



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 24, 1999

Mr. John Baldwin  
Pelican Cleaners, Inc.  
6005 Powers Avenue  
Jacksonville, Florida 32217

Re: Facility No.: 0310478

Dear Mr. Baldwin:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on February 18, 1999.

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: Ms. Lori Tilley, Duval County

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

*Printed on recycled paper.*

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PELICAN CLEANERS INC.		
2. Site Name (For example, plant name or number):	6005 Powers Ave #110		
3. Hazardous Waste Generator Identification Number:	FLD 980847214		
4. Facility Location:			
Street Address:			
City:	Jacksonville	County:	FL
		Zip Code:	32217
5. Facility Identification Number (DEP Use):	0310478		

## Responsible Official

6. Name and Title of Responsible Official:	JOHN BARDWIN PRES.		
7. Responsible Official Mailing Address:			
Organization/Firm:	6005 Powers Ave		
Street Address:	6005 Powers Ave		
City:	Jacksonville	County:	FL
		Zip Code:	32217
8. Responsible Official Telephone Number:			
Telephone:	904 448-5029	Fax:	( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address:			
Street Address:			
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( ) -	Fax:	( ) -

Bureau of Air Monitoring  
& Mobile Sources

FEB 18 1999

RECEIVED

### 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.

Type of 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 Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	3-96	3-96						
(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									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

150 gallons

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

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

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 area source

New small area source

Existing large area source

New large area source

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

(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

**Surrender of Existing Air Permit(s)**

Please indicate 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) \_\_\_\_\_
- No 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.*

Signature \_\_\_\_\_ Date 1/8/98  
2/17/99



RECEIVED  
MAR 31 1999  
Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/ DISCOVERY   
RE-INSPECTION

AIRS ID#: 0310478 DATE: 3/29/99 TIME IN: 1045 TIME OUT: 1110  
FACILITY NAME: Pelican Cleaners, INC.  
FACILITY LOCATION: 6005 Powers Ave #110  
Jacksonville, FL 32217  
RESPONSIBLE OFFICIAL: John Baldwin PHONE: 904-448-5029  
CONTACT NAME: Same PHONE: Same

PART I: NOTIFICATION

(check appropriate box)  
1. New facility notified DARM 30 days prior to startup   
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(check appropriate box)  No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

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 150 gallons.

**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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**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)

- |  |   |
|--|---|
| 1. Equipped all machines with the appropriate vent controls?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |

**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
 Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
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?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or:  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
 Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
 

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Which method of detection is used by the responsible official?
 

Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>
Halogen leak detector	<input type="checkbox"/>
<b>If using direct-reading instrumentation, is the equipment:</b>	<input checked="" type="checkbox"/> N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Kept in a clean and secure area when not in use?	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y <input type="checkbox"/> N

Jeff Winter  
Inspector's Name (Please Print)

3/29/99  
Date of Inspection

Jeffery Winter  
Inspector's Signature

March, 2000  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

This section is currently blank, intended for providing additional site information.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>1045</u>	TIME OUT: <u>1110</u>	AIRS ID#: <u>0310478</u>
TYPE OF FACILITY: <u>Perc. Dry Cleaner</u>		
FACILITY NAME: <u>Pelican Cleaners, Inc.</u>		DATE: <u>3/29/99</u>
FACILITY LOCATION: <u>6005 Powers Ave #110 Jacksonville, FL 32217</u>		
RESPONSIBLE OFFICIAL: <u>John Baldwin</u>		PHONE NUMBER: <u>904-448-5029</u>

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: March, 2000  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

INSPECTOR'S SIGNATURE: Jeffery Winter PHONE NUMBER: 904-630-3484

ACE

AIRS ID#: 0310478

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Pelican Cleaners, INC. DATE: 3/29/99  
 FACILITY LOCATION: 6005 Powers Ave. #110  
Jacksonville, FL 32217

Annual Reporting Period: March 29, 1998 TO March 29, 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 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 during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

