



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

June 25, 1997

Ms. Donna S. Morris
Stewardship Dry Cleaners
2836 South Adams Street
Tallahassee, Florida 33165

Re: Facility No.: 0730095

Dear Ms. Morris:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 6, 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, Florida 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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:00 TIME OUT: _____ AIRS ID#: 0730095
 TYPE OF FACILITY: _____
 FACILITY NAME: Stewardship Dry Cleaners DATE: 29 JAN 01
 FACILITY LOCATION: 28316 South Adams Street
Tallahassee, FL 32301
 RESPONSIBLE OFFICIAL: DONNA MORRIS PHONE NUMBER: 850 681-9160

- 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>New petroleum machine installed → Request end 40 air permit 2/1/01.</u>	

RECEIVED
 FEB 14 2001
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: _____

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

DATE OF NEXT INSPECTION: _____

INSPECTION CONDUCTED BY: DANIELE BROWN (Approximate)
 (Please Print)

INSPECTOR'S SIGNATURE: Danielle Brown PHONE NUMBER: 4883704

File

Butler, Rick

From: Norman, Charles
Sent: Thursday, February 15, 2001 11:39 AM
To: Butler, Rick
Cc: Brown, Danielle A.
Subject: 0730095, Stewardship Dry Cleaners

Subject facility has switched to petroleum. Please change status to inactive.

Based on Danielle's inspection of 29 Jan 01.

Inactive 2/15/01

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

MAY 6 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
STEWARDSHIP VENTURES, INC.

2. Site Name (For example, plant name or number):
STEWARDSHIP DRY CLEANERS

3. Hazardous Waste Generator Identification Number:
FL 0000109447

4. Facility Location:
 Street Address: **2836 SOUTH ADAMS ST.**
 City: **TALLAHASSEE** County: **LEON** Zip Code: **32301**

5. Facility Identification Number (DEP Use):
0730095

Responsible Official

6. Name and Title of Responsible Official:
DONNA S. MORRIS **GENERAL MANAGER**

7. Responsible Official Mailing Address:
 Organization/Firm: **STEWARDSHIP DRY CLEANERS**
 Street Address: **2836 S. ADAMS ST. - P.O. BOX 5708**
 City: **TALLAHASSEE** County: **LEON** Zip Code: **32314**

8. Responsible Official Telephone Number:
 Telephone: **(904) 681-9160** Fax: **(904) 671-5372**

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: () -

#0730095

Stewardship Drycleaners

p. 14 1.(a) add date(s) control device(s)
installed for (2) machines

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>	<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>10/01/98</i>			<i>10/01/91</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 *DUE TO MACHINE UPGRADES, EXPECT REDUCTION OF PERC CONSUMPTION OF 25% OF LAST 12 MONTHS PURCHASES.*

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

existing large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

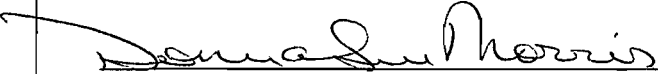
Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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


Signature

5-5-97
Date

REVISED
ORIGINAL

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

MAY 6 1997

Facility Name and Location

Bureau of Air Monitoring
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	STEWARDSHIP VENTURES, INC.
2. Site Name (For example, plant name or number):	STEWARDSHIP DRY CLEANERS
3. Hazardous Waste Generator Identification Number:	FL 0000109447
4. Facility Location: Street Address: 2836 SOUTH ADAMS ST. City: TALLAHASSEE County: LEON Zip Code: 32301	
5. Facility Identification Number (DEP Use):	0730095

Responsible Official

6. Name and Title of Responsible Official:	DONNA S. MORRIS GENERAL MANAGER
7. Responsible Official Mailing Address: Organization/Firm: STEWARDSHIP DRY CLEANERS Street Address: 2836 S. ADAMS ST. - P.O. BOX 5708 City: TALLAHASSEE County: LEON Zip Code: 32314	
8. Responsible Official Telephone Number: Telephone: (904) 681-9160 Fax: (904) 671-5372	

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: () -	

RECEIVED

JUN 30 1997

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	10/01/98	10-1-91	#2	10/01/91	10-1-91			
(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 *DUE TO MACHINE UPGRADES, EXPECT REDUCTION OF PERC CONSUMPTION OF 25% OF LAST 12 MONTHS PURCHASES.*

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

RECEIVED

JUN 30 1997

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

RECEIVED

JUN 30 1997

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.

