

0710144



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 23, 1996

Mr. Carl Carlson
Town and Country Cleaners
2809 Cleveland Avenue
Fort Myers, Florida 33901

Dear Mr. Carlson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 1996.

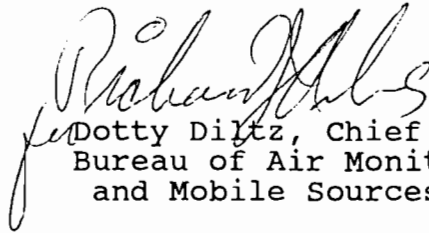
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

cc: Mr. Sherrill Culliver, South District

0710144

P.14

1. (a) add date control device installed

P.15

4. mark new small r.c.
(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Carlson Cleaners Inc.</i>
2. Site Name (For example, plant name or number): <i>Town and Country Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLD CES QG</i>
4. Facility Location: Street Address: <i>2809 Cleveland Ave.</i> City: <i>Ft. Myers</i> County: <i>Lee</i> Zip Code: <i>33901</i>
5. Facility Identification Number (DEP Use): <i>0710144</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Carl Carlson Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>2809 Cleveland Ave.</i> City: <i>Ft. Myers</i> County: <i>LEE</i> Zip Code: <i>33901</i>
8. Responsible Official Telephone Number: Telephone: <i>(941) 334-6406</i> Fax: () -

Facility Contact (If different from Responsible Official)

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

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AUG 28 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		21-SEPT-94							
(2) w/ carbon adsorber		21-SEPT-94							
(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 small area source <input type="checkbox"/> | New small area source <input checked="" type="checkbox"/> |
| Existing large area source <input type="checkbox"/> | New large area source <input type="checkbox"/> |

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

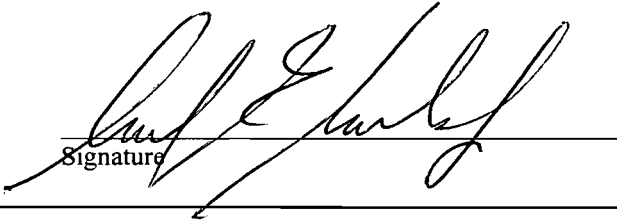
Responsible Official Certification

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

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

Signature

Date



8/21/96

Facilities with Delinquent Invoice Fees for 1997

2Certified Received	Certified Received	AIRS_ID	County	Reason for Nonpay	Owner	NAME	ADDRESS	ZIP4
		0550041	Highlands	unclaimed	HIGHLANDS CLEANERS & LAUNDRY INC	BILLY DOYLE	101 EAST MAIN STREET	AVON PARK FL 33825
	14-Feb-98	0710144	Lee		CARLSON CLEANERS INC	CARL CARLSON	2809 CLEVELAND AVE	FT MYERS FL 33901

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 NOV - 2 1998
 Bureau of Air Monitoring
 & Mobile Sources

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

RECEIVED
NOV - 2 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0550041 DATE: 10-23-97 TIME IN: 1 TIME OUT: _____
 FACILITY NAME: HIGHLANDS CLEANERS & LAUNDRY INC.
 FACILITY LOCATION: 101 EAST MAIN STREET
ALLEN PARK, FL 33825
 RESPONSIBLE OFFICIAL: Billy Doyle PHONE: 407-4450
 CONTACT NAME: _____ 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 <input checked="" 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.

