

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Jack Xioutas 1700A North Honore Avenue Sarasota, Florida 34235

Re: Facility I.D. No. 1150085

Dear Mr. Xioutas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 16, 1996.

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

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

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

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

Sincerely,

L Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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



Department of Environmental Protection

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

David B. Struhs Secretary

April 11, 2002

Ms. Janet Caporice 1700 A North Honore Avenue Sarasota, Florida 34235

Dear Ms. Caporice:

Thank you for your note informing the Division of Air Resource Management that Heritage Cleaners was sold and that you are the new owner. Your note was received on April 11 and the status of Heritage Cleaners has been changed to *inactive* in our files.

In accordance with Rule 62-213.300(3), Florida Administrative Code (F.A.C.), the Title V Air General Permit is **not-transferable** and **does not** follow a change in ownership of the facility. The new owner of Heritage Cleaners is eligible to operate under the terms of a Title V air general permit provided a Perchloroethylene Dry Cleaner Air General Permit Notification Form is completed and submitted to the Department.

The duration of the entitlement period is five years. The original notification of entitlement was submitted in 1996 and the eligibility for Heritage Cleaners to operate under the terms and conditions of the Title V air general permit expired October 16, 2001.

For your convenience, I am enclosing a Perchloroethylene Dry Cleaner Air General Permit Notification Form. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Susan Cameron, Sarasota County

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Heil	age (anend	· 	DATE: <u>8-22-97</u>
FACILITY LOCATION: \\ \)				
Sarusot	o-			
Annual Reporting Period:	9-1	19 <u>96</u> TO	8-33	19 <u>97</u>
Based on each term or condition of the T 62-213.300, Florida Administrative Code	-	-	_	
If NO, complete the following:	,			
#1. Term or condition of the general per	mit that has not been	in continuous complia	ance during the reporti	ng period stated above:
Exact period of non-compliance: from	9-1-	96	to	١. ٩٦
Action(s) taken to achieve compliance:	Bear	n keepin	a laux	timp Jos.
Method used to demonstrate compliance:		•	2 . /0 ~ (
#2. Term or condition of the general per	mit that has not been	in continuous complia	REC	ng period stated above:
Exact period of non-compliance: from			_to	
Action(s) taken to achieve compliance:			SE	
Method used to demonstrate compliance:		· .		of Air Monitoring
As the responsible official, I hereby certing made in this notification are true, accurate upon rolling averages of purchase receipnyear for transfer or combination facilities	nte and complete. Fu ets, does not exceed 2	rther, my annual cons	umption of perchloroe	thylene solvent, based
responsible official:	Name (Please Print)	100	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 Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Û	WILDENE LESUAS INC SEQUIPPETEADE LITTATIONS
2.	Site Name (For example, plant name or number):
	HENITACE CLEANERS.
3.	HERITAS E CLEAN ERS. Hazardous Waste Generator Identification Number:
	111 - 02-77
4.	Facility Location: Street Address: 1700 A W. HONORE AND City: SARASONA County: Sarasotoe County: Sarasotoe County: Manual County (DEP Use): Facility Identification Number (DEP Use):
	City: County: Sarasotae Zip Code: 3+23;
	County .
:	Facility Identification Number (DEP Use):
ALL HE AVE	-2.50085
	Responsible Official
6.	Name and Title of Responsible Official:
	TACK VIOLETTE
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 1700A WHENOWE AV
	Organization/Firm: Street Address: 1700 A WHENOWE AV
	City: SANASSTA County: FL. Zip Code: 3 4235
8.	Responsible Official Telephone Number:
	Telephone: (941) 371 - 0657 Fax: () -
-	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Addison
IU.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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SEP 1 0 1996

Facility Information

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

		Date	Date		Date	Date		Date	Date
	1	Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit]								
(1) w/ ref. condenser				*/	004-91	00+ 91			
(2) w/ carbon adsorber				#+	Det- 91	00			
(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 (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are raquant	equired to be ity of perchlo	installed [_oroethylene ((perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	urce	cation only.)) ew sn	nall area soui	rce [3) of	Part II?	
Existing large are	a 501	urce [170	ew lal	rge area sour		l		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

	,
Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
<u>V</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	9/12/56 Date

