



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.

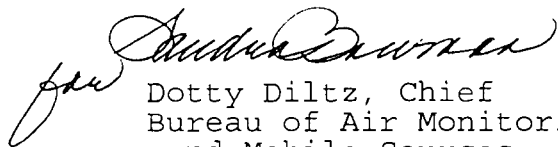
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

CORRECTED 2-12-97

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

FEB 17 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Eddie Lee Wood OWNER.
2. Site Name (For example, plant name or number):	WOOD'S CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: PENSACOLA County: ESCAMBIA Zip Code: 32505	804 MICHIGAN AVE
5. Facility Identification Number (DEP Use):	0330242

Responsible Official

6. Name and Title of Responsible Official:	Eddie Lee Wood OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: PENSACOLA County: ESCAMBIA Zip Code: 32505	WOODS CLEANERS 804 MICHIGAN AVE
8. Responsible Official Telephone Number: Telephone: (904) 433-3071 Fax: () -	

Facility Contact (If different from Responsible Official)

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

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>DETREX</i>									
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<i>1</i>	<i>9-85</i>	<i>9-85 8-86</i>		<i>21297</i>				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Eddie Wood
Eddie Wood

Signature

2-12-97
1-21-97

Date



Jeb Bush
Governor

Department of Environmental Protection

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

"More Protection, Less Process"

Printed on recycled paper.



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.

Wood's Cleaners is no longer in Business

TOTAL AMOUNT DUE: \$50.00

*Boiler is still there but not operating. Thank you
Eddie Wood*

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: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
DEC 13 2000
Bureau of Air Monitor
& Mobile Sour

Eddie Wood
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.

Wood's Cleaners is no longer in Business

TOTAL AMOUNT DUE: \$50.00

*Boiler is still there but not operating. Thank you
Eddie Wood*

Do **NOT** Remove Label

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

AIRS ID # 0330242

RECEIVED
DEC 15 2000
Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

*27 Feb 97
0330242
Inactivate*

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1030 TIME OUT: 1215 AIRS ID#: ~~None~~ 0330242
 TYPE OF FACILITY: D.C.
 FACILITY NAME: WOODS CLEANERS DATE: 2/12/97
 FACILITY LOCATION: 804 MICHIGAN AVE
 PENSACOLA, FL 32505
 RESPONSIBLE OFFICIAL: EDDIE WOODS PHONE NUMBER: 904-433-3071

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO LEAK INSPECTIONS DONE ROUTINELY	DO LEAK DETECTIONS AS I DESCRIBED TO YOU (WEEKLY)
NO TEMP GAGE FOR MONITORING PERC AIR STREAM	INSTALL TEMP EQUIP TO MEASURE AIR/PERC STREAM TEMP.
NO LEAK OR TEMP MONITORING RECORDS.	WHEN TEMP GAGE IS INSTALLED BEGIN TEMP MONITORING LOGS / USE LEAK LOGS AS DESCRIBED (WEEKLY)
NO ROLLING MONTHLY TOTALS	USE TOTALS LOGS AS I DESCRIBED.
MFP: 1-21-97 - Told Mr Woods he needed ref. card added.	
Followed up inspection on 2-12-97 to explain compliance guidelines. Use of Mr Woods had any questions. Also corrected permit notification.	

COMMENTS: ① AIBED TO DETERMINING HOW TO MONITOR TEMP & WHAT NEEDS TO BE DONE BY CONTACTING VENDOR. Follow-up: it does.

② Left copy of separator water policy. ③ Completed "Notification"

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

DATE OF NEXT INSPECTION: Jan 98 (Approximate)
 INSPECTION CONDUCTED BY: CHARLOS M NORMAN (Please Print)
 INSPECTOR'S SIGNATURE: *Charlos M Norman* PHONE NUMBER: 444-8361

③ If you get a new machine to replace this one notify me - we'll re-do your permit. Page 1 of 1

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0330942 DATE: 21 Jan 97 TIME IN: 1030 TIME OUT: 1215
FACILITY NAME: WOODS CLEANERS
FACILITY LOCATION: 804 Michigan Ave
Pensacola FL 32505

PART I: NOTIFICATION

(check appropriate box) Note: Stopped in on 1/15/97 but Mr Woods not in; left permit
1. Existing facility notified DARM by 9/1/96
2. New facility notified DARM 30 days prior to startup
3. Facility failed to notify DARM to use general permit

Notification

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

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

This is a correct facility classification Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number 3 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 255 gallons.

1996
52 Feb
51 Sep
51 Jul
51 May
30 Jan 97
255 gal
Feb 95 to
Jan 97.

