

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Ray Margel President Thrift House Cleaners, Inc. D/B/A Executive Cleaners/Launderers Lakeland, Florida 33803

Re: Facility I.D. No. 1050291

Dear Mr. Margel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 10, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Thrift House Cleaners Inc DBA / Launderers Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	FLD 981027386
4.	Facility Location: Street Address: 2127 East Edgewood Drive
	City: Lakeland County: Polk Zip Code: 33803
5.	Facility Identification Number (DEP Use):
	1050291
	Responsible Official
6.	Name and Title of Responsible Official: Ray Mangel President
7.	Responsible Official Mailing Address: Organization/Firm: SAME COS CLBOVE Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number: Telephone: (941) 665 - 7890 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Some as above
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, and the date the control device was installed, if applicable.

Type of Machine Example	1D #J	Date Machine Initially Purchased	Date Control Device Installed	ID #2	Date Machine Initially Purchased	Date Control Device Installed	ID #3	Date Machine Initially Purchased 02-MAR-92	Date Control Device Installed 02-MAR-92
Dry-to-Dry Unit	<u> </u>				·				
(1) w/ ref. condenser	#1	09 Dec 91	09 Dec 91					(
(2) w/ carbon adsorber		07.2				 		· · · · · · · · · · · · · · · · · · ·	1
(3) w/ no controls							1		
Washer Unit		1							-
(4) w/ ref. condenser							I		
(5) w/ carbon adsorber									
(6) w/ no controls						ľ			
Dryer Unit			•		· · · · · · · · · · · · · · · · · · ·				<u> </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls					1				
Reclaimer Unit	1								
(10) w/ ref. condenser				1			T		
(11) w/carbon adsorber									
(12) w/ no controls									

Des		Control devices are required, but not yet installed [] No control devices are required to be installed []
		What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [/OS] gallons
	(6)	If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []
		hat is the facility's source classification based on the definitions found in section (3) of Part II? indicate with an "X". Select one classification only.)
		Existing small area source [] New small area source
		Existing large area source [] New large area source []

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 What control technology is required on machines p (Indicate with an "X".) 	ursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	•
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 stural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
•	
• •	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection:					
Ш	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notij statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the lists made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	omptly notify the Department of any changes to the information contained in this notification. Notation May					

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

		y to a " brown
1. F	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ve Cleaners
	Thrift House Cleaners INC DBA / LANA	ve cleaners
	THE THOSE CLEADERS INC. DBILL TEAM	Iderers ·
2. 5	Site Name (For example, plant name or number):	
	\cdot	, 1
3. I	Hazardous Waste Generator Identification Number:	
	FLD 981027386	
4 1	Pacilie, Landian	
4. I	Facility Location: Street Address: 2127 East Edgewood Drive City: County: Polk Zip Code: 3	
(City: Zip Code:	
`	City: Lakeland County: Polk Zip Code: 3	7803
	Facility Identification Number (DEP Use)	
	- 15 105029/	
2A 3-1-1-4 - 15-1-4	different of the Control of the Cont	And the state of t
	Responsible Official	
	<u> </u>	
6.	Name and Title of Responsible Official:	
	Ray Margel President	
	Responsible Official Mailing Address:	
	Organization/Firm: SAME ORS about	
	Street Address:	٠
	City: County: Zip Co	ge:
8.	Responsible Official Telephone Number:	
0.	Telephone: (941) 665 - 7890 Fax: () -	
	Telephone. (941) (662 - 70.10	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
!	•	
	Same as above	
10.	Facility Contact Address:	
1	Street Address:	
	City: County: Zip Code:	
	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	
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Bureau of Air Monitoring & Mobile Sources

