

Department of Environmental Protection

0230036

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

Virginia B. Wetherell Secretary

August 28, 1996

Mr. Noidrie J. Moses, Jr. Gateway Cleaners 1949 U.S. 90 West Lake City, Florida 32025

Dear Mr. Noidrie:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 1996.

Please note that in November 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 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

cc: Mr. Rick Banks, Northeast District

	#0230036
	Gateway Cleaners
	Spoke with Noidrie Moses - 8/26/96
 	1.(a) add days. 1.(c) should be checked 2.(a) should be the 90 gal. amount in 2.(b) 5.(c) not required, mark out and initial

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	Moses Cleavers, Tuc. Site Name (For example, plant name or number):							
2.								
	Gateury Cleaners Hazardous Waste Generator Identification Number:							
3.	•							
	Exempt (Generates Lets than 22016s per month							
4.	Facility Location: Street Address: 1949 US 90 W							
	City: LAKE CITY County: Columbia Zip Code: 32025							
5.	Facility Identification Number (DEP Use):							
1	0230036							
	Responsible Official							
_								
6.	Name and Title of Responsible Official:							
	NOIDEIE MOSES OWNER/OPERATOR Responsible Official Mailing Address:							
7.	Responsible Official Mailing Address: Organization/Firm: MOSES Clewers, Two							
	Street Address: Dr Roy 1573							
	City: LAKE CITY COLUMBIA Zip Code: 32056							
8.	Responsible Official Telephone Number:							
	Telephone: (904) 155 - 5868 Fax: () -							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
	SAME AS Above							
10.	Facility Contact Address:							
	Street Address:							
	City: County: Zip Code:							
11	Facility Contact Telephone Number:							
11.	Telephone: () - Fax: () -							
	RECEIVED							

AUG 1 2 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96

Facility Information

(1) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of	f Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Contro Devic Install
Example	le	, # <i>1</i>	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-M
Dry-to-	Dry Unit					Tation of the	1.			
(1)	w/ ref. condenser	#1	3-88							
(2)	w/ carbon adsorber									
(3)	w/ no controls									
Washer	Unit		44. Nag	i in the same	٠.		. 13	1.1		
(4)	w/ ref. condenser									
(5)	w/ carbon adsorber									
(6)	w/ no controls									
Dryer						C. Tép		<u>.</u> , .	1988 - 19 <u>88</u>	11.7
` ,	w/ ref. condenser									
• •	w/ carbon adsorber									
	w/ no controls									
	ner Unit		Tuurne ar Tu		Mary Jam					
,)) w/ ref. condenser									
	l) w/carbon adsorber									
(12	2) w/ no controls									
© (0) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Control devices are No control devices What was the total of the control of less than 12 mont check why it is less than 12 mont check which check why it is less than 12 mont check why it is less than 12 mont check which c	are requanting gallo	equired to be ity of perchlons ow many? [installed [_oroethylene	(perc)	purchased in	: [] Did	not k	eep records:	<u>\</u>
3. Wha	at is the facility's so icate with an "X".	urce (classification	based on th	e defi					-ارن-
ng	Existing small ar		urce [X]	N	ew sn	nall area sour]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machin (Indicate with an "X".)	nes pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	ns units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following site:
	(1) have a total heat input of 10 million BTU/hr or less (298 y natural gas except for periods of natural gas curtailment nore than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitorin	g and Recordkeeping Information
Check all logs which are required to be kept on-s	ite in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	رنجا
(b) Leak detection inspection and repair	
© Refrigerated condenser temperature monitoring	ng [X]
(d) Carbon adsorber exhaust perc concentration n	nonitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	\mathcal{L}

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
لێ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed is ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the state of this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.

DEP Form No. 62-213.900(2) Effective: 6-25-96

# 0230036 BEST AVAILAGE	BLE COPY h
" Gateway Cleaners	NORTHEAST DISTRICT
- Spoke with Noidrie Moses-8/26,	19/11 AUG 2 9 1996
D.14 1/a) add days.	DEP-JACKSONVILLE
P.14 1.(a) add days 1.(c) should be checked	
2.(a) Should be the 90 gal. amount in 2.(b)	·
P.15 5.(c) not required, mark out	. north
	de: 37025
en e	
	Zip Code: 32056
9. Name and Title of Facility Contact (For example, plant manager).	
SAME AS Above 10. Facility Contact Address:	
Street Address:	-
City: County:	Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: ()	-