Donna Sue Morris

Donna Sue Morris

Signature

11-12-97

5-5-97

Date

RECEIVED

JUN 30 1997

AIRS ID#: 073 0095

AM

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: STEWARDSHIP DRYCLEANERS DATE: 12 NOV 97
 FACILITY LOCATION: 2836 South Adams St
Tallahassee, FL 32301

Annual Reporting Period: SEPT 3 1996 TO NOV 12 1997

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:

Rolling perc average + temp monitoring recordkeeping
 Exact period of non-compliance: from Sept 3, 1996 to Nov 12, 1997
 Action(s) taken to achieve compliance: Implement records
 Method used to demonstrate compliance: new records to be set up

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

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

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

RESPONSIBLE OFFICIAL: DONNA MORRIS Donna Morris Nov 12, 1997
 Name (Please Print) Signature Date

RECEIVED

*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.

NOV 13 1997

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0930 TIME OUT: 1100 AIRS ID#: 0730095
 TYPE OF FACILITY: Existing LARGE
 FACILITY NAME: STEWARDSHIP DRY CLEANERS DATE: 12 NOV 97
 FACILITY LOCATION: 2836 SOUTH ADAMS ST
TALLAHASSEE FL 32301
 RESPONSIBLE OFFICIAL: DONNA MORRIS PHONE NUMBER: 850 - 681- 9160

- 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
<i>Rolling perc average wasn't being maintained</i>	<i>Discussed req + how to modify local form</i>
<i>Condenser temp monitoring not being conducted</i>	<i>Gage problem; need to consult manual + repair man</i>
<i>Perc usage seemed very high - in comparison to others.</i>	<i>Provided possible causes and discussed some issues to check</i>
<i>No diverter valve obvious - does have a fan</i>	<i>Check on possibility of installation (Must req a problem)</i>

COMMENTS:

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

DATE OF NEXT INSPECTION: NOV/DEC 98
(Approximate)

INSPECTION CONDUCTED BY: RALPH STAPLIN
(Please Print)

INSPECTOR'S SIGNATURE: Ralph Staplin PHONE NUMBER: 850-488-3704

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	<u>0730095</u>	DATE:	<u>Nov 12, 1997</u>	TIME IN:	<u>0930</u>	TIME OUT:	<u>1100</u>
FACILITY NAME:	<u>STEWARDSHIP DRY CLEANERS</u>						
FACILITY LOCATION:	<u>2836 S. ADAMS ST.</u>						
	<u>TALLAHASSEE, FL 32301</u>						
RESPONSIBLE OFFICIAL:	<u>DONNA MORRIS</u>	PHONE:	<u>850-681-9160</u>				
CONTACT NAME:	<u>BRIAN MORRIS</u>	PHONE:	<u>850-681-9160</u>				

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 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)</p> | <p>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)</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 _____ 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 966 gallons. *(1258 on May 97 Notif form) maint has been performed*
according to Mrs. MORRIS

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? *No apparent valve* 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? *No temp gage - has called to check on / someone told Ms Marks that would cause leakage* Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? *No gage* Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? *No gage* 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 *Provided guidance + info*
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 *Need to improve records associated*
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? *None to date* 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 <i>Zero Waste</i> | <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 <i>Zero Waste</i> | <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 *Have hand held*
- 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

Ralph Staplin

Inspector's Name (Please Print)

12 Nov 97

Date of Inspection

Ralph Staplin

Inspector's Signature

Nov-Dec 1998

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

2 Mira - Clean machines (Fuenta bought out the co.)
Dual 50 model

Area around machines painted

Perc storage area to be moved to between machines

Site has lots of room + ventilation

Their form needs to be revised for rolling perc cover &
Condenser temp.

Provided corrective action sample forms + discussed
maintenance recordkeeping

Revised original notification forms completed

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FEB 12 1998

RECEIVED

AIRS :D#0736095
STEWARDSHIP VENTURES INC
DONNA S MORRIS
P O BOX 5708
TALLAHASSEE FL 32314

RECEIVED
MAY 11 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: Nov 13 1997 TO 12-31 1997

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:

Record keeping for Perc Rolling Ave & Temp Monitoring not complete

Exact period of non-compliance: from Nov 13, 1997 to Dec 31, 1997

Action(s) taken to achieve compliance: Install record keeping system

Method used to demonstrate compliance: Availability of records

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: DONNA S. MORRIS
J. Brian Morris
Name (Please Print)

J. D. ...
Signature
7/17/98
Date

RECEIVED

FEB 23 1998

*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.

