

### Department of Environmental Protection

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

David B. Struhs Secretary

June 15, 1999

Mr. Samuel E. White White's Fashion Cleaner 1595 Kings Road Jacksonville, Florida 32209

Re: Facility No.: 0310487

Dear Mr. White:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 1, 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, of 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/iw

cc: Ms. Lori Tilley, Duval County

#### Bowman, Sandy

From:

Coffman, Bill [COFFMAN@coj.net]

Sent:

Monday, October 30, 2006 10:05 AM

To:

Bowman, Sandy

Subject: Closed facility

Sandy, Facility 0310487 Whites Dry cleaners is no longer in Business

Please inactivate it

Thank You

Bill Coffman

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

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

Facility Name and Location  1. Facility Owner/Company Name (Name of corporation, agency, or in	
1. Facility Owner/Company Name (Name of corporation, agency, or in	ndividual owner):
SAMUEL E. WHITE WHITE'S	FASHION CLEANER
2. Site Name (For example, plant name or number):	Jun FIV
	OU.
3. Hazardous Waste Generator Identification Number:	e 100 1990
FLD 981-031-347	& Mobile Surces ring
4. Facility Location: Street Address: 1595 KINGS RD	The Conting
City: JACKSONVILLE FL County: DYVAL	Zip Code: 32209
•	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	02/07/04
	0310484
Responsible Official	
6. Name and Title of Responsible Official:	
Name: SAMULL E WHITE Title: C	WNER
7. Responsible Official Mailing Address: Organization/Firm: WHITK'S FASHION CLEANER	
Street Address: 1593 KINGS PD	
Street Address, 15 15 14 14	
City: JACKSONVILLE FL County: DUVAL	Zip Code: <b>32209</b>
City: JACKSONUILLE PL County: DUVAL	Zip Code: 32209
8. Responsible Official Telephone Number:	
8. Responsible Official Telephone Number:	
8. Responsible Official Telephone Number: Telephone: (904)634-1222 Fax: (1	
8. Responsible Official Telephone Number:	
8. Responsible Official Telephone Number: Telephone: (904)634-1252 Fax: (4)  Facility Contact (If different from Responsible Official)	
8. Responsible Official Telephone Number: Telephone: (904)634-1222 Fax: (4)  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):	
8. Responsible Official Telephone Number: Telephone: (904)634-1222 Fax: (4)  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  SAME  10. Facility Contact Address:	
8. Responsible Official Telephone Number: Telephone: (904)634-1252 Fax: (4)  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  SAME	
8. Responsible Official Telephone Number: Telephone: (904)634-1222 Fax: (4)  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): \$\sum_{\text{SAME}}\$  10. Facility Contact Address: Street Address: \$\sum_{\text{City}}\$ County:	W/A)
8. Responsible Official Telephone Number: Telephone: (904)634-1222 Fax: (4)  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): \$\sum_{\text{SAME}}\$  10. Facility Contact Address: Street Address: \$\sum_{\text{SAME}}\$	W/A)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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03/04	87
1(a) Control device ins	tallation date is not required.
P16 (e) Startup Shutdown, m should be marked &	alfunction blan is required and
•	

•

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#### **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	achines do you hav	ve on-site?	
For each dry-to-dry macl	nine on-site, please	e provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
11/84	Existing Ne	w RC/CA/None required	SAME
	Existing/Ne	w RC/CA/None required	<del></del>
	Existing/Ne	w RC/CA/None required	. ———
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	$A \rightarrow A$	
How many dryers/reclain	ners do you have o	on-site?	
unit. If the transfer maching 1993, it is a <b>NEW</b> unit (machine)	ine was purchased to units purchased	from the manufacturer between I	December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
2.(a) How much perchlor	roethylene (perc) l	nave you used within the last 12 m	onths?
[ 45] gallor	ns (You must fill	this in)	
(b) If less than 12 mor	nths, how many? [	<b>6</b> ] months	
Check why it is les	ss than 12 months:	New owner: [] Did not kee	p records: [
		New store: New machine	:[]
		Unopened store [] (date of e	expected opening)

