

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Michael Galyean Courtesy Cleaners #4 5306 Cortez Road West Suite 5 Bradenton, Florida 34210

Dear Mr. Galyean:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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

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):						
	MICHAEL GALYEAN						
2.	Site Name (For example, plant name or number):						
	COURTESY CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
	FLD 039387006						
(4) .	Facility Location:						
	Street Address: 3510 WEBBER STREET City: SARASOTA County: FL Zip Code: 34239						
,5; Facility/Identification/Number (DEP/Use):							
	#1015 # 1150074						
Responsible Official							

(6.)	Name and Title of Responsible Official: MICHAEL GALYEAN		
7)	Responsible Official Mailing Address: COURTESY Conganization/Firm: Street Address: 5306 CORTEZ ROAD WEST City: BRADENTON County;	LEANERS · FL	Zip Code: 34210
8.	Responsible Official Telephone Number: Telephone: (941) 795 - 4734	Fax: (941)795	1176

Facility Contact (If different from Responsible Official)

(9)	Name and Title of Facility Contact (For example, plant manager):					
	JANET HAGERTY					
10;	Facility Contact Address: COURTESY CLEANERS #4					
	Street Address: 3510 WEBBER STREET City: SARASOTA County: FL Zip Code: 34239					
11.	Facility Contact Telephone Number: Telephone: (941) 922 - 0606 Fax: () -					

RECEIVED

'AUG 2 6 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

#1150074

	Courtesy Cleaners
•	-spoke with Michael Galyean-9/13/96
p./3	4.7.+10. add County 6. add title -Owner 9. add title-Manager
	9. add title-Manager
P.14	1(a) add date(s) control device(s)
715	installed, if any 1. (c) add "X"
<u>P.13_</u>	4. mark out "X"s and initial 5. (c) not required, mark out "X"
	and initial 5.(f) required

Facility Information

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 Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	_	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	#1	15-MAY							
(1) w/ ref. condenser	#1	15-MAY							_
(2) w/ carbon adsorber	#1	15-MAY							
(3) w/ no controls							-		
Washer Unit			1		<u> </u>	1		1	
(4) w/ ref. condenser							-		
(5) w/ carbon adsorber									
(6) w/ no controls							_		_
Dryer Unit								ı	
(7) w/ ref. condenser			1	<u> </u>					
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		·			<u> </u>		-		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea sou	irce []	Ne	w laı	rge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requi (Indicate with an "X".)	red on machines	pursuant to section (5) of P	art II of this notification form?				
Existing large area source Carbon adsorber	[X]	Refrigerated condenser	[_X_]				
New small area source Refrigerated condenser							
New large area source Refrigerated condenser		·					
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and						
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.							
All steam and hot water generating No such units on-site	units exempt	[X]					
Equipme	ent Monitoring a	nd Recordkeeping Inform	nation				
Check all logs which are required to	be kept on-site i	n accordance with the requ	irements of this general permit:				
(a) Purchase receipts and solvent pu	ırchases		[<u>X</u>]				
(b) Leak detection inspection and re	epair		[X]				
(c) Refrigerated condenser temperate	ture monitoring		[X]				
(d) Carbon adsorber exhaust perc co	oncentration moni	itoring					
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction	n plan		r 1				

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) No air permits currently exist for the operation of the facility indicated in this notification form.								
[X]									
	Responsible Official Certification								
this notij statemen maintain	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 ats made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will pro	omptly notify the Department of any changes to the information contained in this notification.								