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? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

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

Note: This machine has a chiller ~~for~~ (i.e. cold water) which cools per. There is no refrigerated condenser - will have to check with manufacturer. (See add'l notes).

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or, Y N
 - 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) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

Eddie Woods
Name of Responsible Official

Charles M. Norman
Inspector's Name (Please Print)

Charles M. Norman
Inspector's Signature

21 Jan 97
Date of Inspection

Follow-up in a week or two,
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

After initial inspection determined equipment needed refrigerated can dispenser. I informed Mr. Adams.

He said he may get new machine since he's having problems with the current one - It is so old parts are hard to obtain. I told him if he did get a new one to let me know.

I left copy of examples of leak check, temp check, leak repair, and purchases logs.

I left a copy of compliance plan guidelines & told him to have it to me in 30 days.

Corrected permit notification to show control device needed to be installed.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0350242 DATE: 2-12-97 TIME IN: 0900 TIME OUT: 1000
FACILITY NAME: Woods Cleaners
FACILITY LOCATION: 804 Melhigan Ave
Pensacola FL 32505

PART I: NOTIFICATION

(check appropriate box)

- Existing facility notified DARM by 9/1/96
- New facility notified DARM 30 days prior to startup
- Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.

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

This is a correct facility classification Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number 3 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 255 gallons.

See remarks/add'l info page.

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? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

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

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
Is the temperature differential equal to or greater than 20° F? Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N
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? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N
 - 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)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

Eddie Woods
Name of Responsible Official

Charles M. Norman
Inspector's Name (Please Print)

[Signature]
Inspector's Signature

12 Feb 98
Date of Inspection

Feb 98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1-502-752-2411

Machine: DETROIT; 11-20-H

Distributor # 1-813-253-3191

Technician 1-313-491-4550 ext 207

1-800-233-3593 #13 Service

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

MFR:

1/21/97 Spoke with Mr Farrell Cuatello (technician)
He said refrigerated condenser is needed - the chiller
was not designed to do job of condenser.

Telephone

1/21/97 Told Mr Woods he wanted here to retrofit
condenser

Telephone

1/24/97 Mr Woods still trying to find someone
to do retrofit.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0915 TIME OUT: 1100 AIRS ID#: 0330242
 TYPE OF FACILITY: D.C.
 FACILITY NAME: Ward's Cleaners DATE: 3/12/98
 FACILITY LOCATION: 504 Michigan Ave
Rensselaer FL 32505
 RESPONSIBLE OFFICIAL: Ednie Lee Wood PHONE NUMBER: 433-3071

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
* NO LEAK CHECK ON HOSES	* Set up routine to do leak check weekly / log
* NO REMEDIATION CHECK RECORDS	* Log temperature leak weekly (< 25°F)
* NO Log of Pesticide Purchases	* Set up Pesticide Purchase logs & maintain
* No records of repairs	12 month rolling total
	* Set up log time leaks detected per to record and leak fixed.

RECEIVED
 MAR 25 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: Record Keeping / logs require / - leak & temp checks explained at previous insp - Facility did follow up ~~with~~ by adding Ref. Card. Left pare calendar for recording - explanation. I will contact vendor to set up 12 month Pesticide purchase to table.

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

DATE OF NEXT INSPECTION: MAR 98 (Approximate)

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 595-8364

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0330242 DATE: 3/12/98 TIME IN: 0945 TIME OUT: 1100
FACILITY NAME: Wood's Cleaners
FACILITY LOCATION: 804 Melujan Ave.
Pensacola FL 32505
RESPONSIBLE OFFICIAL: Eddie Lee Wood PHONE: 433-3071 (850)
CONTACT NAME: Eddie Lee Wood PHONE: same

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

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

A.

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

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

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 178 gallons.

*Pending Perc # 1/15
Check*

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? *No routinely - just if hoses etc.* Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? *Added ref. cond. Oct 97.* Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? *questionable: Inspector didn't see it get to 45°F - lowest saw was 55 - didn't have cube time.* Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? *couldn't find* ^{manually} *unit cost company* Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

Charles Neiman

Inspector's Name (Please Print)

3/12/98

Date of Inspection

Charles Neiman

Inspector's Signature

Mar 99

Approximate Date of Next Inspection

W. J. Ballard

ADDITIONAL SITE INFORMATION:

Equip: DEXMEX — Dry to Dry — 21985 machine;

DRYER → Hoyt - The Professional Line
Schroeder - Miller

Pure Purchases:

(Said to installed
Ref. Card Oct 97)

PHENIX Supply Co.