DEP, TALLAHASSEE
BRANCH OFFICE

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FEB 12 1998

RECEIVED

AIRS ID#0730095
STEWARDSHIP VENTURES INC DONNA S MORRIS P O BOX 5708 TALLAHASSEE FL 32314

Do NOT Remove Label

Annual Reporting Period: 01-01 1997 TO 12-31 1997

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: <u>J. Brian Morris</u>	<u>[Signature]</u>	<u>02/01/98</u>
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: 0950 TIME OUT: 1045 AIRS ID#: 0730095
 TYPE OF FACILITY: Existing LARGE
 FACILITY NAME: STEWARDSHIP DRYCLEANERS DATE: May 6, 1998
 FACILITY LOCATION: 2836 South Adams St
Tallahassee FL 32301
 RESPONSIBLE OFFICIAL: Donna/Brian Morris PHONE NUMBER: 850-681-9160

- 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
<i>No temp. monitoring records.</i>	<i>Explained requirements. Have place on their form. They are trying to obtain current copy of Op/Maint manual from manufacturer. Issue NCL and reinspect in 6 mos.</i>

RECEIVED
 MAY 11 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: *It has only been 6 mos. since initial inspection.*

^{revised}
 The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
 DATE OF NEXT INSPECTION: Oct/Nov 1998
 (Approximate)
 INSPECTION CONDUCTED BY: Ralph Staplin
 (Please Print)
 INSPECTOR'S SIGNATURE: Ra Staplin PHONE NUMBER: 850-488-3704



Department of Environmental Protection

Tallahassee Branch Office
2815 Remington Green Circle, Suite A
Tallahassee, Florida 32308-1513

Virginia B. Wetherell
Secretary

Lawton Chiles
Governor

May 8, 1998

Ms. Donna Morris, Responsible Official
Stewardship Drycleaners
2836 South Adams Street
Tallahassee, FL 32301

Subject: Dry Cleaners **Non-Compliance Letter** for Improper Recordkeeping

Dear Ms. Morris:

The purpose of this letter is to advise you of violations of regulations for which you are responsible, and to resolve the matter. An inspection conducted by Department personnel at the Stewardship Cleaners plant at 2836 South Adams Street, in Tallahassee, indicates that a violation of Florida Statutes and Rules exists. Compliance Assurance Inspector Ralph Staplin noted the following about the above-described facility:

Temperature monitoring recordkeeping has not been conducted as required by 40CFR parts 63.323(a)(1) and 63.324(d)(5). A temperature monitoring gauge is installed on the machines, but the Operations and Maintenance Manuals are outdated. Visual inspection of the gauge, during machine operation, indicated that the condenser unit(s) likely were functioning properly.

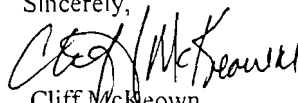
Further investigation determined that the owner has attempted to obtain Manuals from the manufacturers U.S. representative, with unsuccessful results to date. Considerable attention to improving the "tightness" of the machines has taken place since the first inspection in November 1997. A significant reduction in perchloroethylene (perc) usage is documented, without a significant reduction in clothing throughput.

This Department has responsibility for enforcing Environmental Protection Agency regulations relating to dry cleaning emissions. The inspection program was instituted to both inform operators of requirements, and to ensure that national air emission standards are achieved.

Inasmuch as the Department preliminary inspection was conducted only in November 1997, that sincere efforts are ongoing to acquire manuals which accurately describe the operation and maintenance of the machines, and that substantial material improvements to the machines have been made resulting in a reduction in perc usage, this **Non-Compliance Letter** constitutes the Department's method of serving notice of violation. A follow up inspection will take place in approximately six (6) months. Any subsequent violations will be subject to enforcement actions and probable penalties.

Should you have any questions or comments, please contact Ralph Staplin, Environmental Specialist, at (850) 488-3704. We look forward to your cooperation in preventing future similar occurrences of this matter.

Sincerely,


Cliff McKeown
Engineer

CM/ras
cc: Carolyn Salmon, NWD Air Resources
disk6:a:Steward.ncl

Bureau of Air Monitoring
& Mobile Sources

MAY 11 1998

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	0730095	DATE:	May 6, 1998	TIME IN:	0950	TIME OUT:	1045
FACILITY NAME:	STEWARDSHIP DRY CLEANERS						
FACILITY LOCATION:	2836 S. ADAMS ST TALLAHASSEE FL 32301						
RESPONSIBLE OFFICIAL:	DONNA / BRIAN MORRIS		PHONE:	850-681-9160			
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.

