, Apt. No. or PO Box No. 715 S NOVA ROAD
ORMOND BEACH, FL 32174
City, State, ZIP #127011