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3. What is the facility's source classification based on the definitions found in section (3) of Part II?  Indicate with an "X". Select one classification only.)					
Small A	area Source	[X]			
	Dry-to-dry mac Transfer only o Both machine t		(used less than 2	140 gallons of perc per ye 200 gallons of perc per ye 140 gallons of perc per ye	ear)
Large A	rea Source				
/*	Dry-to-dry mac Transfer only o Both machine ty	n-site	(used 200 - 1,80	00 gallons of perc per yea 00 gallons of perc per yea 00 gallons of perc per yea	r)
4. What control to		uired on machines	pursuant to secti	on (5) of Part II of this no	otification form?
	z machines <u>at sm</u> REQUIRED)	all area source		achines at small area sou erated condenser [	<u>rce</u>
Carbon	machines at largadsorber adsorber ated condenser	ge area source		achines at large area sour erated condenser [	rce ]
Rule 62-213.300	, F.A.C. Verify t	that all steam and h	not water generat	eligible to use the generating units on-site meet the mo for the criteria).	
All steam and ho No such units on	t water generatir	ng units exempt	OR		
How many boiler	rs do you have or	n-site?			
For each boiler, i	ndicate its horse	power (HP) rating:	ا کا ا		ŧ
What type of fuel	do you use?	[] propane [] No. 2 fue [] No. 6 fue	l oil	natural gas No. 4 fuel oil Other (please list)	
6. Equipment Mo	onitoring and Rec	cordkeeping Inform	nation		
Check all logs wi	hich are required	to be kept on-site	in accordance wi	th the requirements of thi	s general permit:
(a) Purchase rece	ipts and solvent	purchases/solvent a	addition log		
(b) Leak detectio	n inspection and	repair			
(c) Refrigerated	condenser temper	rature monitoring		[]	
(d) Carbon adsor	ber exhaust perc	concentration mon	itoring	[]	
(e) Startup, shute	down, malfunctio	on plan			

DEP Form No. 62-213.900(2) Effective: 2/24/99

	7. Surrender	of Existing DEP Air Permit(s)		
,	Please indica	te with an "X" the appropriate selection	n:	
		I hereby surrender all existing DEP a this notification form; the permit nur	air permits authorizing operation of the facility in mber(s) are	dicated in
		No DEP air permits currently exist form.	For the operation of the facility indicated in this not	ification
	Responsible	Official Certification		
	this notif statemen maintain comply w	Sication. I hereby certify, based on infoits made in this notification are true, act the air pollutant emissions units and a with all terms and conditions of this gen	as defined in Part II of this form, of the facility ad ormation and belief formed after reasonable inquin occurate and complete. Further, I agree to operate air pollution control equipment described above so meral permit as set forth in Part II of this notification anges to the information contained in this notifica	y, that the and as to on form.
		ne of responsible official	5/26/99	

DEP Form No. 62-213.900(2) Effective: 2/24/99

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTI	COMPLAIN 1/DISCOVERY
FACILITY LOCATION: 1595 K	Kings Rd. E. E. S.
PART I: NOTIFICATION	/
<ol> <li>(check appropriate box)</li> <li>New facility notified DARM 30 days prior to state.</li> <li>Facility failed to notify DARM to use general personal perso</li></ol>	· /
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
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. $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$ )
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gai/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Y ON Can not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pure facility was gallons.	irchased within the preceding 12 months 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?	OY ON XINA
2. Examining the containers for leakage?	DY DN XIN/A
3. Closing and securing machine doors except during loading/unloading?	XY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposai?	XY □n Yan/a
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MAN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<b>V</b> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated condenser
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?	OY ON ON/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?	OY ON

B	3. 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?	ПY	_ □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	$\Box Y$	□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?	ΟY	□и	□N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y	ПИ	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total 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 □Y □N XN/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N X(N/A 5. Maintained exhaust duct monitoring data on perc concentrations? □Y □N XN/A XXY □N 6. Maintained startup/shutdown/maifunction plan? 7. Maintained deviation reports? DY DN XXNA Problem corrected? □Y □N X\N/A DY DN XN/A 8. Maintained compliance plan, if applicable?