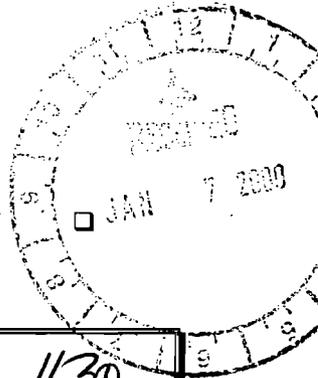
*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: John Barwick [Signature] 3/29/99  
 Name (Please Print) Signature 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  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0310478 DATE: 2/16/2000 TIME IN: 1100 TIME OUT: 1130  
FACILITY NAME: Pelican Cleaners  
FACILITY LOCATION: 6005 Powers Ave. # 110  
Jacksonville, FL 32217  
RESPONSIBLE OFFICIAL: John Baldwin PHONE: 904-448-5029  
CONTACT NAME: Same PHONE: Same

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

RECEIVED  
MAY - 2000  
Bureau of Air, Noise & Mobile Source Control

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) |
|--|--|

- |  |   |
|--|---|
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input checked="" type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
|--|---|

5. This is a correct facility classification  Y  N  Can not determine

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 140 gallons.

**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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**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)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. 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 instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

*Jeff Winter*

Inspector's Name (Please Print)

*2/16/2000*

Date of Inspection

*Jeffery Winter*

Inspector's Signature

*Feb., 2001*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

A large, empty rectangular box with a double-line border, occupying most of the page. It is intended for providing additional site information.

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Pelican Cleaners, INC. DATE: 2/16/2000  
 FACILITY LOCATION: 6005 Powers Ave. #110  
Jacksonville, FL 32217

Annual Reporting Period: March 29, 1999 TO Feb. 16, 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

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 during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

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 reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: JOHN BAUDIN [Signature] 3/14/2000  
 Name (Please Print) Signature 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.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1100 TIME OUT: 1130 AIRS ID#: 0310478  
 TYPE OF FACILITY: Perc. Dry Cleaner  
 FACILITY NAME: Pelican Cleaners, Inc. DATE: 2/16/2000  
 FACILITY LOCATION: 6005 Powers Ave. #110  
Jacksonville, FL 32217  
 RESPONSIBLE OFFICIAL: John Baldwin PHONE NUMBER: 904-448-5029

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

---

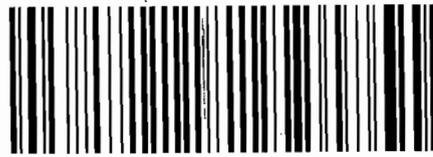
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: Feb., 2001  
(Approximate)

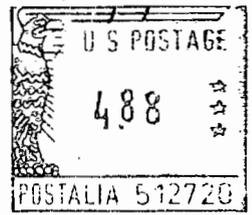
INSPECTION CONDUCTED BY: Jeff Winter  
(Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Winter* PHONE NUMBER: 904-630-3484

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



7003 0500 0004 0144 4039



5510

5521

RECEIVED  
OCT 31 2003  
Bureau of Air Monitoring  
& Mobile Sources

*[Handwritten signature]*  
9/13

endorsement "Fib"  
If a postmark on the  
envelope at the post office  
receipt is not needed  
IMPORTANT: Save the  
Internet access to the  
addressed to APOs

10  
10/28/03  
CLEAN CLEANERS  
JOHN BALDWIN  
6005 POWERS AVENUE  
JACKSONVILLE, FL 32217

BALD809 322173116 1A03 09 10/28/03

BALDWIN  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER



7003 0500 0004 0144 4039

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

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

*Received  
02/03  
02/04*

Total Postage & F 10 0310478001AG  
 Sent To PELICAN CLEANERS  
 JOHN BALDWIN  
 Street, Apt. No., or PO Box No. 6005 POWERS AVENUE  
 City, State, ZIP+4 JACKSONVILLE, FL 32217

PS Form 3800, June 2002 See Reverse for Instructions

**CERTIFIED MAIL**  
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:

10 0310478001AG  
 PELICAN CLEANERS  
 JOHN BALDWIN  
 6005 POWERS AVENUE  
 JACKSONVILLE, FL 32217

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

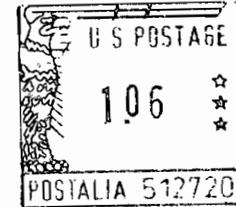
3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transf.) 7003 0500 0004 0144 4039