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MICHAEL GALYEAN
2.	Site Name (For example, plant name or number):
	COURTESY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 039387006
4.	Facility Location:
	Street Address: 3510 WEBBER STREET City: SARASOTA County: Save FL Zip Code: 34239
.5.x	Facility Identification Number (DEP Use)
	The State of the S

Responsible Official

6.	Name and Title of Responsible Official:
	MICHAEL GALYEAN
7.	Responsible Official Mailing Address: COURTESY CLEANERS Organization/Firm: Street Address: 5306 CORTEZ ROAD WEST City: BRADENTON County: FL Zip Code: 34210
8.	Responsible Official Telephone Number: Telephone: (941) 795 - 4734 Fax: (941) 795 - 1176

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility	Contact (For example, p	lant manager):			
	JANET HAGERTY	600				
10.	Facility Contact Address:	COURTESY CLEA	NERS #4			
	Street Address: 3510 V City: SARASOTA	WEBBER STREET County:	PK Sow aso	ia	Zip Code:	34239
11.	Facility Contact Telephone Telephone: (941) 92		Fax: ()	-	

RECEIVED

AUG 2 6 1956

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device	l	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example		03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	#1	15-MAY	 -90						
(1) w/ ref. condenser		15-MAY							
(2) w/ carbon adsorber	#1								
(3) w/ no controls									
Washer Unit		1	1						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls				ļ					
Dryer Unit		'				l			
(7) w/ ref. condenser				l					
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						1			
(10) w/ ref. condenser		1			1				
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices	•		•						
2.(a) What was the total c	-		oroethylene (perc)	purchased in	the latest 12	l mon	iths?	
(b) If less than 12 mont Check why it is less] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".				defi	nitions found	d in section (3	3) of :	Part II?	
Existing small are	ea soi	urce X	Ne	w sm	nall area sour	ce []			
Existing large are	28 501	irce []	Ne	w lar	ge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pure (Indicate with an "X".)	suant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [X] Re	efrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natur during which propane or fuel oil containing no more that	al gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and	Recordkeeping Information
Check all logs which are required to be kept on-site in a	ecordance 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	[X]
(d) Carbon adsorber exhaust perc concentration monitor	ing []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 6-25-96

. .

Surrender of Existing Air Permit(s)

Please indicate	e 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)					
	·.					
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notific statements maintain t comply wi	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 smade 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 that the small terms and conditions of this general permit as set forth in Part II of this notification form. Inputly notify the Department of any changes to the information contained in this notification.					
<i>M</i> Signature	1 U Sp. 21-96 Date					

Oriognal w/ new signature will be Borwarded up when i get it back Brom R.D.

DEP Form No. 62-213.900(2) Effective: 6-25-96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/DISCO	VERY 🗆
AIRS ID#: \\\S\S\S\S\Y\\\D			•	`
FACILITY NAME: Co	castr (lean		_
FACILITY LOCATION: 3	510 002	~00	54.	
5	of ocurs.	_		
responsible official : S				
CONTACT NAME:				
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM 30				
2. Facility failed to notify DARM	to use general permi	1		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A.	form that it is:		☐ No notification form ☐ Drop store/out of bus	
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)	dr tra bo	ansfer only, $x < b$ th types, $x < b$	x < 140 gal/yr < 200 gal/yr	ם
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$)	00 gal/yr dr gal/yr tra l/yr bo	ansfer only, 20 oth types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,300 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91)$	ב
5. This is a correct facility clas	sification \square	Y 🗆 N	□Can not determine	
	qualified for a genera	ıl permit as nu	mber above ible for a general permit	
B. The total quantity of perchloro facility was gallons.	ethylene (perc) purch	nased within th	e preceding 12 months b	y this dry cleaning

1 of 5

Revised 8/11/97

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr. (complete A below).	igerated condenser
. If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
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?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОУ ОИ

B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box Y$	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppin?	\Box Y	\Box 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?	\Box Y	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПΝ	□N/A