2717 Second Ave South

Birmingham AL 35233-2703

(205) 328-8147

(800) 626-8428 "Ruth" Leath

cust # 42-31100

- No Pure Purchase Totals
- No Leak checks.
- No Temp checks

1 Mar 97 to 1 Mar 98

178 gallons.

25 - Mar 26 97

51 - Jun 25 97

51 - Sep 21 97

51 - Dec 3 97



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MAR 25 1998

Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: WOOD'S CLEANERS DATE: 3-12-98
FACILITY LOCATION: 804 Michigan Ave Pensacola FL 32505

Annual Reporting Period: 2-12-1997 TO 3-12-1998

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

If NO, complete the following:

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

Records of leak & temperature checks NOT DONE / leak & Temp checks not done / Rolling Avg. of Perchloroethylene NOT DONE

Exact period of non-compliance: from 2-12-97 to 3-12-98

Action(s) taken to achieve compliance: set up log with calendar

Method used to demonstrate compliance: keep records

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

Operated without refrigerated condenser

Exact period of non-compliance: from 2-12-97 to Oct-97

Action(s) taken to achieve compliance: Installed Refrigerated Condenser

Method used to demonstrate compliance: Equipment is installed

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: Eddie Wood Eddie Wood 3-12-98
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.

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

FACILITY NAME: Wood's Cleaners DATE: 9/23/99
 FACILITY LOCATION: 804 Michigan Ave
Pensacola 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 NO

If NO, complete the following:

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

Failed to REPAIR LEAK in DOOR
 Exact period of non-compliance: from 9/9/99 to 9/23/99
 Action(s) taken to achieve compliance: Fix LEAK
 Method used to demonstrate compliance: No LEAKS

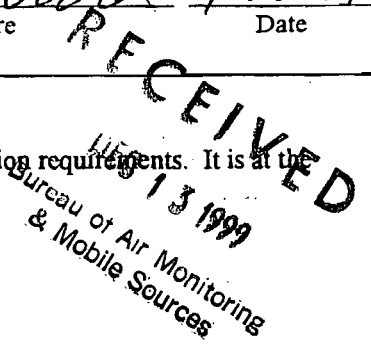
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Failed to Keep Rolling 12-MONTH totals of perc purchases
 Exact period of non-compliance: from 3/12/98 to 9/23/99
 Action(s) taken to achieve compliance: OBTAIN RECORDS FROM VENDOR AND Keep up.
 Method used to demonstrate compliance: MAINTAIN RECORDS

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: Eddie Wood Eddie Wood 9-23-99
 Name (Please Print) Signature Date

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



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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 845A TIME OUT: 1240 AIRS ID#: 0330242
 TYPE OF FACILITY: DC
 FACILITY NAME: Wood's Cleaners DATE: 9/23/99
 FACILITY LOCATION: 804 Michigan Ave
Pensacola FL 32505
 RESPONSIBLE OFFICIAL: Eddie Lee Wood PHONE NUMBER: 433 3071

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
LEAKS from door of drum. Not repaired or parts ordered as this insp. Mr Wood showed leak since 6/9/99	Repair. Turned over to haz. waste for action.
Rolling to table since not done.	Catch up as explained ordered information on purchases from vendor
	Follow-up: obtained records from vendor - matches records on hand at facility.

COMMENTS:

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

DATE OF NEXT INSPECTION: 6 mos (Approximate)

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 595-8364

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

2 visits - same day

AIRS ID#: 0330242 DATE: 9/23/99 TIME IN: 845A TIME OUT: 930A
1000A 1240P

FACILITY NAME: WOOD'S CLEANERS

FACILITY LOCATION: 804 Michigan Ave
PENSACOLA FL 32505

RESPONSIBLE OFFICIAL: Eddie Lee Wood PHONE: 433-3071

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 DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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

A.

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

- 5. This is a correct facility classification Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number 1 above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 127 gallons.