SHUT DOWN - OCT. 19, 1997



Department of Environmental Protection

COPY

Lawton Chiles
Governor

Mailing Address:
Post Office Box 2549
Fort Myers, Florida 33902-2549

Virginia B. Wetherell
Secretary

October 19, 1998

Mr. Joseph Sala
Cape Cleaners
810 Cape Coral Parkway
Cape Coral, Florida 33904

Re: Lee County - AP
Town and Country Cleaners

RECEIVED
NOV - 2 1998
Bureau of Air Monitoring
& Mobile Sources

Dear Mr. Sala:

This inspection, conducted on October 14th, was mainly a compliance inspection conducted by Wayne Lewis and Karen Bayly, but we were also seeking answers for Tallahassee's air administration. This inspection covered both air and hazardous waste regulations which will be addressed by separate letters. The air regulations are in Rule 62 - 213.300, Florida Administrative Code (F.A.C.) as well as being listed in your permit application. During the previous visit, on May 8, 1997, we explained the rules to Mr. Lore and assisted him in getting set up. Cited potential violations include problems with documentation and logs, not having a startup/shutdown/malfunction plan (SSM), and some problems with your handling of your hazardous waste.

Requirements:

As mentioned in the instructions for your permit application and discussed during all visits, Rule 62-213.300, F.A.C., has specific requirements related to your Permit. These requirements are mandated by EPA requirements for compliance with the Clean Air Act.

1. By definition, a **small area source** will use **under 140 gal/yr.** of Perchloroethylene(Perc.) while a **large area source** can use **up to 2100 gal/yr.**
2. A twelve month rolling average log of Perc. purchases is required along with the purchase receipts.
 - A. All Perc. stored on site must be stored in approved containers and within secondary containment as per 376.3078(7)(a) and (b) F.S.
3. A startup/shutdown/malfunction plan generated and maintained at facility.
A deviation report is needed for any equipment/status changes or deviation from Standard Operational Procedures.

Mr. Joseph Sala
Town and Country Cleaners
October 19, 1998
Page Two

4. The exhaust stream of the outlet of the refrigerated condenser has some specific temperature monitoring requirements.
5. There is a specific leak inspection requirement - weekly for large area sources and a minimum of bi-weekly for small area sources. Requirements 4 and 5 also lead into a repair report or tracking log.
6. Process controls require a closed loop venting system and a diverter valve(if needed).
7. Records are to be kept on site for a minimum of 5 years. (Note: Hazardous Waste only requires 3 years of data on site)
8. A copy of the Permit Notification is to be retained on site.

Findings:

Perchloroethylene is delivered and stored in 5 gallon cans (as delivered) and was being stored with the Hazardous Waste. The Perc. is being purchased from Phenix Supplies in Tampa. The receipts show Perc. purchases of 220 gallons over the past 12 month period which places you well into the large area source category and you did not fully maintain the required 12 month rolling average log. The facility was permitted as Town and Country Cleaners, but changed ownership nine months ago. General Permits are never transferable! As such, Town and Country Cleaners has been an unpermitted facility since your purchase. The facility does have an emergency procedure on it's machine but not the SSM plan EPA is wanting. The SSM plan they are talking about will be discussed herein with references made to examples. Your reported leak detection is being logged along with your temperature checks as - 'Date - Temperature - N'. Examples of what EPA wants for these checks will also be discussed herein. There were several hazardous waste violations on site which I'm sure Mrs. Bayly will be discussing in detail in her inspection report.

Potential Violations/Areas of Concern/Recommendations:

62-213.300(1)(a) The Responsible Official(R.O.) must submit a completed Perc. Dry Cleaner Air General Permit Notification Form 30 days prior to beginning operation.

We realize that you assumed the permit would just transfer when you purchased Town and Country Cleaners from Mr. Carlson. A new application has been left for you to complete and send in. Operating without a permit constitutes a major violation and is accumulative from the day you opened your doors under your ownership. As a result, Town and Country Cleaners has been in violation since you took possession. Your application needs to be completed and sent to either Tallahassee or me immediately and a copy needs to be retained at the facility. Once sent in, if you have not heard from Tallahassee or this office within 30 days, your copy becomes your permit.

