

1150075



# 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 #2  
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 054903869
4. Facility Location: COURTESY CLEANERS #2 Street Address: 700 SOUTH OSPREY City: SARASOTA County: FL Zip Code: 34236
5. Facility Identification Number (DEP Use): 1150075

## 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 STE. 5 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, plant manager): JACK HAILE
10. Facility Contact Address: COURTESY CLEANERS #2 Street Address: 700 SOUTH OSPREY City: SARASOTA County: FL Zip Code: 34236
11. Facility Contact Telephone Number: Telephone: (941) 366 - 7661 Fax: ( ) -

RECEIVED

AUG 26 1996

#1150075

Courtesy Cleaners

-spoke with Michael Galyeon - 9/13/96

p.13 4., 7., +10. add County  
6. add title - Owner  
9. add title - Manager

p.14 1.(a) add date(s) control device(s)  
installed

p.15 5.(f) required

### 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	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#1	01-MAR-91							
(1) w/ ref. condenser	X	01-MAR-91							
(2) w/ carbon adsorber	x	01-MAR-91							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

*existing*

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

*All steam and hot water generating units on-site (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 units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:


I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

  
Signature

8-21-96  
Date

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#:	<u>1150075</u>	DATE:	<u>7/22/99</u>	TIME IN:	<u>9:15A</u>	TIME OUT:	<u>10:00A</u>
FACILITY NAME:	<u>Courtesy Cleaners # 2</u>						
FACILITY LOCATION:	<u>700 S. Osprey</u>						
	<u>Sarasota, FL 34236</u>						
RESPONSIBLE OFFICIAL:	<u>Jack Haide</u>			PHONE:	<u>941</u>		
CONTACT NAME:	_____			PHONE:	_____		

Bureau of Air Monitoring &amp; Mobile Sources

JUL 23 1999

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### PART I: NOTIFICATION

(check appropriate box)

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

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
 (check appropriate box)  No notification form  
 Drop store/out of business/petroleum

- A.
- |   |  |
|---|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)  | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)   |
| 3. Existing large area source <input checked="" type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
5. This is a correct facility classification  Y  N  Can not determine
- If no, please check the appropriate classification:  
 facility qualified for a general permit as number 4 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 307 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

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

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

Hose connections, fittings, couplings, and valves

Y  N  N/A

~~Muck cookers~~

Y  N  N/A

Door gaskets and seating

Y  N  N/A

Stills

Y  N  N/A

Filter gaskets and seating

Y  N  N/A

Exhaust dampers

Y  N  N/A

Pumps

Y  N  N/A

Diverter valves

Y  N  N/A

Solvent tanks and containers

Y  N  N/A

Cartridge filter housings

Y  N  N/A

Water separators

Y  N  N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

- If using direct-reading instrumentation, is the equipment:  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

MARGARET CANGRO  
Inspector's Name (Please Print)

7/22/99  
Date of Inspection

Margaret Cangro  
Inspector's Signature

N/A  
Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1150075 DATE: 8-29-97 TIME IN: 1:25p TIME OUT: 1:50p  
 FACILITY NAME: Courtesy Cleaners  
 FACILITY LOCATION: 700 South Osprey  
Sarasota  
 RESPONSIBLE OFFICIAL: Michael Galy PHONE: 795-4734  
 CONTACT NAME: Jack Haile PHONE: 366-7661

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

A.

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 170 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

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

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

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

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

- Visual examination (condensed solvent on exterior surfaces)
  - Physical detection (airflow felt through gaskets)
  - Odor (noticeable perc odor)
  - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
  - Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

dim Goerd  
Inspector's Name (Please Print)

8/29/97  
Date of Inspection

[Signature]  
Inspector's Signature

3/98  
Approximate Date of Next Inspection

Columbia  
SN 901162173

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

✓

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#:	1150015	DATE:	8/10/98	TIME IN:	9:00am	TIME OUT:	10:00am
FACILITY NAME:	Courtesy Cleaners						
FACILITY LOCATION:	100 S. Osprey Ave. Sarasota, FL						
RESPONSIBLE OFFICIAL:	M. Galylan		Aron Cooper		PHONE:	361-1661	
CONTACT NAME:	Aron Cooper		Jack Haile		PHONE:		

