

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 17, 1997

Mr. Richard C. Creese Martin County Cleaners & Laundry 5929 S. Federal Highway Stuart, Florida 34994

Re: Facility No.: 0850121

Dear Mr. Creese:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 14, 1997.

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

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

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

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

Sincerely,

To Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Bruce Offord, Southeast District

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

| #0850121  |
|---|
| Martin County Cleaners & Loundry  |
|   |
| spoke with Richard Greese   |
| -spoke with Richard Creese<br>regarding boiler - spoke with<br>Young Oil in Fompano Beach |
|   |
| P./3 8. not R.O. phone number -<br>add business phone number -<br>"561/287-1/66"          |
| DIS 5 mark out "X" and Initial.   |
| add "40HP/#2 dyed diesel<br>fuel"-under limits  |
| suel"-under limits  |
| 5.(d) not required, mark out  |
|   |
|   |
|   |
|   |
|   |
|   |
| ,   |

## Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):                              |
|---|
| CREEKE CLEAVERS CORP. d/b/c MAMINICOUNTY CLEAVERY & LACINDAY  2. Site Name (For example, plant name or number): |
| 2. Site Name (For example, plant name or number):   |
| TACI-ITY ID # 9403392  3. Hazardous Waste Generator Identification Number:                                      |
| <u>,                                     </u>   |
| FLD 058 563 867   |
| 4. Facility Location: 301-303 CULUNARU AUENTIE  |
| City: STUZNT, FL County: MARTIN Zip Code: 34994   |
| 5; Facility Identification Number (DEP Use ONLY - do not fill in):  |
| 0850/2/   |
| Responsible Official  |
| 6. Name and Title of Responsible Official:  |
| Name: RICHARD C. CREEKE Title: PRESIDENT  |
| 7. Responsible Official Mailing Address: Organization/Firm: CNEELE CLEANENT CORP                                |
| Street Address: $59265.FEDERALIKUVI$  |
| Street Address: 5929 S. FEDERAL HOY  City: Sindrif +L  County: MANITIN  Zip Code: 3499                          |
| 8 Responsible Official Telephone Number:  |
| Telephone: (561) 287 - 8706 Fax: ( )_   |
| Facility Contact (11 different from Responsible Official)   |
| 9. Name and Title of Facility Contact (For example, plant manager):   |
| Traine and Trice of Facility Contact (For Champie, plant manager).  |
| 10. Facility Contact Address:   |
| Street Address:   |
| City: County: Zip Code:   |
| 11. Facility Contact Telephone Number:  |
| Telephone: ( ) - Fax: ( ) -   |
|   |

RECEIVED

MAN 1 4 1997

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

| Type of Machine   | ID              | Date<br>Machine<br>Initially<br>Purchased                     | Date<br>Control<br>Device<br>Installed   | ID        | Date<br>Machine<br>Initially<br>Purchased | Date<br>Control<br>Device<br>Installed | ID               | Date<br>Machine<br>Initially<br>Purchased | Date<br>Control<br>Device<br>Installed  |
|---|-----------------|---|--|-----------|---|--|------------------|---|---|
| Example   | #1              | 03-OCT-93   | 12-NOV-93  | #2        | 08-DEC-91                                 | •                                      | #3               | 02-MAR-92                                 | 02-MAR-                                 |
| Dry-to-Dry Unit   |                 |   |  |           |   |  |                  |   |   |
| (1) w/ ref. condenser   |                 | 01-00T-88   | 01-007-18  |           |   |  |                  |   |   |
| (2) w/ carbon adsorber  |                 |   |  |           |   |  |                  |   |   |
| (3) w/ no controls  |                 |   |  |           |   |  |                  |   |   |
| Washer Unit   |                 |   |  |           |   |  |                  |   |   |
| (4) w/ ref. condenser   |                 |   |  |           |   |  |                  |   |   |
| (5) w/ carbon adsorber  |                 |   |  | <u> </u>  |   |  |                  |   |   |
| (6) w/ no controls  | Subsect 2018    | \<br>\$45644904340770908888899-\$19686                        | NOSCO-CONCRETE AND   | #K3888890 | SADAS-ASSASCONNOVINE MADA                 | 41.70 400/20100000000000               | a to be resident | 0188650018363844980400485380653808        | 947000000000000000000000000000000000000 |
| Oryer Unit (7) w/ ref. condenser  |                 | T   | T  |           |   |  |                  | T   |   |
| (8) w/ carbon adsorber  | ļ               |   |  | ⊢         | ļ   |  |                  | ·   | _                                       |
| (9) w/ no controls  |                 | -   |  | ├         |   |  | ⊢                |   |   |
| Reclaimer Unit  |                 |   |  |           |   |  | 103162           |   |   |
| (10) w/ ref. condenser  | X19800.00       | ######################################                        | 524592 (127.40399999984424K  | 43868755  | (#12596)#196565#UR-MRG                    | SCHOOL CHOOS AND ASSESSED ASSESSED.    | 20100000         |   | **************************************  |
| (11) w/carbon adsorber  |                 | -   |  |           |   |  | ┢                |   |   |
| (12) w/ no controls   | $\vdash$        |   |  | <b></b> - |   |  |                  |   |   |
| (b) Control devices are (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 mon Check why it is less | are requant     | equired to be<br>ity of perchlo<br>ons (You mu<br>ow many? [_ | installed (expression of the control | perc)     | g small area s                            | r consumed i                           |                  |   |   |
| 3. What is the facility's so (Indicate with an "X".  Existing small an Existing large ar  | Selec<br>rea so | t one classifi  | cation only.)  | ew sn     | nitions found<br>nall area sour           | -ce [                                  | 3) of<br>]       | Part II?                                  |   |

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|            | control technology is requeste with an "X".)   | ired on machines p  | pursuant  | to section (5) of | Part II of thi  | s notificatio                             | n form?   |
|------------|--|---------------------|-----------|-------------------|---|---|---|
|            | Existing large area source Carbon adsorber   | :<br>[]             | OR        | Refrigerated co   | ondenser [  | <u>X</u> ]                                |   |
| <i>:</i> · | New small area source<br>Refrigerated condenser  |                     |           | <b>4</b>          |   |   |   |
|            | New large area source<br>Refrigerated condenser  | · · · · · ·         |           |                   |   |   |   |
|            |  |                     | , ,       |                   | ali sa ing ing mga mga mga mga mga mga mga mga mga mg | والمدار المراجع الموارد والمراجع والمراجع | ة المراجعة (1848) إلى المراجعة (1858) إلى المراجعة (1858) إلى المراجعة (1858) إلى المراجعة (1858) إ |
| . •        | The many the second of the sec | 45.                 |           | , .               |   |   |   |
| to Rule    | cility which contains non-exection of the contains of the content  | that all steam and  | l hot wat |                   |   |   |   |
|            | m and hot water generating P or less) and are fired by   |                     |           |                   |   |   |   |
|            | n and hot water generating units on-site   | units exempt        |           | ,                 |   |   |   |
|            | •  |                     | •         |                   |   | ,   |   |
| ,          |  |                     |           |                   |   |   |   |
|            |  |                     |           |                   |   | •   |   |
| 1          | Equipme  | ent Monitoring a    | nd Reco   | rdkeeping Intoi   | mation  | •   |   |
| Check a    | ll logs which are required t   | o be kept on-site i | n accord  | ance with the rec | juirements of   | f this genera                             | l permit: .   |
| (a) Purcl  | hase receipts and solvent p  | urchases            | •         |                   | [V]   |   |   |
| (b) Leak   | detection inspection and r   | epair               |           | •                 |   |   |   |
| (c) Refri  | gerated condenser tempera  | ture monitoring     |           |                   |   |   |   |
| (ð) Carb   | on adsorber exhaust perc c   | oncentration moni   | itoring   |                   |   |   |   |
| (e) Instru | ument calibration  |                     |           |                   |   |   |   |
| (f) Start  | -up, shutdown, malfunction   | n plan              |           |                   |   |   |   |

