



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

June 24, 1997

Ms. Edith Bernard, Manager
Mertes Enterprises, Inc.
4640 Southeast Robertson
Stuart, Florida 34997

Re: Regency Cleaners
Facility No.: 0850122

Dear Ms. Bernard:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 18, 1997.

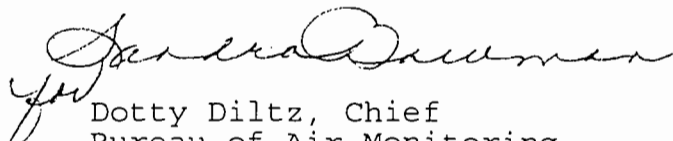
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Bruce Offord, Southeast District

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

#0850/22

Regency Cleaners

- spoke with Edith Bernard -
5/15/97 - and gas company -
5/16/97 - uses ~ 5,700 gal. yr.
small boiler - under limits

p. 13 7. add firm

p. 14 1. complete - purchased date -
Dec. 8, 1991 - add "X" to 1.(c)

p. 15 4. mark out "X"
5. add "propane"
5.(c) not required, mark out
"V" and initial

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):
MERTES ENTERPRISES INC.

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

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
 Street Address: *2410 S.E. FED. HWY.*
 City: *STUART* County: *MARTIN* Zip Code: *34994*

5. Facility Identification Number (DEP Use ONLY - do not fill in):
0850122

Responsible Official

6. Name and Title of Responsible Official:
 Name: *EDITH BERNARD* Title: *MANAGER*

7. Responsible Official Mailing Address:
 Organization/Firm:
 Street Address: *4640 SE ROBERTSON*
 City: *STUART* County: *MARTIN* Zip Code: *34997*

8. Responsible Official Telephone Number:
 Telephone: *(561) 283-3259* Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:
 Street Address:
 City: County: Zip Code:

11. Facility Contact Telephone Number:
 Telephone: () - Fax: () -

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

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

© No control devices are required to be installed (existing small area source)

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?
 gallons (You must fill this in)

(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
note*

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

OR Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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
- Ⓒ 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

3-31-97

Date



REGENCY CLEANERS 03/96
PH 561-283-3259
2410 S FEDERAL HWY
STUART, FL 34994-4531

4181

BRANCH 22

2-11-02

DATE

Pay to
the order of
Fifty

Dept. of Environmental Protection

\$ 50.00

100 DOLLARS



Security
Features
Details on
Back.



[Handwritten Signature]

FOR



0850122

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FEB 18 2002

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 10:00 TIME OUT: 10:50 AIRS ID#: 0850122
 TYPE OF FACILITY: DRY CLEANER
 FACILITY NAME: TRGENCY CLEANERS DATE: 4/24/97
 FACILITY LOCATION: 240 S. FEDERAL HWY
 RESPONSIBLE OFFICIAL: EDITH BERNARD PHONE NUMBER: 283-3259

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 4/98
(Approximate)

INSPECTION CONDUCTED BY: LOUIS VAHCARENCHI
(Please Print)

INSPECTOR'S SIGNATURE: *Louis Vahcarenchi* PHONE NUMBER: 561/681-6627

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: REGENCY CLEANERS DATE: 4/24/97
 FACILITY LOCATION: 2710 S. FEDERAL HWY
STUART, FL

Annual Reporting Period: APRIL 1997 TO APRIL 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: _____

#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: EDITH BERNARD [Signature] _____
 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.

Ent
5/16/97
✓

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): <i>MERTES ENTERPRISES INC.</i>
2. Site Name (For example, plant name or number): <i>REGENCY CLEANERS</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>2410 S.E. FED. HIGH.</i> City: <i>STUART</i> County: <i>MARTIN</i> Zip Code: <i>34994</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0850122</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>EDITH BERNARD</i> Title: <i>MANAGER</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>4640 SE ROBERTSON</i> City: <i>STUART</i> County: <i>MARTIN</i> Zip Code: <i>34997</i>
8. Responsible Official Telephone Number: Telephone: <i>(561) 223-3850</i> Fax: ()

Facility Contact (If different from Responsible Official)

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

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Bureau of Air Monitoring
& Mobile Sources

all

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

RECEIVED

AIRS ID#0850122
MERTES ENTERPRISES INC EDITH BERNARD 4640 SE ROBERTSON STUART FL 34997

JAN 29 1998

Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

Annual Reporting Period: Jan 1 19 97 TO Jan 1 19 98

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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MAIL ROOM
JAN 27 98

#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: Brigitte Mertes, Pres. BRIGITTE MERTES 1-19-98

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.

