

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 14, 1997

Mr. Eddie Lee Wood Wood's Cleaners 804 Michigan Avenue Pensacola, Florida 32505

Re: Facility No. 0330242

Dear Mr. Wood:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 17, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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

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[CORKECTE D 2.12.97]

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

FEB 1 7 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

_	& Wobile Source
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Folia Landle I Diwar
	Eggie Lee Wood DWNER.
2.	Site Name (For example, plant name or number):
	Wood's CleanERS
3.	Hazardous Waste Generator Identification Number:
	· ·
1	Facility Location: 804 Michical AVE
٦.	Street Address
	City: Fensacola County: ESCAMBIA Zip Code: 32505
	INSACOLA COUNTY 25 PM DIVI 24 COURT
5.	Facility Identification Number (DEP Use);
	0330242
	Responsible Official
6.	Name and Title of Responsible Official:
	Eddie Lee Wood Owner
-	2 dd C Lee wood owner
7.	Organization Firm: 111 and E Clean Responsible Official Mailing Address.
	Street Address: On to Min Lin Address:
	City to County Tin Code: 33 5-81
1	Responsible Official Mailing Address: Organization/Firm: Woods Cleaners Street Address: 804 Michiban AVE City: Pensacola County: Escandia Zip Code: 32505
8.	Responsible Official Telephone Number:
0.	· ·
	Telephone: (904) 433-307 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:
,,	The Miles Courte at Talankon a Nambon
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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

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.

DETREX	-	Date Machine	Date Control	-	Date Machine	Date Control		Date Machine	Date Control
DEINER		Initially	Device		Initially	Device		Initially	Device
Type of Machine	D	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#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	7	9-85	9-95	E 3	2129	7			
(2) w/ carbon adsorber					<u> </u>				
(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			1						
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser		I							
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices	•	·							
2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [_255_] 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 a	rea s	ource[]	N	ew si	nall area sou	irce []		
Existing small a Existing large a	rea so	ource [N	ew la	rge area sou	rce []		

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

(Indicate with an "X".)	uired on machines	s pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber	<u>e</u>	Refrigerated condenser	K
New small area source Refrigerated condenser		¥	
New large area source Refrigerated condenser			
•			
5. A facility which contains non- pursuant to Rule 62-213.300, F.A following exemption criteria or the	C. Verify that al	l steam and hot water gene	
All steam and hot water generating boiler HP or less), and (2) are firduring which propane or fuel oil	ed exclusively by	natural gas except for peri	ods of natural gas curtailment
All steam and hot water generating No such units on-site	ng units exempt		
Equipn	nent Monitoring	and Recordkeeping Infor	mation
Check all logs which are required permit:	l to be kept on-site	e in accordance with the re-	quirements of this general
(a) Purchase receipts and solvent	purchases		
(b) Leak detection inspection and	repair		
(c) Refrigerated condenser tempe	rature monitoring	.	
(d) Carbon adsorber exhaust perc	concentration mo	onitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunct	ion plan		\checkmark

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
<u></u>]	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
this notif statemen maintain	dersigned, 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 stander 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.
I will pro	mptly notify the Department of any changes to the information contained in this notification. $ 2-12-97 $ Lie Wood $ 1-21-97 $
Signature	



Department of Environmental Protection

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

David B. Struhs Secretary

December 20, 2000

Mr. Eddie Wood 7653 Woods Road Pensacola, Florida 32526

Dear Mr. Wood:

Thank you for your note informing the Division of Air Resource Management that your facility is no longer operational. We received your note on December 18 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Wood's Cleaners (AIRS ID #0330242) was in operation for part of year 2000, the fee is due.

For your convenience, I am enclosing your original invoice as well as a return envelope. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosures



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

Do NOT Remove Label

AIRS ID # 0330242

WOOD'S CLEANERS **EDDIE LEE WOOD** 804 MICHIGAN AVENUE ESCAMBIA FL 32505

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

Obj.: 002273

e 4/000 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING Plase include your AIRS ID# on your check or money order. This number can be found below on your mailing label. Wood's Cleaners is No longer in Business a still there but not operations. Thank you Do NOT Remove Label AIRS ID # 0330242 WOOD'S CLEANERS FOR GOVERNMENT USE ONLY EDDIE LEE WOOD Org.: 37550101000 EO: A1 804 MICHIGAN AVENUE Fund: 20-2-035001 ESCAMBIA FL 32505 Obj.: 002273