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

PART	VI: LEAK DETECTION AND R	REPAIRS		:		
1. Doe	s the responsible official conduct a	weekly (for	small sources,	bi-weekly) leak detection a	nd rep	air
insp	pection?				ŪΥ	ПΝ
2. Has	the facility maintained a leak log?				ПΥ	ΠN
3. Doe	es the responsible official check the	following a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	OY ON	□N/A	Muck cookers	Пλ	□N □N/A
	Door gaskets and seating	OY ON	□N/A	Stills	ПΥ	□N □N/A
	Filter gaskets and seating	□Ү □М	□N/A	Exhaust dampers	ПΥ	□N □N/A
	Pumps	OY ON	□N/A	Diverter valves	ПΥ	□N □N/A
	Solvent tanks and containers	OY ON	□N/A	Cartridge filter housings	ΠY	□N □N/A
	Water separators	ОУ ОИ	□N/A			
4. Whi	ich method of detection is used by th	ne responsil	ble official?			
	Visual examination (condensed so	olvent on ex	terior surfaces)			
	Physical detection (airflow felt thr	ough gaske	ets)			
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentat	tion (FID/P	ID/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading instru	ımentation	ı, is the equipm	ent:	□N/	'A
	a. Capable of detecting p	erc vapor c	concentrations in	n a range of 0-500 ppm?	ПΥ	□N
	b. Calibrated against a st (PID/FID only)?	andard gas	prior to and aft	er each use	ΠY	□N
	c. Inspected for leaks and	d obvious s	igns of wear on	a weekly basis?	ΩΥ	ПИ
	d. Kept in a clean and se	cure area v	when not in use?		ПΥ	ΠN
	e. Verified for accuracy t	oy use of di	iplicate samples	(calorimetric only)?	ПΥ	□И
	*	**			c.	
		•		-		
	dian (mas)	_		8-29-9	۸)	
	Inspector's Name (Please Prin	t)		Date of Inspe	ction	
	7. mand		-	N//A		
-	Inspector's Signature			Approximate Date of 1	Next I	nspection

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	racintly Owner/Company Name (Name of Corporation, agency, of individual owner).
	MICHAEL GALYEAN
2.	Site Name (For example, plant name or number):
	COURTESY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 039387006
4.	
	Street Address: 3510 WEBBER STREET
	City: SARASOTA County: Savaso ta FL Zip Code: 34239
5. .	Facility Identification Number (DEP, Use)
	Responsible Official
6.	Name and Title of Responsible Official:
	MICHAEL GALYEAN
7.	Responsible Official Mailing Address: COURTESY CLEANERS Organization/Firm:
	Street Address: 5306 CORTEZ ROAD WEST
	City: BRADENTON County: Zip Code: 34210
	Surabota
8.	
	Telephone: (941) 795 - 4734 Fax: (941) 795 - 1176
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	JANET HAGERTY (
10.	Facility Contact Address: COURTESY CLEANERS #4
	Street Address: 3510 MEDDED CODEED

RECEIVED

Zip Code: 34239

AUG 2 6 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96

City: SARASOTA

Telephone:

11. Facility Contact Telephone Number:

(941) 922 - 0606

Page 13 of 16

Fax: (

)

County:

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.

			Date	Date		Date	Daic		Date	Date
		<u>.</u>	Machine	Control		Machine	Control		Machine	Control
		ļ ·	Initially	Device		Initially	Device		Initially	Device
Тур	e of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Exa	mple	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry	-to-Dry Unit	#1-	-15-MAY	-90-						
	(1) w/ ref. condenser	#1	15-MAY	90	1#	15-May-90				
	(2) w/ carbon adsorber	#1	15-MAY	-90-						
	(3) w/ no controls									
Wa	sher Unit		•				,			•
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
	(6) w/ no controls									
Dry	er Unit			•	_	1				
	(7) w/ ref. condenser									
	(8) w/ carbon adsorber									
	(9) w/ no controls									
Rec	laimer Unit			'		<u>'</u>				
	(10) w/ ref. condenser									
	(11) w/carbon adsorber									
	(12) w/ no controls									
	= vr		•			<u>. </u>				
(t) Control devices are	requ	ired, but not	yet installed	[)				
(0) No control devices	are re	equired to be	installed [_	\checkmark					
2.(a) What was the total α	-	-	roethylene (perc)	purchased in	the latest 12	mon	iths?	
	[75]	gallo	ns							
(b) If less than 12 mont									_
	Check why it is less	than	12 months:	New owner:		_] New store:	: [] Did :	not k	eep records:	
	What is the facility's so					nitions found	l in section (3	3) of	Part II?	
(Indicate with an "X".	Selec	t one classifi	cation only.)						
	Evietica accella			% .f.=			. r 1	1		
	Existing small ar	ea so	urce A	Ne	w sm	nall area sour	ce []			
	Existing large are	ea sou	ırce []	Ne	w lar	ge area sourc	:e []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requi (Indicate with an "X".)	red on machines p	oursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber	X	Refrigerated condenser	X
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such ut All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil coall steam and hot water generating No such units on-site	that all steam and nits exist on-site: units on-site (1) h d exclusively by no entaining no more	hot water generating units have a total heat input of 10 natural gas except for period	on-site meet the following O million BTU/hr or less (298) Is of natural gas curtailment
Equipme	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to	be kept on-site in	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	ırchases		[<u>X</u>]
(b) Leak detection inspection and re	epair		[X]
(c) Refrigerated condenser tempera	ture monitoring		\swarrow
(d) Carbon adsorber exhaust perc co	oncentration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		\checkmark