P.	ART VI: LEAK DETECTION AND	) REPAIR	S			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				XY	ПN
2.	Has the facility maintained a leak log	<b>;</b> ?			XΥ	□N
3.	Does the responsible official check th	e following	g areas for leal	cs?	,	
	Hose connections, fittings, couplings, and valves	<b>≱</b> (x ⊏	ln □n/a	Muck cookers	XY (	⊐n □n/a
	Door gaskets and seating	AX =	IN □N/A	Stills	XY (	⊃n <b>□n</b> /a
	Filter gaskets and seating	**************************************	IN □N/A	Exhaust dampers		ANNE NC
	Pumps	A(X 🗅	N □N/A	Diverter valves	□Y (	DN <b>X</b> N/A
	Solvent tanks and containers	ATA 🗅	N □N/A	Cartridge filter housings	s XX	□N/A
	Water separators	<b>≱</b> x □	N □N/A			
4.	Which method of detection is used by	the respon	sible official?			
	Visual examination (condensed	solvent on	exterior surfac	ces)	X	
	Physical detection (airflow felt t	hrough gas	kets)		×	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumen	tation (FID	/PID/calorime	tric tubes)		
	Halogen leak detector					
	If using direct-reading inst	rumentatio	on, is the equi	pment:	X/A	
	a. Capable of detecting	perc vapor	concentration	is in a range of 0-500 ppm?	□Y □	N
	b. Calibrated against a (PID/FID only)?	standard ga	as prior to and	after each use		lN
	c. Inspected for leaks a	nd obvious	signs of wear	on a weekly basis?	□Y □	IN
	d. Kept in a clean and	secure area	when not in u	se?	□Y □	lN
	e. Verified for accuracy	by use of o	duplicate samp	oles (calorimetric only)?		IN
_						
	Jeff Wint	er		9/20 Date of Inspe	199	
	Inspector's Name (Please Pri	nt)		Date of Inspe	сцоп	
	Jeffrey Vin	la la		August,	2000	)
	Appector's Signature			Approximate Date of 1	Vext Insp	ection

ADDITIONAL SITE INFORMATION:		
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AIRS ID#: 03/0487

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

FACILITY NAME: White's Fashion Clause DATE: 8/20/99
FACILITY LOCATION: 1595 Kings Rd.
Jackson ville, FL 32209
Annual Reporting Period: June 1, 1999 TO August 20, 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.
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
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: fromto
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:  Name (Please Print)  Signature  Date

<sup>\*</sup>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: 8/5	TIME OUT:_	830	AIRS ID#:	03/0487
TYPE OF FACILITY:	erc. Dry Clea	nec		, ,
FACILITY NAME: k	)hite's Fash	ion Clea	ner	DATE: 8/24/99
FACILITY LOCATION:	1595 King	s Rd.		
	Jacksonville,	FL 32	2209	
RESPONSIBLE OFFICIAL:	Samuel W	hite	PHONE NUMBE	r: <u>904-634-1222</u>
	ne compliance requirementale 62-213.300, Florida A			facility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirements:	nts evaluated duri	ng this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBL	EM H	FOLLOW-UP AC	TION REQUIRED
				,
				•
			····	·
COMMENTS:				
				•
·				
The Annual Compliance Certifica	ation form has been prope	rly certified and	_	tor. YES NO
DATE OF NEXT INSPECTION	N:	ugust j à	2000	
		(Approxima	ite)	
INSPECTION CONDUCTED I	BY:	(Please Pri	nt)	· · · · ·
INSPECTOR'S SIGNATURE:	Jeffrey	Lline	PHONE NUMBE	r: 904-630-3484
	//// P	ageof		Revised 10/96