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Na	ame of corporati	on, agency, or individ	lual owner):	
5	CUPREME LESSINE	120	OR A CHERL	7640E2	CUBANERS
2.	Site Name (For example, plant name	or number):			
	HERITASE CLE Hazardous Waste Generator Identifi	AN TO	c .		
3.	Hazardous Waste Generator Identific	cation Number:	<u>.</u>		
	111 - 02-77				
4.	Facility Location:	W. HONG	ORF AN		
	Facility Location: Street Address: 1700 A City: SARASONA	County:	E	Zip Code:	34235
- E			<i>1</i>		
ა.	Facility Identification Number (DEP	Use):		177	
				//ئ	50085
		Responsibl	e Official		
6)	Name and Title of Responsible Office	cial:			
<u></u>	TACK XIMUTAS	DIREC	TAR.		
7.	Responsible Official Mailing Address Organization/Firm: Street Address:	SS:			
	Organization/Firm: Street Address: 1700A	N. How	IONE AV		
	City: SANASOLA	County:	'无.	Zip (Code: 3 4 2 3 5
8.					
	Telephone: (94/) 371 - 00	65/	Fax: ()	-	
	Facility Contr	act (If different	from Responsible O	fficial)	
		•	•	iliciai)	
9.	Name and Title of Facility Contact (For example, pla	ant manager):		
10.	Facility Contact Address:				
	Street Address:				
	City:	County:		Zip Code:	
11.	Facility Contact Telephone Number:				
	Telephone: () -		Fax: ()	-	
L					

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Bureau of Air Monitoring & Mobile Sources

#1150085

Heritage Cleaners
-spoke W/ Jack Xioutas-10/16/96
p.13 4 add title - Owner
p. 14 1.(a) only one machine, add ID
p.14 1.(a) only one machine, add ID #1 and date central device installed, if any 1.(c) add "/"
p.15 5.(c) not required, mark out "V"
5.(f) required

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		• • • • • • • • • • • • • • • • • • • •							· · · · · · · ·
(1) w/ ref. condenser									
(2) w/ carbon adsorber					OCT 91				
(3) w/ no controls									
Washer Unit		e .		'4		*			1 4 7 1
(4) w/ ref. condenser									
(5) w/ carbon adsorber						1			
(6) w/ no controls									
Dryer Unit					for the first section	Maria de la compansión de		n i i i i i i i i i i i i i i i i i i i	Maria Maria
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				in the				Orange in the contract of th	the state of
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are r quant gallo	equired to be ity of perchlo ons ow many? [installed [_ proethylene (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)	1	nitions found		3) of	Part II?	
Existing small ar Existing large are					rge area sour		1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)
Existing large area source Carbon adsorber
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
<i>:</i>
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
(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

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the
statemen maintain	ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.

Signature



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLAINT/DISCOVERY	
RE-INSPECTION	ON O	
AIRS 10#: [5]0}5 DATE:	98 TIME IN: 10:30 LETIMEOUT:	
FACILITY NAME: HECHAGE CLE	\$ 80 C 3	
	and S	—
FACILITY LOCATION: 100-A	N. Jonge AVI. 03 to take	hanko
= Arasota,	FL SAM (TEORICE Will Gover)	<u>lay</u> 1,
RESPONSIBLE OFFICIAL:	PHONE: 31-0651	
CONTACT NAME:	PHONE:	-
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artup \Box	
2. Facility failed to notify DARM to use general po	ermit \square	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	□ No notification form	<u> </u>
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum	
(check appropriate box) A.	☐ Drop store/out of business/petroleum	
(check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. New small area source ☐	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source ☐ dry-to-dry only, x < 140 gal/yr	
(check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. New small area source ☐	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	\Box Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,300 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N Can not determine	

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

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located UY UN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	AVAC AC YC
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	n, Oy On On/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	A/AC NO YO

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DA ON
2. Maintained rolling monthly averages of perc consumption?	dy dw
3. Maintained leak detection inspection and repair reports for the following:	1.
a. documentation of leaks repaired w/in 24 hrs? or;	AND UND YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY DIN ONA
4. Maintained calibration data? (for applicable direct reading instruments)	AND NIC Y
5. Maintained exhaust duct monitoring data on perc concentrations?	ava dia va
6. Maintained startup/shutdown/malfunction plan?	MD AM
7. Maintained deviation reports?	DY DN/A
Problem corrected?	OY IN ON/A
8. Maintained compliance plan, if applicable? New owner Aay	DY DIN DNA
also Not Doing Recold leapi	ng