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e 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)					
	•.					
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statement maintain	dersigned, 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 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.					
I will pro	mptly notify the Department of any changes to the information contained in this notification.					
M) Signature	8 · 21 · 96 Date					

* Mul

* <u>9/9/97</u>

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: 1150074

DRY CLEANER AIR QUALITY GENERAL PEKMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COURTED	(leaners DATE: 8-29-94
FACILITY LOCATION: 3510	to make
Saranota	
Annual Reporting Period: <a> <a><a><a><a><a><a><a><a><a><a><a><a><a><	1996 to 8-29 1997
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.), dur	ring the period covered by this statement. YES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has no	ot been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	:
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has no	ot been in continuous compliance during the reporting period stated above:
	RECEIVED
Exact period of non-compliance: from	10
Action(s) taken to achieve compliance:	OCT 2 3 1997
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
made in this notification are true, accurate and comple	information and belief formed after reasonable inquiry, that the statements etc. Further, my annual consumption of perchloroethylene solvent, based exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per
Name (Please	Print) Signature Date

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COr	MPLIANCE INSPE	SCIION C	HECKLIST		
	NNUAL E-INSPECTION		COMPLAINT/	DISCOVERY	
AIRS ID#: 15014 DATE FACILITY NAME: Course					0:30m
FACILITY NAME:ounte=	y Caners		on VVILLE	loners)	
FACILITY LOCATION: 35	10 Webber	Street	<u> </u>		
	asota F			dural Ale	M
RESPONSIBLE OFFICIAL:	Non Yarve	<u></u>	_ PHONE:	198-419	2
CONTACT NAME:			_ PHONE:	ie Source	Aya K
				and an area of the second seco	۵
PART I: NOTIFICATION					<u> </u>
(check appropriate box)					
1. New facility notified DARM 30 day	ys prior to startup				
2. Facility failed to notify DARM to u	se general permit				
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box) A.	m that it is:		☐ No notificati	ion form ut of business/p	etroleum
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)	dry-t trans both	o-dry only, sfer only, x types, x <	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ ga transfer only, $200 \le x \le 1,800$ gal/y both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	dry-t vr trans both	to-dry only, ofer only, 20 types, 140	rea source $140 \le x \le 2,100$ $00 \le x \le 1,300$ ga $\le x \le 1,800$ gal/y or after 12/9/91)	.l/yr	
5. This is a correct facility classific	ation 🗅 Y	ПN	□Can not dete	rmine	
	oriate classification: ified for a general p eds above limits an	ermit as nu		above I permit	

B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

1 of 5 Revised 8/11/97

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	OY ON ON/A			
2. Examining the containers for leakage?	OY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	OY ON			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	□Y □N □N/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V.				
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	gerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	□Y □N			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-veekly basis?	מם עם			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ם אורם אם אורם			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חט אם			