27 Feb 97 0330242. Invetivale

TITLE V AIR QUALITY GENERAL PERMIT

INSPECTION SUM	IMARY REPORT
TYPE OF INSPECTION: ANNUAL X COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1030 TIME OUT: 1215	AIRS ID#: Notament 0 3 30 242
TYPE OF FACILITY: D.C.	1/12/97
FACILITY NAME: WOODS CLEANE	RS DATE: N2 1197
FACILITY LOCATION: 804 MICHIGAN AL	<u> </u>
PONSACOLA, FL 3	2505
RESPONSIBLE OFFICIAL: EDDIE WOODS	PHONE NUMBER: 904 - 433 - 307/
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	-
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
MOLEAK INSPECTIONS DONE	DO LEAR DE DECTIONS AS I
HOUTINGLY -	DESCRIBED TO YOU (Weakly)
NOTEMPGENGE FUR MONITORIA	MEASURE AINPERCETREAM
PERCAIR STREAM	TEM P.
NO LEA KOR TEMP MUNITURING No Cordy.	WHEN TEMPGAGE IS INSTALLOW
	Begin TEM MONIDAINI LOGS/
	USG LIFAK LOGS AS DESCAGOOD (WOOKLY)
NO ROHING MONTHLY TO MES	USE totals logs AS I described.
MF9: 1-21.97- Told Mr woods hon	ecded ref. cond added.
•	
Followed up impertien on 2.12.97 Vau f. Mc woods HAD Dry Quistion	to explain complain gantiling.
Vacif Mr woods HAD ANY Question.	, Also corrected persons
COMMENTS. O NO DETERMINE, IN W.	TO MUNITAR D-MD & us lix media
. to be some by committing ven	Lok. Follow-upilt does.
2 Left copy of Separa for water	policy. 3 Completed Notification
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION: Sample	proximate) Left @ my
	proximate)
INSPECTION CONDUCTED BY:	ease Print)
	PHONE NUMBER: 144-836()
bII f vou get A New maghine Page 1	
wo'll re to your nevenis.	F. Comments of the second of t

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	ă	COMPLAINT/DISC	COVERY	
AIRS ID#: 033 0917 FACILITY NAME:	U				./s
FACILITY LOCATION:		ng AN	Ave		
PART I: NOTIFICATION				<u>, , , , , , , , , , , , , , , , , , , </u>	
(check appropriate box) No	e: Stoped in an	1/15/97	but Mr Woods A	solin; lef	1 Normal notifical
Existing facility notified Date	ARM by 9/1/96	,		•	
2. New facility notified DARN	1 30 days prior to startu	p	·		
3. Facility failed to notify DA	RM to use general perm	uit			× I
PART II: CLASSIFICATIO Facility indicated on notifica (check appropriate box) A.					57 Fel 51 Sep 51 Jul
1. Existing small area sou dry-to-dry only, x<140 gal/ transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	yr d t t	lry-to-dry only, ransfer only, both types, x<	area source y, x<140 gal/yr x<200 gal/yr 140 gal/yr on or after 12/9/91)		30 Jan 9 255 g Fel 95 A
3. Existing large area sou dry-to-dry only, 140 <x<2,1 transfer only, 200<x<1,800 both types, 140<x<1,800 gr<br="">(constructed before 12/9/91</x<1,800></x<1,800 </x<2,1 	00 gal/yr d gal/yr t al/yr t	iry-to-dry only, ransfer only, both types, 14	y, 140 <x<2,100 gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,100>		Jan 47.
This is a correct facility classi	fication [OY ON			
If no, please check the approp	riate classification:				
☐ facility quali	fied for a general permi	it as number	3 above		j
☐ facility exces	eds above limits and is a	not eligible fo	r a general permit		
B. The total quantity of perch facility was 255 gallon		chased within	the preceding 12 mont	hs by this dry o	leaning

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

Note: This machine has a chiller (1.0. coldwater) which comes perc. there is to refrigerated cen liner - will have to check with warefacturer. (Ser add I notes).

В.	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	ΝП	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	Й. и
	Is the temperature differential equal to or greater than 20° F?	ПY	□N	OA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	N	DN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N	
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	_N □N	NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□И	DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	⊠N/A

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

PA	RT VI: LEAK DETECTION AND	REPAIR	S	. '		
1.	Does the responsible official conduct a	a weekly (for small s	sources, bi-weekly) leak detection as	nd rep	air
	inspection?				ПY	ПN
2.	Which method of detection is used by	the respon	nsible offic	cial?		
	Visual examination (condensed	solvent or	n exterior s	surfaces)		1
	Physical detection (airflow felt the	hrough ga	skets)			
	Odor (noticeable perc odor)					
	Use of direct-reading instrument	tation (FI	D/PID/calc	,	.	
	If using direct-reading instrum	entation	, is the equ	uipment:	4	l l
	a. Capable of detecting	perc vap	or concent	rations in a range of 0-500 ppm?	\Box Y	□N
	b. Calibrated against a (PID/FID only)?	standard	gas prior t	o and after each use	ПY	□N
	c. Inspected for leaks a	nd obviou	ıs signs of	wear on a weekly basis?	ПY	□N
	d. Kept in a clean and	secure are	ea when no	ot in use?	ПY	□N
				samples (calorimetric only)?	ПY	□N
3.	Has the facility maintained a leak log	?	•	• ,	ПY	Мiм
4.	Has the facility maintained a leak log? Does the responsible official check the Hose connections, fittings, couplings, and valves	followin	g areas for	leaks?		
	Hose connections, fittings,			100 Aucenely		ľ
	couplings, and valves	ПY	□N	Muck cookers	ПY	□N
	Door gaskets and seating	□Y	□N	Stills	ПY	□N
	Filter gaskets and seating	ПY	□N	Exhaust dampers	ПY	□N
	Pumps	ПY	□N	Diverter valves	ПY	□N
	Solvent tanks and containers	□Y	□N	Cartridge filter housings	ПY	□N
	Water separators	ПY	ПΝ			.
٤	JJie Woods Name of Responsible Offic	ial				
,	Pharles m Nos	c ma A)	21/1-97		
_(Inspector's Name (Please Pr	int)	<u>, </u>	Date of Inspe	ction	·
/	Shula m Mari	·4 /		Clloway	<i>C</i> 1	medzor ta
_	Inspector's Signature			Approximate Date of	Next I	nspection

ADDITIONAL SITE INFORMATION:

after initial inspection Letermined equipment needed refragration can lenser. Surformed Mrilands.

læsail he mag get new machine seine he Lo having problems un to the current one - It is so oed yer to are hard to Ortain, I told him if he diel git a new one to let me Know.