#1050291

Executive Cleaners/Laundeners

p.14 1.(c) mark out "X" and initial

Facility Information

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

Date

Machine

Date

Control

Date

Machine

Date

Control

Date

Control

Date

Machine

Type of Machine	Initially Device Purchased Installed		lD	Initially Purchased	Device Installed ID		Initially Purchased	Device Installed	
Example	#]	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	#/	09 Dec 9/	09 DEC 91				Τ		
(2) w/ carbon adsorber	-/-	1						 	
(3) w/ no controls						1			
Washer Unit			•	-			-		
(4) w/ ref. condenser		1					T	T	
(5) w/ carbon adsorber					1				
(6) w/ no controls					· · · · ·	†	\top		
Dryer Unit		- '	<u> </u>		'		<u> </u>		
(7) w/ ref. condenser		1			T	Τ	T	T	
(8) w/ carbon adsorber				-	<u> </u>		1		
(9) w/ no controls				 	1		 	 	
Reclaimer Unit		'	·	٠.	· · · · · · · · · · · · · · · · · · ·	<u> </u>			! .
(10) w/ ref. condenser	 	T	T	Ι	T	l	Т	T	
(11) w/carbon adsorber	 		 		 		+		
(12) w/ no controls	 	 		 		 	 	 `	
(b) Control devices are (c) No control devices 2.(a) What was the total (a) (b) If less than 12 montrol Check why it is less	are r quant galle	required to be tity of perchlons now many?	e installed [_oroethylene ((perc)) purchased i	pe			
3. What is the facility's so (Indicate with an "X". Existing small as	Sele	ct one classif	ication only.)			(3) of	Part II?	

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Existing large area source [

New large area source

(Indicate with an "X".)	oursuant to section (3) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	inits shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
•	
• •	
Equipment Monitoring a	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	(X)
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	\bowtie
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	LX

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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)					
Ĺ	Χı	No air permits currently exist for the operation of the facility indicated in this notification form.					
		Responsible Official Certification					
t) Si n	his notific tatement. taintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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.					
	•	mptly notify the Department of any changes to the information contained in this notification.					
- S	Signature	aymenel Margel Aug. 30 1996 Date					

DEP Form No. 62-213.900(2)

Effective: 6-25-96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#: 1050291
TYPE OF FACILITY: 7)C	
FACILITY NAME: EXEC	utive Cleaners a	ind Launderers DATE: 1/14/97
	2127 E. Edacu	
	akeland, PC	33 803
RESPONSIBLE OFFICIAL:	Ray Margel	PHONE NUMBER: 941/665-7890
compliance with DEP I	Rule 62-213.300, Florida Administr	
discrepancies were note		ated during this inspection, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·	
,		
	•	
	•	
<u> </u>	1	
	·	
COMMENTS:		•
COMMILITIS.		
The Assemble of the Control		
-	ation form has been properly certifi	led and submitted to the inspector.
DATE OF NEXT INSPECTION		
INSPECTION CONDUCTED	Λ	proximate)
INSPECTION CONDUCTED		ease Print)
INSPECTOR'S SIGNATURE:	Margaret Can	200 PHONE NUMBER 813/744-6100
	U Page <u>_</u>	of $\times 125$ Revised 10/96

Revised 10/10/96

AIRS ID#: 1050291

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

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



PERCHLOROETHYLENE DRY CLEANERS

1

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	, x	COMPLAINT/DI	SCOVERY	
・		_	e e e e e e e e e e e e e e e e e e e		
AIRS 10#: 1050 291 DA	•			1 4	• .
FACILITY NAME: Thrift	House Co	paners,	Inc DBA	Execution	<u>^</u>
FACILITY LOCATION:	127 E. E	dgewoo	d Dr	* d * 2441	
·	Lakeland	F2	33803		***,*** * *,
			العال العالم العالم 		
PART I: NOTIFICATION					
(check appropriate box)					
Existing facility notified DARM	I by 9/1/96				
2. New facility notified DARM 30	•)		•	
3. Facility failed to notify DARM					۵
			,	-	
PART II: CLASSIFICATION			<u> </u>	* 1	
Facility indicated on notification (check appropriate box)	form that it is:	,			
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)	di tr · bo	y-to-dry onl ansfer only, oth types, x<	arca source y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91)	×	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr di yr tr bo</td><td>y-to-dry only ansfer only, 2 oth types, 140</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>r T</td><td></td></x<2,>	gal/yr di yr tr bo	y-to-dry only ansfer only, 2 oth types, 140	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>	r T	
This is a correct facility classificate	ion 🄀	Y ON	·. ·	•	
If no, please check the appropriate	classification:				
	for a general permit pove limits and is no		above a general permit	·	
B. The total quantity of perchloroe facility was (1) gallons.	thylene (perc) purch	ased within	the preceding 12 mon	ths by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS

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

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



Y □N MNA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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p,

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-- 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?