Revised 8/11/97

1.	IRI VI: LEAR DETECTION AND I	REPAIRS				
1.	Does the responsible official conduct a	weekly (for	small sour	ces, bi-weekly) leak detection a	nd rep	air //
	inspection? No also				\Box Y	ЩN
2.	Has the facility maintained a leak log?				$\Box Y$	ďΝ
3.	Does the responsible official check the	following a	reas for leal	ks?		
	Hose connections, fittings, couplings, and valves	φy Ωn	□N/A	Muck cookers	Y	□N □N/A
	Door gaskets and scating	AY ON	□N/A	Súlls	BY	□N □N/A
	Filter gaskets and seating	DY ON	□N/A	Exhaust dampers	A	□N □N/A
	Pumps	A DN	□N/A	Diverter valves	\$Y	□N □N/A
	Solvent tanks and containers	DA ON	□N/A	Cartridge filter housings	\$\hat{J}\lambda	□N □N/A
	Water separators	ØYY □N	□N/A			
4.	Which method of detection is used by the	he responsib	ole official?		V	
	Visual examination (condensed so	olvent on ex	terior surfa	ces)	Ą	
	Physical detection (airflow felt the	rough gaske	ets)		Δ,	
	Odor (noticeable perc odor)				XQ.	
	Use of direct-reading instrumenta	tion (FID/P	ID/calorimo	etric tubes)		
	Halogen leak detector					,
	If using direct-reading instr	umentation	, is the equ	ipment:	MN	A
	 a. Capable of detecting ; 	oerc vapor c	oncentratio	ns in a range of 0-500 ppm?	ΟY	ΠN
	b. Calibrated against a s (PID/FID only)?	tandard gas	prior to an	d after each use	ΩY	ПN
	c. Inspected for leaks an	d obvious si	gns of wear	r on a weekly basis?	ΩY	ΠN
	d. Kept in a clean and so	ecure area w	hen not in	use?	QY	ПN
	e. Verified for accuracy	by use of du	plicate sam	ples (calorimetric only)?	ПΥ	□и
			<u>. </u>		.	
~				Ale los	,	
_ <	Inspector's Name (Please Prin	nt)		Date of Inspe	ction	
_	•			1		
_	Jus- O Ane -			\$ 99		
_	Inspector's Signature			Approximate Date of	Next I	nspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0: 30 Am TIME OUT:	AIRS ID#: 1150085
TYPE OF FACILITY: <u>Dry Cleaner</u>	
FACILITY NAME: Heritage Cleaners	DATE: <u>08/05/98</u>
FACILITY LOCATION: 1700-A North Honore Ave	•
Sarasota, FL	Sugarice. New 10 WAO as of 5/95
RESPONSIBLE OFFICIAL: Jack Xiontas Hon	PHONE NUMBER: 941/371-0657
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No record lopping	New owner to begin
	Charting today
	P
	We of the state of
	Sources
COMMENTS:	·
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8/99 (Ap	proximate)
INSPECTION CONDUCTED BY: Susan Cameron	
	ease Print)
INSPECTOR'S SIGNATURE: Man Amac	PHONE NUMBER:378-6128

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Heritage Cleaners	DATE:
FACILITY LOCATION: 100-A N. HONGE AVE.	
Strosofo, Fl.	
Annual Reporting Period: \$\100/91 19 TO 1\frac{1}{2}	1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliant.	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	ES H NO
If NO, complete the following:	1
#1. Term or condition of the general permit that has not been in continuous compliance during the rep	orting period stated above:
No pecord leeping Mr. Dan CAprice Fought Ston	05/98.
Exact period of non-compliance: from $\sqrt{\frac{2991}{291}}$ to $\sqrt{\frac{5}{29}}$	78
Action(s) taken to achieve compliance: will begin record 6 long toda	ly
Method used to demonstrate compliance: following inspection to limit	e 6g is
#2. Term or condition of the general permit that has not been in continuous compliance during the rep	orting period stated above:
	P.
Exact period of non-compliance: from	C
Action(s) taken to achieve compliance:	62 /
Method used to demonstrate compliance:	is M
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable in	
made in this notification are true, accurate and complete. Further, my annual consumption of perchlo	
upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facility	
year for transfer or combination facilities.	
	- No lac/
RESPONSIBLE OFFICIAL: DAMUEZ CAPORICS (Mullicepie	<u> </u>
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

 $\mathbf{K}\mathbf{X}$

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

RE-INSPECTIO	ON D	of Williams
AIRS ID#:1150085	gg TIME IN: TIME OU	TE THE STATE OF TH
FACILITY NAME: <u>HERITAGE CLEANE</u>	RS	# F 6 5
FACILITY LOCATION 700 - A NORTH H	HONORE AVENUE	tool water
SARASOTA, FL		
RESPONSIBLE OFFICIAL: SAM CAPOF	PHONE:371-06	557
CONTACT NAME:	PHONE:	·
PART I: NOTIFICATION		
(check appropriate box)		Ì
1. New facility notified DARM 30 days prior to sta	rtup	
2. Facility failed to notify DARM to use general pe	ermit	
PART II: CLASSIFICATION		
☐ facility exceeds above lin	neral permit as number above mits and is not eligible for a general permit	8/5/99 50 LL 8/8/99 50 LL 1/2/99 50 aL 6/2/99 50 aL 9/19/99 50 aL 1/199 50 aL 1/199 50 aL 1/199 50 aL 1/2/99 50 aL 1/2/99 50 aL 1/2/99 50 aL
B. The total quantity of perchloroethylene (perc) per facility was gallons.	urchased within the preceding 12 months by th	is dry creaning and
		01/98 Spal

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly scaled and impervious containers?	AND NO YA
2. Examining the containers for leakage?	AND ND YA
3. Closing and securing machine doors except during loading/unloading?	dy on
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	AVA UN Y
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/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 ref (complete A below).	rigerated condenser
. If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Curbon adsorber m installed prior to September 22, 1993	Ü
If classification 4 has been checked, the machine should be equipped with a ref. (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