- | | |
|--|---|
| <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 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)</p> | <p>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)</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 _____ 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 542 gallons. as of May 98

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? *None req. to date* 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? *Old Dual 35 manual* Y N
7. Maintained deviation reports? *none req to date* 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 type="checkbox"/> Y <input checked="" 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

Ralph Staplin
Inspector's Name (Please Print)

May 6, 1998
Date of Inspection

Ralph Staplin
Inspector's Signature

Oct - Nov 1998
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine 1 ser 1109 man. 1990 MucClean
Dual 50 (revised to Dual 55)

Machine 2 ser 1108 man. 1990 same brand

Does not have a current OP & Maint manual
- trying to obtain one from manufacturer's US rep

This facility has greatly improved and reduced
perc usage - largely due to the results of
our first inspection in Nov 97.

They have instituted a spread sheet type of program
for running perc records

They perform weekly machine inspections and do
a log - just failed to make any entry for
temperature monitoring. Issuance of a non-
compliance letter and reinspect in 6 mos.
(It has only been 6 mos. since initial insp.).

Obtained correct annual certification

Stewardship Drycleaners

Professional Garment Care

RECEIVED

MAR 30 2001

Bureau of Air Monitoring
& Mobile Sources

Corporate Office

Post Office Box 5708
Tallahassee, FL 32314
(850) 681-9160
(850) 671-5272 Fax

3854 Killearn Center Court
One block of Capital Circle NE
893-6046

3111 Mahan Drive
Publix Shopping Center
656-9513

413 Magnolia Drive
Next to About Bikes
878-9844

3539 Apalachee Parkway
In front of Super WalMart
656-1437

916 Lake Bradford Road
Behind the Stadium
574-1051

2836 South Adams Street
Behind the main Post Office
877-8376

March 26, 2001

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

Re: Final Notice of Annual Emissions Fee
AIRS ID #0730095

Dear Sir or Madam::

The payment for this invoice was submitted, along with the drycleaner's clean-up fee on December 23, 2000. A copy of the cancelled check is enclosed, along with the notices that were mailed to us.

Sincerely,



J. Brian Morris
Controller



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 1, 2001

FINAL NOTICE OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Records in the Division of Air Resource Management indicate that during calendar year **2000** you owned or operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is **\$50** for calendar year **2000**. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have **not** yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not postmarked by **March 1, 2001**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

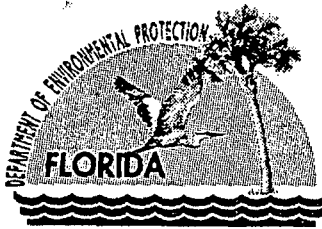
Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

Enclosure: Invoice Form

"More Protection, Less Process"



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

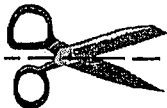
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0730095
STEWARDSHIP DRYCLEANERS
DONNA S MORRIS
P O BOX 5708
TALLAHASSEE FL 32314

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

6426

STEWARDSHIP DRYCLEANERS

POST OFFICE BOX 5708
TALLAHASSEE, FL 32314



FARMERS & MERCHANTS BANK
P.O. BOX 13178 • 2626 MAHAN DR.
TALLAHASSEE, FL 32317

12/23/00

PAY TO THE ORDER OF

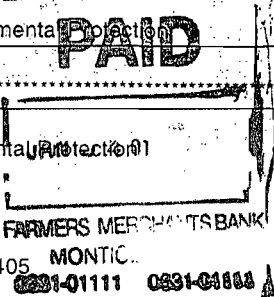
Department of Environmental Protection

\$ **300.00

Three Hundred and 00/100

DOLLARS

Department of Environmental Protection
Drycleaning Registration
2600 Blairstone Road
MS 4525
Tallahassee, FL 32399-2405



MEMO

41926

Danna Morris

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

PAY TO THE ORDER OF
NATIONSBANK
TALLAHASSEE, FL 32301
FOR DEPOSIT ONLY
STATE TREASURER OF FLORIDA
DEPT. OF ENVIRONMENTAL PROTECTION
LOCATION #

