



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 21, 1998

Mr. John Brennan IV  
Touch of Class Dry Cleaners  
7216 West Manatee Avenue  
Bradenton, Florida 34209

Re: Facility No.: 0810184

Dear Mr. Brennan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 15, 1998.

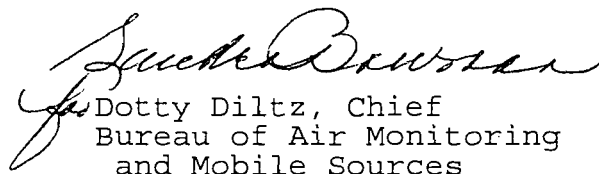
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

**Bowman, Sandy**

---

**From:** Janis, Neal  
**Sent:** Tuesday, July 08, 2003 3:11 PM  
**To:** Bowman, Sandy  
**Subject:** RE: Pay 02NoPay.xls

Sandy:  
#0810165 Village cleaners is now a drop store.  
#0810166 Palmetto cleaners is still active.  
#0810184 Touch of Class is now closed, out of business.  
I hope that this answers all of your questios for the southwest district.  
Neal

-----Original Message-----

**From:** Bowman, Sandy  
**Sent:** Monday, June 30, 2003 2:27 PM  
**To:** Norman, Charles; Schilling, Tracy; Lewis, Wayne; Culliver, Sherrill; Janis, Neal; 'tutt@coj.net'; 'John.Parker@ocfl.net'; 'cbittle@broward.org'; 'Martin\_liebler@doh.state.fl.us'; 'nozari@epchc.org'; 'mmccann@co.pinellas.fl.us'; 'ajaya\_satyal@doh.state.fl.us'; 'scameron@co.sarasota.fl.us'; 'barrom@miami-dade.gov'  
**Cc:** Davis, William; Grant, Patricia  
**Subject:** Pay 02NoPay.xls

Hey All!

According to our records, the attached list identifies those facilities that have not paid their Title V general permit 2002 annual operations fee. Some of these facilities may no longer be in business or they may have changed ownership. If you are aware of any such changes, please let us know so that we may update the database.

Penalty letters were mailed in April to 140 facilities. If you are interested in pursuing enforcement for non-payment and would like copies of letters mailed or signed certified receipts, please contact Pat Grant.

Thank you. Have a safe and happy Fourth!

Sandy

## **Bowman, Sandy**

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**From:** Janis, Neal  
**Sent:** Wednesday, April 23, 2003 4:29 PM  
**To:** Bowman, Sandy  
**Subject:** dry cleaner's closed or drop store

Touch of Class #0810184 closed and out of business.

Village Cleaners #0810165 is now a drop store only.

# INTEROFFICE MEMORANDUM

**Sensitivity:** COMPANY CONFIDENTIAL

**Date:** 21-Sep-1998 09:24am  
**From:** Margaret Cangro TPA  
CANGRO\_M@A1@TPA1  
**Dept:** Southwest District Office  
**Tel No:** 813/744-6100 Ext. 125

**To:** Rick Butler TAL

( BUTLER\_R@A1@DER )

**Subject:** Re: Touch of Class

Yes, this is a change of ownership. Formerly #0810177, owner Tom Meyer.

*old DIRS IO#*

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Perchloroethylene Dry Cleaning Facility Notification SEP 15 1998

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Touch of Class Dry Cleaners
2. Site Name (For example, plant name or number): Touch of Class Dry Cleaners
3. Hazardous Waste Generator Identification Number: FLD 98192468 108
4. Facility Location: Street Address: 7216 W. Manatee Ave City: Bradenton County: Manatee Zip Code: 34209
5. Facility Identification Number (DEP Use): 0810184

Responsible Official

6. Name and Title of Responsible Official: JOHN BRENNAN IV, PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Touch of Class Dry Cleaners Street Address: 7216 W. Manatee Ave City: Bradenton County: Manatee Zip Code: 34209
8. Responsible Official Telephone Number: Telephone: (941) 792-7466 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: ( ) -