TIME IN: 10:10 TIME OUT: 10:45 AIRS ID#: 0850122
 TYPE OF FACILITY: DRY CLEANER
 FACILITY NAME: REGENCY CLEANERS DATE: 6/16/98
 FACILITY LOCATION: 2410 S. Federal Hwy
STUART, FL
 RESPONSIBLE OFFICIAL: EDITH BERTHARD PHONE NUMBER: 5/283-3259

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 6/99
(Approximate)

INSPECTION CONDUCTED BY: LOUIS VALCARENCHI
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 561/283-3259

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TBD01030 ✓

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0850122 DATE: 4/24/97 TIME IN: 10:00 TIME OUT: 10:55
FACILITY NAME: REGENCY CLEANERS
FACILITY LOCATION: 2416 S. FEDERAL HWY
STUART, FL 34994

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

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

This is a correct facility classification Y N

If no, please check the appropriate classification:

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

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

MCT

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) *N/A*

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

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

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

- | | | | |
|---|--|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <i>N/A</i> |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | |

Edith Bernard

Name of Responsible Official

LOUIS VALCARENGHI

Inspector's Name (Please Print)

Louis Valcarengi

Inspector's Signature

4/24/97

Date of Inspection

4/98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

This section is currently blank, intended for providing additional site information.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0850122 DATE: 6/10/98 TIME IN: 10:40 TIME OUT: 10:49
FACILITY NAME: REGENCY CLEANERS
FACILITY LOCATION: 2410 S. FEDERAL HWY
STUART, FL. 34994
RESPONSIBLE OFFICIAL: EDITH BERNARD PHONE: 561/283-3259
CONTACT NAME: SAME PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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

A.

1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)

2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

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

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

5. This is a correct facility classification 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.

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JUN 30 1998

Bureau of Air Monitoring
& Mobile Sources

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input 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 checked="" 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

LOUIS VALCARENCHI

Inspector's Name (Please Print)

Louis Valcarenghi
Inspector's Signature

6/18/98

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1. Enter all the data on the calendar forms
Discard old forms-

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
APR 23 1999
Bureau of Air, Mounth
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0850122 DATE: 4/15/99 TIME IN: 10:30 TIME OUT: 11:30
FACILITY NAME: REGENCY CLEANERS
FACILITY LOCATION: 2410 S. FEDERAL HWY
STUART, FL 34994
RESPONSIBLE OFFICIAL: EDITH BERNARD PHONE: 561/283-3259
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 <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 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 averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" 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 checked="" 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 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

Louis Valcaronphi

Inspector's Name (Please Print)

Louis Valcaronphi

Inspector's Signature

4/15/09

Date of Inspection

6/2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Need to bring forward ~~Base~~ data from last year as
their calendar entry
S.V.

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

ACC ✓

FACILITY NAME: REGENCY CLEANERS DATE: 4/15/99
FACILITY LOCATION: 2410 S. FEDERAL HWY
STUART, FL 34994

Annual Reporting Period: 5 JAN 19 98 TO 30 DEC 19 98

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

If NO, complete the following:

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

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

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

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

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Edith BERNARD [Signature] 4-15-99
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.

RECEIVED
APR 25 1999
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 10:30 TIME OUT: 11:15 AIRS ID#: 0850122
 TYPE OF FACILITY: DRY CLEANER
 FACILITY NAME: REGENCY CLEANER DATE: 4/19/99
 FACILITY LOCATION: 2410 S. FEDERAL HWY
STUART, FL 34994
 RESPONSIBLE OFFICIAL: EDITH BERNARD PHONE NUMBER: 561/283-3259

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 6/2000
(Approximate)

INSPECTION CONDUCTED BY: LOUIS VALCARENGHI
(Please Print)

INSPECTOR'S SIGNATURE: Louis Valcarenghi PHONE NUMBER: 561/681-6627

Department of Environmental Protection
Cash Receiving Application (CRAR028)
Cash Listing by Deposit #: 200533 Summary
Printed: 15-MAR-2000 - Page: 4

<u>Cashlstng</u>	<u>Area</u>	<u>Description</u>	<u>Contact</u>	<u>Date Deposited</u>
23291	3755	DIV OF AIR RESOURCES	MGMT. PATTY ADAMS	07-MAR-2000

<u>Object Code</u>	<u>Description</u>	<u>Total</u>
2273	TITLE V GENERAL PERMIT	50.00
2275	TITLE V MAJOR SOURCE	3,225.12
Cashlisting Total:		3,275.12

Bureau of Air Monitoring
& Mobile Sources

MAR 21 2000

RECEIVED

Sandy Rowman
~~Barbara Boutwell MS 5505~~

99

0393316

RECEIVED
MAIL ROOM
MAR - 7 00

REGENCY CLEANERS 03/96
 PH 561-283-3259
 2410 S FEDERAL HWY
 STUART, FL 34994-4531

2713
 BRANCH 22

DATE 2-28-00

Pay to the order of Dept of Environmental Protection \$ 50.00
fifty 00 DOLLARS

FIDELITY FEDERAL
 SAVINGS BANK OF FLORIDA

FOR Regency Cleaners [Signature]

Security features included Details on back.