I let Copy of examples of leak check, temp check, leak sepair, and surchuses logs,

I left a corn of compliance plan quide lines I told lim to have it to me in 30 days.

Carrected permit no tili cation to show.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISC	COVERY 🚨
AIRS ID#: 0350242-1 FACILITY NAME: Wo FACILITY LOCATION: 8	ods Cli		IE OUT: <u>/000</u>
PART I: NOTIFICATION			
(check appropriate box)			
Existing facility notified DAR	LM by 9/1/96		ם ا
2. New facility notified DARM	30 days prior to sta	rtup	_ 0
3. Facility failed to notify DARM	A to use general pe	rmit	, D
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n form that it is:		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>) gal/yr al/yr</td><td>4. New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,100></td></x<2,100>) gal/yr al/yr	4. New large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,100>	
This is a correct facility classific	cation	□Y □N	
If no, please check the appropria	ate classification:		
	ed for a general per s above limits and i	mit as number above s not eligible for a general permit	
B. The total quantity of perchlor facility was 255 gallons.	roethylene (perc) p	urchased within the preceding 12 month	is by this dry cleaning

See remorks add linfo grape.

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				
2. Examining the containers for leakage?	□Y □N				
3. Closing and securing machine doors except during loading/unloading?	OY ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N				
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refri (complete A and B below).	gerated 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?	□У ЙИ				
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?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

	₹
B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream 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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	מם צם
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
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY ON

3 of 4

Problem corrected?

8. Maintained compliance plan, if applicable?

 $\square Y \square N$

□Y □N □N/A

PART VI: LEAK DETECTION AND R	EPAIRS	5				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?				ПY	□N	
2. Which method of detection is used by the	ne respon	sible offi	cial?			
Visual examination (condensed so	lvent on	exterior :	surfaces)			
Physical detection (airflow felt thr	ough gas	skets)				
Odor (noticeable perc odor)					·	
Use of direct-reading instrumental	tion (FID	/PID/cal	orimetric tubes)			
If using direct-reading instrume	ntation,	is the eq	uipment:			
a. Capable of detecting p	erc vapo	r concent	trations in a range of 0-500 ppm?	ПY	□N	
b. Calibrated against a st (PID/FID only)?	tandard g	gas prior	to and after each use	ПY	□N	
c. Inspected for leaks and	d obvious	s signs of	wear on a weekly basis?	ПY	□N	
d. Kept in a clean and se	cure area	a when no	ot in use?	ПY	□N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					□N	
3. Has the facility maintained a leak log?					□N	
4. Does the responsible official check the following areas for leaks?						
Hose connections, fittings, couplings, and valves	ΠY	□N	Muck cookers	ПY	□N	
Door gaskets and seating	ΠY	□N	Stills	ПY	□N	
Filter gaskets and seating	□Y	□N	Exhaust dampers	ПY	□N	
Pumps	□Y	□N	Diverter valves	ПY	□N	
Solvent tanks and containers	□Y	□N	Cartridge filter housings	ПY	□N	
Water separators	ПY	□N				
Name of Responsible Official Charles Morrow TAFELTE						
Inspector's Name (Please Prin	rt)		Date of Inspec	ction		

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1-502-7572411

Machinia DET DEK; 11-20-14

DISMIDURA # 1-013-2533191

Trobusiai 1-313-491-4550 ext 207

1-800-233-3593 #13 Service

Equip Sales - TAMPA - 813-253-3191 - Gary North

MF D:

1/21/97 Spope with Mr Famell Custible (technican)

He said refingirated condenser is wedel - the chiller

was not designed to do get B can Lenser.

Telegan

Telegan

Telegan

Telegan

1/21/97 Told Mr Woods he wanted have to relighed

Condenser

Telegan

1/24/97 Mr Woods 5 hill frying to find someone

BEST AVAILABLE

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COM	1PLAINT/DIS	COVERY	RE-INSPE	CTION [
TIME IN:	TIME OUT:	110	70	AIRS ID#: (33024	2_	
TYPE OF FACILITY: D.C.							
FACILITY NAME: (A)	a La Clean	reno.			DATE:	12/98	
FACILITY LOCATION: 40	11 Michigan 1	lve	-				
	nsacald FL	326	<u> </u>				
RESPONSIBLE OFFICIAL:	drie Lee wine	» <u>d</u>		PHONE NUMBE	R: <u>433-3</u>	071	
——	ne compliance requiremen ule 62-213.300, Florida A				acility is found to b	e in	
Based on the results of the discrepancies were noted	ne compliance requirement:	nts evalua	ated during this	inspection, the fo	ollowing complian	ce'	
COMPLIANCE REQU		EM			TION REQUIF		, .
A. NO LEAN CHELIC	017 hoss.				do Leite chiert		
* NO TEMPLAANAC		127			ich weekk		
* No Logil Porcher	دساب				has long	12 man	lani
),			12 mon	All valling	Intali.		
* Milliands of repa	no o		* Swan	of les time	Julio #	ditet	1.1
		,	per tom	- Lurial am	Julio The Like	$\overline{\delta}$.	
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					Mobil	<u></u>	
					<u>. ۵</u>	<u> </u>	
					Sources	1998 Monitori	<
							