PART III: GENERAL CONTROL REQUIREMENTS

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?	ŪΥ	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	Пλ	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppin?	\Box Y	ПΝ	□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.	Dv		
	or expansion; and downstream from no other inlet?	ЦΥ	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	□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?	AY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? www. Out of Caples	אותם מם עלם				
4. Maintained calibration data? for applicable direct reading instruments 01 2699	DY DN DN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?	AND NO Y				
Problem corrected?	MY ON ON/A				
8. Maintained compliance plan, if applicable?	OY ON ON/A				

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct	a weekly (for small source	s, bi-weckly) leak detection ar	nd repair
	inspection?			Y ON
2.	Has the facility maintained a leak log	?		DY DN
3.	Does the responsible official check the	c following areas for leaks	?	,
	Hose connections, fittings, couplings, and valves	dy on ona	Muck cookers	AY ON ON/A
	Door gaskets and seating	AND NO Y	Sülls	Y ON ON/A
	Filter gaskets and seating	AND ND Y	Exhaust dampers	AND ND YA
	Pumps	AND ND YA	Diverter valves	AY ON ONA
	Solvent tanks and containers	אואם אם אל	Cartridge filter housings	DY ON ONIA
	Water separators	AND UNIVA		
4.	Which method of detection is used by	the responsible official?		h
	Visual examination (condensed solvent on exterior surfaces)			4
	Physical detection (airflow felt the	hrough gaskets)		À
	Odor (noticeable perc odor)			k
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)	۵
	Halogen leak detector			· ·
	If using direct-reading inst	rumentation, is the equip	ment:	ANA
	a. Capable of detecting	, perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	מם עם
	c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	מם עם
	d. Kept in a clean and	secure area when not in us	se?	UN UN
	e. Verified for accuracy	y by use of duplicate sampl	les (calorimetric only)?	OY ON

Inspector's Name (Please Print)

Date of Inspection

29 3000

Approximate Date of Next Inspection

AIRS ID#:



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: HERITAGE	CLEANERS		DATE: 9 21/99
FACILITY LOCATION: 1700 -	A NORTH HONORE	AVE.	
SARASO	CA, FL	33333	
· · · · · · · · · · · · · · · · · · ·			
Annual Reporting Period: 08/	05 1	9 <mark>98</mark> TO	9 21 19 99
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (If NO, complete the following:		-	
#1. Term or condition of the general permi	t that has not been in conti	nuous compliance during th	e reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		:	<u> </u>
Method used to demonstrate compliance:			
#2. Term or condition of the general permi	t that has not been in conti	nuous compliance during th	e 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, made in this notification are true, accurate upon rolling averages of purchase receipts, wear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Na	and complete. Further, my	y annual consumption of pe	facilities or 1,800 gallons per
			

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^{*}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 XX	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#:	1150085
TYPE OF FACILITY:	DRYCLEA	NER		
FACILITY NAME:				DATE: 09/91/99
FACILITY LOCATION:	•	A NOR	TH HONORE AVENUE	
	SARASOT	A, FL		
RESPONSIBLE OFFICIAL:	SAM CAPORICE		PHONE NUMBER:	941/371-0657
٠ـــــــــــــــــــــــــــــــــــــ	the compliance requirement Rule 62-213.300, Florida A		ted during this inspection, the faci	lity is found to be in
Based on the results of discrepancies were note	· -	nts evalua	ted during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOLLOW-UP ACTI	ON REQUIRED
· · ·				· · ·
			·	
COMMENTS:		Į.		
The Annual Compliance Certific	cation form has been prope	rly certific	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	N: 269/26	60 (Ann	proximate)	,
INSPECTION CONDUCTED	BY: SUSAN C	AMERON	ŕ	
INSPECTOR'S SIGNATURE:	Space		PHONE NUMBER:_	941/378-6128

Revised 10/96



Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

0

July 31, 2000

Samarc Corporation Heritage Cleaners 1700A North Honore Avenue Sarasota, Florida 34235

Dear Sir:

Thank you for the note on your invoice received by the Department on July 27 informing us of the change in the corporate name of Heritage Cleaners (AIRS ID #1150085).

Rule 62-213.300(3), Florida Administrative Code (F.A.C.), states that the general permit is non-transferable and does not follow a change in ownership. If the corporate name change also includes a change in ownership, a Perchloroethylene Dry Cleaner Air General Permit Notification Form will need to be completed and submitted to the Division of Air Resource Management.