#### Part III. Notification of Intent to Use General Permit

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

Facility Name and Location				
1. Facility Owner/Company Name	(Name of corporation	i, agency, or indivi	idual owner):	P.
SAMUEL E. L	DHITE / U	NHITE'S F	ASHION (	cidipen
2. Site Name (For example, plant n			-	JUN EIV
			æ.	JUN 1999
3. Hazardous Waste Generator Ider	ntification Number:	<u> </u>		1900
FLD 981-031-	347		· · ·	Mobile Surces oring
4. Facility Location:				Urces Oring
Street Address: 1595 K/A	-		Zip Code: (	32200
City: JACKSONVILLE	PC county. pq	ONL	Esp coue.	75804
5: - Facility Identification Number (I	DEP Use ONLY - do n	iot fill in): 👙 🤘		
	454		U31	0487
Responsible Official				
6. Name and Title of Responsible C		Title: ou	11120	
Name: SAMUEL E	WHITE	Title. Out	NEIC	
7. Responsible Official Mailing Ado Organization/Firm: WHITK	'S FASHION C	LEANER		2
Street Address: 1595 KIN				7 ~ ~ ~ ~
City: JACKSON UNLIE F	2 County: DUU	<b>9</b> L	Zip Code:	12209
8. Responsible Official Telephone N	Number:			
Telephone: (904)634-		Fax: ( N/	<b>今</b> ) -	
Facility Contact (If different from F	Responsible Official)			
9. Name and Title of Facility Conta		t manager):		
SAME				
10. Facility Contact Address:				
Street Address: SAME				
City:	County:		Zip Code:	·
	· · · · · · · · · · · · · · · · · · ·			
11. Facility Contact Telephone Num	_	F /		
Telephone: ( )SAMI		Fax: (	) -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### **Facility Information** 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Control Device Required\* Date Control Device Installed Date Initially Purchased Status From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required RC/CA/None required Existing/New Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [ 45] gallons (You must fill this in) (b) If less than 12 months, how many? [ 6 ] months Check why it is less than 12 months: New owner: [\_\_\_] Did not keep records: [ / ]

DEP Form No. 62-213.900(2) Effective: 2/24/99 New store: New machine

Unopened store [ ] (date of expected opening

	ility's source classifi an "X". Select one			nitions found in se	ection (3) of Part	t II?
Small Ar	ea Source	(X)				
•	Dry-to-dry machine Transfer only on-site Both machine types	e	(used les	ss than 140 gallon ss than 200 gallon ss than 140 gallon	s of perc per yea	ar)
Large Are	ea Source					
7	Dry-to-dry machine Transfer only on-site Both machine types	2	(used 20	0 - 2,100 gallons 0 - 1,800 gallons 0 - 1,800 gallons	of perc per year	)
4. What control ted (Indicate with a	chnology is required an "X".)	d on machines	pursuant	to section (5) of F	art II of this not	ification form?
	machines at small at REQUIRED)	rea source		New machines at Refrigerated cond		ce
Carbon ac	machines at large ar dsorber [_ ted condenser [_	ea source		New machines at Refrigerated cond		<u>.</u>
Rule 62-213.300, 1	h contains non-exen F.A.C. Verify that a or that no such unit	all steam and h	hot water g	generating units o	n-site meet the f	
All steam and hot No such units on-s	water generating un	its exempt		OR		
How many boilers	do you have on-site	? [[				
For each boiler, in	dicate its horsepowe	er (HP) rating:	( <b>) ک</b>			ı
What type of fuel of	do you use? [_ [_	] propane ] No. 2 fue ] No. 6 fue		natural ga No. 4 fuel Other (ple	oil	
6. Equipment Mon	nitoring and Record	keeping Inforn	nation			
Check all logs whi	ich are required to b	e kept on-site	in accorda	ance with the requ	irements of this	general permit:
(a) Purchase receip	ots and solvent purcl	nases/solvent a	addition lo	g		
(b) Leak detection	inspection and repa	ir				
(c) Refrigerated co	ondenser temperatur	e monitoring			[]	
(d) Carbon adsorbe	er exhaust perc cond	centration mon	nitoring			. (
(e) Startup, shutdo	d) Carbon adsorber exhaust perc concentration monitoring  e) Startup, shutdown, malfunction plan					