Note: This is a change from previous cat. classification

*Has been a large in past. Meets central requirements
for a large facility. May bounce across
classification. Revised 9/15/97*

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

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

712-3818
Cell phone

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?
Is the temperature differential equal to or greater than 20° F?
 Y N N/A
 Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?
Is the perc concentration equal to or less than 100 ppm?
 Y N N/A
 Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?
 Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?
 Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times?
 Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N N/A

Door gaskets and seating Y N N/A

Filter gaskets and seating Y N N/A

Pumps Y N N/A

Solvent tanks and containers Y N N/A

Water separators Y N N/A

Muck cookers Y N N/A

Stills Y N N/A

Exhaust dampers Y N N/A

Diverter valves Y N N/A

Cartridge filter housings Y N N/A

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Charles Norman
Inspector's Name (Please Print)

Charles Norman
Inspector's Signature

8-12 mos.
Date of Inspection

6 mos.
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Perc leaking from drum door. Leaking around gasket. Mr Wood says it ~~leaks~~ it occasionally. Catches it in a plastic bottle positioned at bottom of door & pours in to button trap. Mr. Wood says he has ~~not~~ ordered any parts to repair it. (I observed this). i.e. leaking into plastic bottle. (seems to be just a few drops per hr)

- No records of temp checks, leak check records ~~on~~ ON site. Said he has at home. Brought in later.

↳ Rolling totals not done. Receipts on site couldn't determine if all were found, Getting totals from vendor.

Explained to Mr Wood & Ms Griffith how to do running total

Re Leaking Perc: Turned over to HAZ Waste who issued warning letter & is taking action.

800-626-8428
Phenix Supply Co. 205-328-8147 CUST #
42-31100

5/16/99
4 Nov 98 - 51 gal
12 Aug 98 - 25 gal
May 99 - 51 gal } FROM INVOICES
FOUND ON SITE.

MATCHES invoice printout received from
vendor at a later time

Problem with leak repair was turned over to
Hay, Waste for action.

Assisted in plans:
Mary A. Griffith

9-23-99

09/23/99 (INV006)

PHENIX SUPPLY CO.
CUSTOMER PERC SALES REPORT

PAGE. 1

CUST#	SHIPPING ADDRESS	INVOICE#	DATE	ITEM#	DESCRIPTION	QTY	UN
4231100	WOOD'S CLEANERS	B033390	08/12/98	1300011	PERC #DOWPER* - BULK	25.0	GL
	804 W. MICHIGAN AVE.	B035019	11/04/98			51.0	GL
	PENSACOLA FL 32505	B038531	05/12/99			51.0	GL
TOTAL GALLONS:						127.0	

Attn: Charles Norman

FOR Jan 98 thru Sep 99

9/23/99 Refrigerated Cond. - Cool Down Temp. Read

Woods Cleaners

9:53 57°F

9:54 55

9:55 53

9:56 52

9:57 50

9:58 49

9:59 47

10:00 46

→ 10:01 45

10:02 47

10:03 49

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

✓ TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0330242 DATE: 7/5/00 TIME IN: 1135 TIME OUT: 1145
FACILITY NAME: Wood's Cleaners
FACILITY LOCATION: 804 Michigan Ave Pensacola FL 32505
RESPONSIBLE OFFICIAL: _____ PHONE: _____
CONTACT NAME: _____ PHONE: _____

RECEIVED
JUL 07 2000
Bureau of Air Monitoring & Mobile Sources

PART I: NOTIFICATION

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

PART II: CLASSIFICATION

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

A.

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

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

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1135 TIME OUT: 1145 AIRS ID#: ~~1111~~ 0330242
 TYPE OF FACILITY: DC
 FACILITY NAME: Wood's Cleaners DATE: 7/5/00
 FACILITY LOCATION: 804 Michigan Ave
Pensacola FL 32505
 RESPONSIBLE OFFICIAL: Eddie Woods PHONE NUMBER: 944-5151

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>INACTIVE - OUT-OF-BUSINESS</u>	

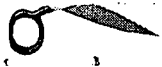
COMMENTS: This place is closed. Mr Woods has opened up a laundry only business elsewhere. Telephone conversation with him 7/5/00 indicates business is to be sold by property owner - Future of site is unknown.

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

DATE OF NEXT INSPECTION: None (Approximate) (AM)

INSPECTION CONDUCTED BY: Charles Alonzo (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: _____



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: \$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

RECEIVED
APR 16 2001
Bureau of Air Monitoring
& Mobile Sources

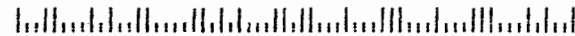
007548 APR11 2001

 **EDDIE WOOD**
7653 Woods Rd.
Pensacola, FL 32526



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

32315X3070



Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we 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 delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 AIRS ID 0330242
 EDDIE LEE WOOD
 EDDIE LEE WOOD
 804 MICHIGAN AVENUE
 ESCAMBIA FL 32505

4a. Article Number
 2 333612 836
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery
 021398

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X *Eddie Wood*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

2 333 612 836

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail. (See manual)
 AIRS ID 0330242

EDDIE LEE WOOD
 EDDIE LEE WOOD
 804 MICHIGAN AVENUE
 ESCAMBIA FL 32505

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	

PS Form 3800, April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we 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 delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