I am enclosing the Perchloroethylene Dry Cleaners Air General Permit Notification Form for your convenience. If you have any questions concerning the form or the Title V general permit program, please call Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

locad
La Cass
10 ms 1000
14 30 11

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION	:

PART I: NOTIFICATION

1. New facility notified DARM 30 days prior to startup

(check appropriate box)

ANNUAL

XX)

COMPLAINT/DISCOVERY Air Mc

SED (

70

RE-INSPECTION

	Ang ()	-75 er	1
AIRS ID#: 1150085	DATE: 09/12/00 TIME IN: 1/2/25 TIME OUT	îû	
FACILITY NAME:	HERITAGE CLEANERS		•
[1700 - A NORTH HONORE AVENUE		<u> </u>
RESPONSIBLE OFFICIAL :	SAM CAPORICE PHONE: 941/371-06 PHONE:	<u>57</u>	

RT II: CLASSIFICATION		
cility indicated on notification form that it is:	☑ No notification form	
eck appropriate box)	☐ Drop store/out of busines	ss/petroleum
1. Existing small area source □	2. New small area source	
dry-to-dry only, x < 140 gal/ут	dry-to-dry only, $x < 140 \text{ gal/yr}$	pec.
transfer only, x < 200 gal/yr	transfer only, $x < 200$ gal/yr	Mumach
both types, $x < 140$ gal/yr	both types, $x < 140 \text{ gal/yr}$	New Mach
(constructed before 12/9/91)	(constructed on or after 12/9/91)	Pullaci
	•	01/26/00
3. Existing large area source	4. New large area source	ul initial
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	() ()
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,300$ gal/yr	10galou
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gal/yr	OF
(constructed before 12/9/91)	(constructed on or after 12/9/91)	FEC.
5. This is a correct facility classification	□Y , □N □Can not determine Inc	Mir Haze
5. This is a correct facility classification	Ilulaa Gall	
If no please shock the appropriate election	111199 - 301	90 15901
		60 Sgal
If no, please check the appropriate classification facility qualified for a genuing facility exceeds above lim		90 60 400

2 186 to 240 gol. 5/4

1015 815

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

7/9/00 3 90/ 1/19/00 3 90/ 1/19/00 3/11/97 gib

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? ON ON/A ΠN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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) ďY □N 1. Equipped all machines with the appropriate vent controls? DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΨY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	φY	ПΝ	□N/A ØN/A
	Is the temperature differential equal to or greater than 20° F?	-#Y	-DN	M/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПИ	ØN/A
	Is the perc concentration equal to or less than 100 ppin?	ПΥ	ПΝ	ØN/A ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	Ov	- DV	, the same
	or expansion; and downstream from no other inlet?	ЦY	ΠИ	WIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Пұ	ŪИ	₩N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	MN/A

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

=-						
PART VI: LEAK DETECTION AND I	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?			ND Y			
3. Does the responsible official check the	following areas for leaks?		1			
Hose connections, fittings, couplings, and valves	אואם אם צע	Muck cookers	Y ON ON/A			
Door gaskets and seating	אואם אם צי	Stills	AND NO ANA			
Filter gaskets and seating	AND NO YOU	Exhaust dampers	AMO NO YMA			
Pumps	AND ND YA	Diverter valves	AMD ND YA			
Solvent tanks and containers	AY ON ONA	Cartridge filter housings	ФY □N □N/A			
Water separators	AND NO YA					
4. Which method of detection is used by the	ne responsible official?		17			
Visual examination (condensed so	(
Physical detection (airflow felt the	₩					
Odor (noticeable perc odor)	P					
Use of direct-reading instrumenta	^\					
Halogen leak detector						
If using direct-reading instru	umentation, is the equipm	ent:	DN/A			
a. Capable of detecting p	perc vapor concentrations in	n a range of 0-500 ppm?	DY ON			
b. Calibrated against a s' (PID/FID only)?	tandard gas prior to and aft	er each use	OY ON			
c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	OY ON			
d. Kept in a clean and se	cure area when not in use?		OY ON			
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	DY ON			
						
Dusan Crineros		09/12/00				

Inspector's Name (Please Print)

Og / 12/00
Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [XX CON	MPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 2 2: 2=	TIME OUT:	AIRS ID#:1	150085	
TYPE OF FACILITY: D	RYCLEANER		<u> </u>	
FACILITY NAME: H	ERITAGE CLEANERS		DATE: 9/12/00	
FACILITY LOCATION: 1	700-A NORTH HONORE AV	/ENUE		
S	ARASOTA, FL			
RESPONSIBLE OFFICIAL:	SAM CAPORICE	PHONE NUMBER	: 941/371-0657	
البيا	f the compliance requirements evalu Rule 62-213.300, Florida Administr		ility is found to be in	
Based on the results o discrepancies were no	f the compliance requirements evaluated:	ated during this inspection, the fol	lowing compliance	
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED	
	·			
	· ·			
. ·				
·				
COMMENTS:	<u> </u>		-	
	. ·			
		·		
-	cation form has been properly certifi	ied and submitted to the inspector.	YES NO	
DATE OF NEXT INSPECTION: (Approximate)				
INSPECTION CONDUCTED	BY: JUSAN COLORES	~		
		ease Print)		
NSPECTOR'S SIGNATURE				

Page of.