COMMENTS: Pleand Kic pronueur imap. Fr Left phore calender :	piny / logo von	unit	1-tente	temp al	lecels sible	mid &	
Promision map - Fr	who full	Lucas	-	be sold o		,	<i>:</i>
Left phore calender +	for recording exp	plane	Ho Kingson.	Jacous 10	ef. Cond.		
I will come it was for	- to al la 12	2 220	Ath Also	de Diretas	a to to Ro.		
The Annual Compliance Certifica	tion form has been proper	rly certifi	ied and submit	ted to the inspecto	or. YES	NO	
DATE OF NEXT INSPECTION	: WU528	,	proximate)				
INSPECTION CONDUCTED B	ex: Charles No.	ת מוח					
INSPECTOR'S SIGNATURE:	We a Hour	(Pli	ease Print)	HONE NUMBEI	r: <u>595-8</u>	364	<i></i>

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V	GENERAL PE	ERMIT
COMPLIANCE	INSPECTION	CHECKLIST

COM BEAUCE I	INSI ECTION CHECKERS!
TYPE OF INSPECTION: ANNUAL	
RE-INSPECTIO	,
277-010 3/010	38:
AIRS ID#: OSSO 29 LDATE: VILLE	TIME IN: 0945 TIME OUT: 1/100
FACILITY NAME: Wood of Clo	inina
FACILITY LOCATION: 804 Michie	· ^
	LFL 32505.
	- I
RESPONSIBLE OFFICIAL: Eddie Lee	Uned PHONE: 433 - 307/(850)
CONTACT NAME: Extlie Lee Wa	PHONE: Same
CONTACT NAME ENGLE FLEE SOL	Indice.
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source □	2. New small area source □
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Y ON OCan not determine Party Line
5. This is a correct facility classification	The desirement of the state of
If no, please check the appropriate classific	cation:
☐ facility qualified for a ge	
	nits and is not eligible for a general permit

B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was $\cancel{178}$ gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? No routing - just AVA UN YE NO YO 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? N/A UD YE

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been cheeked, 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? Add de d r NO YO EY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

A/MØ

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated 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? The time his inspector deline air in spector deline air in spector deline air in spector deline air in specific air i

□Y □N □N/A

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?	OY N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/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?	OY ON BIN/A
	Is the perc concentration equal to or less than 100 ppm?	ANNE NO YO
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?	OY ON DAN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON BIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	AME NO YO

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes) Wayned	
(check appropriate boxes) 1. Maintained receipts for perc purchased? canida thank from some care company	MA ON
2. Maintained rolling monthly averages of perc consumption?	NE YO
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	A/אם אולם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	A/W NO YO
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ∰N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	A/NÆ NO YO
6. Maintained startup/shutdown/malfunction plan?	NO YO
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

P.	ART VI: LEAK DETECTION AND R	REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			DA ZIM				
2.	Has the facility maintained a leak log?			ПХ ØИ				
3.	Does the responsible official check the	:						
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A				
	Door gaskets and seating	OY ON ON/A	Stills	DY ON ON/A				
	Filter gaskets and seating	OY DN ON/A	Exhaust dampers	DY BINDINA				
	Pumps	OY DN ON/A	Diverter valves	DY DINA				
	Solvent tanks and containers	A/NO NŒ YO	Cartridge filter housings	DY DN DN/A				
	Water separators	OY ON ON/A	_					
4.	Which method of detection is used by the	he responsible official? \mathcal{J}	TEDONG.					
	Visual examination (condensed so	olvent on exterior surfaces)					
	Physical detection (airflow felt the	rough gaskets)						
	Odor (noticeable perc odor)	`⊠						
	Use of direct-reading instrumenta							
	Halogen leak detector							
	If using direct-reading instr	DN/A						
	DY DN							
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	DY DN				
	c. Inspected for leaks an	d obvious signs of wear or	n a weekly basis?	□У □И				
	-	ecure area when not in use	-	OY ON				
	•	by use of duplicate sample		□У □И				
		•						
-								
_((Mar Les Neamon) 3/12/18							
	Inspector's Name (Please Prin	nt)	Date of Inspe	ection				
/	Mer 99							
L	Inspector's Signature		Approximate Date of	Next Inspection				

61 Baldano

ADDITIONAL SITE INFORMATION:

Equipo Di=TAL=X - Dil 1 to Dil 1 - 27985 machine;
Equipo Di= MI=X - Dil 1 to Dil 1 - 27785 macrum.
DRYED > Heyt - The Profession Line Solvo-Miler
Scho - Miler
Perc Purchasi (South motatta) Dhoney Sinch Co
Def Cand Oct 97
Phanix Supply la.
Phenix Supply la. 2717 Suand Ave South
Birming ham Al. 35233-2703
(365) 328-8147
(800) 626-8428 "Ruth Leath
man 97 Le 11/2-31/00 /man 97 Le 11/1/298
· No Pere Prochaitatols 178 gallers
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51- Jun 25 97
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SI - Die 3 97
II /

RECVIENTION D



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MAR 2 5 1998

Bureau of Air Monitoring

(9	& Mobile Sources
FACILITY NAME: WOOD'S CLEANERS	DATE: <u>3-/2-98</u>
FACILITY LOCATION: SOCI Michigan DV 4	
Annual Reporting Period: 2-/2 1997TO 3	<u>-12 - 1978</u>
Based on each term or condition of the Title V general air permit, my facility has remained in complete 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 recent of least + temperated for Danie / Least + Time chicks we Exact period of non-compliance: from 2-12-97 to 3 Action(s) taken to achieve compliance: set up log the with Method used to demonstrate compliance: Keep records #2. Term or condition of the general permit that has not been in continuous compliance during the action of the general permit that has not been in continuous compliance during the action of the general permit that has not been in continuous compliance during the action of the general permit that has not been in continuous compliance during the action of the general permit that has not been in continuous compliance during the action of the general permit that has not been in continuous compliance during the action of the general permit that has not been in continuous compliance during the action of the general permit that has not been in continuous compliance during the action of the general permit that has not been in continuous compliance.	H calender
Exact period of non-compliance: from 2-12-97 to	07-97
Action(s) taken to achieve compliance: Inspalled Refriger Wolf Con Vanar Method used to demonstrate compliance: Equipment is inspalled.	TA/led
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of percupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry fayear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	hloroethylene solvent, based

^{*}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.

A (10/10/96)
Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Wood's Clenwons DATE: 9/23/9
FACILITY LOCATION: 8 04 Milig A W NVC
FACILITY LOCATION: 8 A Michig AWNUR Pensocola FL 32505
Annual Reporting Period: 3/12/98 19 TO 9/23/99 19
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
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 FAIL TO REPAIN LEAK IN JOOT
Exact period of non-compliance: from $\frac{9/9/99}{}$ to $\frac{9/23/99}{}$
Action(s) taken to achieve compliance: Fix /en/L
Method used to demonstrate compliance: No leaks
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above FAITED to KEEP ROLLING 12-MONTH to ALS Sperc purch Exact period of non-compliance: from 3/2/98 to 9/23/99 Action(s) taken to achieve compliance: OBMINAGCORDS FROM VENDOL AND KEEP UP.
Method used to demonstrate compliance: MAINTAIN RECEASE
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement 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
*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. Page of Page of

TI E V AIR QUALITY GENERAL PE 11T INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL-X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 845 A	TIME OUT: 1	940 AIRS ID#: 0330242
TYPE OF FACILITY: DC		
FACILITY NAME: WOO	I's Clenners	DATE: 9/23/99
FACILITY LOCATION: 80		
· ———	NSA COIN FL	32505
RESPONSIBLE OFFICIAL:	. \ (` > D	PHONE NUMBER: 433 307/
RESTONSIBLE OF FICIAL.	3414 //	THE NOTE AND THE STATE OF THE S
	he compliance requirements ule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the discrepancies were noted	•	evaluated during this inspection, the following compliance
COMPLIANCE REQU	IREMENT/PROBLE	
Nel repaired or n	onts or level as showed look since	Repair. For action to hay was to
	erc ret done.	Catch up as eppained from vend
		Fullow-up: obtained seconds from
		land of pacific.
COMMENTS:		
The Annual Compliance Certifica	tion form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION	v: 6 mos	
INSPECTION CONDUCTED I		(Approximate) (CrmA) (Please Print)
INSPECTOR'S SIGNATURE	Youla MIL	PHONE NUMBER: 595-8364
	Pa	ge 1of 1. X 1222 Revised 10/96

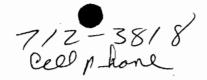
BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	ام م	2 VISITUS-3	nme on,	
AIRS ID#.033 0 24 2_ FACILITY NAME: WOO	DATE: 9/23/99	TIME I	N: 845A TIM	1Е ОUТ: <u>Ф</u>	30A 40P
FACILITY LOCATION:8	, ou michiga	o Ave	<u>. </u>		
	LENSACOLA FL		Sos		
RESPONSIBLE OFFICIAL	Eddie Lee Wood	1	PHONE: 433	-307	<u>/</u>
CONTACT NAME:	SAME		PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup				
2. Facility failed to notify DAR	M to use general permit				
PARTH CLASSIFICATION					
PART II: CLASSIFICATION					
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notification for ☐ Drop store/out of		roleum
A. 1. Existing small area sour dry-to-dry only, x < 140 gale transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr dry tran bot	nsfer only, x h types, x <	x < 140 gal/yr < 200 gal/yr		٠.
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr dry 00 gal/yr trar gal/yr bot	nsfer only, 20 h types, 140	rea source , $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	Π	
5. This is a correct facility c	lassification	< ⋈ ⋈	Can not determin	е .	
☐ facil	appropriate classification ity qualified for a general ity exceeds above limits a	permit as nu			
B. The total quantity of perchlo facility was 127 gallons					
Has been a la	rgein - suot:	c. Mee	to contral	regu	nemous

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? MO AO 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DAY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DDN/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) \square 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO YO condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the אולפל אם אם 🗚 condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after N□ Y verifying that the coolant had been completely charged?