-58€ □N

- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- A/NO A NOT PROPERTY.
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- А/И□ И□ «ҰрЫ
- 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?
- MY DN
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

אם אב

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 locat	ed		
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	· OY	ΩИ	
2.	Measured and recorded the washer exhaust temperature at the condenser	1.		
	inlet and outlet weekly?	ÜΥ		
	Is the temperature differential equal to or greater than 20°F?	· 🗆Y	ΠИ	4.
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?	ПΑ		INT/A
	Is the perc concentration equal to or less than 100 ppm?		_	-11V/A
	is the perc concentration equal to or less than 100 ppin?	u i	UN	
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 duet diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	, ,		
	condenser coils?	ΔÀ		IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	₂₁₁ □Y	םא כ	N/A
				• •• •
PA	ART V: RECORDKEEPING REQUIREMENTS			'
H	as the responsible official:			-]
H: (cl	as the responsible official: heck appropriate boxes)	<u> </u>		:
H: (cl	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	3.	Пи	
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	3.	∩N חח	
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	Q Y	ПN	
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	3.	ПN	
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	Q Y	□N □N	
Ha (cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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	XY XY XY	□N □N	1 √√A
H: (ch 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt?	XY XY XY	ои Ои Ои	₩a Nk
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	XY XY CY CY	ои Ои Ои	-
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	MY M		-
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	MY M		-
H: (cl 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	A TA		NK
H: (cl 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	A TA		NK
H: (cl 1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	A TA		NK

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					• ,		
2. Which method of detection is used by the responsible official?							
į	X						
	Æ						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
7.1	If using direct-reading instrume	entation,	is the equipmen	it: cita e e e	<i>रे</i> अं		
	a. Capable of detecting	perc vapo	r concentrations	in a range of 0-500 ppm?	□У□И		
	b. Calibrated against a s (PID/FID only)?	tandard g		after each use	□У □И		
	c. Inspected for leaks an	d obviou	s signs of wear o	n a weekly basis?	OY ON		
	d. Kept in a clean and so	ecure are	a when not in use	e ? _{(1.00,1.00}	OY ON		
	e. Verified for accuracy	by use of	duplicate sample	es (calorimetric only)?	OY ON		
3. Has	the facility maintained a leak log?	·		The Carlot	MO YM		
4. Doe	es the responsible official check the	following	areas for leaks?				
	Hose connections, fittings, couplings, and valves	₽ĬY		Muck cookers	⊘ Y □N		
	Door gaskets and seating	X	N □ N □	Stills	ØY □N		
	Filter gaskets and seating	ŹΥ	□N ·	Exhaust dampers	MD YEAR		
	Pumps	M Y	ПN	Diverter valves	ØY : □N		
	Solvent tanks and containers	₽ Y	ПN	Cartridge filter housings	ØY □N		
	Water separators	Kiy	□N		MARKET N		
·,	Ray Marael			e de la companya de l			

Name of Responsible Official

Margaret Cangro
Inspector's Name (Please Print)

Myaut Cangro
Inspector's Signature

Date of Inspection

Tan 99

Approximate Date of Next Inspection

Bowman, Sandy

Janis, Neal Thursday, December 26, 2002 4:02 PM Bowman, Sandy Dry Cleaner #1050291 Executive Cleaners From: Sent:

To:

Subject:

This facility is using a Green Earth Product that is not perchloroethylene based. This has been the case during this and last years inspections. Can this facility be taken out of the system? Can you notify the facility about getting themselves out of the perc system? Thanks Neal