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (	Official Certification
this notifi statement maintain comply w I will pro	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. In the Department of any changes to the information contained in this notification.
	se of responsible official  S/21/99
Danu	DEWhere 8-20-99

DEP Form No. 62-213.900(2) Effective: 2/24/99

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#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
AIRS ID#: 03/0487 DATE: 6/9	2000 TIME IN: 0945 TIME OUT: 1000
FACILITY NAME: White'S 4	ashion Cleaner
FACILITY LOCATION: 1595	Kings Rd.
Jacks	sonville, FL 32209
l	White PHONE: 904/634-1222
CONTACT NAME: ROLLET M	Oris PHONE: Some
PART I: NOTIFICATION	<i>p</i>
(check appropriate box)	D M
1. New facility notified DARM 30 days prior to	
2. Facility failed to notify DARM to use general	permit So N
	0 %
	(0-2-6)
PART II: CLASSIFICATION	OLO S M
Facility indicated on notification form that it is	: No notification for m
Facility indicated on notification form that it is (check appropriate box)	
Facility indicated on notification form that it is	: No notification form
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	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
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)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types. $140 \le x \le 1,800$ gal/yr both types. $140 \le x \le 1,800$ gal/yr both types. $140 \le x \le 1,800$ gal/yr
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)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification	2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a graph of the constructed facility qualified for	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 $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types. $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  Y $\square$ N $\square$ Can not determine fication: general permit as number $\_$ above
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a graph of the constructed facility qualified for	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )

#### 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 sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XN/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) □Y □N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? QY QN QN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □Y □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated □Y □N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?		V
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		N □N/A
	Is the temperature differential equal to or greater than 20° F?		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?		N □N/A
	Is the perc concentration equal to or less than 100 ppm?		N □N/A
	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?		N □N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	וֹם Yם	N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	מם צם	N □N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total 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 DY DN MN/A and parts installed w/in 5 days of receipt? DY DN MN/A 4. Maintained calibration data? (for applicable direct reading instruments) OY ON MAN/A 5. Maintained exhaust duct monitoring data on perc concentrations? Aga □N 6. Maintained startup/shutdown/malfunction plan? DY DN XW/A 7. Maintained deviation reports? □Y □N X(N/A Problem corrected? OY ON XN/A 8. Maintained compliance plan, if applicable?

3 of 5

#### PART VI: LEAK DETECTION AND REPAIRS

_			=			_	
1.	Does the responsible official conduct a	weekly	y (for	small sources, b	i-weekly) leak detection ar	nd rep	pair
	inspection?					AY	N□
2.	Has the facility maintained a leak log?					AY	. □N
3.	Does the responsible official check the	follow	ing ar	reas for leaks?			
	Hose connections, fittings, couplings, and valves	Y	ΩN	□N/A	Muck cookers	Y	□N □N/A
	Door gaskets and seating	Y	ПN	□N/A	Stills	AY	ON ON/A
	Filter gaskets and seating	YY	□N	□N/A	Exhaust dampers	□Y	ON MANA
	Pumps	YY	ΠN	□N/A	Diverter valves	ПY	□N <b>½</b> MN/A
	Solvent tanks and containers	Y	ΠN	□N/A	Cartridge filter housings	AY	□N □N/A
	Water separators	Y	ΠN	□N/A			
4.	Which method of detection is used by t	he resp	onsit	ole 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:						/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)?						□N .
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						□N
	d. Kept in a clean and se			_	·	ΩY	□N
	e. Verified for accuracy				(calorimetric only)?		□N
		•					

Jeff Winter
Inspector's Name (Please Print)

Date of Inspection

Sune, 200/

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	ON:	
		***
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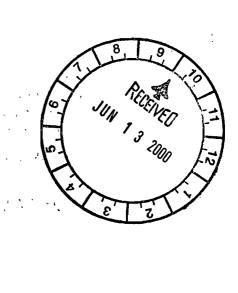
AIRS ID#: <u>03/0487</u>