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#### Surrender of Existing Air Permit(s)

| Please indica                       | te 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)  |
| [ <b>X</b> ]                        | No air permits currently exist for the operation of the facility indicated in this notification form.  |
|                                     | Responsible Official Certification   |
| this notif<br>statemen<br>nraintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will pro                          | omptly notify the Department of any changes to the information contained in this notification.  Clip a Close 121/97  Date  |

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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: CREESE OL  | EANERS                 | DBA MARTIN                                | CNTY of DAT             | E: 2/19/97          |
|---|------------------------|---|-------------------------|---------------------|
| FACILITY LOCATION: 30/ CUI  | DRADO AL               | IL.                                       | t                       |                     |
| EHIART.   | FL 34                  | 994                                       |                         |                     |
|   | ,                      |   |                         |                     |
| Annual Reporting Period: FET  | 3                      | 19 <u>9</u> 7 to                          | FEB                     | 19_98               |
| Based on each term or condition of the Title V  | general air permit, n  | ny facility has remaine                   | ed in compliance with   | DEP Rule            |
| 62-213.300, Florida Administrative Code (F.A  | C.), during the perio  | od covered by this state                  | ement. YES              | $\square_{NO}$      |
| If NO, complete the following:  |                        |   |                         |                     |
| #1. Term or condition of the general permit the   | nat has not been in co | ntinuous compliance                       | during the reporting po | eriod 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 the   | nat has not been in co | ntinuous compliance                       | during the reporting p  | eriod 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, be made in this notification are true, accurate an upon rolling averages of purchase receipts, do year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: VILLIAM Name | nd complete. Further,  | my annual consumptigations per year for a | ion of perchloroethyle  | ne solvent, based   |

<sup>\*</sup>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 X   | COMPLAINT/DISCOVERY RE-INSPECTION   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| TIME IN: 10:05 TIME OUT: 11:05  TYPE OF FACILITY: DRY CLEANER - EXIST FACILITY NAME: CREESE CLEANERS  FACILITY LOCATION: 301 COLURADO A  SHUBUL, FL 3459 | DBA MARTIN CNTY CLAUTE: 2-15-97   |  |  |  |  |  |
| RESPONSIBLE OFFICIAL: BILL CEESE   | PHONE NUMBER: 56/287-1166   |  |  |  |  |  |
| compliance with DEP Rule 62-213.300, Florida Admin   | valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.). valuated during this inspection, the following compliance |  |  |  |  |  |
| COMPLIANCE REQUIREMENT/PROBLEM   | FOLLOW-UP ACTION REQUIRED   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | r   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| COMMENTS:  | F=4/  |  |  |  |  |  |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES  NO  |   |  |  |  |  |  |
| DATE OF NEXT INSPECTION: FEB 1998 (Approximate)  |   |  |  |  |  |  |
| INSPECTION CONDUCTED BY: LOUIS VA  | LCARENGHI<br>(Please Print)   |  |  |  |  |  |
| INSPECTOR'S SIGNATURE: July Micauly  | M PHONE NUMBER: 56/681-6627   |  |  |  |  |  |



## PERCHLOROETHYLENE DRY CLEANERS MAR 2 0 1997

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION:

PART I: NOTIFICATION

facility was 940 gallons.

(check appropriate box)

ANNUAL

**RE-INSPECTION** 

À,

COMPLAINT/DISCOVERY

Y 🗆

| AIRS 1D#: 0850(21 DATE: 2-19-97 TIME IN: 10,00 TIME OUT: |
|--|
| FACILITY NAME: CREESE Cl DBA Montin City Opan            |
| FACILITY LOCATION: 30/ Colordo Ay                        |
| Stuart 34994   |
|  |

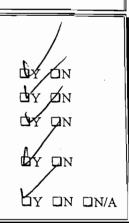
| 1. Existing facility notified DARM by 9/1/96  |   |                   |
|---|---|-------------------|
| 2. New facility notified DARM 30 days prior to start  | nip .   | , –               |
| 3. Facility failed to notify DARM to use general per  | mit (helf point applicati   | $\tilde{\lambda}$ |
|   |   |                   |
| PART II: CLASSIFICATION   |   |                   |
| Facility indicated on notification form that it is: (check appropriate box)   |   |                   |
| A.  |   |                   |
| 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)   | 2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)   |                   |
| 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,> | 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,> |                   |
| This is a correct facility classification   | NO YE   |                   |
| If no, please check the appropriate classification:   |   |                   |
| facility qualified for a general permutation of facility exceeds above limits and is  |   |                   |

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

#### PART III: GENERAL CONTROL REQUIREMENTS

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

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



#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

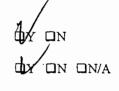
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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







Dong Bushe- Drich Med

| В. | Has the responsible official of an existing large or new large area source also:  |                      |
|----|---|----------------------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | NO N                 |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | by dn                |
|    | Is the temperature differential equal to or greater than 20° F?   | DY DN                |
| 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?   | AVVA NO YO           |
|    | Is the perc concentration equal to or less than 100 ppm?  | AN) NO YOU           |
| 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? | Ayy <sub>иם צם</sub> |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ava <b>k</b> no yo   |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | AVALE NO YO          |
| _  |   |                      |
| P  | ART V: RECORDKEEPING REQUIREMENTS   |                      |
|    | las the responsible official: check appropriate boxes)  |                      |
| 1  | . Maintained receipts for perc purchased?   | DA QU                |
| 2  | . Maintained rolling monthly averages of perc consumption?  | OLY □N               |
| 3  | . Maintained leak detection inspection and repair reports for the following:  | /                    |
|    | a. documentation of leaks repaired w/in 24 hrs? or;   | <b>₽</b> Y □N        |
| 1  | b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt?   | OY ON                |
| 4  | . Maintained calibration data? (for direct reading instruments only)  | DY DN XVA            |

| 8. Maintained compliance plan, if applicable?   | A/A/A |
|---|-------|
| PART VI: LEAK DETECTION AND REPAIRS   |       |
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | ZY ON |

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

7. Maintained deviation reports?

Problem corrected?