aces

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<u>:</u>
FACILITY NAME: Thrift House	DATE: 1/26/98
FACILITY LOCATION: 2127 E. Edgewood	
lakeland fr 33809	
- Catalana, 12 3300	
Annual Reporting Period: 1997 TO	1/26 1998
Based on each term or condition of the Title V general air permit, my facility has remained a 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	\ <u>-</u>
If NO, complete the following:	,
#1. Term or condition of the general permit that has not been in continuous compliance dur	ing the reporting period stated above:
Exact period of non-compliance: from	IAFD
Action(s) taken to achieve compliance:	S 6 1008
Method used to demonstrate compliance: Bureau of Mobile Mobile Bureau of	Air Monitoring bile Sources
#2. Term or condition of the general permit that has not been in continuous compliance dur	ing the reporting period stated above:
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·
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 remade in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Roll Mond Mage	of perchloroethylene solvent, based
Name (Please Print) Sign	nature () Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<i>≱</i> ⁄	COMPLAINT/DISCOVERY	
AIRS ID#: 105029/D FACILITY NAME: Thu	. , , , , , , , ,	78 TIME I	1: 11:20 TIME OUT: 1	2:100n
FACILITY LOCATION:	<i>U</i> _	Edgen , A	rood	
RESPONSIBLE OFFICIAL: _	Done	gel	PHONE: 941-668-	9667
			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)	0.1			
1. New facility notified DARM 30	-	-		
2. Facility failed to notify DARM	to use general permi	it	· · · · · · · · · · · · · · · · · · ·	
ar Loarny O. MYON				
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A.	ı form that it is:		□ No notification form□ Drop store/out of business/pe	.t10.150
				cholenin
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)	d: tr be	. New small ar ry-to-dry only, r ransfer only, x < oth types, x < 1, constructed on c	x < 140 gal/yr : 200 gal/yr 40 gal/yr	en oreum
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	d: tr bo (c) 2	ry-to-dry only, x cansfer only, x < oth types, x < 1 constructed on constructed on constructed only, 200 cansfer only, 2	x < 140 gal/yr 200 gal/yr 40 gal/yr after 12/9/91) ea source 140 \le x \le 2,100 gal/yr 0 \le x \le 1,800 gal/yr x \le 1,800 gal/yr	en oieum
 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal 	d tr be (c) 2 4.00 gal/yr dr gal/yr tr l/yr be (c)	ry-to-dry only, x ansfer only, x < oth types, x < 1 constructed on constructed on constructed only, 2 consfer only, 200 oth types, 140 \lequip	x < 140 gal/yr 200 gal/yr 40 gal/yr after 12/9/91) ea source 140 \le x \le 2,100 gal/yr 0 \le x \le 1,800 gal/yr x \le 1,800 gal/yr	en oreum
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the ap	dutr bo (control of the second	ry-to-dry only, ransfer only, x < oth types, x < 10 constructed on	x < 140 gal/yr $x < 200 gal/yr$ $x < 200 gal/yr$ $x < 40 gal/yr$ $x < 40 gal/yr$ $x < 129/91$ Can not determine	eu o eum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XINA 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? DY DN DYNA 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? $\Delta Y \square N \square N/A$ 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? XXY ON MY ON ON/A 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 AYY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO VX condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO YA verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ĮΣΥ	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	 □N	ØN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	ØN/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?	ΟY	□и	ØN/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	□и	ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion, and downstream from no other inlet?	ΟY	ΩΝ	D N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	DИ	Ø N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	ØN/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	XÝ □N				
2. Maintained rolling monthly averages of perc consumption?	אם אל				
3. Maintained leak detection inspection and repair reports for the following:	e .				
a. documentation of leaks repaired w/in 24 hrs? or;	A/M M YK				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	A'עוֹלָב אם צם A'עוֹב				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZW/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	אַעאַ אם צם				
6. Maintained startup/shutdown/malfunction plan?	MY ON				
7. Maintained deviation reports?	OY ON ANA				
Problem corrected?	OY ON MYA				
8. Maintained compliance plan, if applicable?	DY DN AN/A				