Revised 10/10/96

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

FACILITY NAME: \	Ihite's Fashic	n Cleaner	- -	DATE: 6/9/2000
	1595 Kings			• ",
100 mg	Jacksonville	, FL 3	2209	
2				
Annual Reporting Period:	August 20,	1999	To June	<u>9, , 20</u>
Based on each term or condition 62-213.300, Florida Administra			<b>L</b> /	•
If NO, complete the following:				
#1. Term or condition of the ge	neral permit that has not be	en in continuous co	mpliance during the rep	porting period stated above:
Exact period of non-compliance	from	<u>.</u>	to	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve comp	liance:			
Method used to demonstrate con	npliance:		· ·	· <u>-</u>
#2. Term or condition of the ge	neral permit that has not be	en in continuous co	mpliance during the rep	porting period stated above:
Exact period of non-compliance	from		to	
Action(s) taken to achieve comp	liance:			_
Method used to demonstrate con	pliance:			
· 				
As the responsible official, I her made in this notification are true upon rolling averages of purcha year for transfer or combination RESPONSIBLE OFFICIAL:	e, accurate and complete. It se receipts, does not exceed	Further, my annual	consumption of perchlo year for dry-to dry facil	roethylene solvent, based
	name (Please Pfint	,	Signature	Date

<sup>\*</sup>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.



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## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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Ta	417

TYPE OF INSPECTION:	ANNUAL X	COMPLA	INT/DISCOVERY	RE-INSPECT	NOI		
TIME IN: 0945	TIME OUT:	100	AIRS ID#:_	03/0487	7		
TYPE OF FACILITY: Let	C. Dry Ckas	NES	<u>.                                    </u>	,			
1	hite's fast	ion C	leaver	DATE: 6/9	1200		
FACILITY LOCATION:	1595 Kings	Rd.					
	Jacksonville	FL	32209				
RESPONSIBLE OFFICIAL:	Samuel W	hite	PHONE NUMBI	er: <i>904-634</i>	-1222		
	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 t discrepancies were noted	he compliance requiremend:	its evaluated	during this inspection, the	e following compliance	:		
COMPLIANCE REQU	JIREMENT/PROBL	ЕМ	FOLLOW-UP AC	TION REQUIRE	D		
				,			
				-	<del></del>		
COMMENTS:			<del></del>				
· ·							
The Annual Compliance Certific	cation form has been prope	rly certified a	and submitted to the inspe	ctor. YES	NO		
DATE OF NEXT INSPECTIO	N:	one,	200/				
	106	(Approx	imate)				
INSPECTION CONDUCTED	BY:	(Please	Print)				
INSPECTOR'S SIGNATURE:	Jeffy 11 L	into	PHONE NUMB	ER: 904/630-	12/2		
		age of	<u>/</u> .	EXT. 3/1	Revised 10/96		

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446244 FEB14 2005

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 310487 1stC WHITE'S FASHION CLEANERS 1595 Kings Road JACKSONVILLE, FL 32209

Printed on recycled paper.

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389475

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 # 0310487

WHITE'S FASHION CLEANERS SAMUEL E WHITE 1595 KINGS ROAD JACKSONVILLE FL 32209

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### 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

ID# 310487 SAMUEL WHITE WHITE'S FASHION CLEANERS 1595 KINGS ROAD JACKSONVILLE, FL 32209

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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 # 0310487