Mr. Joseph Sala
 Town and Country Cleaners
 October 19, 1998
 Page Three

**40 CFR Part 63 Recordkeeping: Perc. Purchases - Receipts and Log
 Subpart M**

When EPA mandated that a 12 month rolling log be kept along with the purchase receipts, they were talking about a continuous 12 month total that could be seen any time of the year. One of the immediate benefits of this log is that the Responsible Official would know immediately if he or she were about to violate their General Permit, as is this case. The permit Town and Country did have was for a small area source. If that permit were valid, small area sources are permitted under 140 gals of Perc. within a twelve month period. The reports that you are maintaining at your store are the start of what is called for, but in order for it to serve the intended purpose, you would have needed to carry through and kept your 12 month total. This total would have then told you when you were about to violate your permit limit, i.e. exceed 140 gallons. I'll assume this requirement was not understood back in May and will try to give you a running example. Unfortunately, I did not go back far enough so I'll have to fudge some to get started. It will all average out and be all correct by the time we get to the usable portion. The calendar that was left with you has an area for you to keep this log, if you choose to use the calendar, but your system of record keeping is entirely your choice. You can follow this example, inserting your data to build your 12 month average. You might also track through the missing months just to make sure you are doing it correctly. After you have it started, it is very easy to maintain.

Receipts			Calculations		
Feb 97 - 25	Mar 97 - 20	Apr 97 - 15	Feb 97- 25	Mar 97 -20	Apr 97 - 15
May 97 -20	Jun 97 - 10	Jul 97 - 15	May 97 -20	Jun 97 - 10	Jul 97 - 15
Aug 97 - 25	Sep 97 - 20	Oct 97 - 30	Aug 97-25	Sep 97 - 20	Oct 97 - 30
Nov 97 - 20	Dec 97 - 20	Jan 98 - 20	Nov 97 -20	Dec 97 - 20	Jan 98 - 20
Feb 98 - 20	Mar 98 - 30	Apr 98 - 20			<u>Total 240</u>
May 98- 30	Jun 98 - 10	Jul 98 - 10			
Aug 98 - 20	Sep 98 - 10	Oct 98 - 10			

Mr. Joseph Sala
 Town and Country Cleaners
 October 19, 1998
 Page Four

**Twelve Month Running Total
 PERC PURCHASES (for Feb 1998)**

TOTAL FROM LAST MONTH (Jan 1998)		240
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		(Feb 1997) - 25
DATE	AMOUNT	12 MONTH RUNNING TOTAL
02/02/98	10 Gallons	225 Gal/Yr
02/17/98	10 Gallons	235 Gal/Yr

For May

TOTAL FROM LAST MONTH Apr (1998)		250 Gal/Yr
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		(May 97) 20
DATE	AMOUNT	12 MONTH RUNNING TOTAL
05-11-98	10 gallons	240
05-22-98	10 gallons	250
05-29-98	10 gallons	260

For June

TOTAL FROM LAST MONTH May (1998)		260 Gal/Yr
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		(June 97) 10
DATE	AMOUNT	12 MONTH RUNNING TOTAL
06-22-98	10 gallons	260

For September

TOTAL FROM LAST MONTH Aug (1998)		250 Gal/Yr
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		(Sept 97) 20
DATE	AMOUNT	12 MONTH RUNNING TOTAL
09-21-98	10 gallons	240

For October

TOTAL FROM LAST MONTH Jun (1998)		240 Gal/Yr
SUBTRACT AMOUNT PURCHASED SAME MONTH LAST YEAR		(Oct 97) 30
DATE	AMOUNT	12 MONTH RUNNING TOTAL
10-05-98	10 gallons	220
Next	Purchase	

Mr. Joseph Sala
 Town and Country Cleaners
 October 19, 1998
 Page Five

62-213.300(3)(k)1 The (R.O.) shall maintain records of monitoring information that specify the date, time, place, and operating condition of measurement;.....; the company or entity which performed the monitoring; and the analytical results.