PA	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			•	ÆίΥ	□N
2.	Has the facility maintained a leak log	g?			XY	□N
3.	Does the responsible official check the	ne following a	reas for lea	ks?		
	Hose connections, fittings, couplings, and valves	MA DN	□N/A	Muck cookers	ÆΥ	□N □N/A
	Door gaskets and seating	NO YX	□N/A	Stills	ŽΥ	□N □N/A
	Filter gaskets and seating	NO VE	□N/A	Exhaust dampers	ÆY	□N □N/A
	Pumps	MO YE	□N/A	Diverter valves	ÞΣ	□N □N/A
	Solvent tanks and containers	МО КЖ	□N/A	Cartridge filter housings	ÇΧ	□N □N/A
	Water separators	MY DN	□N/A			
4.	Which method of detection is used by	y the responsil	ble official	?		
	Visual examination (condensed	l solvent on ex	terior surf	aces)	X	
	Physical detection (airflow felt	through gaske	ets)		E E	
	Odor (noticeable perc odor)				X	
	Use of direct-reading instrumer	ntation (FID/P	ID/calorim	netric tubes)		
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:					MN/	A
	a. Capable of detectin	g perc vapor o	concentration	ons in a range of 0-500 ppm?	\Box Y	□N
	b. Calibrated against	a standard gas	prior to as	nd after each use		
	(PID/FID only)?			,	ΠY	□N .
	c. Inspected for leaks	and obvious s	igns of wea	er on a weekly basis?	ΠY	ПN
l	d. Kept in a clean and	l secure area v	vhen not in	use?	ΠY	□N
	e. Verified for accura-	cy by use of du	iplicate sar	nples (calorimetric only)?	ΠY	ПИ
	•					
						
MARGARET CANGRO 1/26/98						
	Inspector's Name (Please P	rint)		Date of Inspe	ction	
	Margaret Canox	<u>س</u>		Jan 90	7	
	Inspector's Signature			Approximate Date of 1	Vext In	spection

Revised 10/10/96

AIRS ID#: 1050291

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Thrift House Cleaners DATE: 2/25/99
FACILITY LOCATION: 2127 E. Edgewood Dr.
Lakeland, FC 33803
Annual Reporting Period: $1-27-1998$ TO $2-251999$
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
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period states above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
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: Paymond Margel Name (Please Print) Signalure Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

RE-INSPECTION
AIRS ID#: 1050291 DATE: 2/25/99 TIME IN: 12:00 TIME OUT: 2030 FACILITY NAME: Thrift House Cleaners FACILITY LOCATION: 2127 E. Edgewood Dr. 22 To Lakeland, FL 33803 RESPONSIBLE OFFICIAL: Ray Margel PHONE: 941-668-9667 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: (check appropriate box) 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 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 \Box 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ 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 $12/9/91$) $(constructed on or after 12/9/91)$
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 57.6 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? 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 ØY □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ASY ON ON/A 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) MA UM 1. Equipped all machines with the appropriate vent controls? ØŶ □N □N/A 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 A/ACO NCO YA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ØY □N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ZY ON verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	-		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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,	ΠV	ΠN	□N/A
	if machines are equipped with a carbon adsorber?			□N/A
4.	Is the perc concentration equal to or less than 100 ppm? 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,	u i	UN.	JIV/A
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ח□	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	QY ON			
2. Maintained rolling monthly total of perc consumption?	ALY ON			
3. Maintained leak detection inspection and repair reports for the following:	. • •			
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □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?	A/MED NO YO			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON SK!A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN SAKIVA			
6. Maintained startup/shutdown/malfunction plan?	AY DN			
7. Maintained deviation reports?	DY ON ANA			
Problem corrected?	DY DN DNA			
8. Maintained compliance plan, if applicable?	DY DN PANA			

PA	PART VI: LEAK DETECTION AND REPAIRS				
l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			XÍY □N	
2.	Has the facility maintained a leak log?			ØY □N	
3.	Does the responsible official check the	following areas for leaks?	?		
	Hose connections, fittings, couplings, and valves	YQY ON ON/A	Muck cookers	DY ON MANA	
	Door gaskets and seating	b a on onva	Stills	Y ON ON/A	
	Filter gaskets and seating	₽y □n □n/A	Exhaust dampers	AND NO Y	
	Pumps	BY DN DN/A	Diverter valves	Y ON ON/A	
	Solvent tanks and containers	AN ON ONIA	Cartridge filter housings	MY ON ON/A	
	Water separators	A ON ONIA			
4.	Which method of detection is used by t	the responsible official?			
	Visual examination (condensed so	olvent on exterior surface	s) .	Ø.	
	Physical detection (airflow felt th	rough gaskets)		*	
	Odor (noticeable perc odor)		·	D	
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ic tubes)		
	Halogen leak detector	•			
	If using direct-reading instr	umentation, is the equip	ment:	DEPANA.	
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	אם צם	
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	OY ON .	
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	DY DN .	
	d. Kept in a clean and so	ecure area when not in use	e?	אם צם	
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN	