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DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	•
	Moses Cleanors Tix,	
2.	Site Name (For example, plant name or number):	
	Gateria Cleancos	
3.	Gateway Cleaners Hazardous Waste Generator Identification Number:	
	Exercit (Consider Lets the 22011 - 2001	1
4.	Exempt (Generates Lets than 22016s per mont	17
	Street Address: 1949 US 90 W	
	City: LIAKE CITY County: Columbia Zip Code: 320	255
5.	Facility Identification Number (DEP Use):	
-n gail	的一种的一种的一种,我们就是一种的一种,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,也不是一个人的,我们就是一个人的,我们就是一个人 第一个人的时候,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,	e mental Maniferior (1, 1996) men
	Responsible Official	
6.	Name and Title of Responsible Official:	
	N(
7.	NOIDEIE MOSES OWNER/OPERATOR Responsible Official Mailing Address:	
	Organization/Firm: MOSES CLEANERS, INC	
	Street Address: PO Box 1563	
	City: LAKE CITY COLUMBIA Zip Code:	32056
8.	•	
	Telephone: (904) 755 - 5868 Fax: () -	
	F. 334 C. 4 4 (75.335 4.5 P. 24.43 13. O.55.1.1)	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	_
	SAME AS Above	
10.). Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
11	Facility Contact Tolophone Number	
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -	
		Ann bear
	RECE	VIL
	• •	

AUG 1 2 1996

Sureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
•		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	lnstalled	ID	Purchased	Installed
Example	# <i>1</i>		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
			18 15 MIRES	10	41				
Dry-to-Dry Unit		K-MA2-8	b ismures	· · ·					
(1) w/ ref. condenser	ĦI	3-88	3-88		•				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•	•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber							_		
(9) w/ no controls									
Reclaimer Unit		· .				1			·
(10) w/ ref. condenser						_		l	
(11) w/carbon adsorber		_							
(12) w/ no controls			-						
(b) Control devices are(c) No control devices	•			[_ 					
2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
(b) If less than 12 months, how many? [7] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] PCE Purchase log industes 90 gal Through 7-31-9 6									
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.)									
Existing small ar	Existing small area source [] New small area source []								
Existing large are	ea so	arce []	Ne	w lai	ge area sour	ce []		

DEP Form No. 62-213.900(2) Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
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 [X]
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
LXJ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	Die J. Moses Grand 1-8-96 Date

AIRS ID#: 0230036

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: GGTEWAY CLEMERS	DATE: <u>//-8-9</u>
FACILITY LOCATION: 1949 US 90 W	
LAKE CITY, FC	
Annual Reporting Period: NOV 1996 TO	Nov 1997
Based on each term or condition of the Title V general air permit, my facility has remaine 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this state	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance of	luring the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit that has not been in continuous compliance of	luring the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after made in this notification are true, accurate and complete. Further, my annual consumpti upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dryear for transfer or combination facilities.	on of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: NOIDRIE J. MOSES JR DEOL Name (Please Print)	ignature 11-8-96 Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	7 O	COMPLAINT/DISCO	OVERY 🗅			
AIRS ID#: <u>0230036</u> DATE: <u>11/8/96</u> TIME IN: <u>10:00</u> TIME OUT: <u>10:45</u> FACILITY NAME: <u>647ELOBY OLIEBAJERS</u> FACILITY LOCATION: 1949 U.S. 90 WEST							
			DLUMBIA, FL				
PART I: NOTIFICATION							
(check appropriate box)							
1. Existing facility notified DAR	M by 9/1/96			Ø			
2. New facility notified DARM 3	0 days prior to star	tup					
3. Facility failed to notify DARM	f to use general per	mit 					

PART II: CLASSIFICATION							
Facility indicated on notificatio (check appropriate box)	n form that it is:						
A.							
1. Existing small area sourc dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	c . 🗹	2. New small dry-to-dry only transfer only, a both types, x < (constructed or	y, x<140 gal/yr :<200 gal/yr				
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr al/yr</td><td>transfer only, 2 both types, 140</td><td>area source 7, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>) gal/yr al/yr	transfer only, 2 both types, 140	area source 7, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>				
This is a correct facility classific	ation	DY ON					
If no, please check the appropria	te classification:		•				
	d for a general pern above limits and is						
B. The total quantity of perchlor facility was 140 gallons.	oethylene (perc) pu	rchased within	the preceding 12 months	s by this dry cleaning			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-earbon ratios and steam pressure for carbon adsorber □N □N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) NO YO 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weckly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppin?	DY DN
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OУ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
TART V. RECORDED IN ORECORDED IN THE CONTROL OF THE	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	DY ON
Has the responsible official: (check appropriate boxes)	NO AN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	BY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lurs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lrrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? Gor direct reading instruments only)	DY ON OY ON PN/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON OY ON PANA OY ON NA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	DY ON OY ON PANA OY ON NA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	DY ON OY ON PA/A OY ON NA DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lurs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only**) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	DY ON OY ON PA DY ON DY ON DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	DY ON OY ON PA OY ON OY ON OY ON OY ON

