



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 10, 2002

Mr. Joong S. Kim
Countryside Cleaners
7601 Causeway Boulevard
Tampa, Florida 33619

Re: Facility No.: 0571168-002

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 2002.

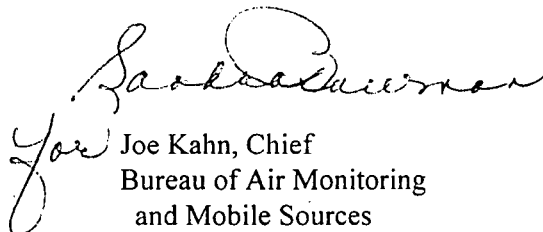
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Thomas Shelton, Hillsborough County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

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Fees Paid 97-01
SOC 6
Compliance IN

09/17/2002

CAB
Spoke with Joong S. Kim, Countryside Cleaners owner, and he stated that he has only one perchloroethylene-using machine at his facility. Mr. Kim stated that the dry-to-dry machine was purchased on February 27, 1997. Mr. Kim stated the boiler horsepower is 15.

Page 15

1. (a) Date should be added to space provided under Date Initially Purchased From Manufacturer for dry-to-dry machine.
New should be circled under Status for 1997 dry-to-dry machine.
RC should be marked under Control Device Required for 1997 machine.
1. (b) If no transfer machines exist, information should be marked out.

Page 16

5. Add boiler horsepower (HP) for boiler.
6. (a) Required for all sources and should be marked.
(b) Required for all sources and should be marked.
(c) Required for all sources and should be marked.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 3 2002
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): Joong Seo KIM.
2. Site Name (For example, plant name or number): Countryside CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 981 921679
4. Facility Location: 7601 CAUSEWAY BLVD Street Address: City: TAMPA County: Hillsborough Zip Code: 33619.
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0571168-002

Responsible Official

6. Name and Title of Responsible Official: Name: Joong S. KIM Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE. Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (813) 628-8807 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Joong S KIM OWNER
10. Facility Contact Address: Street Address: SAME AS ABOVE. City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (813) 628-8807 Fax: () -

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
PHENIX	Existing	RC/CA/None required	27-FEB-97
	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	
27-FEB-97	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

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

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[100] gallons (You must fill this in)

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

Seung Seo Kim
Print name of responsible official

Seung Seo Kim
Signature

8-29-02
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.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

7004 2510 0002 3939 9334

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

Sent To AIRS ID# 571168 3rd Cert04
 COUNTRYSIDE CLEANERS
 Street, Apt. No., or PO Box No. 7601 Causeway Blvd
 City, State, ZIP+4 TAMPA, FL 33619

PS Form 3800, July 2003

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

AIRS ID# 571168 3rd Cert04
 COUNTRYSIDE CLEANERS
 7601 Causeway Blvd
 TAMPA, FL 33619

2 Article Number
 (Transfer from service label)

7004 2510 0002 3939 9334

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] 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



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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 32390-2400

APR 19 2005
FIVE
Bureau of Air Monitoring
& Mobile Sources

01



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

450945 APR13 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 571168 3rd Cert04
COUNTRYSIDE CLEANERS
7601 Causeway Blvd
TAMPA, FL 33619

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

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APR 15 2005
District 11 Air Mailing
& Mobile Source

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623-
5009

463950 SEP26 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

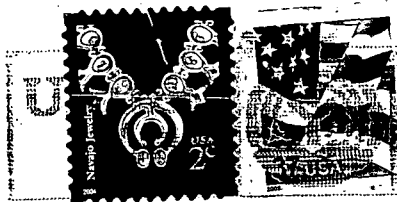
571168 10
COUNTRYSIDE CLEANERS
7601 Causeway Blvd
TAMPA, FL 33619

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

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

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GRACE CHANDERS
7601 CAUSEWAY BLVD
TAMP FL 33619
TAMPA FL 336
22 SEP 2006 PM 3 T
TITLE V AIR GENERAL PERMITS
RECEIPTS
POST OFFICE BOX 3070
TALLAHASSEE FL 32315-3070



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

Sent To AIRS ID#0571168.....2nd Cert 05
 COUNTRYSIDE CLEANERS

Street, Apt or PO Box 7601 Causeway Blvd
 City, State, TAMPA, FL 33619

PS Form 3811, February 2004

7004 2510 0004 6986 6583

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#0571168.....2nd Cert 05
 COUNTRYSIDE CLEANERS
 7601 Causeway Blvd
 TAMPA, FL 33619

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Mr. JA HUANG C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: 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) Yes

Article Number (Transfer from service label) 7004 2510 0004 6986 6583

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DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2300 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION
Mobile Source

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Tot: AIRS ID# 571168 1stC COUNTRYSIDE CLEANERS 7601 Causeway Blvd TAMPA, FL 33619		
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# 571168 1stC
COUNTRYSIDE CLEANERS
7601 Causeway Blvd
TAMPA, FL 33619

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) *H. Wang* 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

2 Article Number
(Transfer from service label)

7003 0500 0004 0144 8563

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DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2000 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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FEB 16 2005

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7001 1140 0001 7556 4149

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

3/23
 Postmark Here
[Signature]