2217 878000

BANK OF AMERICA NA
063100024

421512000

*Called Forest Waste 3/30
pd waste \$1926 account #
\$250.00 waste
26517 cash listing code 2287
43447 - payment # 3755 March 1
435618 - waste
41926
permittance #*

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

gpc/RS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 8:50 TIME OUT: _____ AIRS ID#: _____
 TYPE OF FACILITY: _____
 FACILITY NAME: Stewardship Drycleaners DATE: 17 Aug 00
 FACILITY LOCATION: 2936 South Adams Street
Tallahassee, FL 32301
 RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: 950 691-9160

- 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
Temp. Reading high on cool Down cycle	Check on Ref. con. to ensure working status
	Check temp. gauge to ensure proper location

RECEIVED
 AUG 18 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: New petroleum machine scheduled for installation within 8 weeks.

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

DATE OF NEXT INSPECTION: July / Aug 2001
 (Approximate)

INSPECTION CONDUCTED BY: DANIELE BROWN
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 950 498 3704

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

ACCESS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0730095 DATE: 17 Aug 00 TIME IN: 8:50 TIME OUT: _____
 FACILITY NAME: Stewardship Drycleaners
 FACILITY LOCATION: 2836 South Adams Street
Tallahassee, FL 32301
 RESPONSIBLE OFFICIAL: DONNA S. MORRIS PHONE: 850 681-9160
 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: No notification form
 Drop store/out of business/petroleum
 (check appropriate box)

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 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 675 gallons.

Aug 00

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

Danielle Brown
Inspector's Name (Please Print)

17 Aug 00
Date of Inspection

Danielle Brown
Inspector's Signature

July / Aug 01
Approximate Date of Next Inspection

INSTALLER: JAMES HINKS
MADISON, FL

ADDITIONAL SITE INFORMATION:

- Recommended lids placed on separator water container
- Temp monitoring not recorded consistently
- Temp. on cool down above 45°C
- New machine scheduled for installation in 8 weeks.
- Company will contact me in one week with compliance status

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392971

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0730095
STEWARDSHIP DRYCLEANERS
DONNA S MORRIS
P O BOX 5708
TALLAHASSEE FL 32314

Bureau of Air Monitoring
& Mobile Sources

MAR - 3 2000

RECEIVED

MAR - 1 00

RECEIVED
MAIL ROOM

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

STEWARDSHIP DRYCLEANERS

Department of Environmental Protection
11/30/99

Bill #

02/29/00

5574

50.00

Guaranty National Bank 41926

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302160

302160

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 10 98

Do NOT Remove Label

AIRS ID#0730095

STEWARDSHIP VENTURES INC
DONNA S MORRIS
P.O BOX 5708
TALLAHASSEE FL 32314

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED

FEB 12 1998



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358356

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

TOTAL AMOUNT DUE: \$50.00



Do **NOT** Remove Label

AIRS ID # 0730095
STEWARDSHIP DRYCLEANERS
DONNA S MORRIS
P O BOX 5708
TALLAHASSEE FL 32314

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

STEWARDSHIP DRYCLEANERS

Department of Environmental Protection

01/21/99

4613

12/03/98
11/30/98

Bill #
Bill #

100.00
50.00

Stewardship - GUA

41926

150.00

VIRGINIA WETHERELL
SECRETARY

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRYCLEANER REGISTRATION ACCOUNT STATEMENT
November 25, 1998

LAWTON CHILES
GOVERNOR

* Please Show New Owner and/or
New Address Information On This Notice *

STEWARDSHIP DRYCLEANERS
Contact: Morris, J Brian
PO BOX 5708
TALLAHASSEE, FL 32314

Calendar Year: 1998

Invoice Number: 89241

Invoiced Facilities: 1

Customer Account ID: 41926

Registration Fees Due: \$200.00

Amount Submitted: 100.00

Return top portion with payment, and attached receipt to the State Department of Environmental Protection

Stewardship Drycleaners

P.O. Box 5708

Tallahassee, FL 32314

D



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STORAGE TANK REGISTRATION
2600 BLAIR STONE RD
TALLAHASSEE FL 32399-2405





POSTAGE
REQUIRED

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

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

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

0 AIRS ID # 0730095001AG
 DONNA S MORRIS
 STEWARDSHIP DRYCLEANERS
 P O BOX 5708
 TALLAHASSEE FL 32314

2. Article Number (Copy from service label)
 70002840000010244268

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

C. Signature
 X Donna Morris 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

TALLAHASSEE FL 32314
 FEB 12 2002
 USPS

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)

