

Department of Environmental Protection

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

David B. Struhs Secretary

June 26, 2000

Mr. A. S. Miles II Craft Cleaners 304 Northeast Eglin Parkway Ft. Walton Beach, Florida 32548

Re: Facility No.: 0910088-001

Dear Mr. Miles:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 16, 2000.

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. Charles Norman, Northwest District

MAIL THIS

Facility Name and Location

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files completed form to the address listed in the instructions and keep a copy of the form for your files.

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	A.S. Miles Properties, Inc.	
2.	Site Name (For example, plant name or number):	
	Craft Cleaners	
3.	Hazardous Waste Generator Identification Number:	
4.	Facility Location: Street Address: 304 N.E. EGLIN PARKWAY	
		32548
5.		, <u>"</u> _ <i>1</i>
	0910088	7-001
Res	sponsible Official	,
6.	Name and Title of Responsible Official: me: A. S. Miles II Title: Pesiclen	+/D12001
Nai	me. FF, 3. 711 183 11	OJUWIET
7.		
	Organization/Firm: Street Address: Same as #4.	
	City: County: Zip Code:	
8.		(2000
	Telephone: (850) 862-1480 Fax: (850) 862-	4044
Fac	cility Contact (If different from Responsible Official)	RECEIVED
	Name and Title of Facility Contact (For example, plant manager):	RECEIVED
	Debra Thornton	MAY 1 2 2000
10.	Facility Contact Address:	
	Street Address: Same as #4	Northwest Florida
	City: County: Zip Code:	DEP
11.	Facility Contact Telephone Number:	4.04.0
	Telephone: (85D)862-1480 Fax: (85D)862-	4047

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONLY	Y .		
How many dry-to-dry ma	ichines do you hav	e on-site?		
For each dry-to-dry macl	nine on-site, please	provide the following information	on:	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")	
1997	Existing/Ne	w RC/CA/None required	SAME	
	Existing/Ne	w RC/CA/None required	·	
	Existing/Ne	w RC/CA/None required		
		•		
*CONTROL DEVICE K	EY: $RC = re$	frigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	ou have on-site?			
How many dryers/reclain	ners do you have o	n-site? [O]		
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf	ine was purchased no units purchased er machine on-site	from the manufacturer between I after September 22, 1993 are allow, please provide the following information.		
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")	
	Existing/New	RC/CA/None required		
·	Existing/New	RC/CA/None required	 	
	Existing/New	RC/CA/None required		
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber	
	roethylene (perc) h	nave you used within the last 12 n	nonths?	
(b) If less than 12 mor	iths, how many? [months		
Check why it is les	s than 12 months:	s: New owner: Did not keep records:		
•		New store: New machine	e [%]	
•		Unopened store [] (date of e	expected opening)	

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source classification based of Indicate with an "X". Select one classification of					
Small Area Source					
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)				
Large Area Source []					
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)				
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?				
Existing machines at small area source (NONE REQUIRED) []	New machines at small area source Refrigerated condenser [
Existing machines at large area source Carbon adsorber [] Refrigerated condenser []	New machines at 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 (see attached memo for the criteria).					
All steam and hot water generating units exempt No such units on-site	OR				
How many boilers do you have on-site?					
For each boiler, indicate its horsepower (HP) rating:					
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel					
6. Equipment Monitoring and Recordkeeping Inform	nation				
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/solvent a	addition log [X]				
(b) Leak detection inspection and repair	(X)				
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration mon					
(e) Startup, shutdown, malfunction plan					

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
(X)	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imply notify the Department of any changes to the information contained in this notification. In of responsible official A Miles II Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files. completed form to the address listed in the instructions and keep a copy of the form for your files.

Facilit	y Name and Location	
1. Fa	cility Owner/Company Name (Name of corporation, agency, or individual ov	vner):
A	.S. Miles Properties, Inc.	1
2. Sit	te Name (For example, plant name or number):	,
(Craft Cleaners	
3. Ha	nzardous Waste Generator Identification Number:	
4. Fac	cility Location:	· ·
	reet Address: 304 N.E. EGLIN PARKWAY	20540
Cit	ty: FT. WALTON BEACH County: OKALOOSA Zipo	Code: 32548
5. Fa	cility Identification Number (DEP Use ONLY - do not fill in)	
	0910	0088-001
	nsible Official	
6. Na	ame and Title of Responsible Official:	1 1/0
Name:	H.S. Miles II Title: 171510	lent/Dwner
7. Re	esponsible Official Mailing Address:	·
	ganization/Firm: Same as #4.	
I	reet Address:	Code
Cit	ty: County: Zip	Code:
	sponsible Official Telephone Number:	1 11 0
Tel	lephone: (850)862-1480 Fax: (850)86	62 - 4094
		<u> </u>
	y Contact (If different from Responsible Official)	RECEIVED
9. Na	ame and Title of Facility Contact (For example, plant manager):	
	Debra Thornton	MAY 1 2 2000
10. Fa	cility Contact Address:	
C+-	reet Address: Same as #4	Northwest Florida
Cit		Code: CDEP
		- January
	cility Contact Telephone Number:	(2)
Te	lephone: $(850)862 - 1480$ Fax: $(850)8$	62-4047
L		5