0850122



Cleaners

Title V Air General
Permits Receipts
P.O.B. 3070

3070/3070



Z 333 667 014

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided. 0850122

Do not use for International Mail (See reverse)

Sent to REGENCY CLEANERS (EDITH BARNARD)	
Street & Number 2410 S.E. FEDERAL HWY	
Post Office, State, & ZIP Code STUART FL 34994	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

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 #

0850122
REGENCY CLEANERS
EDITH BARNARD
2410 SE FEDERAL HWY
STUART, FLORIDA 34994

4a. Article Number

Z 333 667 014

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5/13/99

5. Received By: (Print Name)

Leah Harrison

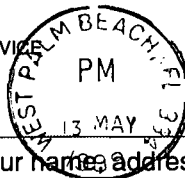
6. Signature (Addressee or Agent)

X Leah Harris

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

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

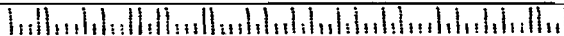
RECEIVED

MAY 17 1999

BUREAU OF
AIR REGULATION

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

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32389-2400



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

7000 0600 0026 7825 5785

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

AIRS ID # 0850122

REGENCY CLEANERS
EDITH BERNARD
2410 SE FEDERAL HIGHWAY
STUART FL 34994

PS Form 3800, February 2000 See Reverse for Instructions

<p>SENDER: [REDACTED]</p> <p style="text-align: center; font-size: small;">PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0850122</p> <p>REGENCY CLEANERS EDITH BERNARD 2410 SE FEDERAL HIGHWAY STUART FL 34994</p>	<p style="text-align: center;">ACTION ON DELIVERY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i> L. Harrison</td> <td style="width: 50%;">B. Date of Delivery 2/9/91</td> </tr> <tr> <td colspan="2">C. Signature x <i>Leah Harrison</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? if YES, enter delivery address below: </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table> <p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>	A. Received by <i>(Please Print Clearly)</i> L. Harrison	B. Date of Delivery 2/9/91	C. Signature x <i>Leah Harrison</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? if YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Received by <i>(Please Print Clearly)</i> L. Harrison	B. Date of Delivery 2/9/91										
C. Signature x <i>Leah Harrison</i>											
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee											
D. Is delivery address different from item 1? if YES, enter delivery address below:											
<input type="checkbox"/> Yes <input type="checkbox"/> No											
<p>2. Article Number <i>(Copy from service label)</i></p> <p style="font-size: large; font-weight: bold;">7000 0600 0026 7825 5785</p>											
<p>PS Form 3811, July 1999 102595-99-M-1789</p> <p style="text-align: center;">Domestic Return Receipt</p>											

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4128 7485

[Redacted area]

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

Postmark
Here

AIRS ID # 0850122

REGENCY CLEANERS
EDITH BERNARD
2410 SE FEDERAL HIGHWAY
STUART FL
34994

Use 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 # 0850122
REGENCY CLEANERS
EDITH BERNARD
2410 SE FEDERAL HIGHWAY
STUART FL
34994

COMPLETE THIS SECTION ON DELIVERY

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

Beth Wieland 11-02

C. Signature

Beth Wieland Agent Addressee

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

3. Service Type

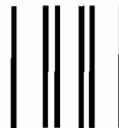
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4128 7485

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 •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 14 2002

RECEIVED

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

OFFICIAL USE

7000 2870 0000 7027 4367

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	10	
Sent To	AIRS ID # 0850122001AG	
	EDITH BERNARD	
Street, Apt. No	REGENCY CLEANERS	
	2410 SE FEDERAL HIGHWAY	
City, State, ZIP	STUART FL 34994	

PS Form 3800, May 2000 See Reverse for Instructions

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

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 # 0850122001AG
EDITH BERNARD
REGENCY CLEANERS
2410 SE FEDERAL HIGHWAY
STUART FL 34994

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
RUTH WIELAND	2/6/02
C. Signature	
X Ruth Wieland	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, enter delivery address below:	

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

70002870000670274367

2. Article Number (Copy from service label)

BEST AVAILABLE COPY



THIS PORTION MUST BE ATTACHED TO REMIT FOR PROPER HANDLING

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

405667 FEB 20 2001

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0850122
REGENCY CLEANERS EDITH BERNARD 2410 SE FEDERAL HIGHWAY STUART FL 34994