MARGARET CANGRO	2/25/99
Inspector's Name (Please Print)	Date of Inspection
Marguet Canano Unspector's Signature	Pelo 2000
(Inspector's Signature)	Approximate Date of Next Inspection

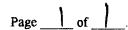
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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Thrift Ho	use Cleaners	DATE: 2/7/00
FACILITY LOCATION: 2127	E. Edgewood Dr	
Lakela	rd, Pi 3380	3
	•	
Annual Reporting Period:	2-26- 1999 TO	2-7- 7000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	-	N ⁻
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous complia	ance during the reporting period stated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compli	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
	nd complete. Further, my annual cons	umption of perchloroethylene solvent, based

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INSI	PECTION C	HECKLIST	
TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/DISCO	VER SALES
	RE-INSPECTION		2	Nopol
				Ile S all I
AIRS ID#: 1050791	DATE: 2700	TIME IN	1: 11:30 TIME	OUT. CO.
1'	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			001: 1
FACILITY NAME: 11	ruft House	ileane	V2	
FACILITY LOCATION:	2127 E. Ed	aprilo	d Dr.	
· 	Lakeland	(3	3803	
RESPONSIBLE OFFICIAL	Ray Maio	e.	PHONE: 8636	1-5-7890
RESPONSIBLE OFFICIAL	· · · · · · · · · · · · · · · · · · ·		PHONE: 6 6 5 6	63 - 7.870
CONTACT NAME:			PHONE:	· · ·
PART I: NOTIFICATION			·	
(check appropriate box)				
1. New facility notified DARN	M 30 days prior to startup			۵
2. Facility failed to notify DAI	RM to use general permit			
		·		
PART II: CLASSIFICATIO	N .			
Facility indicated on notificat			☐ No notification form	
Facility indicated on notificate (check appropriate box)			☐ No notification form☐ Drop store/out of bu	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou	tion form that it is:	New small a	Drop store/out of bures	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gar	tion form that it is: arce	y-to-dry only,	Drop store/out of burea source x < 140 gal/yr	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gatransfer only, x < 200 gal/y.	tion form that it is: arce	y-to-dry only, nsfer only, x	Drop store/out of burea source x < 140 gal/yr < 200 gal/yr	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gar	tion form that it is: arce	y-to-dry only, nsfer only, $x = 1$ th types, $x < 1$	Drop store/out of burea source x < 140 gal/yr < 200 gal/yr	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/ye both types, x < 140 gal/yr (constructed before 12/9/91)	tion form that it is: 1/yr	y-to-dry only, nsfer only, $x = 0$ th types, $x < 0$ onstructed on	Drop store/out of burea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	usiness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/ye both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sounds.	tion form that it is: arce	y-to-dry only, nsfer only, x on th types, x < 1 onstructed on New large as	Drop store/out of burea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gallyty both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is: arce	y-to-dry only, nsfer only, x on the types, x < 1 on the types, x < 1 on the types are types. The types are	Drop store/out of but the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	usiness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 both types, 140 \le x \le 1,800	tion form that it is: 1	v-to-dry only, nsfer only, x on the types, x < 10 on tructed on New large as y-to-dry only, nsfer only, 20 th types, 140	Drop store/out of but the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	usiness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gallyty both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is: 1	v-to-dry only, nsfer only, x on the types, x < 10 on tructed on New large as y-to-dry only, nsfer only, 20 th types, 140	Drop store/out of but the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	usiness/petroleum
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PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ZYN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DYNA 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 DAY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 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 TY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the TY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser	•	
	inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN	□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?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
I. Maintained receipts for perc purchased?	√ ∆ Y □N
2. Maintained rolling monthly total of perc consumption?	ј ≫ √ □и
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/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?	₀Z(Y □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DNIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYN/A
6. Maintained startup/shutdown/malfunction plan?	Œ(Y □N
7. Maintained deviation reports?	OY ON DONA.
Problem corrected?	DY DN ÆM/A
8. Maintained compliance plan, if applicable?	DY DN DNA