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 AUG 27 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**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)

<p>A.</p> <p>1. Existing small area source <input type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed before 12/9/91)</p> <p>3. Existing large area source <input checked="" type="checkbox"/>                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed before 12/9/91)</p>	<p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store/out of business/petroleum</p> <p>2. New small area source <input type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/>                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,300</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed on or after 12/9/91)</p>
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5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 15.2 gallons. 8 new unit as of 1/98 (Note: New unit is <sup>old</sup> machine #2)

*1089.24 for 12 mo annual average on unit used prior to 1/98. #2 unit 10/95.*

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**

(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
 

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Which method of detection is used by the responsible official?
  - Visual examination (condensed solvent on exterior surfaces)
  - Physical detection (airflow felt through gaskets)
  - Odor (noticeable perc odor)
  - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
  - Halogen leak detector
  - If using direct-reading instrumentation, is the equipment:  N/A
    - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
    - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
    - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
    - d. Kept in a clean and secure area when not in use?  Y  N
    - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Susan Cameron  
Inspector's Name (Please Print)

8/10/98  
Date of Inspection

Susan Cameron  
Inspector's Signature

8/99  
Approximate Date of Next Inspection

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:      ANNUAL       COMPLAINT/DISCOVERY       RE-INSPECTION

TIME IN: _____	TIME OUT: _____	AIRS ID#: <u>1150075</u>
TYPE OF FACILITY: <u>Dry Cleaner</u>		
FACILITY NAME: <u>Courtesy Cleaners</u>		DATE: <u>08/10/98</u>
FACILITY LOCATION: <u>700 S. Osprey Ave</u> <u>Sarasota, FL</u>		
RESPONSIBLE OFFICIAL: <u>M. Galyean / Aaron Carver</u>		PHONE NUMBER: <u>941/795-4734</u>

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

**RECEIVED**  
 AUG 27 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: \_\_\_\_\_

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

DATE OF NEXT INSPECTION: 08/99  
(Approximate)

INSPECTION CONDUCTED BY: Susan Cameron  
(Please Print)

INSPECTOR'S SIGNATURE: *Susan Cameron*      PHONE NUMBER: 378-6128

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>1150075</u>	DATE:	<u>8-29-97</u>	TIME IN:	<u>1:25p</u>	TIME OUT:	<u>1:50p</u> <del>1:40p</del>
FACILITY NAME:	<u>Courtesy Cleaners</u>						
FACILITY LOCATION:	<u>700 South Osprey</u> <u>Sarasota</u>						
RESPONSIBLE OFFICIAL:	<u>Michael Galy</u>	PHONE:	<u>745-4734</u>				
CONTACT NAME:	<u>Jack Hale</u>	PHONE:	<u>366-7661</u>				

### PART I: NOTIFICATION

(check appropriate box)

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

### PART II: CLASSIFICATION

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

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

A.

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

- |   |   |
|---|---|
| 3. Existing large area source <input checked="" type="checkbox"/> | 4. New large area source <input type="checkbox"/> |
| dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr                   | dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr   |
| transfer only, $200 \leq x \leq 1,800$ gal/yr                     | transfer only, $200 \leq x \leq 1,300$ gal/yr     |
| both types, $140 \leq x \leq 1,800$ gal/yr                        | both types, $140 \leq x \leq 1,800$ gal/yr        |
| (constructed before 12/9/91)                                      | (constructed on or after 12/9/91)                 |

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

If no, please check the appropriate classification:

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

- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 170 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?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

dim Goerd  
Inspector's Name (Please Print)

8/29/97  
Date of Inspection

[Signature]  
Inspector's Signature

3/98  
Approximate Date of Next Inspection

Columbia  
SN 901162173

Perchloroethylene Dry Cleaning Facility Notification

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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 054903869

4. Facility Location: COURTESY CLEANERS #2  
Street Address: 700 SOUTH OSPREY  
City: SARASOTA County: FL Zip Code: 34236  
*Sarasota*