DEP Form No. 62-213.900(2) Effective: 2/24/99

13

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONI	LY .	
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry macl	nine on-site, pleas	se provide the following informat	ion:
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required*) (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1997	Existing	cw RC/CA/None required	SAME
	Existing/N	ew RC/CA/None required	
· · · · · · · · · · · · · · · · · · ·	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	•	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site? [6]	
unit. If the transfer mach 1993, it is a NEW unit (1	ine was purchase no units purchase	d from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	·
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
		$e^{i\omega_{i}}$	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA	= carbon adsorber
	roethylene (perc) ns (You must fill	have you used within the last 12 this in)	months?
(b) If less than 12 mor	nths, how many?	[/] months	
٠,٠		s: New owner: [] Did not ke	ep records: []
and the same of th		New store: [] New machin	
, J.		Unopened store [] (date of	expected opening

DEP Form No. 62-213.900(2) Effective: 2/24/99 {

3. What is the facility's source class Indicate with an "X". Select o			nd in section (3) of Pa	n II?
Small Area Source	LX			•
Dry-to-dry machi Transfer only on- Both machine typ	site	(used less than 200	gallons of perc per ye gallons of perc per ye gallons of perc per ye	ar)
Large Area Source				
Dry-to-dry machi Transfer only on- Both machine typ	site	(used 200 - 1,800 g	allons of perc per year allons of perc per year allons of perc per year	r)
4. What control technology is requi (Indicate with an "X".)	red on machines	pursuant to section (5) of Part II of this no	tification form?
Existing machines at smal (NONE REQUIRED)	l area source		ines at small area sou ed condenser	<u>rce</u>]
Existing machines at large Carbon adsorber Refrigerated condenser	area source		ines at large area sour	<u>rce</u>]
5. A facility which contains non-ex Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such t	at all steam and	hot water generating	units on-site meet the	
All steam and hot water generating No such units on-site	units exempt	OR		
How many boilers do you have on-s	site?			
For each boiler, indicate its horsepo	ower (HP) rating	:[[5]]	
What type of fuel do you use?	[] propane [] No. 2 fue [] No. 6 fue	el oil No	ural gas . 4 fuel oil ner (please list)	
6. Equipment Monitoring and Reco	ordkeeping Inform	mation		•
Check all logs which are required t			he requirements of thi	s general permit:
(a) Purchase receipts and solvent pr			\mathcal{L}	.,
(b) Leak detection inspection and re	epair		(\times)	Charles and the
(c) Refrigerated condenser tempera	ture monitoring		(X)	Sond,
(d) Carbon adsorber exhaust perc c	oncentration mo	nitoring		<i>\(\)</i>
(e) Startup, shutdown, malfunction	ı plan			e.'
DEP Form No. 62-213,900(2)		15	<t></t>	

DEP Form No. 62-213.900(2) Effective: 2/24/99

DEP Form No. 62-213.900(2) Effective: 2/24/99

Signature

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1430 TIME OUT:	1510 AIRS ID#: 0910088
TYPE OF FACILITY: DC FACILITY NAME: CPART CLEANE	02.5 DATE: 4/25/40
FACILITY LOCATION: 304 EGLIN 1	
F. Water Box	La FC 32548
RESPONSIBLE OFFICIAL: As phopus n	1,165 I PHONE NUMBER: 850 - 862-1480
compliance with DEP Rule 62-213.300, Florida A	
Based on the results of the compliance requireme discrepancies were noted:	nts evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBI	
Submit Notification Comm	Complete & mil to the
3 Look chicks & Lemps chec	he la card as explained.
	:
COMMENTS: I will son & your	Dence CAlendar.
The Annual Compliance Certification form has been proper	erly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY MAN 1 PS	(Approximate) Nopininn
INSPECTOR'S SIGNATURE:	(Please Print) 595 - 8364/ PHONE NUMBER:
	Page 1 of 1. × 122 2 Revised 10/96