You are required to document leak inspections of both your equipment and waste drums. Air and hazardous waste regulations required, at minimum, weekly documented leak checks of your machine and containers. Small area sources are allowed bi-weekly machine inspections and the CESQG sources are exempt from the container inspection. These inspection reports must bear the inspectors printed name, the date and time of the inspection, and the condition of the item. Please refer to the calendar I left as an example of what is required. An inspection log was there, showing weekly inspection activity, but not showing what was inspected, when it was, or by whom it was. There was no reference to any leaks or the corrective activity or maintenance in the log, just a simple date, a temperature, and a "N". This also helps you when it comes to identifying problems and patterns. Part of the refrigerated condenser requirement is temperature monitoring. To verify proper operation and ensure maximum recapture of the Perc., the exhaust temperature of the condenser must be maintained below 45°F and the inspection must be documented weekly. Repairs and/or adjustments for exceedances also need to be documented. The problem must be logged, tracked, and corrected within a 24 hour period unless ordering parts is needed. If the parts are ordered, they need to be ordered within two days and installed within five days of receipt. These dates and times also need to be tracked to validate stopping and starting the time clock. Again, your log showed a date and a temperature but nothing else. When NCA printed those sheets, they didn't acknowledge time or signatures requirements.

Examples of the required logs are:

Leak Log

Inspected	Leaking?		Date /Time			Date/Time Ordered	Date/time Received	Date/time Repaired
	WL	WL	Date/Time					
	10/02 2:30	10/09 3:00	Date/Time	Date/Time	Date/Time			
Pumps	N	N	Y N	Y N	Y N			
Door	N	N	Y N	Y N	Y N			
Hoses	N	N	Y N	Y N	Y N			
Solvent Tank	N	N	Y N	Y N	Y N			
Water Separato	N	N	Y N	Y N	Y N			
Muck Cooker	N	N	Y N	Y N	Y N			
Still	N	N	Y N	Y N	Y N			
Exhaust Damp	N	N	Y N	Y N	Y N			
Diverter Valve	N	Inop.	Y N	Y N	Y N			10/09 5:00
Filter Gasket	N	N	Y N	Y N	Y N			
Cartridge Filter	N	N	Y N	Y N	Y N			

*NOTE: Initials must accompany each entry.

Mr. Joseph Sala
 Town and Country Cleaners
 October 19, 1998
 Page Six

1. Fill out Leak Log - if problem is found, document steps in Corrective Action Report
2. Fill out Temperature Log - if temperature exceeds 45°F, fill out Corrective Action
3. Corrective Action is a report on what steps were taken to correct the problem(s).

Temperature Log (Fictitious)

Date	Time	Temperature	Is Temp \leq 45° F (72°)	Name
02/01/98	12:39	39	Y N	J. Smith
02/15/98	01:15	43	Y N	J. Smith
02/15/98	01:00	48	Y N	L. Byeardd

L. Byeardd documented a temperature above 45°F. His next step should have been to start a corrective action report and to let the responsible official know a problem must be taken care of. In this case it might be a simple thing like getting the repair man to add freon and documenting. While 45°F is not a violation, it is a good signal point to start looking for possible problems. You might also be able to start spotting low freon or dirty coil patterns.

You are required to maintain a startup/shutdown/malfunction plan for your cleaning operation. A good source for developing this plan is your equipment manual. Along with standard startup and shutdown procedures, your plan should contain the steps needed to be taken in the event of a malfunction shutdown, i.e. leak checks, equipment checks, notification of R.O. The posted plan can reference the manual but it must be indicated as such on the plan. This is also where your operational procedures would be found should your unit go down. In your case, you have your other plant and possibly would not be effected too much but your SSM would have to specify what your plan would be. EPA has specified that they want Standard Operating Procedures to be documented in your SSM and if you have to deviate from that plan, a deviation report would be needed. Using the above example of your store breaking down, the SSM for you might already specify that "Cape Cleaners" would do all cleaning while the unit was down. As long as they stayed with that plan, a deviation report would not be needed. A corrective action or maintenance report would be sufficient. An example of a situation that could require this; we respond to a complaint call from an ex-employee who tells us you are short cycling the final cycle to catch up. Or we're told you are doing dry cleaning with a leaking machine while waiting for the part to come in. We arrive at your plant and find the complaint, at least, partially valid, i.e. you are conducting business but your equipment is down. As a complaint inspection, your SSM would have to tell us what was going on and who was doing your cleaning. Your deviation report would tell us if you chose to do something other than what your SSM said. Either report could invalidate the complaint but without it, you could be exposed to anyone, including disgruntle employees, that might be mad at you. Your defense against any charges start with your SSM. All product Perc. should be stored within the secondary containment area. The containers, if stored for any length of time, need to be added to your routine inspections. The containers need to be kept sealed except when being poured into the unit.