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

Z 333 667 086

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided AIRS ID # 0850122

REGENCY CLEANERS
EDITH BERNARD
2410 SE FEDERAL HIGHWAY
STUART FL 34994

PS Form 3800 April 1995

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

Fold at line over top of envelope to return address

<p>SENDER: COMPLETE THIS SIDE</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0850122</p> <p>REGENCY CLEANERS EDITH BERNARD 2410 SE FEDERAL HIGHWAY STUART FL 34994</p> <p style="text-align: center; font-size: 1.2em;">Z 333 667 086</p> <p>2. Article Number (Copy from service label)</p>	<p style="text-align: right;">DELIVERY</p> <p>A. Received by (Please Print Clearly) B. Date of Delivery Marilyn Ware 2/12/00</p> <p>C. Signature Marilyn Ware <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
---	---

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301076 ✓

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#0850122
MERTES ENTERPRISES INC
EDITH BERNARD
4640 SE ROBERTSON
STUART FL 34997

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

Z 210 662 261

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID # 0850122

REGENCY CLEANERS
EDITH BERNARD
2410 SE FEDERAL HIGHWAY
STUART FL 34994

PS Form 3800, April 1995

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

SENDER:

Fold at line over top of envelope to

RECEIVER'S SECTION ON DELIVERY

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

1. Article Addressed to:

REGENCY CLEANERS
EDITH BERNARD
2410 SE FEDERAL HIGHWAY
STUART FL 34994

AIRS ID # 0850122

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

Edith Bernard

C. Signature

Edith Bernard

- 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)

Z 210 662 261



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

377197

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

RECEIVED
MAIL ROOM
MAY 18 99

Do **NOT** Remove Label

AIRS ID # 0850122
REGENCY CLEANERS
EDITH BERNARD
2410 SE FEDERAL HWY
STUART, FLORIDA 34994

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

BEST AVAILABLE COPY

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

CERTIFIED

P 174 052 304

TALLAHASSEE
FLORIDA
APR 26 1999

U.S. POSTAGE
2.98
PERMETER
4246314

MAIL

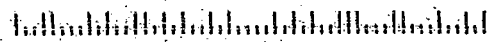
UNCLAIMED
RETURNED TO SENDER

37550301000
2529 1R M9#5910
RAMMS
JOEY ROBERTS

AIR ID # 0850122

REGENCY CLEANERS
EDITH BERNARD
4640 SE ROBERTSON
STUART, FL 34997

RECEIVED
Bureau of Air Monitoring
& Mobile Sources
APR 26 1999



BEST AVAILABLE COPY

Is your RETURN ADDRESS completed on the reverse side?

SEND

- 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 fees.

3. Article Addressed to:

AIRS ID # 0850122

REGENCY CLEANERS
EDITH BERNARD
4640 SE ROBERTSON
STUART FL 34997

4a. Article Number

P 174 052 304

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

P 174 052 304

1999

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0850122

REGENCY CLEANERS
EDITH BERNARD
4640 SE ROBERTSON
STUART FL 34997

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	

BEST AVAILABLE COPY

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

NO# 5510
37550301000

CERTIFIED

Z 333 666 996

MAIL

RETURNED
TO SENDER
UNCLAIMED

TALLAHASSEE
FL
FEB 25 '99
BRACKET
6240314

U.S. POSTAGE
2.98

Bureau of Air, Mail, and
Surface Transportation

MAR 24 1999

RECEIVED

REGENCY CLEANERS
EDITH BERNARD
4640 SE ROBERTSON
STUART FL 34997

AIRS ID # 0850122

32399-2400

32399-2400

PS Form 3811, December 1994
 Domestic Return Receipt
 PS Form 3811, December 1994

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 # 0850122

REGENCY CLEANERS
 EDITH BERNARD
 4640 SE ROBERTSON
 STUART FL 34997

4a. Article Number
1 333 666 996

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

Z 333 666 996

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

Sent to

AIRS ID # 0850122

REGENCY CLEANERS
 EDITH BERNARD
 4640 SE ROBERTSON
 STUART FL 34997

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

PS Form 3800, April 1995

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

MS# 5510
37550301000

CERTIFIED

Z 333 660 454

MAIL



RECEIVED
MAR 24 1994

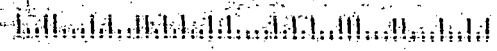
Bureau of Air Monitoring
& Mobile Sources

RETURNED
TO SENDER
UNCLAIMED

AIRS ID: #0850122

REGENCY CLEANERS
EDITH BERNARD
4640 SE ROBERTSON
STUART FL 34997

32399-2400



Is your RETURN ADDRESS completed on the reverse side

- 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 # 0850122

REGENCY CLEANERS
EDITH BERNARD
4640 SE ROBERTSON
STUART FL 34997

4a. Article Number
2333660454

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 454

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

Sent to

AIRS ID # 0850122

REGENCY CLEANERS
EDITH BERNARD
4640 SE ROBERTSON
STUART FL 34997

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

PS Form 3800, April 1995