XXIII

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

X/ ₀			
FACILITY NAME: CAFT	CLEANERS		DATE! 22/01
FACILITY LOCATION: 304	Eg lin PKWY	No	,
- FRUAL	TON Beach	FC	
Annual Reporting Period:	any 1 2000	TO JANUARY	22 2001
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			
If NO, complete the following:		P	
#1. Term or condition of the general permit	that has not been in continuous c	ompliance during the reporti	ng period stated above:
Exact period of non-compliance: from	_	to or 2	_
Action(s) taken to achieve compliance:	ENTERED	Ale So	
Method used to demonstrate compliance:	JAN 2 4 2001	urces hitorin	
#2. Term or condition of the general permit	that has not been in continuous c	ompliance during the reporti	ng 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, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my annua	l consumption of perchloroe	thylene solvent, based
	iie (1 rease 1 mill)	1 Signature	, Duit

^{*}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 COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 09100 88
TYPE OF FACILITY: DC	
FACILITY NAME: Craft Cleaners	DATE: 1/22/0/
FACILITY LOCATION: 304 Eglin PKW.	1 NG
	'
RESPONSIBLE OFFICIAL: 15 7h en 18 Miles -	PHONE NUMBER:
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	
Based on the results of the compliance requirements evaluate discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
·	ENTERED 3
	JAN 2 4 2001
·	
	•
: 	
COMMENTS: .	
	•
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
	oximate)
	M D N
INSPECTOR'S SIGNATURE (Please	595 -8369
TO DE TON S STOP AT THE PARTY OF THE PARTY O	PHONE NUMBER: \\\ \/22 \\\ \\\\ \\\\\\\\\\\\\\\\\\\\
Page	of

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY (CI) □

Revised 0 1/28/00

ANNUAL (INS1, INS2)

TYPE OF INSPECTION:

RE-INSPECTION (FUI)
AIRS ID#:TIME OUT:TIME OUT:
FACILITY NAME: CAFT CLEMN ENS
FACILITY LOCATION: 304 Eg lin 1 Kwy
FWR
RESPONSIBLE OFFICIAL: ASperal Miles II PHONE: 862-1480
contact name: Claudin Ohrt phone:
PART I: NOTIFICATION
(check appropriate box) Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC M
2. Facility failed to notify DARM to use general permit SNC SNC
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) □ No notification form □ Drop store/out of business/petroleum
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.

 J_1 of 5



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

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

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).

NA

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

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?	YOY	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	DN ZIN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	A/NG NO
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?	ΩY	ON DN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	A/NE NO
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	חום אם אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	•	ON SIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	אמפ אם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DAY DN
2. Maintained rolling monthly total of perc consumption?	אם עם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	A/MEE NO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ם אום אם אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	אות אם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	אות אם אם Aya
6. Maintained startup/shutdown/malfunction plan?	אם עש
7. Maintained deviation reports?	A/NÇ NO YO
Problem corrected?	איאס אם אם איא
8. Maintained compliance plan, if applicable?	DY ON/A

PART VI: LEAK DETECTION AND	O REPAIRS		
1. Does the responsible official conduc	t a weekly (for small sources	s, bi-weekly) leak detection a	nd repair
inspection?			⊠ Y □N
2. Has the facility maintained a leak lo	<u>;</u> ?		DY DN
3. Does the responsible official check t	he following areas for leaks?	?	
Hose connections, fittings, couplings, and valves	QY ON ON/A	Muck cookers	OY ON DN/A
Door gaskets and seating	RY ON ON/A	Stills -	אוחם אם צום
Filter gaskets and seating	A/A NO NO YES	Exhaust dampers	אומים אם אם
Pumps	BY ON ON/A	Diverter valves	אואם אם צע
Solvent tanks and containers	BY ON ON/A	Cartridge filter housings	A/NO NO YO
Water separators	OY ON ON/A		
4. Which method of detection is used b	y the responsible official?		
Visual examination (condensed	d solvent on exterior surfaces	s)	\Q
Physical detection (airflow felt	through gaskets)		
Odor (noticeable perc odor)		•	D
Use of direct-reading instrume	ntation (FID/PID/calorimetri	ic tubes)	. ,
Halogen leak detector			
If using direct-reading in	strumentation, is the equip	ment:	N/A
a. Capable of detection	ng perc vapor concentrations	in a range of 0-500 ppm?	אם צם
b. Calibrated against (PID/FID only)?	a standard gas prior to and a	fter each use	OY ON
c. Inspected for leaks	and obvious signs of wear o	on a weekly basis?	OY ON
d. Kept in a clean and	d secure area when not in use	e?	DY DN
e. Verified for accura	cy by use of duplicate samp	les (calorimetric only)?	OY ON
			·
	·		
/// / m n		1/00/	_