| 2. | Which method of detection is used by the                        | ne responsible official? |                             | /       |  |  |  |  |
|----|---|--------------------------|-----------------------------|---------|--|--|--|--|
|    | Visual examination (condensed so                                | ₩ /                      |                             |         |  |  |  |  |
|    | Physical detection (airflow felt thi                            |                          |                             |         |  |  |  |  |
|    | Odor (noticeable perc odor)                                     |                          | ,                           | tr/     |  |  |  |  |
|    | Use of direct-reading instrumenta                               | tion (FID/PID/calorime   | etric tubes)                | Φ/      |  |  |  |  |
|    | If using direct-reading instrume                                | entation, is the equipm  | nent:                       |         |  |  |  |  |
|    | a. Capable of detecting p                                       | perc vapor concentration | ns in a range of 0-500 ppm? | OY ON   |  |  |  |  |
|    | <ul><li>b. Calibrated against a s<br/>(PID/FID only)?</li></ul> | tandard gas prior to an  | d after each use            | □Y □N   |  |  |  |  |
|    | c. Inspected for leaks an                                       | d obvious signs of wear  | r on a weekly basis?        | □Y □N   |  |  |  |  |
|    | d. Kept in a clean and so                                       | ecure area when not in   | use?                        | OY ON   |  |  |  |  |
|    | e. Verified for accuracy  | by use of duplicate sam  | ples (calorimetric only)?   | OY/ON   |  |  |  |  |
| 3. | Has the facility maintained a leak log?                         |                          |                             | TY ON   |  |  |  |  |
| 4. | Does the responsible official check the                         | following areas for leal | cs?                         |         |  |  |  |  |
|    | Hose connections, fittings, couplings, and valves               | фy ом                    | Muck cookers                | ф¥ ои   |  |  |  |  |
|    | Door gaskets and seating  | DY DN                    | Stills                      | dy on   |  |  |  |  |
|    | Filter gaskets and seating                                      | try on                   | Exhaust dampers             | DE DAY  |  |  |  |  |
|    | Pumps   | ру ои                    | Diverter valves             | DY AN   |  |  |  |  |
|    | Solvent tanks and containers                                    | φy ON                    | Cartridge filter housing    | s DY DN |  |  |  |  |
|    | Water separators  | DY DN                    |                             |         |  |  |  |  |
| _  |   |                          |                             |         |  |  |  |  |
|    | 14.11/V   |                          |                             |         |  |  |  |  |

Name of Responsible Official

WY HACARDOAL

Inspector's Name (Please Print)

Inspector's Signature

 $\frac{2-19-97}{2-98}$ Date of Inspection

Approximate Date of Next Inspection

2273

RECEIVED MAIL ROOM JUN 10 98

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0850121

CREESE CLEANERS CORP
RICHARD C CREESE
5929 S FEDERAL HWY
STUART FL 34994

Do NOT Remove Label

| Annual Reporting Period:  |
|---|
| 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  |
| 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:  Name (Please Print)  Signature  Date |

<sup>\*</sup>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.

# **BEST AVAILABLE COPY**

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT

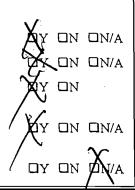
COMPLIANCE INSPECTION CHECKLIST

|   | ANNUAL   |  | COMPLAINT/DISC  | COVERY D        |
|---|--|--|---|-----------------|
|   | RE-INSPECTION  | 1 🗆  |   | Bur             |
|   |  |  |   | & eau           |
| ,   | DATE: 7/8/9  | 78 TIME I  | n: <u>1335</u> tim  | IE OUT: # 355   |
| FACILITY NAME:  | Martin C   | nty Of   | ganers  | Monto<br>Source |
| FACILITY LOCATION:  | 301 Col  | orado  | Ave   | oring<br>es     |
|   | Stuart   | -, L/  | 34994   |                 |
| RESPONSIBLE OFFICIAL :  | William Cr   | éese   | PHONE: 561/   | 287-1166        |
| CONTACT NAME:   | Samo   |  | PHONE:  | -               |
|   |  |  |   |                 |
| PART I: NOTIFICATION  |  |  |   |                 |
| (check appropriate box)   |  |  |   |                 |
| 1. New facility notified DARM   | l 30 days prior to start   | up   |   | X               |
| 2. Facility failed to notify DAR  | tM to use general perr   | mit  |   |                 |
|   |  |  |   |                 |
| PART II: CLASSIFICATION   | N  |  |   |                 |
| Facility indicated on notificat   | ion form that it is:   |  | ☐ No notification fo  | orm             |
| (check appropriate box)   |  |  | ☐ Drop store/out of   |                 |
| II -  |  |  |   | · ·             |
| A. 1 Existing small area sour   | rce N  | 2 New small a  | דפס <b>כ</b> חוודרפ   | n               |
| A. 1. Existing small area soundry-to-dry only, x < 140 gal.   |  | 2. New small a dry-to-dry only,  |   |                 |
| 1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr  | /y <del>i</del>  | dry-to-dry only, transfer only, x  | x < 140 gal/yr<br>< 200 gal/yr  |                 |
| 1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr   | /yi<br>r   | dry-to-dry only, transfer only, $x$ both types, $x < x$  | x < 140 gal/yr<br>< 200 gal/yr<br>140 gal/yr  |                 |
| 1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr  | /yt<br>:<br>)  | dry-to-dry only, transfer only, $x$ both types, $x < x$  | x < 140 gal/yr<br>< 200 gal/yr  |                 |
| <ol> <li>Existing small area soundry-to-dry only, x &lt; 140 gall transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area soundry-</li> </ol>  | /yt<br>r<br>)<br>rce   | dry-to-dry only, transfer only, $x$ both types, $x < 1$ (constructed on 4. New large a   | x < 140 gal/yr<br>< 200 gal/yr<br>140 gal/yr<br>or after 12/9/91)<br>rea source   |                 |
| <ol> <li>Existing small area sound dry-to-dry only, x &lt; 140 gall transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2</li> </ol>  | /yt<br>rce<br>!,100 gal/yr   | dry-to-dry only, transfer only, x both types, x < 1 (constructed on 4. New large a dry-to-dry only,  | x < 140  gal/yr<br>< 200  gal/yr<br>140  gal/yr<br>or after $12/9/91$ )<br>rea source<br>$140 \le x \le 2,100 \text{ gal/y}$  |                 |
| <ol> <li>Existing small area sound dry-to-dry only, x &lt; 140 gall transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80</li> </ol>  | /yt<br>rce<br>2,100 gal/yr   | dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20  | x < 140  gal/yr<br>< 200  gal/yr<br>140  gal/yr<br>or after $12/9/91$ )<br>rea source<br>$140 \le x \le 2,100 \text{ gal/yr}$<br>$00 \le x \le 1,800 \text{ gal/yr}$  |                 |
| <ol> <li>Existing small area sound dry-to-dry only, x &lt; 140 gall transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2</li> </ol>  | rce<br>2,100 gal/yr<br>00 gal/yr<br>gal/yr   | dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140  | x < 140  gal/yr<br>< 200  gal/yr<br>140  gal/yr<br>or after $12/9/91$ )<br>rea source<br>$140 \le x \le 2,100 \text{ gal/y}$<br>$00 \le x \le 1,800 \text{ gal/yr}$<br>$00 \le x \le 1,800 \text{ gal/yr}$  |                 |
| <ol> <li>Existing small area sound dry-to-dry only, x &lt; 140 gall transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91)</li> </ol>  | rce<br>2,100 gal/yr<br>00 gal/yr<br>gal/yr   | dry-to-dry only, transfer only, $x$ both types, $x < 0$ (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on                                  | x < 140  gal/yr<br>< 200  gal/yr<br>140  gal/yr<br>or after $12/9/91$ )<br>rea source<br>$140 \le x \le 2,100 \text{ gal/y}$<br>$00 \le x \le 1,800 \text{ gal/yr}$<br>or after $12/9/91$ )   | or              |
| <ol> <li>Existing small area sour dry-to-dry only, x &lt; 140 gall transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800</li> </ol>  | rce<br>2,100 gal/yr<br>00 gal/yr<br>gal/yr   | dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140  | x < 140  gal/yr<br>< 200  gal/yr<br>140  gal/yr<br>or after $12/9/91$ )<br>rea source<br>$140 \le x \le 2,100 \text{ gal/y}$<br>$00 \le x \le 1,800 \text{ gal/yr}$<br>$00 \le x \le 1,800 \text{ gal/yr}$  | or              |
| <ol> <li>Existing small area sound dry-to-dry only, x &lt; 140 gall transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91)</li> </ol>  | rce<br>2,100 gal/yr<br>00 gal/yr<br>gal/yr<br>classification   | dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on  | x < 140  gal/yr<br>< 200  gal/yr<br>140  gal/yr<br>or after $12/9/91$ )<br>rea source<br>$140 \le x \le 2,100 \text{ gal/y}$<br>$00 \le x \le 1,800 \text{ gal/yr}$<br>or after $12/9/91$ )   | or              |
| 1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facilit | rce 2,100 gal/yr 00 gal/yr gal/yr classification 2 appropriate classification gen  | dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on $\square N$ ) ation: eral permit as m  | $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ ) $\square$ Can not determin                          | e<br>re         |
| 1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facilit | /yr  rce 2,100 gal/yr 00 gal/yr gal/yr classification e appropriate classifica   | dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on $\square N$ ) ation: eral permit as m  | $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ ) $\square$ Can not determin                          | e<br>re         |
| 1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facilit | rce 2,100 gal/yr 00 gal/yr gal/yr classification 2 appropriate classification agen ity qualified for a gen ity exceeds above limit | dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on IN | $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ ) $\square$ Can not determin | e<br>re<br>mit  |