OFFICIAL USE

7000 2870 0000 7027 4268

Postage	\$	Postmark here <i>Receipt</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To 10 AIRS ID # 0730095001AG
 DONNA S MORRIS
 Street, Apt. N STEWARDSHIP DRYCLEANERS
 P O BOX 5708
 City, State, Zi TALLAHASSEE FL 32314

PS Form 3800, May 2000 See Reverse for Instructions

BEST AVAILABLE COPY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

<p>SENDER: COMPL</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0730095</p> <p>STEWARDSHIP DRYCLEANERS DONNA S MORRIS BOX 5708 TALLAHASSEE FL 32314</p> <p style="font-size: 1.2em; font-weight: bold;">70000600002641259017</p> <p>2. Article Number (Copy from service label)</p>	<p style="text-align: right;">IN DELIVERY</p> <p>A. Received by (Please Print Clearly) Donna Morris</p> <p>B. Date of Delivery</p> <p>C. Signature X Donna Morris <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	--

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 4125 9017

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

AIRS ID # 0730095

Total Po STEWARDSHIP DRYCLEANERS

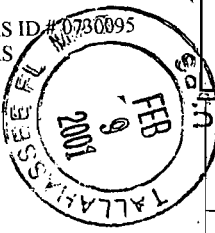
Recipient DONNA S MORRIS

P O BOX 5708

Street, Apt TALLAHASSEE FL 32314

City, State

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0730095</p> <p>STEWARDSHIP DRYCLEANERS DONNA S MORRIS P O BOX 5708 TALLAHASSEE FL 32314</p> 	<p>C. Signature X <u>Donna Morris</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>2. Article Number (Copy from service label) <u>7000 0600 0026 7825 5907</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>PS Form 3811, July 1999</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>													
7000 0600 0026 7825 5907	<div style="border: 1px solid black; height: 35px;"></div>												
<table border="0"> <tr> <td>Postage</td> <td>\$</td> <td></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			<p>Postmark Here</p>
Postage	\$												
Certified Fee													
Return Receipt Fee (Endorsement Required)													
Restricted Delivery Fee (Endorsement Required)													
<p>Total</p> <p>Recip STEWARDSHIP DRYCLEANERS DONNA S MORRIS Street P O BOX 5708 TALLAHASSEE FL 32314 City:</p>	<p>AIRS ID # 0730095</p>												
<p>PS Form 3800, February 2000</p>	<p>Instructions</p>												

SENDER: (over top of envelope to return address)

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

AIRS ID # 0730095

STEWARDSHIP DRYCLEANERS
 DONNA S MORRIS
 P O BOX 5708
 TALLAHASSEE FL 32314

2. Article Number (Copy from service label)

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

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

Brian Morris


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



Z 333 667 141

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided. AIRS ID # 0730095

STEWARDSHIP DRYCLEANERS
 DONNA S MORRIS
 P O BOX 5708
 TALLAHASSEE FL 32314

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	<i>Donna S. Morris 2/8/2000</i>

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly) J. Brian Morris	B. Date of Delivery TALLAHASSEE
1. Article Addressed to: AIRS ID # 0730095 STEWARDSHIP DRYCLEANERS DONNA S MORRIS P O BOX 5708 TALLAHASSEE FL 32314	C. Signature X <i>J. Brian Morris</i>	
2. Article Number (Copy from service label) Z 094 212 765	D. Is delivery address different from item #1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, July 1999	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

Z 094 212 765

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

AIRS ID # 0730095

STEWARDSHIP DRYCLEANERS
 DONNA S MORRIS
 P O BOX 5708
 TALLAHASSEE FL 32314

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:

AIRS ID 0730095
 STEWARDSHIP VENTURES INC
 DONNA S MORRIS
 P O BOX 5708
 TALLAHASSEE FL 32314

4a. Article Number

Z 333 612 857

4b. Service Type

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

7. Date of Delivery

2/17/98

5. Received By: (Print Name)

Donna Morris

6. Signature: (Addressee or Agent)

X Donna Morris

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 612 857

US Postal Service
Receipt for Certified Mail

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

AIRS ID 0730095

STEWARDSHIP VENTURES INC
 DONNA S MORRIS
 P O BOX 5708
 TALLAHASSEE FL 32314

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	