Inspector's Name (Please Print)

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	er V
	·
	•

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINTADISCOVERY
FACILITY NAME:	FT CLEA BOY NE C Cais 32 Ispherus N	Eglin Riwy
(check appropriate box)		
1. New facility notified DARM	30 days prior to start	ир 🗆
2. Facility failed to notify DARA	d to use general peri	nit 🔀
PART II: CLASSIFICATION		
Facility indicated on notificatio (cheek appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	e 🛚	No notification form ☐ Drop store/out of business/petroleum 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 before 12/9/91)		both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$)
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, 1 transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	00 gal/yτ gal/yr	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility cla	ssification	□Y □N □Can not determine
II .	y qualified for a gen	eral permit as number above its and is not eligible for a general permit
B. The total quantity of perchlor facility was 17 gallons.	oethylene (perc) pu	Town Notincluding 5 harture

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ÀN/A 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? MO YO 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? HANNNE had do get full as Necu? OY ON DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XXVVA 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) DY ON 1. Equipped all machines with the appropriate vent controls? AKKO KO YE 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 AYNO NO YE 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? NOT RECUIDE D 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Du Ring insmallation 也Y ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after ND YB verifying that the coolant had been completely charged?

_		
В.	Has the responsible official of an existing large or new large area source also: W	
ì.	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?	אם אם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON SIN/A
	Is the temperature differential equal to or greater than 20° F?	DA DY ØNYV
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?	OY ON ONA
	Is the perc concentration equal to or less than 100 ppm?	DA DY-ÓXA
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?	DY WE DINA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	A'' אם אם אם
6.	Routed airflow to the carbon adsorber (if used) at all times?	אעם אם אם

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) NO YO 1. Maintained receipts for perc purchased? NO YO 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: ANKE NO YO a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? ANG NO YO 4. Maintained calibration data? (for applicable direct reading instruments) אימפ אם עם A 5. Maintained exhaust duct monitoring data on perc concentrations? MD YE 6. Maintained startup/shutdown/malfunction plan? DY DN SIN/A 7. Maintained deviation reports? ANAE NO YO Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LE	CAK DETECTION AND	REPAIRS		
1. Does the res	sponsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	and repair
inspection?				MAY ON
2. Has the faci	lity maintained a leak log	?		DY BY
3. Does the res	sponsible official check th	e following areas for leaks	?	
II.	connections, fittings. lings, and valves	אומם אם עם	Muck cookers	איאם אם צם
Door	gaskets and seating	MY ON ON/A	Stills	DY DN DNA
Filter	gaskets and seating	DY ON ON/A	Exhaust dampers	מאמ אם עם
Pump	s	MY ON ON/A	Diverter valves	DY ON ON'A
Solve	nt tanks and containers	אאם אם איא	Cartridge filter housings	איאם אם איא
Water	separators	ANO NO YE		
4. Which meth	od of detection is used by	the responsible official?		
Visua	l examination (condensed	solvent on exterior surface	es)	<u></u>
Physic	cal detection (airflow felt	through gaškets)		B
Odor	(noticeable perc odor)			
Use o	f direct-reading instrumer	tation (FID/PID/calorimet	ric tubes)	<u> </u>
Halog	en leak detector			
If	using direct-reading ins	trumentation, is the equip	oment:	N/A
	a. Capable of detectin	g perc vapor concentration	s in a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	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 us	se?	OY ON
	e. Verified for accura	cy by use of duplicate samp	ples (calorimetric only)?	OY ON
	2/ a Nanna	1	11/1.1.	,
(MAA	2/cz Nanninh	J	4/25/00)

Inspector's Name (Please Print) Date of Inspection Inspector's Signature Approximate Date of Next Inspection