B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d ON ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אומם אם אם
Is the temperature differential equal to or greater than 20° F?	אומב אם צם
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?	DY DN BN/A
Is the perc concentration equal to or less than 100 ppm?	באומל מם צם
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?	DY DN BN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DY DIN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	אועם אם אם

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/NO NE 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 A/N D N/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? BY DN 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
ins	spection?			NO AE	
2. Ha	s the facility maintained a leak log	?		MO AE	
3. Do	3. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	DAY ON ON/A	Stills	אואם אם צם	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON MIN/A	
	Pumps	ØY ON ON/A	Diverter valves	OY ON MN/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	Y ON ON/A			
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)				4	
Physical detection (airflow felt through gaskets)			B		
Odor (noticeable perc odor)				_ 0	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON	
c. Inspected for leaks and obvious signs of wear on a weekly basis?				OY ON	
	OY ON				
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				□Y □N	
				•	

Moslos NORman	8-12 mos.
Inspector's Name (Please Print)	Date of Inspection
(Stewler Home	6 mas.
Inspector's Signature	Approximate Date of Next Inspection

Perc lealing from drem door. Lealing around gasket. Mr wood says it was it occassionally. Catches I in a plastic battle positioned at bottom & Loor & pains in to button trop. mr. wood scrip he las not ordered any parts to repair "I . (Ichson es this). . . leading into Ales Tero bottle . (seems to be juit a few frops per · No records of temp checks, leak check Brought in Intu, Site. Said he has at home. Lo Rolling totals not some. Receipts on site couldn't Litermino fall were found, Cetting to tal tran wender ; Explained to Mr Wood Y Ms 6 reflith frow to do running total Re Leabing Pere: Turned over to 14A2 Waste who issued warning letter & is taking action

Planif Suply Co. 205. 328.8147 Cust # 42-31/00

4 Nov 98 - B1 gal

12 Avg98 - 25 gal

- may 99 - 51 gal

MATCheo in vaise printant recieved fram vendor at a later time

Problem with last repair was turned over to Hay. Waste fer action,

asses fand in pland: Mory a. Griffith

12053288147

P. 01

9-23-79

09/23/99 (INV006)

PHENIX SUPPLY CO. CUSTOMER PERC SALES REPORT

B038531 05/12/99

PAGE. 1

CUST# SHIPPING ADDRESS

INVOICE DATE

HETT

DESCRIPTION

QTY UN

4231100 WOOD'S CLEANERS

804 W. NICHIGAN AVE. PENSACOLA FL 32505 B033390 08/12/98 1300011 B035019 11/04/98

PERC *DOMPER* - BULK

25.0 GL

51.0 GL 51.0 GL

TOTAL GALLONS:

127.0

atten: Charles Norman

FOR Jan 98 Harre Sep 99

9/28/99 Refrigerated land, - Could down temp-wood

Woods	Cleaners	
9:53	57°F	
9:54	55	
91,55	53	
9:56	_52	
9:57	50	
9:58	49	
9:59	47	
16:00	46	
10:01	45	
10:02	47	
16:03	49	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 X	COMPLAIN	T/DISCOVERY	
AIRS ID#: <u>0330242</u> D				TIME OUT://	45
FACILITY NAME: <u>1000</u>	NS CL	ENNE	-NS		
FACILITY LOCATION:	04 M1	chign	NAVe	RE	· · ·
to	nsecola	s te	3250	5	CELL
RESPONSIBLE OFFICIAL:			PHONE:	Bu SUL	0>
CONTACT NAME:			PHONE:	Rureau of Air & Mobile S	2000
				- Ulle S	Monit
PART I: NOTIFICATION	·				. 68
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to starti	ир			
2. Facility failed to notify DARM	• •	-			
			·		
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	n form that it is:		No notification	out of business/pe	roleum
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)	r	transfer only, x both types, x <	y, x < 140 gal/yr x < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr gal/yr al/yr	transfer only, 2 both types, 140	area source y, $140 \le x \le 2,10$ $200 \le x \le 1,800$ g $0 \le x \le 1,800$ gal n or after $12/9/91$	gal/yr /yr	
5. This is a correct facility class	ssification	OY ON	□Can not de	termine	
-	ppropriate classificat y qualified for a gene y exceeds above limi	eral permit as n			