### 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
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	#	1985	1985						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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SEP 15 1996

Bureau of Air Monitoring  
& Mobile Sources

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

8/19/98



AIRS ID#: 0810184

Acc

Revised 10/10/96

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

FACILITY NAME: Touch of Class DATE: 11/17/98  
 FACILITY LOCATION: 7216 Manatee Ave W  
Budenton, FL

Annual Reporting Period: Aug. 20, 1998 TO Nov. 17, 1998

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

If NO, complete the following:

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

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

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DEC - 1 1998  
Bureau of Air Monitoring  
& Mobile Sources

#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 beliefs 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: JOHN BRENNAN IV [Signature] 11/17/98  
 Name (Please Print) Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#:	0810184	DATE:	11-17-98	TIME IN:	10:00	TIME OUT:	10:20
FACILITY NAME:	Touch of Class						
FACILITY LOCATION:	7216 Manatee Ave W Bradenton, FL						
RESPONSIBLE OFFICIAL:	John Brennan	PHONE:	941-792-7466				
CONTACT NAME:		PHONE:					

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

### PART II: CLASSIFICATION

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

<p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store/out of business/petroleum</p> <p>A.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1. Existing small area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr                      transfer only, <math>x &lt; 200</math> gal/yr                      both types, <math>x &lt; 140</math> gal/yr                      (constructed before 12/9/91)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>2. New small area source      <input checked="" type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr                      transfer only, <math>x &lt; 200</math> gal/yr                      both types, <math>x &lt; 140</math> gal/yr                      (constructed on or after 12/9/91)</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>3. Existing large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                      transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                      both types, <math>140 \leq x \leq 1,800</math> gal/yr                      (constructed before 12/9/91)</p> </td> <td style="vertical-align: top;"> <p>4. New large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                      transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                      both types, <math>140 \leq x \leq 1,800</math> gal/yr                      (constructed on or after 12/9/91)</p> </td> </tr> </table>	<p>1. Existing small area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr                      transfer only, <math>x &lt; 200</math> gal/yr                      both types, <math>x &lt; 140</math> gal/yr                      (constructed before 12/9/91)</p>	<p>2. New small area source      <input checked="" type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr                      transfer only, <math>x &lt; 200</math> gal/yr                      both types, <math>x &lt; 140</math> gal/yr                      (constructed on or after 12/9/91)</p>	<p>3. Existing large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                      transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                      both types, <math>140 \leq x \leq 1,800</math> gal/yr                      (constructed before 12/9/91)</p>	<p>4. New large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                      transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                      both types, <math>140 \leq x \leq 1,800</math> gal/yr                      (constructed on or after 12/9/91)</p>	<p>Bureau of Air Monitoring &amp; Mobile Sources</p> <p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">APR 19 1999</p>
<p>1. Existing small area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr                      transfer only, <math>x &lt; 200</math> gal/yr                      both types, <math>x &lt; 140</math> gal/yr                      (constructed before 12/9/91)</p>	<p>2. New small area source      <input checked="" type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr                      transfer only, <math>x &lt; 200</math> gal/yr                      both types, <math>x &lt; 140</math> gal/yr                      (constructed on or after 12/9/91)</p>				
<p>3. Existing large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                      transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                      both types, <math>140 \leq x \leq 1,800</math> gal/yr                      (constructed before 12/9/91)</p>	<p>4. New large area source      <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                      transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                      both types, <math>140 \leq x \leq 1,800</math> 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:

<input type="checkbox"/>	facility qualified for a general permit as number _____ above
<input type="checkbox"/>	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 95 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?  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 total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input 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

MARGARET CANGRO  
 Inspector's Name (Please Print)

Margaret Cangro  
 Inspector's Signature

11-17-98  
 Date of Inspection

NOV 1999  
 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#: 0810184 DATE: 11/9/99 TIME IN: 9:50 TIME OUT: 10:20  
FACILITY NAME: Touch of Class  
FACILITY LOCATION: 7216 W. Manatee Ave  
Brudenton, FL  
RESPONSIBLE OFFICIAL: John Brennan IV PHONE: 941-792-7466  
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  
(check appropriate box)  Drop store/out of business/petroleum

A.