PART VI: LEAK DETECTION AND I	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection a	nd repair
inspection?			(DECY ON
2. Has the facility maintained a leak log?			MY ON
3. Does the responsible official check the	following areas for leaks?	?	·
Hose connections, fittings,	OFY ON ON/A	Muck cookers	MY ON ON/A
couplings, and valves	T UN UN/A	MINCH COOKERS	
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	אואם אם צב	Exhaust dampers	DY ON ON/A
Pumps	OY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	TY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by t	he responsible official?		
Visual examination (condensed s	olvent on exterior surface	s)	
Physical detection (airflow felt th	rough gaskets)		
Odor (noticeable perc odor)			Z.
Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)	
Halogen leak detector			
If using direct-reading instr	umentation, is the equip	ment:	ØN/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	אם צם
= =================================	tandard gas prior to and a	fter each use	
(PID/FID only)?	.d _Lii£	on a successive haring	
·	nd obvious signs of wear o		
·	ecure area when not in use		
e. Verified for accuracy	by use of duplicate samp	ies (catorimetric onty)?	אם עם
)		1-1	
MARGARET LANGR		2/7/01	0
Inspector's Name (Please Prin	11)	Date of Inspection	
Alanemic Com		Feh 20)n 1
Inspector's Signature		Approximate Date of	Next Inspection



Department of Environmental Protection

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

David B. Struh Secretary

TO: Holder of Title V Air General Permit

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

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

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

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



(cut here)

This portion must be attached to remittance for proper handling $\frac{415117}{\text{MAR}112002}$

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 # 1050291
EXECUTIVE CLEANERS LAUNDERERS
RAY MARGEL
PO BOX 5707
LAKELAND FL
33807

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 *

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

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JAN 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1050291

THRIFT HOUSE CLEANERS INC RAY MARGEL 2127 EAST EDGEWOOD DRIVE LAKELAND FL 33803 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00 FEB -2 98

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AIRS ID#1050291

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Org.: 37550101000 EO: BY
Fund: 20-2-035001
Obj.: 002273

Obj.: 002273

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

TOTAL AMOUNT DUE: \$5

Monitoring

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AIRS ID # 1050291 **EXECUTIVE CLEANERS LAUNDERERS** RAY MARGEL 2127 EAST EDGEWOOD DRIVE LAKELAND FL 33803

LEOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 1050291 **EXECUTIVE CLEANERS LAUNDERERS** RAY MARGEL 2127 EAST EDGEWOOD DRIVE LAKELAND FL 33803

FOR GOVERNMENT DISPONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THRIFT HOUSE CLEANERS, INC. dba Executive Cleanors | Launderers 2127 E. EDGEWOOD DRIVE LAKELAND, FLORIDA 33803



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

32313-3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400132

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

& Mobile Sources

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AIRS ID # 1050291 **EXECUTIVE CLEANERS LAUNDERERS** RAY MARGEL 2127 EAST EDGEWOOD DRIVE LAKELAND FL 33803

FOR GOVERNMENT USE ON Org.: 37550101000 EO:CA

Fund: 20-2-035001

Obj.: 002273

EXECUTIVE CLEANERS & LAUNDERERS P.O. BOX 5707 LAKELAND, FL \$3807

PLEASE NOTE: OUR NEW MAILING ADDRESS IS: OUR NEW MAILING ADDRESS IS: PO BOX 5707 PO BOX 5707 LAKELAND FL 33807-5707 LAKELAND FL



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

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
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7976	Postage \$ Certified Fee
0007	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
7001 0320	AIRS ID#1050291 EXECUTIVE CLEANERS LAUNDERERS RAY MARGEL PO BOX 5707 LAKELAND FL 33807
1	PS Form 3800, January 2001 Sec Reverse for Instructions

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. Article Addressed to: AIRS ID#1050291 EXECUTIVE CLEANERS LAUNDERERS	B. Received by (Printed Name) C. Date of Delivery 3-//-03 D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
RAY MARGEL PO BOX 5707	3. Service Type
LAKELAND FL	Certified Mail Express Mail
33807	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
-	7976 7611 Yes
2 Article Number 7001 0320 0001	