#### PART III: GENERAL CONTROL REQUIREMENTS

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

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



#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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



| В. | Has the responsible official of an existing large or new large area source also:  |         |                 |
|----|---|---------|-----------------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | X       | ПN              |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | (<br>DY | ON ANA          |
|    | Is the temperature differential equal to or greater than 20° F?   | ΩY      | DN DNIA         |
| 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?   |         | A/A             |
|    | Is the perc concentration equal to or less than 100 ppm?  | ЦY      | UN AN/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? | ΟY      | □n <b>∀</b> n/a |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΩY      | ON ANIA         |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΩY      | AND NO          |

(x,y), (x,y), (x,y)

| PART V: RECORDKEEPING REQUIREMENTS  |             |
|---|-------------|
| Has the responsible official: (check appropriate boxes)   |             |
| 1. Maintained receipts for perc purchased?  | XY DN       |
| 2. Maintained rolling monthly averages of perc consumption?   | M DN        |
| 3. Maintained leak detection inspection and repair reports for the following:   |             |
| a. documentation of leaks repaired w/in 24 hrs? or;   | AVAC NO XQ  |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | C ON ON/A   |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | DY ON DAVIA |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | OY ON DAVA  |
| 6. Maintained startup/shutdown/malfunction plan?  | DY ON '     |
| 7. Maintained deviation reports?  | DY ON ANIA  |
| Problem corrected?  | OY ON ON/A  |
| 8. Maintained compliance plan, if applicable?   | DY ON WN/A  |

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

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

Facility is using The calender for recording The required data.

| TYPE OF INSPECTION: ANNUAL CO   | OMPLAINT/DISCOVERY RE-INSPECTION  |
|---|---|
| TIME IN: 1335 TIME OUT: 135   | 59 AIRS ID#: 0850121  |
| TYPE OF FACILITY: TRYCLEANER  |   |
| FACILITY NAME: MARTIY COUNTY  | DLEANER DATE: 78/98   |
| FACILITY LOCATION: 30/ COLORADO   | AUE   |
| STUART, F-L 3499  | M. 1.00   |
| RESPONSIBLE OFFICIAL: William Creesp  | PHONE NUMBER: 561/287-1166  |
| Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Adminis | luated during this inspection, the facility is found to be in strative Code (F.A.C.). |
| Based on the results of the compliance requirements evaluscrepancies were noted:                                    |   |
| COMPLIANCE REQUIREMENT/PROBLEM  | FOLLOW-UP ACTION REQUIRED   |
|   |   |
| ·   |   |
|   | B 70  |
|   | Burea 5   |
|   | JUL 1 6 1998  eau of Air Monito  Mobile Sources                                       |
|   | South A   |
|   | UL 1 6 1998  Un of Air Monitoring Mobile Sources                                      |
|   |   |
|   |   |
|   | <del></del>   |
| <u>.</u>  |   |
| COMMENTS:   |   |
|   |   |
| The Annual Compliance Certification form has been properly ce   | rtified and submitted to the inspector. YES NO  |
| DATE OF NEXT INSPECTION:  | 7/99  |
|   | Approximate)  ARENGHE   |
|   | (Please Print)  |
| INSPECTOR'S SIGNATURE: Your Valamon   | g/u   |
| Page  | Payised 10/96   |

1

RECEIVED MAIL ROOM JUN 10 98

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

CREESE CLEANERS CORP RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994

AIRS ID 0850121

Do NOT Remove Label

| Annual Reporting Period:                      | 19TO   | 19                                    |
|---|--|---------------------------------------|
|   | Fitle V general air permit, my facility has remained in compliance (F.A.C.), during the period covered by this statement.  | · ·                                   |
| If NO, complete the following:                | •  |                                       |
| #1. Term or condition of the general per      | mit that has not been in continuous compliance during the repo   | rting period stated above:            |
| · ·   | 8  |                                       |
| Exact period of non-compliance: from          |  | <u></u> →                             |
| Action(s) taken to achieve compliance:        |  |                                       |
| Method used to demonstrate compliance:        | Selection of the part of the p | · · · · · · · · · · · · · · · · · · · |
| #2. Term or condition of the general per      | mit that has not been in continuous compliance during the report   | rting period stated above:            |
| Exact period of non-compliance: from          | to   |                                       |
| Action(s) taken to achieve compliance:        |  | · · ·                                 |
| Method used to demonstrate compliance:        | ·  |                                       |
| does not exceed 2,100 gallons per year for de | based on information and belief formed after reasonable inquiry, the Further, m, annual consumption of perchloroethylene solvent, bary-to dry facilities or 1,800 gallons per year for transfer or combinate ALI CAESE Signature   | sed unon nuechasa eacaints            |

<sup>\*</sup>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<br>RE-INSPECTION                           | ,   | <b>X</b> .   | COMPLAIN  | r/discovery                     | Bures<br>Bures   | RECE   |
|--|---|---|--|---|---------------------------------|--|--------|
| AÏRS 1D#: 0850121 1  | DATE:   | т   | IME IN   | [:  | _ TIME OUT                      | 6 3  |        |
| FACILITY NAME: MA  | RTIN COU  | LYTY  | 1 0  | PLEANT  | RS                              | Solution of the state of the st | 39 1   |
| FACILITY LOCATION:   | G COLORAD<br>WART, FL                             | 9<br>73   | AVE<br>499   | <del>-</del><br>¥   | (New la                         | Calle  |        |
| RESPONSIBLE OFFICIAL:  | BillCrass   | 2   |  | phone: <u>5</u><br>phone:   | 61/267-                         | 116b<br>8706   | _      |
| PART I: NOTIFICATION   |   |   |  |   | They                            |  |        |
| (check appropriate box)  |   |   |  |   | ··                              |  |        |
| 1. New facility notified DARM  | 30 days prior to startı                           | ıp  |  |   |                                 | ×  |        |
| 2. Facility failed to notify DARI  | M to use general perm                             | uit   |  |   |                                 |  |        |
| PART II: CLASSIFICATION  |   |   |  |   |                                 |  |        |
| Facility indicated on notification (check appropriate box)  A.   | on form that it is:                               |   |  | ☐ No notific☐ Drop store  | ation form<br>:/out of business | s/petroleum  |        |
| <ol> <li>Existing small area sourd dry-to-dry only, x &lt; 140 gal/y transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2,</li> </ol> | ce  | dry-to-di<br>transfer<br>both type<br>(construe<br>4. New<br>dry-to-d | ry only, : only, x < es, x < 1 cted on c large ar ry only, | rea source<br>x < 140  gal/yr<br>< 200  gal/yr<br>< 40  gal/yr<br>or after 12/9/9<br>rea source<br>$140 \le x \le 2,10$ | 1)<br>00 gal/yr                 | (Neu   | oste   |
| transfer only, $200 \le x \le 1,80$<br>both types, $140 \le x \le 1,800$ g<br>(constructed before 12/9/91)   | gal/yr  | both typ  | es, 140 <u>s</u>   | 0 ≤ x ≤ 1,800<br>≤ x ≤ 1,800 ga<br>or after 12/9/9  | Vут                             | OND I  | new it |
| 5. This is a correct facility cl   | assification                                      | <b>X</b> Υ  | □N   | □Can not de   | etermine                        | V  | `      |
| ☐ facilit  | ty qualified for a gene<br>ty exceeds above limit | eral pern<br>ts and is  | not elig   | ible for a gene   | -                               | s day cleani   | ng     |
| B. The total quantity of perchlo facility was 150 gallons.   | as of June 9                                      | Gilaseu V   | MITTELL (II  | c brecearing 1.   | r months by an                  | s my cicain  | "E     |