WHITE'S FASHION CLEANERS SAMUEL E WHITE 1595 KINGS ROAD JACKSONVILLE FL 32209

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414447 FEB25 2002

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

192-02 CR#0963
TOTAL AMOUNT DUE: \$50

Do NOT Remove Label

AIRS ID # 0310487
WHITE'S FASHION CLEANERS
SAMUEL E WHITE
1595 KINGS ROAD
JACKSONVILLE FL
32209

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



Tear neich

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

**423965** FEB272003

70

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#0310487

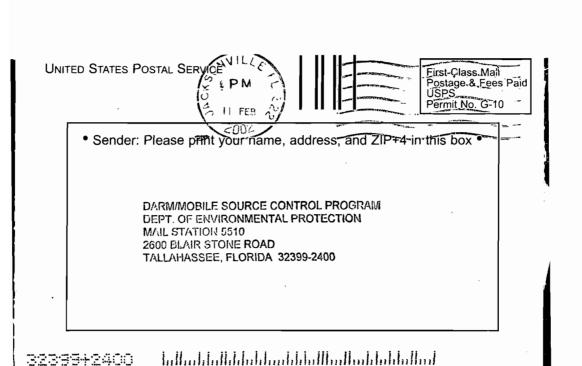
WHITE'S FASHION CLEANERS SAMUEL E WHITE 1595 KINGS ROAD JACKSONVILLE FL 32209

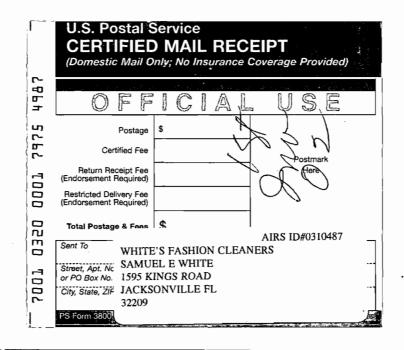
FOR GOVERNMENT (SECONLY Org.: 37550101000 EO: A

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL RI	ECEIPT  nce Coverage Provi	ided)
<b>LB22</b>				
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7	Certified Fee		Postmark	k
무무	Return Receipt Fee (Endorsement Required)		Here	-
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	Total Post WHITE'S	S FASHION CI	ID# 0310487 EANERS	
90	Hecipient's 1595 KIN	L E WHITE NGS ROAD		
	Street, Apt. JACKSO 32209	NVILLE FL		
2	City, State, .			
	PS Form 3800, February 2	2000	See Reverse fo	or Instructions

SENDER: COMPLETE THIS SECTION	ALACE STICKER AT TO THE RICHT OF RET
<ul> <li>Complete items 1, 2, and 3. Also comple item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reve so that we can return the card to you.</li> <li>Attach this card to the back of the mailpi or on the front if space permits.</li> </ul>	cce, C. Signature Agent Addressee
1. Article Addressed to:  AIRS ID # 0310487  WHITE'S FASHION CLEANERS  SAMUEL E WHITE  1595 KINGS ROAD  JACKSONVILLE FL	D. Is delivery address different from item 1?
32209	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Do	omestic Return Receipt 102595-00-M-0952





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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID#0310487 WHITE'S FASHION CLEANERS SAMUEL E WHITE	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
1595 KINGS ROAD JACKSONVILLE FL 32209	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	01,0320 0001 7975 4987
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952

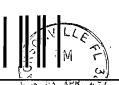
United States Postal Service First-Class Mail Postage & Fees Paid USPS DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION A
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
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3098	OFFICIAL AUSE
Į	Postage \$
7556	Certified Fee
0001	Return Receipt Fee (Endorsement Required)
8	Restricted Delivery Fee (Endorsement Required)
	Total Postage & Fees SID # 31048 /
1140	Sent To WHITE'S FASHION CLEANERS
	SAMUEL WHITE
	Street, Apt. No. 1595 KINGS ROAD or PO Box No.
7007	City, State, ZIP4 JACKSONVILLE, FL 32209
~	#6310487

	(
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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. Signature  Agent  Addressee  B. Received by ( Printed Name).  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
WHITE'S FASHION CLEANERS SAMUEL WHITE 1595 KINGS ROAD	
JACKSONVILLE, FL 32209	Service Type     Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 1140	0001 7556 3098
PS Form 3811, August 2001 Domestic Retu	rrn Receipt 102595-02-M-1540