			<u> </u>			
2.	2. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID	/PID/calorimetric	tubes)		
	If using direct-reading instrume	ntation, i	is the equipment:			
	a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	OY O	N
	b. Calibrated against a s (PID/FID only)?	tandard g	as prior to and aft	er each use		N
	c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?	OY O	N
	d. Kept in a clean and se	cure area	when not in use?		OY ON	
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	DY DN	
3. Has the facility maintained a leak log?					QX O	N
4.	Does the responsible official check the	following	areas for leaks?			
	Hose connections, fittings, couplings, and valves	tay	ПИ	Muck cookers	47	ПИ
	Door gaskets and seating	DY	ПN	Stills	DY	ΠИ
	Filter gaskets and seating	四个	ON	Exhaust dampers	OY.	□и
	Pumps	Q.A.	□и	Diverter valves	DY	ПИ
	Solvent tanks and containers	ΦY	ПN	Cartridge filter housings	DY	ΠИ
	Water separators	DY	ОИ			
	·					

NOIDRIE MOSES	
Name of Responsible Official	
R.A. BANKS	11/8/96
Inspector's Name (Please Print)	Date of Inspection
JA Saulas	11/97
Inspector's Signature	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D			
FACILITY NAME: Gateway Clear				
FACILITY LOCATION: 1949 U.S. Lake City,	90 West FL 32025			
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM by 9/1/96				
2. New facility notified DARM 30 days prior to sta	urtup 🗆			
3. Facility failed to notify DARM to use general pe	ermit			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)				
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>			
This is a correct facility classification	MY ON			
If no, please check the appropriate classification:				
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was/30 gallons.				

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN NA 1. Storing perchlorocthylene in tightly sealed and impervious containers? DY ON NA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? A/NO NO YO 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DY condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ロN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	·~ .
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	4%
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			·. · · · · · · · · · · · · · · · · · ·
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ŪΥ	ПИ	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	•		•
	condenser coils?	ΠY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	DY ON					
2. Maintained rolling monthly averages of perc consumption?	DY DN .					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON					
4. Maintained calibration data? (for direct reading instruments only)	DY DN MN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?						
6. Maintained startup/shuidown/malfunction plan?						
7. Maintained deviation reports?						
Problem corrected?						
8. Maintained compliance plan, if applicable?	A/NO NO YM					

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY DAY

2. Which method of detection is used by the responsible official?								
	Visu	Visual examination (condensed solvent on exterior surfaces)					9	
	Phys	Physical detection (airflow felt through gaskets)						
	Odo	r (noti	ceable perc odor)				V	
	Use	of dire	ct-reading instrumenta	tion (FII	D/PID/ca	onmetric tubes)		
	If using direct-reading instrumentation, is the equipment:							
		a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				trations in a range of 0-500 ppm?	ΠY	ПN
		b.	Calibrated against a s (PID/FID only)?	tandard	gas prior	to and after each use	ΟY	מם
		c.	Inspected for leaks an	d obviou	s signs o	wear on a weekly basis?	ΠY	ПИ
		d.	Kept in a clean and se	ecure are	a when n	ot in use?	ΠY	□N
		€.	Verified for accuracy	by use of	duplicat	e samples (calorimetric only)?	ΠY	DИ
3. I	Has the fa	cility n	naintained a leak log?				ΠY	□и
4. I	Does the r	espons	sible official check the	following	g areas fo	r leaks?		
			ections, fittings, , and valves	₽ Ŷ	N	Muck cookers	₽Ý	ПN
	Door	r gaske	ts and scating	ΞΥ	מם	Stills	ΞÝ	ПИ
	Filte	r gaske	ets and seating	T Y	ПИ	Exhaust dampers	ØÝ	□N
	Pum	ps		DY	□N	Diverter valves	ÐΥ	□и
	Solve	ent tan	ks and containers	ZY	N	Cartridge filter housings	2Ý	N
	Wate	er sepa	rators	ΖΥ	ロ			
	hristo	Name Phe	of Responsible Officians L. Scott or's Name (Please Print)			11-21-97 Date of Inspec	tion	
(M	Inspector's Signature					Approximate Date of N	ext I	nspection