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? A'Y ON ON'A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y ON ONA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after Y ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

| В. | Has the responsible official of an existing large or new large area source also:  |          |          |              |
|----|---|----------|----------|--------------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?         | XY       | ПИ       |              |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΟY       | Ωи       | W/A          |
|    | Is the temperature differential equal to or greater than 20° F?   | ΠY       | ПИ       | AMA          |
| 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,      | ΟV       |          | M/A          |
|    | if machines are equipped with a carbon adsorber?  |          |          |              |
|    | Is the perc concentration equal to or less than 100 ppm?  | $\Box$ Y | $\Box$ N | <b>A</b> 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?                                 | ΠY       | ПN       | N/A          |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΠY       | ПИ       | N/A          |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΟY       | ΠИ       | N/A          |

| PART V: RECORDKEEPING REQUIREMENTS   |                    |  |  |  |  |  |
|--|--------------------|--|--|--|--|--|
| Has the responsible official:<br>(check appropriate boxes)   |                    |  |  |  |  |  |
| 1. Maintained receipts for perc purchased?   | AY ON              |  |  |  |  |  |
| 2. Maintained rolling monthly averages of perc consumption?  | NO Y               |  |  |  |  |  |
| 3. Maintained leak detection inspection and repair reports for the following:  |                    |  |  |  |  |  |
| a. documentation of leaks repaired w/in 24 hrs? or;  | OY ON <b>X</b> N/A |  |  |  |  |  |
| <ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br/>and parts installed w/in 5 days of receipt?</li> </ul> | DY ON XVIA         |  |  |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | DY ON XINA         |  |  |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | OY ON <b>X</b> N/A |  |  |  |  |  |
| 6. Maintained startup/slutdown/malfunction plan?   | XY ON              |  |  |  |  |  |
| 7. Maintained deviation reports?   | DY DN ŽÍNA         |  |  |  |  |  |
| Problem corrected?   | AVE NO YO          |  |  |  |  |  |
| 8. Maintained compliance plan, if applicable?  | אוא ל אם צם        |  |  |  |  |  |

#### PART VI: LEAK DETECTION AND REPAIRS

| _   |   |            |        |                  |                           |     |          |  |
|---|---|------------|--------|------------------|---------------------------|-----|----------|--|
| 1.  | . Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |            |        |                  |                           |     |          |  |
|   | inspection?   |            |        |                  |                           | XY  | ПИ       |  |
| 2.  | Has the facility maintained a leak log?   |            |        |                  |                           | XY  | □и       |  |
| 3.  | Does the responsible official check the   | follow     | ing ar | eas for leaks?   |                           | ı   |          |  |
|   | Hose connections, fittings, couplings, and valves   | A.         | ПΝ     | □N/A             | Muck cookers              | A/A | A/ND ND  |  |
|   | Door gaskets and seating  | AX         | ПИ     | □N/A             | Stills                    | Y   | □N □N/A  |  |
|   | Filter gaskets and seating  | XY         | ПN     | □N/A             | Exhaust dampers           | ΠY  | AND NO   |  |
|   | Pumps   | <b>Ø</b> Y | ПИ     | □N/A             | Diverter valves           | ΔY  | A/MAD NO |  |
|   | Solvent tanks and containers  | XY         | ПΝ     | □N/A             | Cartridge filter housings | YY  | □N □N/A  |  |
|   | Water separators  | XY         | ПΝ     | □N/A             |                           | ·   |          |  |
| 4.  | Which method of detection is used by  | the resp   | onsib  | le official?     |                           |     |          |  |
| Visual examination (condensed solvent on exterior surfaces) |   |            |        |                  |                           |     |          |  |
|   | Physical detection (airflow felt th   | ×          |        |                  |                           |     |          |  |
|   | Odor (noticeable perc odor)   | NA AC      |        |                  |                           |     |          |  |
|   | Use of direct-reading instrument  | <b>'</b> □ |        |                  |                           |     |          |  |
|   | Halogen leak detector   |            |        |                  |                           |     |          |  |
|   | If using direct-reading inst  | rumen      | tation | , is the equipm  | ent:                      | □N/ | A        |  |
|   | a. Capable of detecting   | perc va    | apor c | oncentrations in | n a range of 0-500 ppm?   | ΠY  | □И       |  |
|   | b. Calibrated against a (PID/FID only)?   | ΟY         | ПИ     |                  |                           |     |          |  |
|   | c. Inspected for leaks a  | nd obvi    | ous si | gns of wear on   | a weekly basis?           | ΩY  | ПN       |  |
|   | d. Kept in a clean and s  | secure a   | area w | hen not in use?  |                           | ΩY  | □И       |  |
|   | e. Verified for accuracy  | by use     | of du  | plicate samples  | (calorimetric only)?      | ΩY  | □И       |  |
|   |   |            |        |                  |                           |     |          |  |

LOUIS VALCARENGHI

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: Facility has moved to a new locationother site closed New Py-Dry machine was purchased and installed at the new location. In spection was conducted as new equipment at the new gite, New point application will be filled copy provided\_ Annual Compliance Certification Form Foog 1998 to be provided directly to Talkahassee by

| TYPE OF INSPECTION: ANNUAL COM  | PLAINT/DISCOVERY RE-INSPECTION                        |
|---|---|
| TIME IN: 10:35 TIME OUT: 11:  | 15AIRS ID#: 0850171                                   |
| TYPE OF FACILITY: DRY CLEANER   |   |
| FACILITY NAME: MARTIN COUNTY  | CLEAIYERS DATE:                                       |
| FACILITY LOCATION: 301 COLORADO 'A  | VE  |
| STUART, FL 34999  |   |
| RESPONSIBLE OFFICIAL: BILL CLEES  | PHONE NUMBER: 561/287-1166                            |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra | ative Code (F.A.C.).                                  |
| Based on the results of the compliance requirements evaluated discrepancies were noted:                               | ated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM  | FOLLOW-UP ACTION REQUIRED                             |
|   | Burgan of CE  |
|   | Air Monitoring bile Sources                           |
|   | is Ting   |
|   | -   |
|   |   |
|   |   |
| This inspection was conducted at  | the new location on the new equipment                 |
| The Annual Compliance Certification form has been properly certi-   | fied and submitted to the inspector. YES NO           |
| DATE OF NEXT INSPECTION: JUNE   | SOOO oproximate)                                      |
| INSPECTION CONDUCTED BY: LOVIS VALC   | PARENOHI  Jease Prigt)                                |
| INSPECTOR'S SIGNATURE: John Valo  | Pare Phone Number: 561/681-6627                       |
| Page_   | of Revised 10/96                                      |