AIRS ID#: 1150085

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

·								
FACILITY NAME:	HERITAG	E CLEAN	ERS				DATE:	09/12/00
FACILITY LOCATION:	1700 - 2	A NORTH	HONORE	AVE.				
	SARASOT	A, FL						
Annual Reporting Period:	09/2-	4		19 <u>99</u> .	то	09/12/	100	19
Based on each term or condition 62-213.300, Florida Administra								P Rule
If NO, complete the following:	:							
#1. Term or condition of the g	general permit	that has not	been in con	tinuous co	mpliance	during the rep	porting perio	d stated above:
Exact period of non-compliance	e: from				to			
-		•						
Action(s) taken to achieve con	npliance:							
Method used to demonstrate co	ompliance:						_	
#2. Term or condition of the g	general permit	that has not	been in con	itinuous co	mpliance	during the rep	porting perio	d stated above:
Exact period of non-compliane	ce: from				to	· -	-	
Action(s) taken to achieve con	npliance:							
Method used to demonstrate co	ompliance:		<u> </u>					
As the responsible official, I h made in this notification are to upon rolling averages of purce year for transfer or combination RESPONSIBLE OFFICIAL	rue, accurate d hase receipts, on facilities.	and complete	e. Further, seed 2,100 g	my annual	consumption for the second sec	tion of perchlo	oroethylene .	solvent, based
1								

^{*}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 COMPLAINT/DISCOVERY TYPE OF INSPECTION: **ANNUAL RE-INSPECTION** m 1150085 DATE: Hug AIRS ID#: TIME IN: 7 HERITAGE CLEANERS FACILITY NAME: 1700 - A NORTH HONORE AVENUE FACILITY LOCATION: SARASOTA, FL RESPONSIBLE OFFICIAL: SAM CAPORICE 941/371-0657 PHONE: CONTACT NAME: Tosettaine PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source $\frac{dry-tg}{dry}$ only, x < 140 gal/yrdry-to-dry only, x < 140 gal/vr % ransfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yrboth types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91 19 3. Existing large area source 4. New large area source dry-to-dry only, $140 < x < 2{,}100 \text{ gal/yr}$ dry-to-dry only, 140 < x < 2,100 gal/yr 0 transfer only, 200 < x < 1,800 gal/yrtransfer only, 200 < x < 1,300 gal/yrboth types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/y}$ 19.00 (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification $\square N$ □Can not determine DY 0 If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning _facility was ____ gallons.

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Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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? AYM UN UNIA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART HT: "GENERAL CONTROL REQUIREMENTS

		<u> </u>
В	3. 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?	AY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	dy on onia
	Is the temperature differential equal to or greater than 20° F?	DY DN DANA
3.	. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ØN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON WN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON DAN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON QN/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON DN/A
-		
PA	ART V: RECORDKEEPING REQUIREMENTS	
	Las the responsible official: check appropriate boxes)	,
1.	. Maintained receipts for perc purchased?	MY ON
2.	. Maintained rolling monthly averages of perc consumption?	фy ои
3.	. Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם אם
ĺ	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם אם אם
4.	. Maintained calibration data? (for applicable direct reading instruments)	ANIQ NO YO

DY DN ØN/A

DY DN DNA

אות מוֹם עם בוּאות מוֹם אות מוֹם

DY ON ANA

ØY □N

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			DY ON	
2. Has the facility maintained a leak log	<u>;</u> ?		אם יום	
3. Does the responsible official check the	ne following areas for leaks?			
Hose connections, fittings, couplings, and valves	by on on/a	Muck cookers	AND NO YO	
Door gaskets and scating	DY ON ONA	Stills	אמם מם צאָ	
Filter gaskets and seating	AND ND YA	Exhaust dampers	DY ON ON/A	
Pumps	אואם אם צק	Diverter valves	AND NO YE	
Solvent tanks and containers	DY ON ONA	Cartridge filter housings	DN DNIA	
Water separators	\DY □N □N/A			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	Þ			
Physical detection (airflow felt	through gaskets)		Ŷ	
Odor (noticeable perc odor)			P	
Use of direct-reading instrumen	tation (FID/PID/calorimetric	tubes)	Ġ	
Halogen leak detector				
If using direct-reading ins	nent:	ØN/A		
a. Capable of detecting	g perc vapor concentrations i	n a range of 0-500 ppm?	DA DM	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			□Ү □И	
c. Inspected for leaks	DY DN			
d. Kept in a clean and	ОУ ОИ			
e. Verified for accurac	y by use of duplicate samples	s (calorimetric only)?	DY DN	
,				