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



RECEIVED

DEC 10 2003

Bureau of Air Monitoring  
& Mobile Sources

*AIRSID 0310478*

BALD005\* 322173948 1603 12 12/08/03

RETURN TO SENDER

BALDWIN

MOVED LEFT NO ADDRESS

UNABLE TO FORWARD

RETURN TO SENDER



PELICAN CLEANERS  
6005 POWERS AVENUE  
JACKSONVILLE FL 32217



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

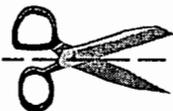
**TO: Holder of Title V Air General Permit**

**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

310478  
JOHN BALDWIN  
PELICAN CLEANERS  
6005 POWERS AVENUE  
JACKSONVILLE FL 32217

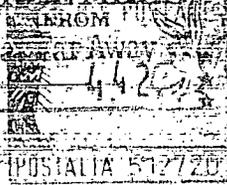
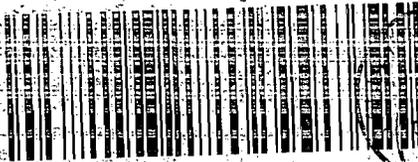
**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

5510

5521

CERTIFIED MAIL™

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



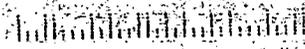
AC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

RECEIVED  
APR 12 2004  
Bureau of Air Monitoring  
& Mobile Sources

PELICAN CLEANERS  
JOHN BALDWIN  
6005 POWERS AVENUE  
JACKSONVILLE, FL 32217

32399/2400



**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:

ARTS ID # 510570  
 PELICAN CLEANERS  
 JOHN BALDWIN  
 6005 POWERS AVENUE  
 JACKSONVILLE, FL 32217

2. Article Number (Transfer from service label): 7003 2260 0003 5650 8441

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes  No

5. Signature:  Agent  Addressee

6. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: \_\_\_\_\_

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

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	

Postmark Here

2003

ARTS ID # 510570

**Sent To** PELICAN CLEANERS  
JOHN BALDWIN  
6005 POWERS AVENUE  
JACKSONVILLE, FL 32217

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

City, State, ZIP+4® #0310478

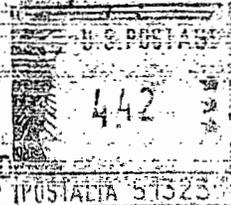
PS Form 3800, June 2002 See Reverse for Instructions

748 0595 0000 0922 0072

**CERTIFIED MAIL™**

MS# 5510 MC Acct # 5524

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



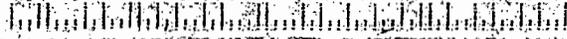
7003 0500 0004 0144 9535 FD

RECEIVED  
MAR 24 1994  
AIR MAIL  
POSTALIA 51323

JOHN BALDWIN  
MECHANICAL CLEANERS  
6005 POWERS AVENUE  
JACKSONVILLE FL 32217

RETURN TO SENDER  
NO FORWARD ORDER ON FILE  
UNABLE TO FORWARD  
RETURN TO SENDER

32399-2400



**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 # 310478

JOHN BALDWIN  
 PELICAN CLEANERS  
 6005 POWERS AVENUE  
 JACKSONVILLE, FL 32217

2. Article Number: 7003 0500 0004 0144 9515  
(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102596-02-14-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: \_\_\_\_\_  
 Agent  
 Addressee

X

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™**

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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	

Postmark Here

2003

AIRS ID # 310478

JOHN BALDWIN  
 PELICAN CLEANERS  
 6005 POWERS AVENUE  
 JACKSONVILLE, FL 32217

7003 0500 0004 0144 9515

Se  
Sh  
or  
Ch

PS Form 3800, June 2002 See Reverse for Instructions

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**CERTIFIED MAIL**

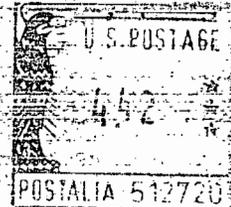
MS#

MC Acct #

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



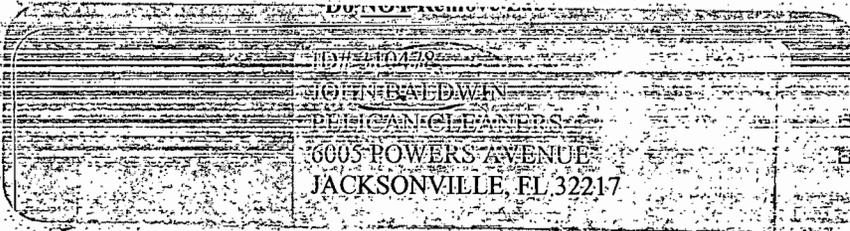
7003 2260 0003 5651 0666



Bureau of Wildlife Services

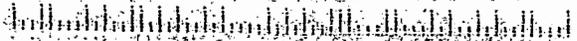
FEB 12 2001

RECEIVED



BALDWIN  
RETURN TO SENDER  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