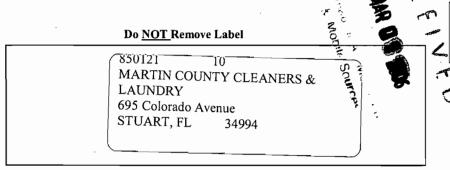
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|                                  | US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse) |            |              |   |  |  |  |  |
|                                  | Cant to   | AIR        | S ID# 085012 | 1 |  |  |  |  |
|                                  | CREESE CLEANERS CC<br>RICHARD C CREESE<br>5929 S FEDERAL HWY<br>STUART FL 34994   |            |              |   |  |  |  |  |
|                                  | Certified Fee   |            |              |   |  |  |  |  |
|                                  | Special Delivery Fee  |            |              |   |  |  |  |  |
| 10                               | Restricted Delivery Fee   |            |              |   |  |  |  |  |
| 199                              | Return Receipt Showing to<br>Whom & Date Delivered  |            |              |   |  |  |  |  |
| , April                          | Return Receipt Showing to Whom,<br>Date, & Addressee's Address  |            |              |   |  |  |  |  |
| 800                              | TOTAL Postage & Fees  | \$         |              |   |  |  |  |  |
| PS Form <b>3800</b> , April 1995 | Postmark or Date  |            |              |   |  |  |  |  |

| SENDER:  Complete items 1 and/or 2 for additional services.  Complete items.3,4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the frailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered. | can return this follow extra does not 1. [2]   | wish to receive the ring services (for an fee):  Addressee's Address Restricted Delivery ult postmaster for fee. |
|--|--|--|
| 3. Article Addressed to:  AIRS ID# 0850121  CREESE CLEANERS CORP RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994   | 4a. Article Number  333 6/ 4b. Service Type  Registered  Express Mail  Return Receipt for  7. Date of Delivery | Merchandise COD  Merchandise COD   |
| 6. Signature: (Addressee or Agent)  X Att March 1  | and fee is paid)   | ress (Only if requested  |

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

 $459417\ \ \text{FEB272006}$  Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00



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FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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# **TOTAL AMOUNT DUE: \$50.00**

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\*\* AINS TO # 859121

RICHARD CREESE
MARTIN COUNTY CLEANERS &
LAUNDRY
5929 S FEDERAL HWY
STUART, FL 34994

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

|          |  |  |                                       | _ |
|----------|--|--|---------------------------------------|---|
| <u>-</u> | U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT               |  |                                       |   |
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| L/J      |  |  | AIRS ID # 850121                      |   |
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| 7003     | L  | LAUNDRY                                    |                                       | 1 |
|          | or 5929 S FEDERAL HWY Cib STUART, FL 34994                 |  |                                       | ĺ |
|          |  |  |                                       | 1 |
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|          | PS F   | orm 3800, June 200                         | See Reverse for Instructions          | L |

| 1,1,20  | U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com  For delivery information visit our website at www.usps.com |  |
|---|---|--|
| 5651  | OFFICIAL USE  |  |
| 0003  | Certified Fee Return Reciept Fee (Endorsement Required)   |  |
| 2260  | Restricted Delivery Fee (Endorsement Required)  Total Pos ID# 850121  |  |
| RICHARD CREESE  MARTIN COUNTY CLEANERS &  Street, Apt LAUNDRY  or PO Box 5929 S FEDERAL HWY  City, State, CRIMA DE DE 24004 |   |  |
| {   | STUART, FL 34994  RS/Eorm 3800, June 2002  See Reverse for Instructions   |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul> <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. Signature  Agent  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  B. LAMDREE  D. Is delivery address different from item 1?   Yes   |
| 1. Article Addressed to:   | If YES, enter delivery address below:  |
| ID# 850121   |  |
| RICHARD CREESE   |  |
| MARTIN COUNTY CLEANERS &   |  |
| LAUNDRY  | and the second of the second o |
| 5929 S_FEDERAL HWY   | 3. Şervice Type  |
| STUART, FL 34994   | Certified Mail   |
|  | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |
| 2. Article Number  | 1170   |
| (Transfer frd 7003 2260 0003 5   | 651 1120   |
| PS Form 38TT, August 2001 Domestic Reti  | urn Receipt 102595-02-M-1540   |

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 •

print your name, address

BUR. OF AIR MONITORING & MOBILE SOURCES

DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510

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OUTCOME

ASSEE, FLORIDA 32399-2400

OUTCOME

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| item 4 if Restric  ■ Print your name so that we can ■ Attach this card | s 1, 2, and 3. Also complete cted Delivery is desired. e and address on the reverse return the card to you. I to the back of the mailpiece, f space permits. | A Signature  X  B. Received by (Printed Name)                                      | Agent  Addressee  C. Date of Delivery |
| Article Addressed  | · · · · · · · · · · · · · · · · · · ·  | D. Is delivery address different from iter<br>If YES, enter delivery address below | _                                     |

| Article Addressed to:  | If YES, enter delivery address below:   No |
|--|--|
| AIRS ID#08501212 <sup>nd</sup> Cert 05<br>MARTIN COUNTY CLEANERS &<br>LAUNDRY<br>695 Colorado Avenue<br>STUART, FL 34994 | 3. Service Type  3. Certified Mail         |
|  | 4. Restricted Delivery? (Extra Fee)        |
| Viticle Number 7004 2510 0002 3939 124   | <b>L</b> .                                 |
| Form 3811, August 2001 Domestic Retu   | urn Receipt 102595-02-M-154                |
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DEPT. OF ENVIRONMENTAL PROTECTION TO MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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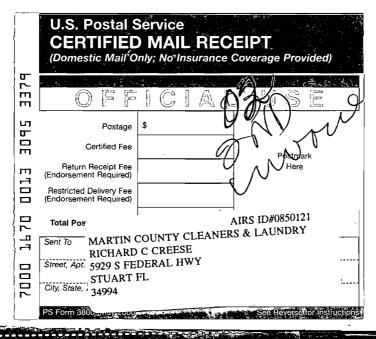
425187 MAR 7 2003

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#0850121 MARTIN COUNTY CLEANERS & LAUNDRY RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994 FOR GOVERNMENT USE ONEY Org.: 37550101000 EOO A1 Fund: 20-2-035001 Obj.: 002273 Or



| IE RICHT OF RETURN ADDRESS  |  |  |
|---|--|--|
| E STICKER AT TOP OF ENVELOPE  | SECTION ON DELIVERY  |  |
| <ul> <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</li> </ul> | A. Received by (Please Print Clearly)  B. Date of Delivery   |  |
| so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.                                    | C. Signature   |  |
| Article Addressed to:   | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No   |  |
| AIRS ID#0850121   | THE CONTRACT OF THE PARTY OF TH |  |
| MARTIN COUNTY CLEANERS & LAUNDRY RICHARD C CREESE   | To demand  |  |
| 5929 S FEDERAL HWY<br>STUART FL   | Sertified Mail   |  |
| 34994   | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  |  |
| •   | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |  |
| 2. Article Number (Copy from service label) 33075 3379  |  |  |
| PS Form 3811, July 1999 ' : Domestic Re   | turn Receipt 102595-99-M-1789  |  |