ADDITIONAL SITE INFOR	MATION:				·
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	_		MPLAINTADISCO	OVERY	
RE-INSPI	ECTION				
				E OUT: /	SZO
FACILITY NAME: CRAFT C	I GANGIR	ک	,		& North
			/		
AIRS ID#: O91008 DATE: 4/25/00 TIME IN: 14/30 TIME OUT: 580 FACILITY NAME: QRAFF CLEANERS FACILITY LOCATION: 304 NE Eglin Rowy RESPONSIBLE OFFICIAL: Asphores Miles Phone: 862-1480 CONTACT NAME: Date here here to startup 2. Facility notified DARM 30 days prior to startup 2. Facility indicated on notification form that it is: No notification form (check appropriate box) 1. New facility indicated on notification form that it is: No notification form (check appropriate box) 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) A. I. Existing small area source 2. New small area source 3. New facility of pallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/991) (constructed on or after 12/991) 3. Existing large area source 4. New large area source 6. N					
RESPONSIBLE OFFICIAL: ASphen	us Milios	T PH	ONE: 862-	1480	ring
PART I: NOTIFICATION					
(check appropriate box)				2]
1. New facility notified DARM 30 days prior	to startup	٠			
2. Facility failed to notify DARM to use gene	eral permit				×
PART II: CLASSIFICATION					
, -	it is:	•	•		
1	•	U	Drop store/out of t	ousiness/pe	roleum
<u> </u>	2. New	small area s	ource		
, , , , , , , , , , , , , , , , , , , ,		•	• .		ļļ.
		-		_	
	•				
			• •		
5. This is a correct facility classification	OGIOOS DATE: 4/25/CO TIME IN: 14/30 TIME OUT: 50 TO TAME: CRAFT CIGANGIPS (LOCATION: 304 NLE CGIAN READY FROM 3 25 V PHONE: 362-1480 IT NAME: Date thorn by PHONE: 9 (NOTIFICATION Related to notification form that it is: Constituted on notification form that it is: Constituted on notification form that it is: Constituted on or after 12/9/91) (CLASSIFICATION Related to notification form that it is: Constituted on or after 12/9/91) (CLASSIFICATION (CLASSIFICATION Deliver transfer only, x < 200 gallyr transfer only, x < 200 gallyr transfer only, x < 140 gallyr transfer only, 200 ≤ x ≤ 1,800				
RE-INSPECTION RESIDE: 091008 DATE: 4/25/00 TIME IN: 14/30 TIME OUT: 500 CILITY NAME: 00 AFT Cleawers CILITY LOCATION: 304 Nls call Rews Facilis Sylvs SPONSIBLE OFFICIAL: 15pheres Milus PHONE: 162-1480 DITACT NAME: 00 A C					
☐ facility qualified for	or a general peri				
AIRS 1D#: OF 1008 DATE: 44 25/20 TIME IN: 14/30 TIME OUT: 15/20 FACILITY NAME: QRAFF CLGANGRS FACILITY LOCATION: 304 N/2 Cg/m Reary FACILITY LOCATION: 304 N/2 Cg/m Reary FACILITY LOCATION: 304 N/2 Cg/m Reary FART II: CLASSIFICATION [Check appropriate box) 1. New facility indicated on notification form that it is:					
B. The total quantity of perchloroethylene (p	perc) purchased	within the pre	ceding 12 months	by this dry	cleaning
gations. Nate:	<u>ヽフゕぇħジ゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚</u>	11	$m \sim c c c c c \sim c c c c c$	MIUNI	~ V I TA \

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? NO YO 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? It NOWNE had to dought fully ansite 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XXYA 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) NO YE 1. Equipped all machines with the appropriate vent controls? ANZO NO YE 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 AMD NO YE 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? NOT RECURDED 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the notalineni prissol DN DN/A condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after NO YE 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?	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	AVAÇ NO, YO
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? Is the perc concentration equal to or less than 100 ppm?	OY ON DWA
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?	OY BY DINA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	איא באים אם אים אים
6.	Routed airflow to the carbon adsorber (if used) at all times?	אמל אם צם