3 2003 2260 0003 5651 0666



**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 ID# 310478  
 JOHN BALDWIN  
 PELICAN CLEANERS  
 6005 POWERS AVENUE  
 JACKSONVILLE, FL 32217

2. Article Number:  
 (Transfer) 7003 2260 0003 5657 0666

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-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  No  
 If YES, enter delivery address below

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Mail Service  
 Insured Mail  G.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**

**CERTIFIED MAIL™ RECEIPT**

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	ID# 310478

Sent To: JOHN BALDWIN  
 PELICAN CLEANERS  
 Street, A or PO Box: 6005 POWERS AVENUE  
 City, State: JACKSONVILLE, FL 32217

Postmark Here

7003 2260 0003 5657 0666

IRS Form 3800, June 2002 See Reverse for Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

429238 APR30 2003

9796

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#0310478
PELICAN CLEANERS JOHN BALDWIN 6005 POWERS AVENUE JACKSONVILLE FL 32217

RECEIVED  
 MAY 02 2003  
 Bureau of Air Mail  
 & Mobile Services

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-03500.1 Obj.: 002273
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Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407679 APR12 2001

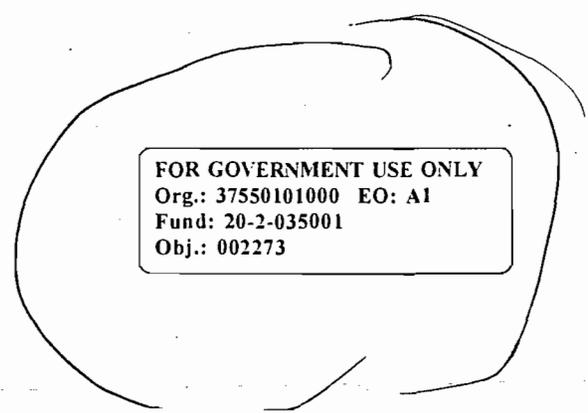
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

pd

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0310478
PELICAN CLEANERS JOHN BALDWIN 6005 POWERS AVENUE JACKSONVILLE FL 32217



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 0391305

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

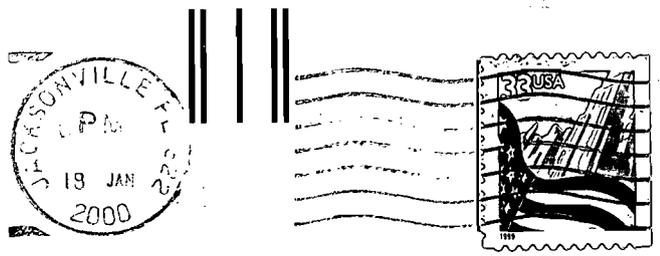
AIRS ID # 0310478

PELICAN CLEANERS  
 JOHN BALDWIN  
 6005 POWERS AVENUE  
 JACKSONVILLE FL 32217

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: B1  
 Fund: 20-2-035001  
 Obj.: 002273

RECEIVED  
MAIL ROOM  
JAN 20 00

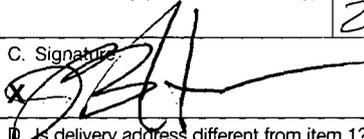
Pelican Cleaners  
 6005 Powers Avenue, Suite 110  
 Jacksonville, Florida 32217



TITLE V - General Permit  
 Receipts  
 Post Office Box 3070  
 Tallahassee, FL 32315-3070

32315X3070



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery 2-16-01
<p>i. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0310478</p> <p>PELICAN CLEANERS JOHN BALDWIN 6005 POWERS AVENUE JACKSONVILLE FL 32217</p>	<p>C. Signature: </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label) 7000 0600 00264127 41232</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, July 1999</p>	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p> <p style="text-align: right;">Domestic Return Receipt    102595-99-M-1789</p>	