5. Facility Identification Number (DEP Use):  
*1150075*

Responsible Official

6. Name and Title of Responsible Official:  
MICHAEL GALYEAN, *Owner*

7. Responsible Official Mailing Address: COURTESY CLEANERS  
Organization/Firm:  
Street Address: 5306 CORTEZ ROAD WEST STE. 5  
City: BRADENTON County: FL Zip Code: 34210  
*Sarasota Manatee*

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):  
JACK HAILE, *Plant Manager*

10. Facility Contact Address: COURTESY CLEANERS #2  
Street Address: 700 SOUTH OSPREY  
City: SARASOTA County: FL Zip Code: 34236  
*Sarasota*

11. Facility Contact Telephone Number:  
Telephone: (941) 366 - 7661 Fax: ( ) -

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AUG 26 1996



**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#1	01-MAR-91							
(1) w/ ref. condenser	X	01-MAR-91	01-MAR-91						
(2) w/ carbon adsorber	X	01-MAR-91							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

*All steam and hot water generating units on-site (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 units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan



Saab  
over

# 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 054903869
4. Facility Location: COURTESY CLEANERS #2 Street Address: 700 SOUTH OSPREY City: SARASOTA County: <del>FL</del> Sarasota Zip Code: 34236
5. Facility Identification Number (DEP Use): 1100075

## Responsible Official

6. Name and Title of Responsible Official: MICHAEL GALYEAN, <i>Owner</i>
7. Responsible Official Mailing Address: COURTESY CLEANERS Organization/Firm: Street Address: 5306 CORTEZ ROAD WEST STE.5 City: BRADENTON County: <del>FL</del> Sarasota Manatee 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): JACK HAILE, <i>Plant Manager</i>
10. Facility Contact Address: COURTESY CLEANERS #2 Street Address: 700 SOUTH OSPREY City: SARASOTA County: <del>FL</del> Sarasota Zip Code: 34236
11. Facility Contact Telephone Number: Telephone: (941) 366 - 7661 Fax: ( ) -

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AUG 26 1995

**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	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#1	01-MAR-91							
(1) w/ ref. condenser	X	01-MAR-91	01-MAR-91						
(2) w/ carbon adsorber	X	01-MAR-91							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source       New small area source

Existing large area source       New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

*All steam and hot water generating units on-site (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 units exempt   
No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  
\_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

*[Signature]*  
Signature

8-21-96  
Date

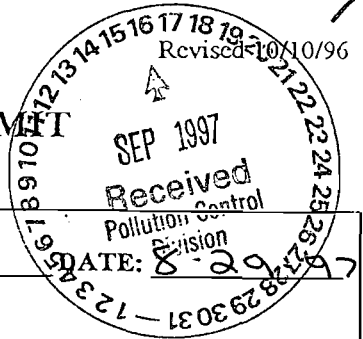
*[Signature]*

8/9/97

AIRS ID#: 1150075

*all*

RECEIVED



**DRY CLEANER AIR QUALITY GENERAL PERMIT**  
**ANNUAL COMPLIANCE CERTIFICATION FORM**  
Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: Courtesy Cleaners  
FACILITY LOCATION: 700 S. Osprey Ave  
Sarasota

Annual Reporting Period: 9-1 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.), during the period covered by this statement.  YES  NO

If NO, complete the following:

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

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

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

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

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Michael Galyan *Michael Galyan* 9/9/97  
Name (Please Print) Signature Date

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

RECEIVED

OCT. 23 1997



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

FACILITY NAME: Courtesy Cleaners DATE: 8/10/98  
 FACILITY LOCATION: 100 R. Osprey Ave.  
Jacksonville, FL

Annual Reporting Period: 8/29/97 1997 TO 8/10 1998

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

If NO, complete the following:

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

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

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

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

RECEIVED  
 AUG 27 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

*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: Jack Harte [Signature] 8/10/98  
 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

RECEIVED  
OCT 6 1999  
Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#: 1150075 DATE: 9/1/99 TIME IN: 10:35 TIME OUT: \_\_\_\_\_  
 FACILITY NAME: COURTESY CLEANERS  
 FACILITY LOCATION: 700 SOUTH OSPREY AVENUE  
SARASOTA, FL  
 RESPONSIBLE OFFICIAL: M. GAYLAN/AARON CARVER PHONE: 941/366-7661  
 CONTACT NAME: JACK HAILE 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)