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) NO YØ 1. Maintained receipts for perc purchased? NO YO 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: ANKE NO YO a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? AME NO YO 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DNA 5. Maintained exhaust duct monitoring data on perc concentrations? MD AG 6. Maintained startup/shutdown/malfunction plan? AVA@ NO YO 7. Maintained deviation reports? ANA NO YO Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?	•	· · · · ·	ØY DN		
2. Has the facility maintained a leak log	7?		DY BN		
3. Does the responsible official check t	he following areas for leak:	s?			
Hose connections, fittings, couplings, and valves	אואם אם צם	Muck cookers	DY DN DN/A		
Door gaskets and seating	DY ON ON/A	Stills	DY DN DN/A		
Filter gaskets and seating	אואם אם עם	Exhaust dampers	אַאמים אָם אַם אַאַ		
Pumps	AND NO YO	Diverter valves	איאם אם צפ		
Solvent tanks and containers	אאם אם צֶּםְ	Cartridge filter housings	אומם אם אמ		
Water separators	DY ON ON/A				
4. Which method of detection is used b	y the responsible official?				
Visual examination (condensed	l solvent on exterior surfac	es)	ेंघ		
Physical detection (airflow felt	through gaskets)	_	D		
Odor (noticeable perc odor)			0		
Use of direct-reading instrume	ntation (FID/PID/calorimet	ric tubes)	a		
Halogen leak detector					
If using direct-reading in	strumentation, is the equi	pment:	אאמ .		
a. Capable of detection	ng perc vapor concentration	ns in a range of 0-500 ppm?	OY ON		
b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	OY ON		
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY OX		
d. Kept in a clean and	d secure area when not in u	se?	DY DN		
e. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	OY ON		
Inspector's Name (Please B	D)	Date of Inspection	<u> </u>		

Inspector's Signature Approximate Date of Next Inspection

DDITIONAL SITE I	NFORMATION:	

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [] COM	WPLAIN (DISCOVERY X) RE-INSPECTION
TIME IN: 1430 TIME OUT: 1510	2 AIRS ID#:
TYPE OF FACILITY: DC	
FACILITY NAME: CHART CLEANESS	DATE: 4/25/45
FACILITY LOCATION: 304 EGLIN PKW	1 NG
Ewath Book	
RESPONSIBLE OFFICIAL: As pherus Milos	77 PHONE NUMBER: \$50 - 862-1487
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
) No permit Noti Fication Com	Complete & mil to the
Submitted.	Dept.
Took checks & temp. checks	the card as efficained,
	·
COMMENTS: I will son I your A pe	inc. CAlenday.
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
(A	pproximate)
INSPECTION CONDUCTED BY JAN21 PS NO	ppinne
1/1/2009	Jease Print) 545 - 8364
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Page	$\int_{0}^{\infty} \int_{0}^{\infty} \frac{1}{2} \left(\frac{1}{2} \right)^{2} = \frac{10}{10}$ Revised 10/9

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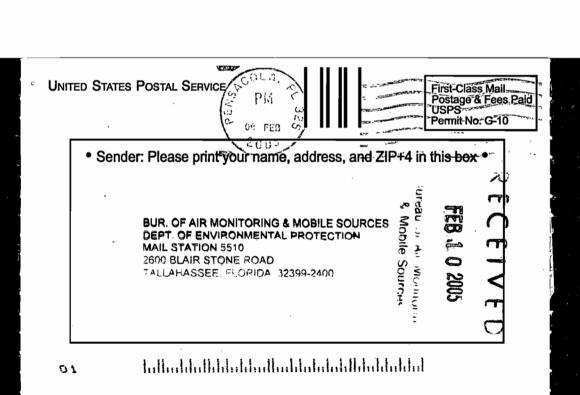
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OBJECT: 002273

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12	Street, Apt. No.: 304 NE Eglin Parkway				
	or PO Box No. FT WALTON BEACH, FL 32548				
	City, State, ZIP+4				
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X DUMNU GLOU GAGENT Addressee B. Received by Printed Name) C. Date of Delivery	
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Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

A.S. MILES PROPERTIES, INC.

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7003	Sent To A MILES CRAFT CLEANERS		
72	Street, Ap 304 NE EGLIN PARKWAY		
	City, State FT WALTON BEACH, FL 32548		
-	PS Form 3800 June 2002 See Reverse for Instru	ctions	

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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
ID# 910088 A MILES CRAFT CLEANERS		
304 NE EGLIN PARKWAY FT WALTON BEACH, FL 32548	3. (Service Type Certified Mall	
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DEPT. OF ENVIRONMENTAL PROTECTION
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2600 BLAIR STONE ROAD
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FOR GOVERNMENT USE OF Org.: 37550101000 EO: A1 Fund: 20-2-035001

4017

50 i

A.S. MILES PROPERTIES, INC.

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Check Date: Jan 8, 2003

Check Amount: \$50.00

Discount Taken

Amount Paid

2003

50.00

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7000	TT WALTON BEACH FL G 32548		
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Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

A.S. MILES PROPERTIES, INC.

3121

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Check Date: Feb 7, 2002

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Item to be Paid - Description

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Amount Paid

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