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



51

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

7000 1670 0013 3108 9060

**OFFICIAL USE**

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

AIRS ID#0310478

Total Po  
Sent To  
PELICAN CLEANERS  
JOHN BALDWIN  
Street, Apt.  
6005 POWERS AVENUE  
JACKSONVILLE FL  
City, State  
32217

PS Form 3800, May 2000 See Reverse for Instructions

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

7000 0600 0026 4128 6730

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

AIRS ID # 0310478

Total Po  
Recipient  
PELICAN CLEANERS  
JOHN BALDWIN  
6005 POWERS AVENUE  
JACKSONVILLE FL  
Street, Apt  
32217  
City, State, ZIP

PS Form 3800, February 2000 See Reverse for Instructions

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

7001 0320 0001 7976 1381

**OFFICIAL USE**

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

Total Postage & Fees \$ AIRS ID # 0310478

Sent To  
PELICAN CLEANERS  
JOHN BALDWIN  
Street, or PO  
6005 POWERS AVENUE  
City, S  
JACKSONVILLE FL  
32217

PS For Instructions

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

7001 0320 0001 7975 5014

**OFFICIAL USE**

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

Total Postage \$ AIRS ID#0310478

Sent To  
PELICAN CLEANERS  
JOHN BALDWIN  
Street, Apt. No.  
or PO Box No.  
6005 POWERS AVENUE  
City, State, ZIP  
JACKSONVILLE FL  
32217

PS Form 3800

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

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>		

AIRS ID # 0310478

<small>Sent To</small>	PELICAN CLEANERS
<small>Street, Apt. # or PO Box No.</small>	JOHN BALDWIN 6005 POWERS AVENUE
<small>City, State, Zip</small>	JACKSONVILLE FL 32217

PS Form 3800 See Reverse for Instructions

7001 0320 0001 7975 8473

Z 210 661 334

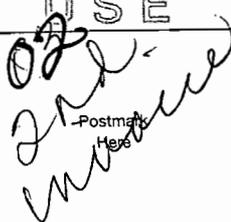
US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

AIRS ID # 0310478

PELICAN CLEANERS  
 JOHN BALDWIN  
 6005 POWERS AVENUE  
 JACKSONVILLE FL 32217

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

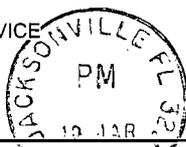
PS Form 3800, April 1995

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	 -Postman Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	
AIRS ID#0310478	
Sent	PELICAN CLEANERS JOHN BALDWIN 6005 POWERS AVENUE JACKSONVILLE FL 32217
Street or PO	
City	
PS Form	Instructions

7001 0320 0001 7976 3934

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  <span style="float: right;">3-10-03</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0310478</p> <p>PELICAN CLEANERS JOHN BALDWIN 6005 POWERS AVENUE JACKSONVILLE FL 32217</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7001 0320 0001 7976 3934</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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 •

EUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 15610  
2600 CLEAR LAKE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

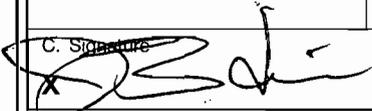
EUR. OF AIR MONITORING  
& MOBILE SOURCES

MAR 13 2003

RECEIVED

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Postmark Here	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total F</b>	<b>AIRS ID # 0310478</b>
<b>Recipient:</b> PELICAN CLEANERS JOHN BALDWIN 6005 POWERS AVENUE JACKSONVILLE FL 32217	
PS Form 3800, February 2000 <span style="float: right;">See Reverse for Instructions</span>	

7000 0600 0026 4126 1720

COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery <u>3-6-01</u></p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0310478</p> <p>PELICAN CLEANERS          JOHN BALDWIN          6005 POWERS AVENUE          JACKSONVILLE FL 32217</p>		<p>C. Signature </p> <p><input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Copy from service label)</p> <p><u>70000600002641261720</u></p>		<p>3. Service Type</p> <p><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.</p>	
<p>PS Form 3811, July 1999</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">Domestic Return Receipt <span style="float: right;">102595-99-M-1789</span></p>	

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

2399+2400