UNITED STATES POSTAL SERVICE

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FUR. OF AIR MOUTORING & MODILE SEQUECES PROPERTY OF THE MACONMENTAL PROTECTION OF THE MAC

|           |   | Service  MAIL RECEIPT  nly; No Insurance Coverage Provided) |       |
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|           | PS Form 38  |   | cuons |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
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| <ul> <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. Signature  Agent  Addressee  B. Received by ( Printed Name)  C. Date of Delivery             |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No |
| AIRS ID#0850121<br>MARTIN COUNTY CLEANERS & LAUNDRY<br>RICHARD C CREESE  |   |
| 5929 S FEDERAL HWY<br>STUART FL<br>34994   | 3. Service Type  Certified Mail  Registered Receipt for Merchandise  C.O.D.                     |
|  | 4. Restricted Delivery? (Extra Fee) ☐ Yes   |
| 2. Article Number (Transfer from service label) 7000 1670  | 0013 3108 6588  |
| DC C 2011 Avenue 0001 D  | Di-t  |



-449730- MAR 9905
Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

#### Do NOT Remove Label

AIRS ID#0850121....2<sup>nd</sup> Cert 05 MARTIN COUNTY CLEANERS & LAUNDRY 695 Colorado Avenue STUART, FL

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ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273** 

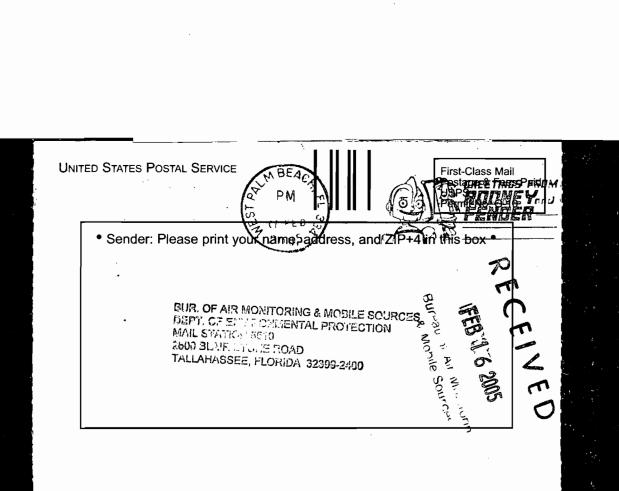
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| 7004   | LAUNDRY  St. 695 Colorado A  Ch STUART, FL                        | Avenue                   |                              |
|        | PS  |                          | Septleverse for Instructions |

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| STUART, FL 34994   | 3. Service Type   ☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.  |  |  |  |  |  |
| , , , , , , , , , , , , , , , , , , ,  | 4. Restricted Delivery? (Extra Fee)  |  |  |  |  |  |
| 2. Article Number 7004 2510 00   | 102 3938 6655  |  |  |  |  |  |
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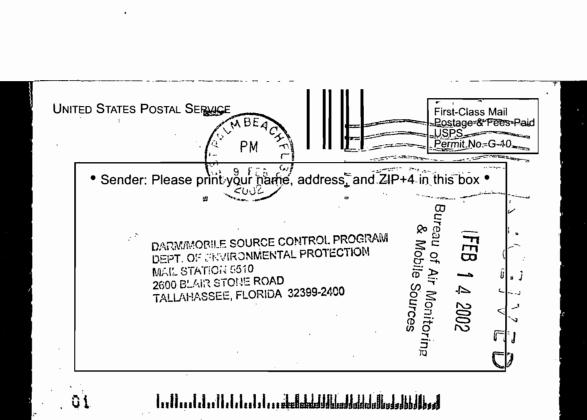
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| 7000 | Street,<br>City, St  | RICHARD<br>5929 S FED<br>STUART F   | ERAL HWY                                |                   |             |
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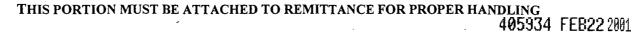
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| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the 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 # 0850121  MARTIN COUNTY CLEANERS & LAUNDRY  RICHARD C CREESE 5929 S FEDERAL HWY  STUART FL 34994 | A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from 1? Yes  If YES, enter delivery address below:        |
|   | Service Type     ☐ Certified Mail    ☐ Express Mail     ☐ Registered    ☐ Return Receipt for Merchandise     ☐ Insured Mail    ☐ C.O.D.      Restricted Delivery? (Extra Fee)    ☐ Yes |
| 2. Article Number (Copy from service label) 7000 0520 0020 93   | 72 6308  |
| PS Form 3811, July 1999 Domestic Retu   | urn Receipt 102595-99-M-1789   |



|           | U.S. Postal Service  CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)  |                               |                              |  |  |  |  |
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| 7825      | Postage<br>Certified Fee  | \$                            | Postmark                     |  |  |  |  |
| 9200      | Return Receipt Fee<br>(Endorsement Required)<br>Restricted Delivery Fee<br>(Endorsement Required) |                               | Here                         |  |  |  |  |
| 7000 0600 | MARTIN COUNTY<br>RICHARD C CREE<br>5929 S FEDERAL<br>STUART FL 34994                              | Y CLEANERS & LA<br>ESE<br>HWY | # 0850121<br>AUNDRY          |  |  |  |  |
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| <ul> <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 Plearly) B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1 Yes  |
| 1. Article Addressed to:  AIRS 1D # 0850121  MARTIN COUNTY CLEANERS & LAUNDRY RICHARD C CREESE   | D. Is delivery address different from item 1/2   |
| 5929 S FEDERAL HWY<br>STUART FL 34994  | 3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  |
| •  | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number (Copy from service label) 7 000 06 00 0026 783   | 15 15563   |
| PS Form 3811, July 1999 Domestic Ret   |  |



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 # 0850121

MARTIN COUNTY CLEANERS & LAUNDRY RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994

FOR GOVERNMENT USE ONLY

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

| Fund: 20-2-03 | Obj.: 002273

| }   | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) |                    |                        |     |              |   |                  |           |         | led)   |  |
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| 870   | Sent To 10 AIRS ID # 0850121001AG<br>RICHARD C CREESE   |                    |                        |     |              |   |                  | ı         |         |        |  |
| 2   |   |                    |                        |     |              |   |                  |           |         |        |  |
| Street, Apt. No.; c MARTIN COUNTY CLEANERS & LAUNDRY  City, State, ZIP+ 4 5929 S FEDERAL HWY  STUART FL 34994 |   |                    |                        |     |              |   |                  |           |         |        |  |
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| j   | PS Form   | 116D<br>116D       | O, May.∠<br>Ou 17      | OOO |              | 1 | See Re           | verse foi | "Instru | ctions |  |

| TO THE RIGHT OF RETURN ADDRESS.  | See Reverse for Instructions   |
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| PLACE STICKER AT TOP OF ENVELOPE   | COMPLETE THIS SECTION ON DELIVERY  |
| <ul> <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)  B. Date of Delivery  C. Signature  X / Agent  Addressee |
| 1. Article Addressed to:  10 AIRS ID # 0850121001AG RICHARD C CREESE MARTIN COUNTY CLEANERS & LAUNDRY  | D. Is delivery address different from item 1?  |
| 5929 S FEDERAL HWY<br>STUART FL 34994  | 3. Service Type  ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.                         |
| 40002870000040274245   | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |
| Article Number (Copy from service label)   | ·  |