<input type="checkbox"/> 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/> 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
<input checked="" type="checkbox"/> 3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/> 4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,300$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 301.2 gallons 1 month

No notification form  
 Drop store/out of business/petroleum  
*Plant #2, Machine #2  
 Jan - 1999 purchases  
 Jan  
 Feb  
 Mar  
 Apr  
 May  
 June  
 July (1/23) 96 gallons  
 Plant #2 Machine #4  
 1/1/99 96 gallons  
 July 115.2 gallons*

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

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

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

Hose connections, fittings, couplings, and valves  Y  N  N/A

Muck cookers <sup>they do</sup> ~~not~~ have  Y  N  N/A

Door gaskets and seating  Y  N  N/A

Stills  Y  N  N/A

Filter gaskets and seating  Y  N  N/A

Exhaust dampers  Y  N  N/A

Pumps  Y  N  N/A

Diverter valves  Y  N  N/A

Solvent tanks and containers  Y  N  N/A

Cartridge filter housings  Y  N  N/A

Water separators  Y  N  N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Susan C. Ameron  
Inspector's Name (Please Print)

9/1/99  
Date of Inspection

Susan C. Ameron  
Inspector's Signature

09/2000  
Approximate Date of Next Inspection

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COURTESY CLEANERS DATE: 9/1/99

FACILITY LOCATION: 700 SOUTH OSPREY AVENUE

SARASOTA, FL

Annual Reporting Period: 08/10 19 98 TO 9/1 19 99

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Jack Haile [Signature] 9/1/99  
Name (Please Print) Signature Date

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

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>2:10:35 am</u>	TIME OUT: _____	AIRS ID#: <u>1150075</u>
TYPE OF FACILITY: <u>DRYCLEANER</u>		
FACILITY NAME: <u>COURTESY CLEANERS</u>	DATE: <u>9/1/99</u>	
FACILITY LOCATION: <u>700 SOUTH OSPREY AVENUE</u> <u>SARASOTA, FL</u>		
RESPONSIBLE OFFICIAL: <u>M. GALYLAN/AARON CARVER</u> PHONE NUMBER: <u>941/795-4734</u>		

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: \_\_\_\_\_

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

DATE OF NEXT INSPECTION: 09/2000  
(Approximate)

INSPECTION CONDUCTED BY: SUSAN CAMERON  
(Please Print)

INSPECTOR'S SIGNATURE: *Susan Cameron* PHONE NUMBER: 941/378-6128





**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**

(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

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

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

Hose connections, fittings, couplings, and valves  Y  N  N/A

Muck cookers <sup>the op not have</sup>  Y  N  N/A

Door gaskets and seating  Y  N  N/A

Stills  Y  N  N/A

Filter gaskets and seating  Y  N  N/A

Exhaust dampers  Y  N  N/A

Pumps  Y  N  N/A

Diverter valves  Y  N  N/A

Solvent tanks and containers  Y  N  N/A

Cartridge filter housings  Y  N  N/A

Water separators  Y  N  N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Susan Chan  
Inspector's Name (Please Print)

08/03/2000  
Date of Inspection

Susan Chan  
Inspector's Signature

2 08 / 2001  
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 1150075  
 TYPE OF FACILITY: DRYCLEANER  
 FACILITY NAME: COURTESY CLEANERS DATE: 08/03/2000  
 FACILITY LOCATION: 700 SOUTH OSPREY AVENUE  
SARASOTA, FL  
 RESPONSIBLE OFFICIAL: M. GALYLAN/AARON CARVER PHONE NUMBER: 941/795-4734

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: \_\_\_\_\_

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

DATE OF NEXT INSPECTION: ~ 08/2001  
(Approximate)

INSPECTION CONDUCTED BY: Susan Carver  
(Please Print)

INSPECTOR'S SIGNATURE: Susan Carver PHONE NUMBER: (941) 378-6128  
ext 5615

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COURTESY CLEANERS DATE: 18/03/2000
FACILITY LOCATION: 700 SOUTH OSPREY AVENUE SARASOTA, FL