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
TOTAL

98b 5043	CERT (Domesti	IFIEL ic Mail O		REQ	CEIPT Coverage Rrovided) at www.usps.com
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10	Return R (Endorsement	ecelpt Fee Required)			Here
570	Restricted Delivery Fee (Endorsement Required)				
n	Total Post		ID# 31048? E'S FASHI		EANERS
7004	Sent To	1595 K	Lings Road		- 1
71	Street, Apt. or PO Box I City, State,	JACKS	SONVILLE	E, FL 32	2209
	PS Form 380	0, June 200	2,		Sec Reverse for Instituctions

PR AT TOP OF ENVELOPE TO THE RIGHT URN ADDRESS, FOLD AT DOTTED LINE.			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <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. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery		
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
AIRS ID# 310487 1stC WHITE'S FASHION CLEANERS 1595 Kings Road			
JACKSONVILLE, FL 32209	3. Service Type  Certified Mail		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number 7004 2510 0004 6986 5043			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

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

나 CERT	OSTAL Service™ FIFIED MAIL™ RECEIPT tic Mail Only; No Insurance Coverage Provided) ery information visit our website at www.usps.com	
\$ 21 2.5 2.5 2.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3	Postage \$	
	Delivery Fee	)
Total Post:  Total Post:  Sent To  Street, Apt. 1 or PO Box N	ID# 310487 SAMUEL WHITE WHITE'S FASHION CLEANERS 1595 KINGS ROAD JACKSONVILLE, FL 32209	
City, State, 2	2 00 June 2002 See Reverse tor instruction	dus

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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. 9ignature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  (F) # 310487  SAMUEL WHITE  WHITE'S FASHION CLEANERS  1595 KINGS ROAD  (JACKSONVILLE, FL 32209)	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
JACKSON VILLE, TE 32203	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number	<u></u>
PS Form 3811, August 2001 Domestic Ret	turn Receipt 102595-02-M-1540
	•

UNITED STATES POSTAL SERVICE



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

61,

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

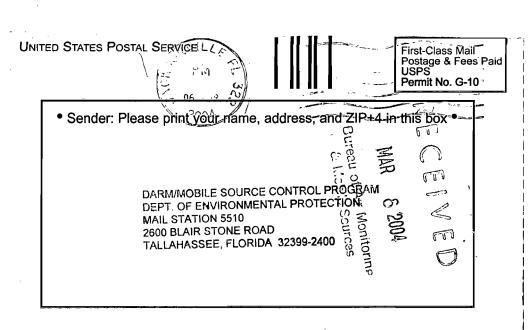
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DEPT. OF ENVIRONMENTAL PARAMETER STATION 5510
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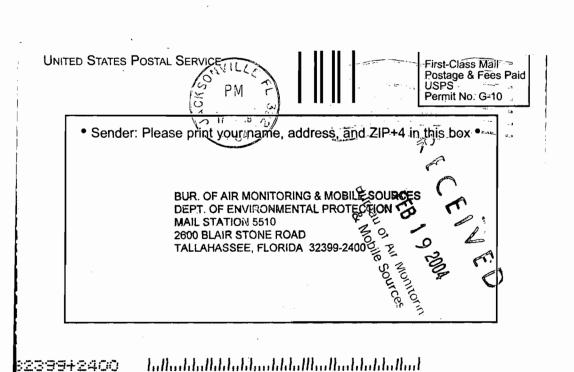
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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No	
AIRS ID # 3 10487 SAMUEL WHITE WHITE'S FASHION CLEANERS 1595-KINGS ROAD JACKSONVILLE, FL 32209	3. Service Type    Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.	
	,4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label)	00 - 2004 - 2044 - 3607	
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540	



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1595 Kings Road JACKSONV!LLE, FL 3.	2209	3. Service Type  Certified Mail Express Mail Registered Return Recei	pt for Merchandise
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AIRS ID # 03104 WHITE'S FASHION CLEANERS SAMUEL E WHITE 1595 KINGS ROAD JACKSONVILEE FL 32209	3. Service Type  Gertified Mail  Express Mail Registered  Return Receipt for Merchandise
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2000 0600 0026 4127 4218	
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

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