TI E V AIR QUALITY GENERAL PE IIT INSPECTION SUMMARY REPORT

TORREST TO COMPARE OF A STATE OF A CHARGE RESPECTABLE WAS A CONTRACT OF A STATE OF A STA

TYPE OF INSPECTION: ANNUAL COM	APLAIN I/DISCOVERY KE-INSPECTION
TIME IN: 1135 TIME OUT: 1145	AIRS ID#: 0330242
TYPE OF FACILITY: DC	
FACILITY NAME: Wood'S Clorustes	DATE: 7/5/10
FACILITY LOCATION: 804 Michigan Az	10
i.7	505
RESPONSIBLE OFFICIAL: Eddie Woods	PHONE NUMBER: 944-5151
Based on the results of the compliance requirements evaluate	ated during this inspection, the facility is found to be in
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluate	ated during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Y-OF-BUSINESS
- NNC/IVE - OU	1-01-005/1025
 	
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sas moss els éalune. Tel ophine	conservation with him 7/5/00-
n dicates business is to wood	of human owner-Future of
Sife is UNIKOWK,	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector.
DATE OF NEXT INSPECTION: NONCE	(Am)
	proximate)
INSPECTION CONDUCTED BY: (\$\lambda 21 = \lambda 1/	WANTA N
	ease Print)
INSPECTOR'S SIGNATURE:	MUCPHONE NUMBER:

Page of .

Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 102548 APR11 2001

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 # 0330242

WOOD'S CLEANERS EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



7653 Woods Rd. Pensacola, FL 32526





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

3231273030

completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID 0330242	following extra fee does not 1. a number. 2. the date Consult 4a. Article Number	Addressee's Address Restricted Delivery postmaster for fee.
RETURN ADDRESS comp	EDDIE LEE WOOD EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505 5. Received By: (Print Name)	4b. Service Type Registered Express Mail Return Receipt for Me 7. Date of Delivery 8. Addressee's Addresseand fee is paid)	S ou for
Is your RE	6. Signature: (Addressee or Agent) - X PS Form 3811, December 1994		stic Return Receipt

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JS Postal Service Receipt for Cert No Insurance Coverage I	
an not use for Internation	AIRS ID 0330242
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Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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rse side?	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you.	ολίια 100).
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not 1. Addressee's Address e number. d the date 2. Restricted Delivery Consult postmaster for fee.
the r	■Write 'Return Receipt Requested' on the mailpiece below the articl ■The Return Receipt will show to whom the article was delivered an	
on #	delivered.	Consult postmaster for fee.
completed	3. Article Addressed to:	4a Arricle Number 1740 52039
E	AIRSTD # 03302	·
Ξ.	WOOD'S CLEANERS	Registered Certified
DRESS	EDDIE LEE WOOD	☐ Express Mail ☐ Insured
至	804 MICHIGAN AVENUE	☐ Return Receipt for Merchandise ☐ COD
ğ	ESCAMBIA FL 32505	7. Date of Delivery
Z		2-27-59
RETUR	5. Received By: (Print Name)	Addressee's Address (Only if requested and fee is paid)
s your <u>!</u>	6. Signature: (Addrassee or Agent)	·
	PS Form 3811 , December 1994	2595-97-B-0179 Domestic Return Receipt

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P 174 052 039	$\sqrt{}$
US Postal Service	
Receipt for Certified Mail	
No Insurance Coverage Provided.	
Do not use for International Mail (See reverse) AIRS ID # 03302	242
WOOD'S CLEANERS	_
EDDIE LEE WOOD	
04 MICHIGAN AVENUE	
ESCAMBIA FL 32505	
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SENDER: Complete items 1 and/or 2 for additio Complete items 3, 4a, and 4b. Print your name and address on the reard to you.		e can return this	I also wish to re- following service extra fee):	
Attach this form to the front of the ma permit.	ilpiece, or on the back if spa	ce does not	1. 🗆 Address	see's Address
■Write "Return Receipt Requested" on ■The Return Receipt will show to whor			2. Restrict	ed Delivery
delivered.	ii tile aiticle was delivered ai	io ine date	Consult postmas	ster for fee.
3. Article Addressed to:	-	4a. Article N	umber	
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804 MICHIGAN AVENUE	•	☐ Express	Mail	☐ Insured
ESCAMBIA FL 32505		☐ Return Re	ceipt for Merchandis	e 🗆 COD
		7. Date of D	elivery	
5. Received By: (Print Name)	ο Λ	8. Addresse and fee is	e's Address (Only paid)	if requested
6. Signature: (Addressee or Age	ent) N			
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	Certified Fee	
	Special Delivery Fee	
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199	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
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US Postal Service '

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 0330242

WOOD'S CLEANERS EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	_
1999	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whorn, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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. AIRS ID # 0330242* WOOD'S CLEANERS EDDIE LEE WOOD	A. Received by (Please Print, Clearly) C. Signature X
804 MICHIGAN AVENUE ESCAMBIA FL 32505	3. Service Type Service Type
2. Article Number (Copy from service lebel).	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE

PM STONE ROAD

STONE ROAD

SSEE, FLORIDA SCORE & Total Postage & Fees-Paid USPS

Permit No. G-10

PROL

STONE ROAD

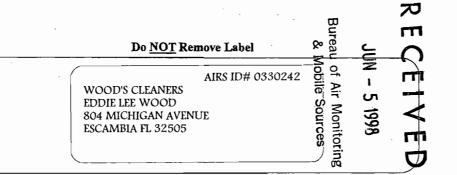
SSEE, FLORIDA SCORE & Total Postage & Total

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Lase 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 MAIL ROOM



JUN -3 98

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393210

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

| RECEIVED | PLAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0330242

WOOD'S CLEANERS **EDDIE LEE WOOD 804 MICHIGAN AVENUE** ESCAMBIA FL 32505

Bureau of Air Monitoring 8. Mobile Sources MAR - 8 2000

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

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US Postal Service

Receipt for Certified Mail No Insurance Coverage Provided.