B	Has the responsible official of an existing large or new large area source also:			
ľ				
l 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?	$\Box v$	ПN	
l.	on any to any rectamer, and arger machines on a weekly orasis.	— 1	٠.٠	
,	Mary all all and talks and a language and the analysis			
 2.	Measured and recorded the washer exhaust temperature at the condenser		_	_
	inlet and outlet weekly?	$\Box Y$	ПИ	\square N/A
	Is the temperature differential equal to or greater than 20° F?	ΠV	□NI	□N/A
ľ	is the temperature differential equal to of greater dial 20 7:	٠. ت	U 1/4	U IN/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?	$\Box Y$	$\square N$	□N/A
		<u></u>	-	
	Is the perc concentration equal to or less than 100 ppin?	ЦΥ	ЦN	\square 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,			
ľ	or expansion; is at least 2 duct diagneters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	\Box Y	ПΝ	□N/A
				-1011
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
٦.		□ 3/7	ONT	
Ï	condenser coils?	ЦY	ΠN	□N/A
1		_		
∥6.	Routed airflow to the carbon adsorber (if used) at all times?	$\Box Y$	ΠИ	□N/A
<u>Ļ</u>				

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	OY ON				
2. Maintained rolling monthly averages of perc consumption?	מם צם				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired win 24 hrs? or;	OY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 2 days of receipt?	OY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?	OY ON ON/A				
Problem corrected?	OY ON ON/A				
8. Maintained compliance plan, if applicable?	OY ON ON/A				

PART	PART VI: LEAK DETECTION AND REPAIRS					
I. Doc	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	DY ON					
2. Has	the facility maintained a leak log?	•		DY ON		
3. Doc	s the responsible official check the t	following areas for leaks?				
,	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	□Y □N □N/A	Stills	□У □И □И/А		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A		
1	Pumps	OY ON ON/A	Diverter valves	□Y □N □N/A		
į	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	□Y □N □N/A		
	Water separators	מואם אם צם				
4. Whi	ch method of detection is used by th	ne responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces)				
	Physical detection (airflow felt thr	ough gaskets)				
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:			□N/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			ОУ ОИ			
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	DY ON		
	d. Kept in a clean and se	cure area when not in use?	,	OY ON		
	e. Verified for accuracy b	by use of duplicate samples	(calorimetric only)?	OY ON		
	= () Aneron					
	Inspector's Name (Please Prin	t)	Date of Inspe	ction		
	2					
	Inspector's Cianalina		8 199 Approximate Data = 61	Navt Increasion		
	Inspector's Signature		Approximate Date of I	vext mspection		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	CON	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10.0	O A- TIME OUT:	10:	30 am AIRS ID#: 11	L50074
TYPE OF FACILITY:	Dry Cleaner			
FACILITY NAME:				DATE:08/10/98
FACILITY LOCATION:	3510 Webber Street			·
	Sarasota, FL			
RESPONSIBLE OFFICIAL:	m/ Galyean/Aaaro	on Car	ver PHONE NUMBER	:941/795-4734
	of the compliance requiremen P Rule 62-213.300, Florida Ad		ated during this inspection, the fac	cility is found to be in
Based on the results discrepancies were n	•	ts evalu	ated during this inspection, the fol	lowing compliance
COMPLIANCE RE	QUIREMENT/PROBL	EM	FOLLOW-UP ACT	ION REQUIRED
That of	F ONly	· 	No Drycle elber Street	Paning
,	Done of	1	elber Street	- .
				Pr
·		٠	Bureau of AUS	CE
			hir Monitor	19 R
•			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
COMMENTS:				•
				,
The Annual Compliance Certi	fication form has been proper	ly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECT	ION: 08/99			<u>`</u>
INSPECTION CONDUCTE	D BY: Susan Camero	n	proximate) ease Print)	
INSPECTOR'S SIGNATUR	E. Jus - Chan	ne	PHONE NUMBER:	378-6128