AD	DITIONAL SIT	TE INFORMATION:	

BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 11:45	TIME OUT: _ / 7 ; / 5	AIRS ID#:_	0230036	
TYPE OF FACILITY: Day Clea	iner			
FACILITY NAME: Gatewar			DATE: 11-21-97	
FACILITY LOCATION: 1949)	<+		
	C.ty FL 3202	•		
RESPONSIBLE OFFICIAL: No. d	~ '	· ·	ER: <u>904-755-5868</u>	
	compliance requirements eva 62-213.300, Florida Admini	luated during this inspection, the strative Code (F.A.C.).	e facility is found to be in	
Based on the results of the discrepancies were noted:	compliance requirements eva	luated during this inspection, th	e following compliance	
COMPLIANCE REQUIR	REMENT/PROBLEM	FOLLOW-UP A	CTION REQUIRED	
Not Mantaining Lo	g of Exhaust		Record Exhaust	
Temperatures		Temperature		
	1946	with the files	100	
A STATE OF THE STA	the way to defer in	Contraction of the second	. ريوله ۳	
1	1, 61 1 mms		•	
COMMENTS:				
	:			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: ///98				
(Approximate)				
INSPECTION CONDUCTED BY: Christopher L. Scott (Please Print)				
INSPECTOR'S SIGNATURE: A PHONE NUMBER: 448.4310 X. 255				

Page_

Revised 10/96

Clar

AIRS ID#: 023.0036 .

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Gateway C	leaners		DA	TE: 11/21/97
FACILITY LOCATION: 1949 C		-	·	
	,FL 32025	·		
Annual Reporting Period: 11/96	1	9 TO	11/97	19
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (•		-	h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general perm	it that has not been in conti	nuous compliance d	uring the reporting	period stated above:
Not Measuring and Rec	ording Exhaust	Temperal	1	
Exact period of non-compliance: from	11/90	to	1/97	
Action(s) taken to achieve compliance:	Maintain Rec	ords of E	claust Ten	menoline
Method used to demonstrate compliance:				
#2. Term or condition of the general permit Exact period of non-compliance: from	it that has not been in conti		uring the reporting	
Action(s) taken to achieve compliance:	· .		DEC 3 19	97
Method used to demonstrate compliance:	·			
		· · · · · · · · · · · · · · · · · · ·	Bureau of Air Mor	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my	y annual consumption	on of perchloroethy	ene solvent, based
RESPONSIBLE OFFICIAL: No.d (10 Na	J. Moses Jr. ume (Please Print)	Y pileie Si	gnature)	1(-21-97 Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date:

22-Jun-2000 02:21pm

From:

Heather Wynn JAX 904/448-4300

WYNN H@al.depjax.dep.state.fl.us

Dept:

Tel No:

To:

Sandy Bowman TAL

(BOWMAN S@A1)

Subject: NED Delinquent Fees

Hi Sandy,

I wanted to let you know that I have taken over Chris Scott's position and will be in charge of Drycleaners for this district. Fred Alvarez passed along a memo regarding delinquent annual fees. Of the three in our district Mr. Dryclean (#0190058), and Gateway Cleaners (#0230036), are out-of-business. The third, Chiefland Drycleaners (#0750032), is still active as far as we know. The memo you send out on this subject is dated May 12 and I was wondering whether you had received the annual fee at this point or if I needed to contact Chiefland cleaners. Please let me know and I will see if I can take of it.

Thanks, Heather Wynn

W

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(1/4)

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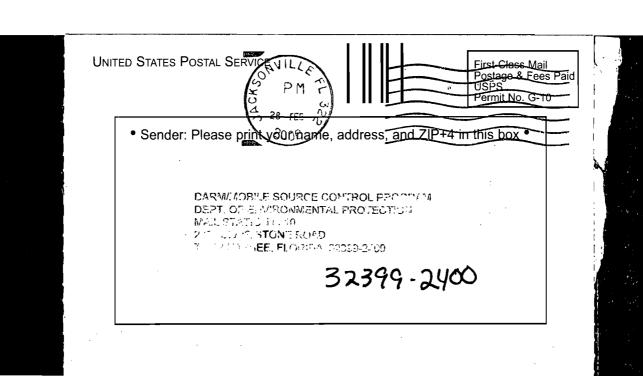
	COMPLETE THIS SECTION ON DELIVERY			
Con a item 4 if ries.	A. Received by (Please Print Clearly) B. Date of Delivery			
■ Print your name and audiess severse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature Agent Addressee D. Is delivery address different from item 12 Yes			
Article Addressed to:	If YES, enter delivery addless velove No			
10 AIRS ID # 0230036001AG NOIDRIE MOSES GATEWAY CLEANERS	JUN 1 3 2001			
PO BOX 1563 LAKE CITY FL 32506	3. Service ReplAdir Monitoring Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.			
0600 0026 4128 7256	4. Restricted Delivery? (Extra Fee)			
Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789				