Annual Reporting Period: 09/01/99 19 TO 08/03/2000 19

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

If NO, complete the following:

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

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

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

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

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Jack Harte Name (Please Print) Signature Date 8-3-00

\*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**

*Entered into  
Arms ASGP  
08/24/01*

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: <u>1150075</u>	DATE: <u>8/24/01</u>	TIME IN: <u>10:30</u>	TIME OUT: _____
FACILITY NAME: <u>COURTESY CLEANERS</u>			
FACILITY LOCATION: <u>700 SOUTH OSPREY AVENUE</u> <u>SARASOTA, FLORIDA</u>			
RESPONSIBLE OFFICIAL: <u>M. GALYLAN/AARON CARVER</u>			PHONE: <u>941-366-7666</u>
CONTACT NAME: <u>JACK HAILE</u>		PHONE: _____	

**RECEIVED**  
SEP 19 2001  
Bureau of Air Monitoring  
& Mobile Sources

**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)

<input type="checkbox"/> No notification form
<input type="checkbox"/> 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) <input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input checked="" type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,300$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

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

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

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 234 gallons.

*Perc. purchases*

<i>#2</i>	<i>#4</i>
<i>2/9/01 8.5 gal</i>	<i>11/4/01 18.9 gal</i>
<i>5/10/01 38.5 gal</i>	<i>5/18/01 39 gal</i>
<i>11/1/01 1.0 gal</i>	<i>11/1/01 1.0 gal</i>
<i>117</i>	<i>+</i>
<i>+ 117</i>	
<i>234</i>	

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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



**PART VI: LEAK DETECTION AND REPAIRS**

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

Steve Cuneo  
Inspector's Name (Please Print)

08/24/01  
Date of Inspection

Steve Cuneo  
Inspector's Signature

208/02  
Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:10:30am TIME OUT: \_\_\_\_\_ AIRS ID#: 1150075  
 TYPE OF FACILITY: perchloroethylene drycleaner  
 FACILITY NAME: COURTESY CLEANERS DATE: 8/24/01  
 FACILITY LOCATION: 700 SOUTH OSPREY AVENUE  
SARASOTA, FLORIDA  
 RESPONSIBLE OFFICIAL: M. GALYLAN/AARON CARVER PHONE NUMBER: 941/795-4734

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
/	
/	
/	
/	
/	
/	
/	
/	

COMMENTS: \_\_\_\_\_

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

DATE OF NEXT INSPECTION: 2/08/02  
(Approximate)

INSPECTION CONDUCTED BY: Susan Cameron  
(Please Print)

INSPECTOR'S SIGNATURE: Susan Cameron PHONE NUMBER: 941-318-6128  
415615

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COURTESY CLEANERS DATE: 8/24/01
FACILITY LOCATION: 700 SOUTH OSPREY AVENUE SARASOTA, FLORIDA

Annual Reporting Period: 08/03 2000 TO 8/24 2001

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

If NO, complete the following:

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

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

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

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

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: JACK HAILE Signature Date 8-24-01

\*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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259920

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

RECEIVED  
MAIL ROOM  
FEB -6 97

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 1150075  
COURTESY CLEANERS #2  
MICHAEL GALYEAN  
5306 CORTEZ ROAD WEST STE 5  
BRADENTON FL 34210

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

CHECK #	22444	DATE -	1/31/97	040538 DEPARTMENT OF ENVIRONMENTAL PROCT.
COURTESY CLEANERS				
REFERENCE NO.	DATE/DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
1150075	DEPARTMENT OF ENVIRONMENT	50.00		50.00
0810173	DEPARTMENT OF ENVIRONMENT	50.00		50.00
1150074	DEPARTMENT OF ENVIRONMENT	50.00		50.00
TOTALS FOR CHECK ▷		150.00		150.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303437