AIKS ID # 571108
Total Postage
Sent To COUNTRYSIDE CLEANERS
 JOONG KIM
 7601 CAUSEWAY BLVD
 TAMPA, FL 33619
Street, Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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 # 571108
 COUNTRYSIDE CLEANERS
 JOONG KIM
 7601 CAUSEWAY BLVD
 TAMPA, FL 33619
#0571168

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
 Mr. JA. HWANG

C. Date of Delivery
 4/3/04

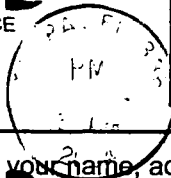
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number
 (Transfer from service label) 7001 1140 0001 7556 4149

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

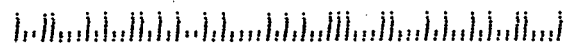
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 5 2004

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total AIRS ID # 571168	

Sent to
 Street or PO
 City, State

JOONG KIM
 COUNTRYSIDE CLEANERS
 7601 CAUSEWAY BLVD
 TAMPA, FL 33619

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 # 571168

JOONG KIM
 COUNTRYSIDE CLEANERS
 7601 CAUSEWAY BLVD
 TAMPA, FL 33619

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Vincent Addressee

B. Received by (Printed Name) Date of Delivery

HYUN IL KIM *2/16/04*

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 5494

(RTA)
net

inq.
vail

UNITED STATES POSTAL SERVICE



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

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

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

RECEIVED
MAR 8 2004

Bureau of Air Monitoring
& Mobile Sources



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

ID# 571168

Sen: JOONG KIM

Stre or P: COUNTRYSIDE CLEANERS
 7601 CAUSEWAY BLVD

City: TAMPA, FL 33619

PS Instructions

5542 1595 0000 0922 0007

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

ID# 571168
 JOONG KIM
 COUNTRYSIDE CLEANERS
 7601 CAUSEWAY BLVD
 TAMPA, FL 33619

2 Article Number
(Transfer from Ser...

7003 2260 0003 5651 2455

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

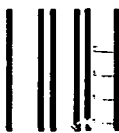
B. Received by (Printed Name) *Mi TA Hwang* C. Date of Delivery *2-3-04*

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

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2004

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

429337 MAY 1 2003

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID#0571168
COUNTRYSIDE CLEANERS JOONG SEO KIM 7601 CAUSEWAY BLVD TAMPA FL 33619

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

Printed on recycled paper.

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

7000 1670 0013 3109 1834

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

02
 3rd
 [Signature]
 Postmark Here

Total Post AIRS ID#0571168

Sent To COUNTRYSIDE CLEANERS
 JOONG SEO KIM
 Street, Apt 7601 CAUSEWAY BLVD
 TAMPA FL
 City, State, 33619

PS Form 3800, May 2000 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#0571168
 COUNTRYSIDE CLEANERS
 JOONG SEO KIM
 7601 CAUSEWAY BLVD
 TAMPA FL
 33619

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 [Signature] HUANG M. [Signature]
 C. Signature Agent
 Addressee

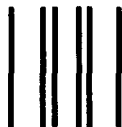
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)
 7000 1670 0013 3109 1834

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 SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Source

APR 14 2003



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

OFFICIAL USE

7001 0320 0001 7976 3859

Postage	\$	<i>Official Use</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: AIRS ID#0571168

Send to	COUNTRYSIDE CLEANERS
Street or P.O. Box	JOONG SEO KIM
City	7601 CAUSEWAY BLVD
State	TAMPA FL
Zip	33619

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#0571168

COUNTRYSIDE CLEANERS
 JOONG SEO KIM
 7601 CAUSEWAY BLVD
 TAMPA FL
 33619

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Joong Seo Kim Addressee

B. Received by (Printed Name) Yes
JOONG SEO KIM No

C. Date of Delivery
3/8

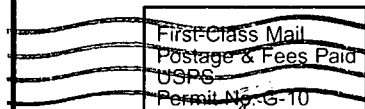
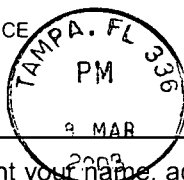
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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) 7001 0320 0001 7976 3859

UNITED STATES POSTAL SERVICE



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

DIR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 15510
2600 BLAKESTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring & Mobile Sources

MAR 11 2003

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

OFFICIAL USE

7000 2870 0000 7027 5852

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

[Handwritten Signature]
Postmark Here

Total Postage & Fees AIRS ID#0571168
Sent To COUNTRYSIDE CLEANERS
 JOONG SEO KIM
 7601 CAUSEWAY BLVD
Street, Apt. No.; or TAMPA FL
 33619
City, State, ZIP+ 4

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD AT DOTTED LINE

TE 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) *M. JA* B. Date of Delivery *3/13/02*

C. Signature *[Handwritten Signature]* Agent Addressee

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

1 Article Addressed to:

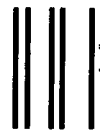
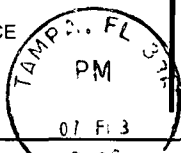
 AIRS ID#0571168
 COUNTRYSIDE CLEANERS
 JOONG SEO KIM
 7601 CAUSEWAY BLVD
 TAMPA FL
 33619

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

70002870000070275852
 2 Article Number (Copy from service label)

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 •

BUREAU OF AIR MONITORING & MOBILE SOURCES
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Bureau of Air Monitoring
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FEB 11 2003

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32399/2400