Mr. Joseph Sala
Town and Country Cleaners
October 19, 1998
Page Seven

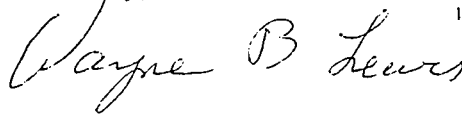
It should be noted that failure to address the following concerns could result in further violations of your Title V General Permit:

1. Rolling average and Perc. Receipts
2. Leak Inspection
3. Temperature monitoring
4. Startup/shutdown malfunction

While this was a multi-media inspection, the hazardous waste and dry cleaning program issues will be addressed by the hazardous waste section and discussed in a separate letter. All air related issues need to be addressed immediately.

If there are any questions regarding the above mentioned air issues, please contact **Wayne Lewis or Sherrill Culliver at 941/332-6975.**

Sincerely,



Wayne B. Lewis
Environmental Specialist

WBL/jw

cc: Karen Bayly, DEP - Fort Myers
Phil Lore, Town and Country Cleaners



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0710144 DATE: 5-8-97 TIME IN: _____ TIME OUT: _____
 FACILITY NAME: Carlson Cleaners (aka) Town & Country Cleaners
 FACILITY LOCATION: 2809 Cleveland Ave, Fort Myers, FL 33901

PART I: NOTIFICATION

(check appropriate box)

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

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 checked="" 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 _____ above
 facility exceeds above limits and is not eligible for a general permit

E. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
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 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 Y N

Muck cookers Y N

Door gaskets and seating Y N

Stills Y N

Filter gaskets and seating Y N

Exhaust dampers Y N

Pumps Y N

Diverter valves Y N

Solvent tanks and containers Y N

Cartridge filter housings Y N

Water separators Y N

Carl Carlson

Name of Responsible Official

Sherrill Culliver

Inspector's Name (Please Print)

5/8/97

Date of Inspection

Sherrill Culliver

Inspector's Signature

5/98

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: TBD02898 DATE: 10-14-98 TIME IN: 13:30 TIME OUT: 14:30
 FACILITY NAME: TOWN & COUNTRY CLEANERS
 FACILITY LOCATION: 2809 CLEVELAND AVE.
FT MYERS, FL 33901
 RESPONSIBLE OFFICIAL: JOSEPH SALA PHONE: 941 549-1740
 CONTACT NAME: Mr. Lorc PHONE: 941 334-6406

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.

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

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 4 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 280 gallons.

RECEIVED
 NOV 06 1998
 Bureau of Air Monitoring
 & Mobile Sources

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- 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

Wayne Lewis

Inspector's Name (Please Print)

10-14-98

Date of Inspection

Wayne Lewis
Inspector's Signature

10-99

Approximate Date of Next Inspection

P 265 302 183

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID#: 0710144

CARLSON CLEANERS INC
CARL CARLSON
2809 CLEVELAND AVE
FT MYERS FL 33901

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	2/14/97

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

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.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0710144
CARLSON CLEANERS INC
CARL CARLSON
2809 CLEVELAND AVE
FT MYERS FL 33901

4a. Article Number
P 265 302 183

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
Carl Carlson

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

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 333 612 997

US Postal Service
Receipt for Certified Mail

AIRS ID 0710144

CARLSON CLEANERS INC
CARL CARLSON
2809 CLEVELAND AVE
FT MYERS FL 33901

PS Form 3800, April 1995

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	

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 0710144

CARLSON CLEANERS INC
CARL CARLSON
2809 CLEVELAND AVE
FT MYERS FL 33901

4a. Article Number

Z 333 612 997

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

2-14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

[Handwritten Signature]

Thank you for using Return Receipt Service.