UNITED STATES POSTAL SERVICE

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

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

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

# **TOTAL AMOUNT DUE: \$75.00**

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AIRS ID # 0850121 MARTIN COUNTY CLEANERS & LDRY RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994

Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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

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| U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)  |  |
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| OFFICIAL USE   |  |
| Certified Fee  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Posta; MARTIN COUNTY CLEANERS & LAUNDRY RICHARD C CREESE  Street, Apt. N 5929 S FEDERAL HWY  City, State, Zi  Postmark Here  Sent To CUNTY CLEANERS & Sent To CREESE Street, Apt. N 5929 S FEDERAL HWY  STUART FL 34994 |  |
| PS Form 3800, January 2001   |  |

|  | L       | US Postal Service Receipt for Ce MARTIN COUNTY CAUNDRY ICHARD C CREESE | AIRS ID # 0850121<br>CLEANERS &                           |
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| ■ Complete items 1, 2, and item 4 if Restricted Delive                     | ry is d | lesired.   | A. Received by (Please Print Clearly) B. Date of Delivery |
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| Article Addressed to:  |         | -  | D. S. delivery address different from item 1?             |
| MARTIN COUNTY CLEAR<br>LAUNDRY   |         | S ID # 0850121<br>&  |   |

2. Article Number (Copy from service label)

PS Form 3811, July 1999

RICHARD C CREESE

STUART FL 34994

5929 S FEDERAL HWY

Domestic Return Receipt

Service Type

Certified Mail

☐ Registered

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

102595-99-M-1789

☐ Yes

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

# **TOTAL AMOUNT DUE: \$50.00**

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| AIRS ID # 0850121  MARTIN COUNTY CLEANERS & LAUNDRY RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994 | MAR - 8 2000  Weau of Air Monitorin  & Mobile Sources | GFOR GOVERNMENT USE ONLY CORG.: 37550101000 EO: BI | CEIVED.         |

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

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID # 0850121 MARTIN COUNTY CLEANERS & LAUNDRY RICHARD C CREESE

5929 S FEDERAL HWY

STUART FL 34994

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

CREESE CLEANERS, CORP. D/B/A MARTIN COUNTY CLEANERS FLORIDA DEPT OF ENVIRONMENTAL PROTECTION

3/25/99

4754

6260-00 · Licenses - Fees

TITLE V AIR GENERAL PERMIT

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AIRS ID # 0850121

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| US Postal Service Receipt for Cer                               | tified Mail $g^{00}$ |
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| Postage   | \$                   |
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| TOTAL Postage & Fees  | \$                   |
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| ■ 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 eard to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0850121  MARTIN COUNTY CLEANERS &  _AUNDRY RICHARD C CREESE  5929 S FEDERAL HWY  A. Received by (Please Print Clearly)  B. Date of Delivery  Addresses  C. Signature  X | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|---|--|---|
| AIRS ID # 0850121  MARTIN COUNTY CLEANERS &  AUNDRY RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994  3. Service Type Certified Mail   | <ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the eard to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul> | A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Addressee |
| STUART FL 34994  STUART FL 34994  A Restricted Delivery? (Extra Fee)  | AIRS ID # 0850121<br>MARTIN COUNTY CLEANERS &  |   |
| Certified Mail  | AUNDRY   | 3. Service Type   |
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|   | STUART FL 34994  | ,   |
|   | 7 333 667 085  | 4. Restricted Delivery? (Extra Fee) ☐ Yes   |
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#### he right of the return adv Fold at line over top of enve I also wish to receive the Complete items 3, 4a, and 4b. following services (for an ■Print your name and address on the reverse of this form so that we can return this extra fee): card to you. Attach this form to the front of the mailpiece, or on the back if space does not Receipt Service 1. Addressee's Address 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 2. Restricted Delivery delivered. Consult postmaster for fee. your RETURN ADDRESS completed on 3. Article Addressed to: 4a. Article Number Return AIRS ID # 0850121 MARTIN COUNTY CLEANERS & ). Service Type LAUNDRY Certified ] Registered RICHARD C CREESE using ] Express Mail Insured 5929 S FEDERAL HWY Return Receipt for Merchandise COD STUART FL 34994 . Date of Delivery Thank you 5. Received By: (P) 8. Addressee's Address (Only if requested and fee is paid) PS Form 3811, December 1994 **Domestic Return Receipt**

## Z 333 613 639 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID 0850121 CREESE CLEANERS CORP RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered PS Form 3800, April Return Receipt Showing to Whom, Date, & Addressee's Address \$ TOTAL Postage & Fees Postmark or Date

| CIVIL CO.   |  |  |   |  |  |
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| SENDER.  Complete items 1 and/or 2 for addi Complete items 3, 4a, and 4b. Print your name and address on the card to you.  Attach this form to the front of the repermit.  Write "Return Receipt Requested" of The Return Receipt will show to whe delivered. | tional services.  e reverse of this form so the mailpiece, or on the back if on the mailpiece below the  | space does not<br>article number.<br>ed and the date   | following service extra fee):  1.   | es (for an<br>see's Address<br>ted Delivery  | Receipt Service.   |
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|   | SENDEN.  Complete items 1 and/or 2 for addi Complete items 3, 4a, and 4b. Print your name and address on the card to you.  Attach this form to the front of the repermit.  Write 'Return Receipt Requested' of The Return Receipt will show to wit delivered.  Article Addressed to:  CREESE CLEANERS CORP RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994  5. Received By: (Print Name) | 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 the card to you.  Attach this form to the front of the mailpiece, or on the back if permit.  Write *Return Receipt Requested* on the mailpiece below the The Return Receipt will show to whom the article was delivered.  AIRS ID 0850121  CREESE CLEANERS CORP RICHARD C GREESE 5929 S FEDERAL HWY STUART FL 34994 | 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.  3. Article Addressed to:  AIRS ID 0850121  CREESE CLEANERS CORP RICHARD C GREESE 5929 S FEDERAL HWY STUART FL 34994  ARTICLE ADDRESSE  Registers  Registers  Return Re  7. Date of D  5. Received By: (Print Name)  ARTICLE ADDRESSE  GREESE ADDRESSE  Return Re  Return Re  7. Date of D  6. Signature: Addressee or Agent)  X ARTICLE ADDRESSE  B. Addressee and fee is | SENDEN.  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.  3. Article Addressed to:  AIRS ID 0850121  CREESE CLEANERS CORP RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994  AIRS ID 0850121  CREESE CLEANERS CORP RICHARD C GREESE 5929 S FEDERAL HWY STUART FL 34994  5. Received By: (Print Name)  ARE Addressee's Address (Only and fee is paid) | SENDEN.  © 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.  3. Article Addressed to:  AIRS ID 0850121  CREESE CLEANERS CORP RICHARD C CREESE  5929 S FEDERAL HWY STUART FL 34994  AIRS ID 0850121  CREESE CLEANERS CORP RICHARD C GREESE  5929 S FEDERAL HWY STUART FL 34994  5. Received By: (Print Name)  6. Signature: Addressee or Agent)  X Addressee or Agent)  X Addressee or Agent)  X Addressee or Agent) |

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|---|--|
| AIRS ID # 0850121  MARTIN COUNTY CLEANERS & LAUNDRY RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994   | 4a. Article Number  4b. Service Type  Registered  Express Mail Return Receipt for Merchandise  7. Date of Delivery         |
| 5 Received By: (Print Name)  6 Signature: (Addressee or Agent)  7 P6 Form 3811, December 1994   | 8. Addressee's Address (Only if requested and fee is paid)  2595-97-8-0179 Domestic Return Receipt                         |