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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PS Form 3800 , April 1995	Postmark	or Date				

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 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. 	C. Signature X
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GATEWAY CLEANERS NOIDRIE MOSES	
PO BOX 1563 LAKE CITY FL 32506	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) \$\text{P} 174 052 541\$	·
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se side?	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.		I also wish to receive the following services (for an extra fee):	ei ei
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address	Service
the	■ Write 'Return Receipt Requested' on the mailpiece below the article ■ The Return Receipt will show to whom the article was delivered and		2. Restricted Delivery	S
_	delivered.	a trie date	Consult postmaster for fee.	Receipt
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RETUR	5. Received By: (Print Name)	8. Addresses and fee is	e's Address (Only if requested paid)	Thank you
your RE	6. Signature: (Addressee or Agent) X M M M M M M M M M M M M			F
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UNITED STATES POSTAL SERVICE



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

Print your name, address, and ZIP Code in this box ●

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2409 Toling

 \circ

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

362341

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 # 0230036

GATEWAY CLEANERS NOIDRIE MOSES PO BOX 1563 LAKE CITY FL 32506 MAIL ROOF

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

MOSES CLEANERS, INC.

4260

DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR PERMIT

2/22/1999

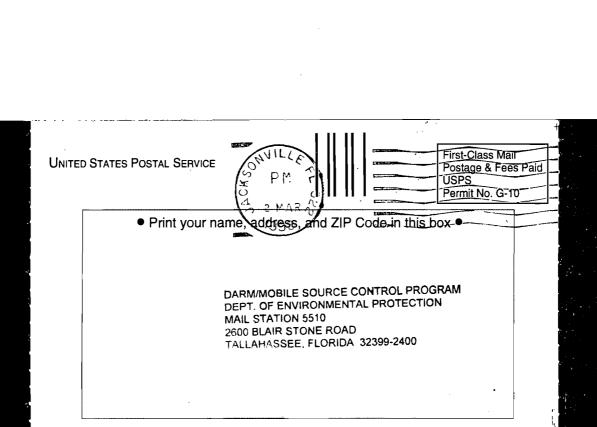
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ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.	
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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.

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID# 0230036

MOSES CLEANERS INC NOIDRIE MOSES PO BOX 1563 LAKE CITY FL 32506 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

MOSES CLEANERS, INC.

2/18/97

3520

TAXES & LICENSE

DEPARTMENT OF ENVIRONMENTAL PROTECTION STORE A ID# 0230036 STORE B ID# 0230037

50.00

FFSB-CKG

AIRS ID# 0230036

****100.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303042

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

RECEIVED

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 FEB 19 98

Do NOT Remove Label

AIRS ID#0230036

MOSES CLEANERS INC NOIDRIE MOSES PO BOX 1563 LAKE CITY FL 32506

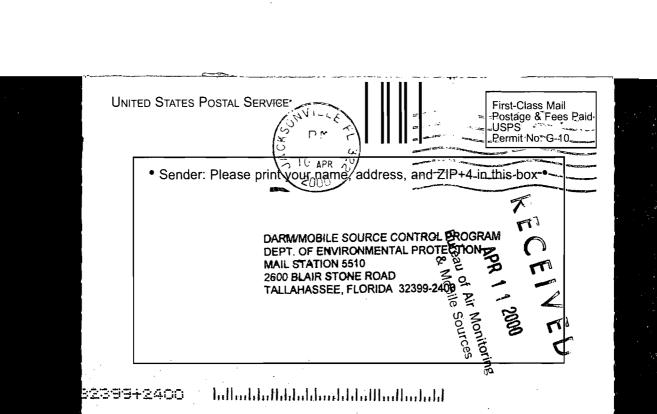
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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2. Article Number (Copy from service label)	FREE TENANTS OF THE SECOND				
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				



US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)							
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800,	TOTAL Postage & Fees	\$					
PS Form 3800 , April 1995	Postmark or Date						

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our RETUR	Received By: (Print Name) Signature: (Addressee or Agent)	8. Addressee and fee is	o's Address (Only if requested paid)	Thank)

Domestic Return Receipt

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