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

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

MARGARET CANGRO  
Inspector's Name (Please Print)

11-9-99  
Date of Inspection

Margaret Cangro  
Inspector's Signature

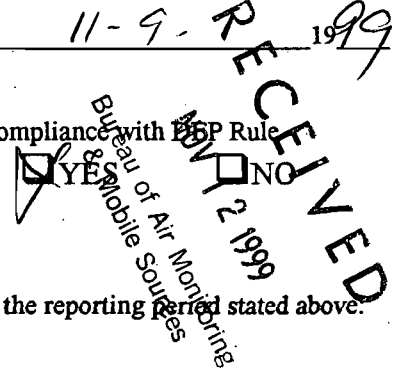
NOV 2000  
Approximate Date of Next Inspection

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

FACILITY NAME: Touch of Class DATE: 11/9/99  
 FACILITY LOCATION: 7216 W. Manatee Ave  
Bradenton, FL 34209

Annual Reporting Period: 11-18- 1998 TO 11-9- 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.



If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ 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 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: John Brennan IV [Signature] 11/9/99  
 Name (Please Print) Signature Date

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413640 JAN29 2002

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 # 0810184  
TOUCH OF CLASS DRY CLEANERS  
JOHN BRENNAN IV  
7216 W MANATEE AVE  
BRADENTON FL  
34209

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

408621 MAY18 2001

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

**TOTAL AMOUNT DUE: \$50.00**

*Y 5/18/01*

Bureau of Air  
in Mobile

MAY 23 2001

RECEIVED

Do **NOT** Remove Label

AIRS ID # 0810184  
 TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

~~0369901~~

0369901

**TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

AIRS ID # 08101846 TOUCH OF CLASS DRY CLEANERS JOHN BRENNAN IV 7216 W MANATEE AVE BRADENTON FL 34209	APR 19 99 RECEIVED MAIL ROOM
--	------------------------------------

Bureau of Air Monitoring  
& Mobile Sources

APR 22 1999

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392217 ✓

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 # 0810184

TOUCH OF CLASS DRY CLEANERS  
JOHN BRENNAN IV  
7216 W MANATEE AVE  
BRADENTON FL 34209

RECEIVED  
MAIL ROOM  
FEB 16 00

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

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

**OFFICIAL USE**

7001 0320 0001 7976 3484

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

*Receipt*  
*OB*

**Total Postage**

Sent To: 10 AIRS ID # 0810184001AG  
 JOHN BRENNAN IV  
 TOUCH OF CLASS DRY CLEANERS  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

PS Form 3800, January 2001 See Reverse for Instructions

**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 # 0810184001AG  
 JOHN BRENNAN IV  
 TOUCH OF CLASS DRY CLEANERS  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*John Brennan IV* 6-12-03

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

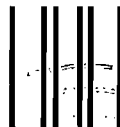
3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article No. (Transfer) 7001 0320 0001 7976 3484

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
JUN 17 2003  
Bureau of Air Monitoring  
& Mobile Sources





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

7001 0320 0001 7976 5679

OFFICIAL USE

Postage	\$	102 3rd [Signature] Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

AIRS ID#0810184

Sent TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 Street or P.O. 7216 W MANATEE AVE  
 City, BRADENTON FL  
 34209

PS Instructions

**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:

AIRS ID#0810184

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL  
 34209

2. Article Number 7001 0320 0001 7976 5679

**COMPLETE THIS SECTION ON DELIVERY**

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

4-10-03

C. Signature  Agent  
 [Signature]  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

UNITED STATES POSTAL SERVICE



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

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

EUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 15000  
2600 CLARK LANE ROAD  
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Monitoring  
& Mobile Sources

APR 15 2003

RECEIVED

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

7001 0320 0001 7975 7049

OFFICIAL USE

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

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0810184

Total F TOUCH OF CLASS DRY CLEANERS

Sent To JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 Street, or PO B: BRADENTON FL  
 34209  
 City, Sta

PS Form 3800, January 2001

See Reverse for Instructions

**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:

AIRS ID#0810184  
 TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL  
 34209

**COMPLETE THIS SECTION ON DELIVERY**

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

3-8-03

C. Signature

*[Handwritten 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

2. Article Number

(Transfer from se.