AIRSTID # 03302

4a. Article Number

P 174 052 039

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

2-27-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Handwritten Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 039

1999

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	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we 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 delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

AIRS ID # 0330242

4a. Article Number

Z 333 660 510

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2/13

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Chimburnell*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 510

1999

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

PS Form 3800, April 1995

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

Z 333 667 340

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

2000

PS Form 3800, April 1995

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	

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

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

AIRS ID # 0330242

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print, Clearly) B. Date of Delivery

Eddie Wood 2/11/00

C. Signature

X Eddie Wood Agent Addressee

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

3. Service Type

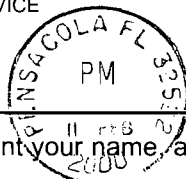
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 333 667 340

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 •

CONTROL
PRO
ON 5510
STONE ROAD
TALLAHASSEE, FLORIDA 32309-5510

RECEIVED
FEB 14 2000
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0323204

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

RECEIVED
MAIL ROOM

JUN - 3 98

Do NOT Remove Label

AIRS ID# 0330242

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

Bureau of Air Monitoring
& Mobile Sources

JUN - 5 1998

RECEIVED

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.

TOTAL AMOUNT DUE: \$50.00

✓
RECEIVED
MAIL ROOM
MAR - 6 00

Do **NOT** Remove Label

AIRS ID # 0330242

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

Bureau of Air Monitoring
& Mobile Sources

MAR - 8 2000

RECEIVED

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

Z 333 613 685

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

PS Form 3800, April 1995

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	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we 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 delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: WOOD'S CLEANERS EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505	AIRS ID# 0330242	4a. Article Number 7333 613 685
5. Received By: (Print Name)	6. Signature: (Addressee or Agent) X Eddie Lee Wood	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
		7. Date of Delivery 4/8/98
		8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 10 1988

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362959

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 ✓

Do **NOT** Remove Label

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

AIRS ID # 0330242

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we 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 delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0330242

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

4a. Article Number

2210 661 323

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

4/6

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

[Handwritten Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

2 210 661 323

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0330242

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

PS Form 3800, April 1995

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	

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

7000 0600 0026 4126 1744

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

Postmark
Here

AIRS ID # 0330242

Recipi **WOOD'S CLEANERS**
EDDIE LEE WOOD
 Street, **804 MICHIGAN AVENUE**
 City, **ESCAMBIA FL 32505**

PS Form

Instructions

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

COMPLETE THIS SECTION ON 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.

1 Article Addressed to:

WOOD'S CLEANERS
EDDIE LEE WOOD
74 MICHIGAN AVENUE
SCAMBIA FL 32505

AIRS ID # 0330242

A. Received by (Please Print Clearly) B. Date of Delivery

DELORRES WHEELER **3-17-01**

C. Signature

X Delores Wheeler Agent Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2 Article Number (Copy from service label)

70000600002641261744

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 32399-2600

RECEIVED
MAR 19 2001
Bureau of Air Monitoring
& Mobile Sources

Fold at line over top of envelope to the left of the return address

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0330242</p> <p> WOOD'S CLEANERS EDDIE LEE WOOD 804 MICHIGAN AVENUE ESCAMBIA FL 32505 </p> <p style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">Z 210 662 277</p> <p>2. Article Number (Copy from service label)</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p style="text-align: right; font-size: 1.2em;">2/25/00</p> <p>C. Signature</p> <p style="text-align: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

Z 210 662 277

US Postal Service
Receipt for Certified Mail
Coverage Provided. (See reverse).

AIRS ID # 0330242

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

Postage	\$
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	

PS Form 3800, April 1995

CERTIFIED MAIL

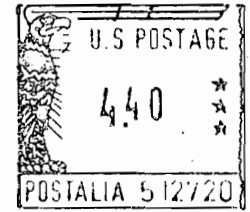
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

5510

5521



7000 0520 0020 9372 5134



RETURN TO SENDER
FIRST NOTICE
SECOND NOTICE
THIRD NOTICE

VACANT
SR
10-23-01
VACANT

RECEIVED
OCT 24 2001
Bureau of Air Monitoring
& Mobile Sources

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

7000052000209753 5134

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

7000 0520 0020 9372 5134

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

Received
 Postmark Here

Total Postage: 10 AIRS ID # 0330242001AG
Recipient: EDDIE LEE WOOD
 WOOD'S CLEANERS
 Street, Apt. 1 804 MICHIGAN AVENUE
 City, State, ZIP ESCAMBIA FL 32505