Shear America	Aug 9 2001
Inspector's Name (Please Print)	Date of Inspection
Sua	4 Agg. 2002
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#:	1150085	
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: HERITA	GE CLEANERS		DATE: Mug. 9, 200
FACILITY LOCATION:	1700 - A NOTH HONORE AV	ENUE	a Reg. 13/200
	SARASOTA, FLORIDA		
		1	(sm)
Annual Reporting Period:	09/12 2000	TO Aug 9	20 0 1
Based on each term or condition of t	ne Title V general air permit, my facility	has remained in compliance wi	ith DEP Rule
62-213.300, Florida Administrative	Code (F.A.C.), during the period covered	I by this statement. YES	□NO
If NO, complete the following:			
#1. Term or condition of the general	permit that has not been in continuous of	compliance during the reporting	period stated above:
Exact period of non-compliance: from	m	to	
Action(s) taken to achieve compliance	e:		·
Method used to demonstrate complia	nce:		
#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	m	to	
Action(s) taken to achieve compliance	e:		
Method used to demonstrate complia	nce:	·	
in this notification are true, accurate	ertify, based on information and belief for and complete. Further, my annual cons 100 gallons per year for dry-to dry facil AMUET AHOLICE Name (Please Print)	sumption of perchloroethylene s	olvent, based upon

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#:_	1150085
TYPE OF FACILITY:	HERITAGE CLEANER	s	(perchloroeht	ylene drycleaner)
FACILITY NAME:	1700 - A NORTH H		/ENUE	DATE: 149,9,200
FACILITY LOCATION:	SARASOTA, FLORI	DA		4 Aug. 13, 2001
RESPONSIBLE OFFICIAL:	SAM CAPORICE		PHONE NUMBER:	941/371-0657
	of the compliance requirement P Rule 62-213.300, Florida Ac			ility is found to be in
Based on the results of discrepancies were no	of the compliance requirement oted:	ts evaluated d	luring this inspection, the foll	owing compliance
COMPLIANCE REC	QUIREMENT/PROBLI	EM	FOLLOW-UP ACTI	ON-REQUIRED
·				
COMMENTS:				
The Annual Compliance Certi	fication form has been properl	ly certified ar	nd submitted to the inspector.	YES NO
DATE OF NEXT INSPECT	ION: 7 Ang. 20	(Approx	imate)	
INSPECTION CONDUCTE	DBY: Susa ((Please I	Crint)	
INSPECTOR'S SIGNATUR	E: Dun Cpr		PHONE NUMBER:	141-318-6128 LXL 5615
		Page1of_		Revised 10/96

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

JAN 17 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1150085

SUPREME LEISURE INC JACK XIOUTAS 1700 A N HONORE AVE SARASOTA FL 34235

FOR GOVERNMENT USE ONLY

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1150085

SUPREME LEISURE INC JACK XIOUTAS 1700 A N HONORE AVE SARASOTA FL 34235

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оъј.: 002273

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 # 1150085

HERITAGE CLEANERS JACK-XIOUTAS SAMUEZ CAPORICE 1700 A N HONORE AVE SARASOTA FL 34235

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 1150085

HERITAGE CLEANERS JACK-XIOLITAS SAMARC CORP.

1700 A N HONORE AVE

SARASOTA FL 34235

FOR GOVERNMENT USE Org.: 37550101000 EO: Pt

Fund: 20-2-035001

Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1150085

HERITAGE CLEANERS JACK XIOUTAS 1700 A N HONORE AVE SARASOTA FL 34235 MAR 1 4 2001

Bureau of Air Monitor
& Mobile Sources

FOR GOVERNMENT USE ONLY
Org.: 37550 F01000 EO: A
Fund: 20-2-035001

Obj.: 002273

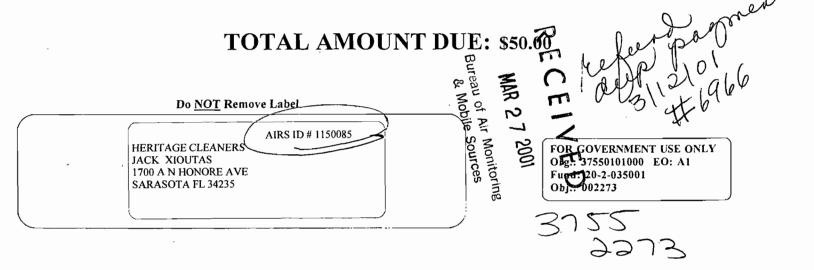




TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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



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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 marking label 2

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 1150085
HERITAGE CLEANERS
HERITAGE CLEANERS
1700 A N HONORE AVE
SARASOTA FL 34235

We have informed your
for 3 years of new
owner name - Please

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

COTTECT YOUR TELOUILS

443747 DEC272884

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1150085 10 HERITAGE CLEANERS 1700 A N Honore Ave SARASOTA, FL 34235

FOR GOVERNMENT ORG.: 3755000 1200 EO: A1

FUND: 20-2-035001 OBJECT: 0022750

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.

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FUND: 20-2-035001 **OBJECT: 002273**

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label?

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BENIFITTING OBJECT CODE 002000.