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 •

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	E S State Company Company
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	A. Signature X Mulu Maren Addressee
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.	B. Received by (Printed Name) C. Date of Delivery Service Wavge 2/8/03 D. Is delivery address different from item 1? Yes
1 Article Addressed to:	If YES, enter delivery address below:
AIRS ID#1050291 EXECUTIVE CLEANERS LAUNDERERS RAY MARGEL PO BOX 5707	2 Consise Type
LAKELAND FL 33807	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Transfer from service label) 7001 0320	0001 7975 7117
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1035

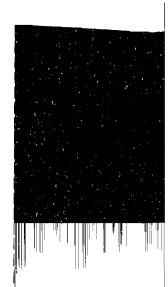
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First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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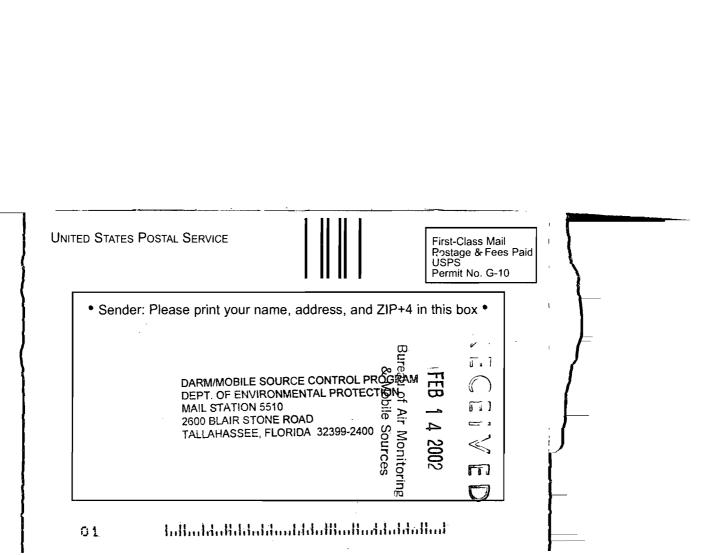
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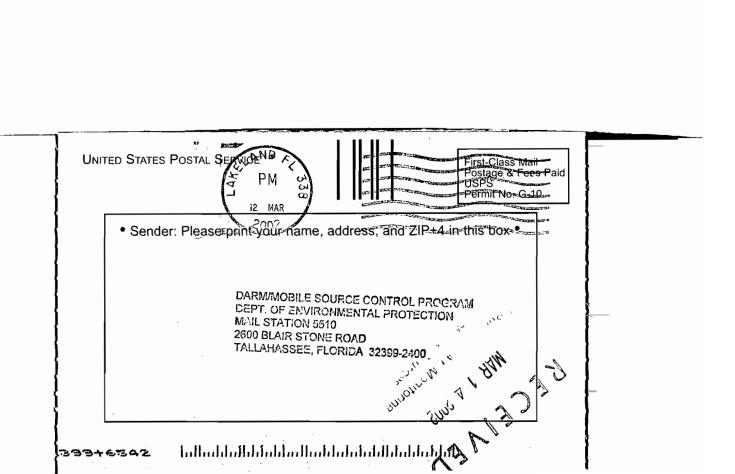
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS TD # 1050291 EXECUTIVE CLEANERS LAUNDERERS RAY MARGEL PO BOX 5707 	C. Signature Agent Addressee Addressee Addressee Addressee Addressee Addressee Yes If YES, enter delivery/address below: No
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1 Article Addressed to: AIRS ID # 1050291 EXECUTIVE CLEANERS LAUNDERERS RAY MARGEL 	A. Received by (Please Print Clearly) B. Date of Delivery Ray (Please Print Clearly) B. Date of Delivery C. Signature X
PO BOX 5707 LAKELAND FL : 33807	3. Service Type Certified Mail
7007 0320 0004 7976 0544	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789



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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 	A Redeived by (Please Print Clearly) B. Date of D C. Signature Age
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
10 AIRS ID # 1050291001AG RAY MARGEL EXECUTIVE CLEANERS LAUNDERERS PO BOX 5707 LAKELAND FL 33807	3. Service Type Certified Mail
205200020 93726766 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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AIRS ID#1050291 EXECUTIVE CLEANERS LAUNDERERS RAY MARGEL. PO BOX 5707		
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