Do not use for International Mail (See rayarsa)

AIRS ID# 0330242

WOOD'S CLEANERS EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505

	Certified Fee	
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April 1995	Return Receipt Showing to Whom & Date Delivered	
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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you.	we can return this	i also wish to red following service extra fee):	
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AIRS ID# 0330242 WOOD'S CLEANERS EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505	4b. Service ☐ Registere ☐ Express	Type ad Mail ceipt for Merchandise	Certified Insured
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addresse and fee is	e's Address (Only paid)	if requested

PS Form 3811, December 1994

First-Class Mail UNITED STATES POSTAL SERVICE Postage & Fees Paid USPS Permit No. G-10 Print your name, address, and ZIP Code in this box ● DARM/MOBILE SOURCE CONTROL PROBREM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Onitoring Tallandahallahallandahallahlandahallanda



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM MAR-3 99

TOTAL AMOUNT DUE: \$50.00

V

Do NOT Remove Label

AIRS ID # 0330242

WOOD'S CLEANERS EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	 Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
N ADDRESS completed o	3. Article Addressed to: AIRS ID # 0330242 WOOD'S CLEANERS EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505	4a. Article Number 22066333 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery		for using Return
Is your RETUF	5. Received By: (Print Name) 6. Signature: (Addressee of Agent) PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank you

	Z 570 P	Ьļ	323
F	Receipt for Cert to Insurance Coverage P to not use for Internation Sent to	rovid	ed.
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PS Form 3800, April 1995	Postmark or Date		

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, 	A. Received by (Please Print Clearly) B. Date of Delivery 2-12- C. Signature Agent				
or on the front if space permits.	D. Is delivery address different from item 1? Yes				
Article Addressed to:	If YES, enter delivery address below:				
WOOD'S CLEANERS EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505	3. Service Type Y Certified Mail				
	4. Restricted Delivery? (Extra Fee)				
2. Article Number (Copy from service label) 7000 0600 0026 4127 4157					
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789				
K.					

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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بے ا	Return Receipt Fee (Endorsement Required)		Here	
0 0 2 L	Restricted Delivery Fee (Endorsement Required)			
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7000	City, St:		See Reverse for Instruction	

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Îħ,	PSFol				astructions	

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Mara Florida	
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD AT DOTTED LINE	LETE THIS SECTION ON DELIVERY B. Date of Delivery
 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. 	DEJORESWHERER 3-1701 C. Signature X Selbres Wheelu Addressee
1 Article Addressed to:	D. Is delivery address different from item 1?
WOOD'S CLEANERS EDDIE LEE WOOD 14 MICHIGAN AVENUE	
SCAMBIA FL 32505	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Copy from service label) 1744	
PS Form 3811, Júly 1999 Domestic	Return Receipt 102595-99-M-1789

United States Postal Service



First-Class Mail Postage & Fees Paid USPS

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

BUR. OF AIR MONITORING & MOBILE SURCES MAIL STATION 5510
2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2300 Mail Station 100 Mail Station 1

nergetijne Fold at line over top of envelope to SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete B. Date of Delivery 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. D. Is delivery address different from them.

If YES, enter delivery address below: 1. Article Addressed to: AIRS ID # 0330242 DD'S CLEANERS 'E LEE WOOD IICHIGAN AVENUE 3. Service Type Certified Mail **MBIA FL 32505** ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D. ☐ Insured Mail Z 210662 227 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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US Postal Service Receipt for Certified Mail				
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Certified Fee				
Special Delivery Fee				
Restricted Delivery Fee				
Return Receipt Showing to Whom & Date Delivered				
Return Receipt Showing to Whom, Date, & Addressee's Address				
TOTAL Postage & Fees	\$			
Postmark or Date				
	US Postal Service Receipt for Cert Receipt for Cert Coverage F COOD'S CLEANERS DIE LEE WOOD MICHIGAN AVENUE CAMBIA FL 32505 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees			

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

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ET NOTICE

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7000 0520 0020 9372 5134





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10 AIRS ID # 0330242001AG EDDIE LEE WOOD WOOD'S CLEANERS 804 MICHIGAN AVENUE ESCAMBIA FL 32505

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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 	A. Received by (Please Print Clearly) B. Date of Delivery
 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 03,30242001AG EDDIE LEE WOOD WOOD'S CLEANERS	
804 MICHIGAN AVENUE ESCAMBIA FL 32505	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
10000520002097535134	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic F	eturn Receipt 102595-00-M-0952
·	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
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9 9 9	Postage \$ Certified Fee
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0520	Total Posta; 10 AIRS ID # 0330242001AG Recipient' EDDIE LEE WOOD WOOD'S CLEANERS
2000	Street, Apt. 1804 MICHIGAN AVENUE ESCAMBIA FL 32505

PS Form 3800, February 2000 See Reverse for Instructions