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<u> </u>		<u></u>
FACILITY NAME: au	tery Cleaners	Hore H	DATI	E: 1/0/98
FACILITY LOCATION:	3510 Juebber	Street	new 1	Vame
	PArasota, FL	-		
Annual Reporting Period:	8/29	19 <u>0</u> 170		8/10 1998
Based on each term or condition of 62-213.300, Florida Administration of NO, complete the following:	ve Code (F.A.C.), during the		\ \	DEP Rule
#1. Term or condition of the gene	eral permit that has not beer	n in continuous compliance de	uring the reporting par	od stated above:
Exact period of non-compliance: Action(s) taken to achieve compli		to	Bursh of P	
Method used to demonstrate comp			le Sources	The state of the s
#2. Term or condition of the gend	eral permit that has not been	in continuous compliance de	uring the reporting per	iod stated above:
Exact period of non-compliance:	from	to		
Action(s) taken to achieve compli-	ance:	· .		
Method used to demonstrate comp	uliance:			
As the responsible official, I herel made in this notification are true, upon rolling averages of purchase year for transfer or combination f	accurate and complete. Fur receipts, does not exceed 2	erther, my annual consumption	on of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)	rver Command (gnature	<u> </u>

^{*}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.

TI' & V AIR QUALITY GENERAL PE IIT INSPECTION SUMMARY REPORT

INSPECTION SUN	AMARY REPORT			
TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 1345 TIME OUT: 245	PM AIRS ID#: THE 1130474			
TYPE OF FACILITY: DC				
FACILITY NAME: Six Floop Launch	DATE: 3/18/99			
FACILITY LOCATION: 6540 1+wy 90	<u> </u>			
milton FL 32	570			
RESPONSIBLE OFFICIAL: HUONG THIN NOU	SHEN PHONE NUMBER: 623-9577			
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra				
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
No PERMIT	Complete form. Note: complete d 3/32/9			
No lonk inspochous	Keep records on Calinder provin			
No temp menitaring	Kiep recers an Calendar Poin			
9861 3 S AAM	8.70			
ENTERED	Solling Sollin			
	or ing			
Elist Dayting	n. Prosesentano			
COMMENTS: 5 FART licht temp on				
I will provide permit Not	itication form.			
Mr. Ngug EN will offair per	Alir from company			
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: 1-Z weeks,				
	proximate)			
INSPECTION CONDUCTED BY: MARIOS NOR MON (Please Print)				
INSPECTOR'S SIGNATURE: Her la 11/00	MANDHONE NUMBER: 575-8364			
Page	of . Revised 10/96			

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT DISCOVERY
AIRS ID#: 1/30/74 DATE: 3/18/ FACILITY NAME: Six Flags Co- FACILITY LOCATION: 6540 HM RESPONSIBLE OFFICIAL: HUONG T CONTACT NAME: SAME	NY 90 5 FL 32570
(check appropriate box) 1. New facility notified DARM 30 days prior to s 2. Facility failed to notify DARM to use general p	MAR 2 6 1999
PART II: CLASSIFICATION Facility indicated on notification form that it is (check appropriate box)	No notification form Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed 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 $12/9/91$)
☐ facility exceeds above l	general permit as number above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was <u>153</u> gallons.	purchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled 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?

PA	PART IV: PROCESS VENT CONTROLS				
In	Part II-A: ASSUMELADGE/NEW				
	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 condenses (complete A below).				
	If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber n installed prior to September 22, 1993	_			
	If classification 4 has been checked, the machine should be equipped with a resource (complete A and B below).	frigerated condenser			
	. Has the responsible official of all new sources and existing large area sources: heck appropriate boxes)	:			
1.	Equipped all machines with the appropriate vent controls?	MO AM			
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	N/A N DY/A			
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A			
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY DN			
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Noto: Called wit 24 H-RS - Company one till two deep lating 5 herped	du COY ON ON/A.			
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Iwas Hens when			

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 DIM
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DIN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN(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?	באמש אם צם A
	Is the perc concentration equal to or less than 100 ppm?	אואק אם אם
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 MN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	באומם אם צם