7001 0320 0001 7975 7049 34209+3433 46

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

MAR 13 2003

RECEIVED

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

7000 1670 0013 3108 6724

OFFICIAL USE

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

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0810184

Sent To TOUCH OF CLASS DRY CLEANERS  
 Street, JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 City, S BRADENTON FL  
 34209

PS Form

Instructions

**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:

AIRS ID#0810184

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL  
 34209

2. Article Number

*(Transfer from service label)*

7000 1670 0013 3108 6724

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *[Handwritten Signature]*

- Agent  
 Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

2-7-03

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

UNITED STATES POSTAL SERVICE

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



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

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

BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2860 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

REGISTRY



**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0810184

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

4a. Article Number  
 Z 333 667 009

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COB

7. Date of Delivery  
 APR 08 1999

5. Received By: (Print Name)  
 John Brennan

6. Signature: (Addressee or Agent)  
 X [Signature]

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

BRADENTON FL 34209  
 USPS - 34209

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 333 667 009

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

AIRS ID # 0810184

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0810184

TOUCH OF CLASS DRY CLEANERS  
JOHN BRENNAN IV  
7216 W MANATEE AVE  
BRADENTON FL 34209

4a. Article Number

2333 660 738

4b. Service Type

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

7. Date of Delivery

2-27-99

5. Received By: (Print Name)

John Brennan

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

6. Signature: (Addressee or Agent)

*[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 738

1999

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

AIRS ID # 0810184

TOUCH OF CLASS DRY CLEANERS  
JOHN BRENNAN IV  
7216 W MANATEE AVE  
BRADENTON FL 34209

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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 # 0810184  
 TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

4a. Article Number

Z 333 660 663

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 fees paid)

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*



Thank you for using Return Receipt Service.

Z 333 660 663

1994

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

AIRS ID # 0810184

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) B. Date of Delivery  <span style="float: right;">2-12-00</span></p> <p>C. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0810184</p> <p>TOUCH OF CLASS DRY CLEANERS          JOHN BRENNAN IV          7216 W MANATEE AVE          BRADENTON FL 34209</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>
<p>2. Article Number (Copy from service label)  <span style="font-size: 1.5em;">Z 333 667 054</span></p>	
<p>PS Form 3811, July 1999 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span></p>	

Z 333 667 054

US Postal Service  
**Receipt for Certified Mail** 2000  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

AIRS ID # 0810184

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

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

**SENDER: COMPLETE** **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 # 0810184

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

2. Article Number (Copy from service label)

000060000264259178

A. Received by (Please Print Clearly) B. Date of Delivery  
 3-5-01

C. Signature  
 [Signature]  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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 4J25 9178

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>		AIRS ID # 0810184

Recipient's  
 Street, Apt.  
 City, State, & Zip

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

PS Form 3800 February 2000 See Reverse for Instructions

**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:

AIRS ID # 0810184

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 2-9-01

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

2. Article Number (Copy from service label)  
 7000 0600 0026 7825 5945

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

7000 0600 0026 7825 5945

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total P</b>		

AIRS ID # 0810184

**Recipient** TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 Street, # 7216 W MANATEE AVE  
 City, Sta BRADENTON FL 34209

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4, if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <i>E. Davis Montaner</i>	B. Date of Delivery <i>4/9/01</i>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0810184</p> <p>TOUCH OF CLASS DRY CLEANERS JOHN BRENNAN IV 7216 W MANATEE AVE BRADENTON FL 34209</p>	<p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label) <i>Z 210 661 253</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<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>	

Z 210 661 253

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

AIRS ID # 0810184

TOUCH OF CLASS DRY CLEANERS  
 JOHN BRENNAN IV  
 7216 W MANATEE AVE  
 BRADENTON FL 34209

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995