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FOR GOVERNMENT USE ONLY ORG: 37550101000 E0: A1 FUND: 20-2-035001 OBJECT. 002273

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SARASOTA, FLORIDA 34235

SAM CAPORICE

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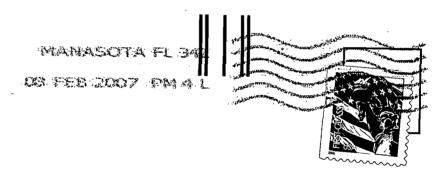
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TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

Z 333 660 709 US Postal Service
Receipt for Certified Mail AIRS ID # 1150085 HERITAGE CLEANERS JACK XIOUTAS 1700 A N HONORE AVE SARASOTA FL 34235 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 PS Form **3800**, **TOTAL** Postage & Fees Postmark or Date

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completed on the reverse side?	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.		following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. umber 3 660 709 Type	Return Receipt Service.
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s your RETURN	5. Received By (Print Name) 1	8. Addresse and fee is	e's Address (Only if requested paid)	Thank
_	PS Form 3811 , December 1994		Domestic Return Receipt	- 1

US Postal Service
Receipt for Certified Mail

AIRS ID # 1150085

HERITAGE CLEANERS
JACK XIOUTAS
1700 A N HONORE AVE
SARASOTA FL 34235

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

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Attach this ca	n return the card to you. rd to the back of the mailpiece, t if space permits.		× Tunce	Agent Address
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RASOTA FL 34235			3. Service Type Certified Mail □ Expre □ Registered □ Retui	ess Mail rn Receipt for Merchandi
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS 1D # 1150085 ERITAGE CLEANERS	A. Received by (Please Print Clearly) B Date of Delivery C. Signature Agent Addressee D. Is/delivery address different from item 1? Yes If YES, enter delivery address below:
CK XIOUTAS 00 A N HONORE AVE NRASOTA FL 34235	3. Service Type Certified Mail
2. Article Number (Copy from service label)	\$107 3440
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	PS'I				Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1150085 HERITAGE CLEANERS JACK XIOUTAS 1700 A N HONORE AVE	A. Received by (Please Print Clearly) B. Date of Delivery Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
SARASOTA FL 34235	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7000 0600 000-6 4126 PS Form 3811, July 1999 11:11:11:11:11:10:11:11:11:11:11:11:11:1	0822 turn Receipt 102595-99-M-1789

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700	City, S SARASOTA		***************************************
	PS Form 3800, Februa	ry 2000	Sees Reverse normalistructions

SENDER: COMPLETE THIS SEC. 3d073	ALANIJAD NO NOILOAS SINL ALANNOS PLACE STICKER AT 10P OF ENVI
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by Please Print Clearly) C. Signature Agent Addressee D. Ardelivery address different from item 12 Yes
1. Article Addressed to:	D. 1s delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 1150085001AG JACK XIOUTAS HERITAGE CLEANERS	
1700 A N HONORE AVE SARASOTA FL 34235	3. Service Type Certified Mail
7052000209372 6599	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-00-M-0952

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7000	City, State, ZIP+4 342		V E
	PS Form 3800. February 2		See Reverse for Instructions

TOP OF ENVELOPE	DE STICKER AT	0AJ9	CTION ON DELIV	EDV
Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also completems 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. AIRS ID # 1150085 HERITAGE CLEANERS	elete verse	A. Received by (Please Armuoce C. Signature X. January D. Is delivery address	Capour	Date of Delivery -9-02 Agent Addressee
JACK XIOUTAS 1700 A N HONORE AVE				
SARASOTA FL 34235		3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail☐ Return Receip☐ C.O.D.	t for Merchandise
1000060000264120	96235	4. Restricted Delivery	r? (Extra Fee)	☐ Yes
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PS Form 3811, July 1999	Domestic Retur	n Receipt		102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Orfly; No Insurance Coverage Provided)			
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0350	AIRS ID # 1150085 Tot HERITAGE CLEANERS JACK XIOUTAS 1700 A N HONORE AVE			
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	PS Form 3800, January 20	001	See Reverse for Instructions	

Servel 21 CKER VITOS DE ENACE O SE CONTRACTOR					
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No				
AIRS ID # 1150085 HERITAGE CLEANERS JACK XIOUTAS 1700 A N HONORE AVE SARASOTA FL 34235	3. Septice Type Certified Mail				
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes				
7001 0320 0001 7976 0162					
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789					

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
9494	OFE	ICIAL	USE		
2475	Postage Certified Fee	\$	Postmark		
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here		
7001 0320	HERITAGE CI Ser JACK XIOUTA 1700 A N HON or SARASOTA FI Cir 34235	85			
L	PS Form Sugar January 25		onlinstructions		

CENDED: COMPLETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reversion of the very so that we can return the card to you. Attach this card to the back of the mailproor on the front if space permits. Article Addressed to: 	rse JANET CAPORICE 4/4/02
HERITAGE CLEANERS JACK XIOUTAS 1700 A N.HONORE AVE SARASOTA FL 34235	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
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