6-
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262286

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 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

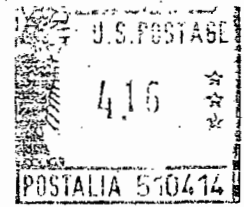
AIRS ID# 0710144
CARLSON CLEANERS INC
CARL CARLSON
2809 CLEVELAND AVE
FT MYERS FL 33901

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

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



7000 0600 0026 4130 2959



RECEIVED

JUN 13 2001

Bureau of Air Monitoring
& Mobile Sources

ANK



NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

10 AIRS ID # 0710144001AG
CARL CARLSON
TOWN AND COUNTRY CLEANERS
2809 CLEVELAND AVE
FT MYERS FL 33901

U.S. POSTAL SERVICE
FIRST CLASS PERMIT NO. 100 FT. MYERS, FL
POSTAGE WILL BE PAID BY ADDRESSEE

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 # 0710144001AG
CARL CARLSON
TOWN AND COUNTRY CLEANERS
2809 CLEVELAND AVE
FT MYERS FL 33901

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
X Addressee

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

2. Article Number (Copy from service label)
7000 0600 0026 4130 2959

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7000 0600 0026 4130 2959

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

Postmark Here

Receipt 10 AIRS ID # 0710144001AG
Street, CARL CARLSON
TOWN AND COUNTRY CLEANERS
City, St. 2809 CLEVELAND AVE
FT MYERS FL 33901

PS Form

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

CERTIFIED

Z 333 613 703

MAIL

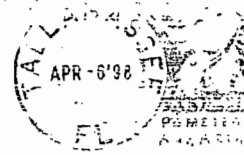
5030

MS5510

Unclaimed
Attempted
No return
address
in such
street
no such
office in
state
do not
return
in this
package

AIRS ID# 0710144

CARLSON CLEANERS INC
CARL CARLSON
2809 CLEVELAND AVE
FT MYERS FL 33901



U.S. POSTAGE

277

RECEIVED

APR 08 1998

Bureau of Air Monitoring
& Mobile Sources

Refused
106

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:

CARLSON CLEANERS INC
CARL CARLSON
2809 CLEVELAND AVE
FT MYERS FL 33901

AIRS ID# 0710144

4a. Article Number

2333613703

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

102595-97-6-0179 Domestic Return Receipt

Z 333 613 703

US Postal Service
Receipt for Certified Mail

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

AIRS ID# 0710144

CARLSON CLEANERS INC
CARL CARLSON
2809 CLEVELAND AVE
FT MYERS FL 33901

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	

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

550304
MS5510

(new owners)

TO: AIRS ID# 0710144
TOWN AND COUNTRY CLEANERS
CARL CARLSON
2809 CLEVELAND AVE
FT. MYERS FL 33901

CERTIFIED

Z 333 613 536

18:34 06/23/98

MAIL

TALLAHASSEE FL
JUN 23 '98
32301
U.S. POSTAGE
277
PBMETER
6846314

REASON CHECKED
Unclaimed
Attempted Not Known
Insufficient Address
No such street
No such office in city
Out and return in this country

RECEIVED

JUN 30 1998

Bureau of Air Monitoring
& Mobile Sources

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.
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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# 0710144
 TOWN AND COUNTRY CLEANERS
 CARL CARLSON
 2809 CLEVELAND AVE
 FT MYERS FL 33901

4a. Article Number

Z 333 613 536

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

102595-97-B-0179

Domestic Return Receipt

Z 333 613 536

US Postal Service

Receipt for Certified Mail

AIRS ID# 0710144

TOWN AND COUNTRY CLEANERS
 CARL CARLSON
 2809 CLEVELAND AVE
 FT MYERS FL 33901

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