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MO AR			
2. Maintained rolling monthly averages of perc consumption?	DY DW			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	A/אם אולם צם			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	ם ארא אם אם A			
5. Maintained exhaust duct monitoring data on perc concentrations?	A/NO YO			
6. Maintained startup/shutdown/malfunction plan? Ops makus	DA DN ,			
7. Maintained deviation reports?	אאנם אם אם A			
Problem corrected?	אומם אם אם אם			
8. Maintained compliance plan, if applicable?	אומם אם אם אם			

P/	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			□Y ✓ΩN		
2.	Has the facility maintained a leak log?			DY BIN		
3.	Does the responsible official check the	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	A/אם או ל צם	Muck cookers	אואם אול צם		
	Door gaskets and seating	DY DN DN/A	Stills	אומם עלם אם		
	Filter gaskets and seating	DY DN DN/A	Exhaust dampers	AVA NG YO		
	Pumps	OY ON ON/A	Diverter valves	AVAD NØ YD		
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	אומם מם צם		
	Water separators	בא מעל אם AVA				
4.	Which method of detection is used by t	the responsible official?				
	Visual examination (condensed s					
	Physical detection (airflow felt th					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	ation (FID/PID/calorimetric	c tubes)			
	Halogen leak detector					
	If using direct-reading instr	rumentation, is the equipn	nent:	DN/A		
	a. Capable of detecting	perc vapor concentrations i	in a range of 0-500 ppm?	DY DN		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks ar	nd obvious signs of wear on	ı a weekly basis?	OY ON		
	d. Kept in a clean and s	secure area when not in use	?	OY ON		
	e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON		

Inspector's Name (Please Print)

Inspector's Signature

3/18/99 Date of Inspection

Approximate Date of Next Inspection

MANUS. Plate Shows manufactured in 1996.

Equip: PRINCESS MODEL.

Multimatic Corp., Northvale, N.J. 07647 (201) 767-9660

Re, 857-4700

Professional Air & Persacola

1998: Perc Purchas:

0

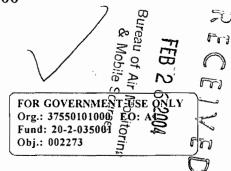
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 1150074
MICHAEL GALYEAN
COURTESY CLEANERS
5306 CORTEZ ROAD WEST
BRADENTON, FL 34210





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

421708 JAN132003

Do NOT Remove Label

AIRS ID#1150074

COURTESY CLEANERS MICHAEL GALYEAN 5306 CORTEZ ROAD WEST BRADENTON FL 34210 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 On 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1150074 COURTESY CLEANERS MICHAEL GALYEAN 5306 CORTEZ ROAD WEST BRADENTON FL 34210

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

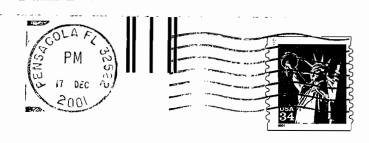
Do NOT Remove Label

AIRS ID # 1130174
SIX FLAGS COIN LAUNDRY
HUONG THI NGUYEN
6540 HIGHWAY 90
MILTON FL
32570

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

TIEN KHAC VU DBA GIX FLAGS COIN LAUNDRY 6540 HWY 90 MIJ TON, FL 32570



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

s so I II II II II II II I

389472

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 # 1130174

SIX FLAGS COIN LAUNDRY HUONG THI NGUYEN 6540 HIGHWAY 90 MILTON FL 32570 MAIL ROOF

FOR GOVERNMENT USE Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1150074

COURTESY CLEANERS MICHAEL GALYEAN 5306 CORTEZ ROAD WEST BRADENTON FL 34210

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

EFERENCE NO.	DATE/DESCRIP	TION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
AIR FER	DEPARTMENT OF	ENVIRONMENT	150.00		150.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1150074

COURTESY CLEANERS MICHAEL GALYEAN 5306 CORTEZ ROAD WEST BRADENTON FL 34210 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING



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

RECEIVED IAIL ROOM TEB 24 98

TOTAL AMOUNT DUE: \$50.00

AIRS ID 1150074

303465

Do NOT Remove Label

MICHAEL GALYEAN MICHAEL GALYEAN 5306 CORTEZ ROAD WEST BRADENTON FL 34210

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

CHECK #	2188	DATE -	2/20/98	040538 DEFT.	OF ENVIROMENT	AL PROTECTION
REFERENCE NO.	\$5.000 c. s.	DATE/DESCRIPT	ION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
1150074	LIE H	. UF ENVIR	OMENTAL PRO	50,00		50.00
			1 1	I li l		
			(ideas is			
			To accompany of a company of the com	The processing of a principle of a p		
				TOTALS FOR CUECK		
				TOTALS FOR CHECK		50.00

U.S. Postal Service **CERTIFIED MAIL RECEIPT** (Domestic Mail Only; No Insurance Coverage Provided) Postage 556 Certified Fee Γ. Return Receipt Fee (Endorsement Required) 0001 Restricted Delivery Fee (Endorsement Required) Total ID# 1150074 1,1,40 MICHAEL GALYEAN Sent 1 COURTESY CLEANERS Street, 5306 CORTEZ ROAD WEST 7007 or POI BRADENTON, FL 34210 City, St PS Form 3800, January 2001

_		tal Service	-	
A 1.	. 1	ipt for ESY CLI	-	fied Mail AIRS ID # 115007
MI 530	CHAI 06 CC	EL GAL ORTEZ R NTON F	YEAN OAD W	EST
P	ostage		·	s
C	ertified	Fee		
S	pecial C	Delivery Fee		
	estricte	d Delivery F	ee	
R		eceipt Shov		
15		ceipt Showing dressee's Add		
D	OTAL F	ostage & F	ees	\$
Di				

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 A. Signature A. Signature Adjusted Name Addressee B. Received by (Printed Name) C. Date of Delivery D. ETARATTI 2-6-09
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ID# 1150074 MICHAEL GALYEAN COURTESY CLEANERS 5306 CORTEZ ROAD WEST BRADENTON, FL 34210	3. Service Type XI Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 1140 00	101 7556 3753
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

United States Postal Service



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

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

Bureau of Air Monitorins & Mcbile Sources

00 6-07

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAJL STATION 5510

2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400



O

	s s ro °r	P5 45J	Í					
i	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.							
CO 530	AIRS ID # CHAEL GALYEAN URTESY CLEANERS % CORTEZ ROAD W ADENTON FL 34210							
ſ		-						
	Certified Fee							
	Special Delivery Fee							
	Restricted Delivery Fee							
1995	Return Receipt Showing to Whom & Date Delivered							
April	Return Receipt Showing to Whom, Date, & Addressee's Address							
800,	TOTAL Postage & Fees	\$						
P.S Form 3800 , April 1995	Postmark or Date							

old at line over top of envelope to	LETE 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.	C. Signature D. Is delivery address different from item 1? Page 17
Article Addressed to:	RECEIVED No
10 AIRS ID # 1150074001AG MICHAEL GALYEAN COURTESY CLEANERS	JUN 1 2 20
5306 CORTEZ ROAD WEST BRADENTON FL 34210	3. Service Type Browned Mail AIT □ MEXPISE MAIN □ Red 1440 bile Sort 100 Process of the Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2. 210 662 72 1	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

Z 333 613 271

US Postal Service Receipt for Certified Mail

AIRS ID 1150074

MICHAEL GALYEAN MICHAEL GALYEAN 5306 CORTEZ ROAD WEST **BRADENTON FL 34210**

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
Form 3800 , April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
	Postmark or Date	
PS		í

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacemint. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Addresse 2. Restricted Delivery Consult postmaster for fee.	
RN ADDRESS completed c	AIRS ID 1150074 MICHAEL GALYEAN MICHAEL GALYEAN 5306 CORTEZ ROAD WEST BRADENTON FL 34210	4b. Service ☐ Registere ☐ Express ☐ Return Ree 7. Date of De	23 6/3 27/ Type ad	E Vou for using Return R
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addresses and fee is	e's Address (Only if requested paid) Domestic Return Recei	 Thar