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 1150075

MICHAEL GALYEAN  
 MICHAEL GALYEAN  
 5306 CORTEZ ROAD WEST STE 5  
 BRADENTON FL 34210

Bureau of  
& Mobile Sources

RECEIVED

FEB 24 98

RECEIVED  
MAIL ROOM

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

CHECK #. 24513		DATE - 2/20/98	040538 DEPARTMENT OF ENVIRONMENTAL PROCT.	
COURTESY CLEANERS				
REFERENCE NO.	DATE/DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
0810173	DEPARTMENT OF ENVIRONMENT	50.00		50.00
1150075	DEPARTMENT OF ENVIRONMENT	50.00		50.00
TOTALS FOR CHECK ▷		100.00		100.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358719

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** ✓

RECEIVED  
MAIL ROOM  
JAN 28 99

Do **NOT** Remove Label

AIRS ID # 1150075
COURTESY CLEANERS #2 MICHAEL GALYEAN 5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210

<b>FOR GOVERNMENT USE ONLY</b> Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273
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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**

1-22-01 P

Do **NOT** Remove Label

AIRS ID # 1150075
COURTESY CLEANERS #2 MICHAEL GALYEAN 5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210

<b>FOR GOVERNMENT USE ONLY</b> Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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-----  
**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 # 1150075  
COURTESY CLEANERS #2  
MICHAEL GALYEAN  
5306 CORTEZ ROAD WEST STE 5  
BRADENTON FL 34210

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

Z 210 662 912

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.

10 AIRS ID # 1150076001AG  
MICHAEL GALYEAN  
COURTESY CLEANERS  
5306 CORTEZ ROAD WEST STE 5  
BRADENTON FL 34210

PS Form 3800, April 1995

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

Fold at line over top of envelope to right of the return address

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.

1. Article Addressed to:

10 AIRS ID # 1150076001AG  
MICHAEL GALYEAN  
COURTESY CLEANERS  
5306 CORTEZ ROAD WEST STE 5  
BRADENTON FL 34210

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

Debra S Albright 6/8/01

C. Signature

x Debra S Albright

- Agent  
 Addressee

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

RECEIVED

3. Service Type JUN 12 2001  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
Bureau of Air Monitoring & Mobile Sources

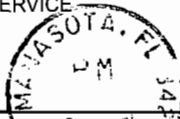
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

Z 210 662 912



UNITED STATES POSTAL SERVICE

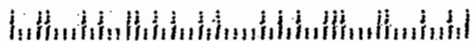


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

32399+2400



Z 333 613 272

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID 1150075

MICHAEL GALYEAN  
MICHAEL GALYEAN  
5306 CORTEZ ROAD WEST STE 5  
BRADENTON FL 34210

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MICHAEL GALYEAN  
MICHAEL GALYEAN  
5306 CORTEZ ROAD WEST STE 5  
BRADENTON FL 34210

AIRS ID 1150075

4a. Article Number

Z 333613272

4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

2-17-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Wendy J. Marx

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 530

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 1150075

COURTESY CLEANERS #2  
 MICHAEL GALYEAN  
 5306 CORTEZ ROAD WEST STE 5  
 BRADENTON FL 34210

PS Form 3800, April 1995

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 1150075  
 COURTESY CLEANERS #2  
 MICHAEL GALYEAN  
 5306 CORTEZ ROAD WEST STE 5  
 BRADENTON FL 34210

*P174052530*

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *CAROLYN WALES* B. Date of Delivery *2/16/00*

C. Signature *[Signature]*  Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Z 210 662 902

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

10 AIRS ID # 1150075001AG  
MICHAEL GALYEAN  
COURTESY CLEANERS #2  
5306 CORTEZ ROAD WEST STE 5  
BRADENTON FL 34210

PS Form 3800, April 1995

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

Fold at line over top of envelope to

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

1. Article Addressed to:

10 AIRS ID # 1150075001AG  
MICHAEL GALYEAN  
COURTESY CLEANERS #2  
5306 CORTEZ ROAD WEST STE 5  
BRADENTON FL 34210

2. Article Number (Copy from service label)

Z 210 662 902

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

Debra S. Albright 6/8/01

C. Signature

Debra S. Albright

Agent  
 Addressee

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

RECEIVED

JUN 12 2001

Bureau of Air Monitoring  
3. Service Type  
 Certified Mail  Express Mail

Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102595-99-M-1789