

# Department of Environmental Protection

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

David B. Struhs Secretary

November 17, 1999

Mr. Stanley Pavey, President Professional Cleaners 666 Bald Eagle Drive Marco Island, Florida 34145

Re: Facility No.: 0210057-002

Dear Mr. Pavey:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 15, 1999.

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, of if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

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

02/005	7-002
p 14	
(a) New should be ce	weed under States.
RC should be len	led under control device
required.	
.17	
- P15 5 All star all from	to the total
should be muched	Mark out and initial "No
such unity on-site.	and our our stores of
ρ17	
Responsible official su	jn for change made.

# PERCHLOROETHYLENG DRY CLEANER AIR GENERAL PERMIT NÖTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

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

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	]
Facility Name and Location  1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  2. Site Name (For example, plant name or number):  007	Fr
2. Site Name (For example, plant name or number):  Bureau as Burea	<b>*</b>
3. Hazardous Waste Generator Identification Number:  Bureau of Air Monitoring & Mobile Sources	
100 PEX 10 PAL CHAPPE	
3. Hazardous Waste Generator Identification Number:	
3. Hazardous Waste Generator Identification Number:  **Au of Air Monitoring Sources**  **Au of Air Monitorin	g
	4
Street Address: 666 DAIL ENGLE VIVE	
County: Collier Zip Code:	
HADCO TOLAND. 7LA 38145	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
0010054-002	
· · · · · · · · · · · · · · · · · · ·	
Responsible Official	1 👯
6. Name and Title of Responsible Official: Name: Title:	
Name: Called Title: M.S.	
7. Responsible Official Mailing Address:	ľ
Organization/Firm:	
Street Address:	
City: AS A County: Collied Zip Code:	
8. Responsible Official Telephone Number: Telephone: (944) 3 6 Fax: (SAM)	
Telephone: (941) 386-45 C	
	j
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	ĺ
, a same and a same of a same property	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Talanhan a Number	
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) -	

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

# **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONLY		
How many dry-to-dry ma	achines do you hav	re on-site?	v
For each dry-to-dry mach	ine on-site, please	provide the following information	n:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
11-93	<del>Æxisting</del> /Ne	w RC/CA/None required	JGNR 894
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
		•	•
*CONTROL DEVICE K	EY: $RC = r\epsilon$	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do ye	*	,	
How many dryers/reclain		on-site?	
If the transfer machine w	as purchased from	the manufacturer prior to or on D	ecember 9, 1991, it is an EXISTING
unit. If the transfer mach	ine was purchased		ecember 9, 1991 and September 22,
		, please provide the following info	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r\epsilon$	efrigerated condenser CA =	carbon adsorber
2 (a) How much perchlo	roethylene (nerc) h	nave you used within the last 12 m	onths?
<i>'</i>	ns (You must fill		onuis:
(b) If less than 12 mor	nths, how many? [	5 months	
Check why it is les			p records: []
	-	New store: [] New machine	:[

DEP Form No. 62-213.900(2) Effective: 2/24/99 Unopened store [\_\_\_\_] (date of expected opening \_

	cility's source class a an "X". Select o			ns found in se	ction (3) of Part l		
Small A	rea Source						
<u>.</u>	Dry-to-dry mach Transfer only on Both machine typ	site	(used less that	an 200 gallon	s of perc per year s of perc per year s of perc per year	)	
Large A	rea Source						
	Dry-to-dry mach Transfer only on- Both machine typ	site	(used 200 - 1	,800 gallons	of perc per year) of perc per year) of perc per year)		
4. What control to (Indicate with	echnology is requi	ired on machines	pursuant to sec	ction (5) of Pa	art II of this notif	ication form?	
	machines at smal REQUIRED)	l area source		v machines at rigerated cond	small area source	<u>e</u>	
Carbon	machines at large adsorber ated condenser	area source		v machines at rigerated cond	large area source denser []		
Rule 62-213.300,	ch contains non-ex F.A.C. Verify the such units exist o	at all steam and h	ot water gener	ating units or		ermit pursuant to flowing exemption	
All steam and ho	t water generating -site	units exempt	OR			& C	
How many boiler	rs do you have on-	site? [ONR	_			& Sale Co	
For each boiler, i	ndicate its horsepo	ower (HP) rating:	<u>[/S#}</u> ]			OCI 3 199	<
What type of fue	l do you use?	propane No. 2 fue No. 6 fue		] natural ga ] No. 4 fuel ] Other (ple	oil	Sources	
6. Equipment Mo	onitoring and Reco	ordkeeping Inform	nation				
Check all logs wl	hich are required t	o be kept on-site i	in accordance	with the requ	irements of this g	eneral permit:	
(a) Purchase rece	ipts and solvent p	urchases/solvent a	ddition log				
(b) Leak detectio	n inspection and r	epair					
(c) Refrigerated of	ondenser tempera	ture monitoring			الك		
(d) Carbon adsor	ber exhaust perc c	oncentration mon	itoring		INC		
(e) Startun shute	down malfunction	nlan			$r \sqrt{1}$		

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e with an "X" the appropriate selection:
[]	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
<u>[ ¥]</u>	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facation. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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.  Importly notify the Department of any changes to the information contained in this notification.  The of responsible official  Date

reports equipment infroment #10210005-

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

Sensitivity: COMPANY CONFIDENTIAL Date: 10-Sep-1999 04:52pm

From: Wayne Lewis FTM 941/332-6975

Wayne.Lewis@dep.state.fl.us

Dept: Tel No:

To: Sherrill Culliver FTM (Sherrill.Culliver@dep.state.fl.us)
To: Charles Emery FTM (Charles.Emery@dep.state.fl.us)
To: Karen Bayly FTM (Karen.Bayly@dep.state.fl.us)
To: Sandy Bowman (Sandy.Bowman@dep.state.fl.us)

Subject: Drycleaners

Good Morning Ladies and Gentlemen,

Allow me to start your day off right. Does the name Pavey mean anything to anybody? How about, if I said, Stong English Accent. Alright, last clue - Professional Cleaners, then Towne Centre cleaners, Now Professional cleaners out on Marco Island. That's right, back up to same old tricks. No Permit, No secondary Containment for Waste Containers and floor not painted - Charles - I believe I have this cute little picture of an unlabeled, rusty 15gal, very rusty, steel drum of lint sitting outside a open cage. The drum was doged down but I won't even guess about the integrity of the drum. He did produce one manifest - 6/30/99 - of waste shipment. Bottom copy only.... Absolutely no reports being kept. Of course - It wouldn't be the same without the old standby ---- "Just Tell me what you want me to do"

Perhaps you remember Mustafa - from Dry Clean and More, out there on Marco. Now, he did make some improvements. I mean, He did get his Air Permit and pick up secondary containment for his haz. waste. There was a thin clear tube with a liquidy substance bubbleing and oozing in the back of the machine. He and his operator both claimed to know about it but had "no idea what it was". The operator even grabbed the tube, told me to watch, moved the tube and stopped the leak while he held it into the connector. He had no idea how to fix it.... I asked Mustafa about a leak check or temp. check - who do I get to do that for me; I don't know how to do that... I asked for his Perc. receipts, he hands me one purchase in 6/98 and one late in '99. I wrote those down, asked for the folder, and pulled out three more between those dates.

#### Status report:

Town Centre on E. Tamiami Trail is now a drop store.

Marco Island Cleaners is now a liquor store with the other half of the
ex-cleaners now being renovated. Sherrill, check with Earl and see if they had
an asbebtos notice. Classic touch cleaners is gone and that's where Mr. Pavey
has set up shop - with the old equiptment from Town Centre.

Am I dreaming or - Didn't we already untangle this same mess with these people ounce already!!!!!

See	you	all	Tuesda	y.		•					٠				•	٠	•	•	•		•			
-----	-----	-----	--------	----	--	---	--	--	--	--	---	--	--	--	---	---	---	---	---	--	---	--	--	--

Sensitivity: COMPANY CONFIDENTIAL Date: 14-Sep-1999 08:24am

From: Wayne Lewis FTM 941/332-6975

Wayne.Lewis@dep.state.fl.us

Dept: Tel No:

To: Sandy Bowman TAL 850/921-9583 (Sandy.Bowman@dep.state.fl.us)

Subject: Re: Drycleaners

Sandy,

Short version

Town Cleaners - correct number - Equipment gone - supposedly in professional store. Confirmed gone.

As for Classic- Mr. Pavey says he "threw the equipment out" and put in the machine from the old store. I find it very hard to believe this man... Don't know about previous owner but Pavey says he see him all the time and can get letter requesting permit surrender. AIRS ID # for Classic Cleaners is #0210057.

#0210051 belongs to a landfill - or are you trying to make some kind of comparison? Yes, this is the location - it's one of those situations where Collier county doesn't know what street it is or what number goes where.

Take care - gotta see how many reports I can clear before they take my terminal. These Hurricanes are getting to be a pain in the neck.....

Thanks Wayne.

Sensitivity: COMPANY CONFIDENTIAL Date: 08-Oct-1999 04:56pm

From: Wayne Lewis FTM 941/332-6975

Wayne.Lewis@dep.state.fl.us

Dept: Tel No:

To: Sandy Bowman TAL (Sandy.Bowman@dep.state.fl.us)

Subject: - no subject (01JGWDPPG5IG000096) -

I MUST be getting old!

I think I've made a mistake. Very Rare indeed!!!!

I believe I told you Mr. Pavey set up shop in what use to be Marco Cleaners. Mr. Pavey actually set up at Classic Touch Cleaners #0210057

Not to fret though.

→ Marco Cleaners is gone also. →

Half of that facility is now a liquor store.

Sure hope the owners aren't spiking the product:

Sensitivity: COMPANY CONFIDENTIAL Date: 14-Oct-1999 12:42pm

From: Wayne Lewis FTM 941/332-6975

Wayne.Lewis@dep.state.fl.us

Dept: Tel No:

To: Sandy Bowman TAL 850/921-9583 (Sandy.Bowman@dep.state.fl.us)

Subject: Re: Professional CLeaners

Sandy,

Yes to both

Each shop has it's own number and yes this is same exact location as classic was. Only, you might say, instead of the names being changed to protect the innocent, the numbers were. But yes, it is the same location.

Collier County is just trying to prove that the only thing consistant about them - is nothing is consistant.

Wayne

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY	<b>⊡</b>
	RE-INSPECTION	<u> </u>		٠.
AIRS ID#: <u>(72100 \$7 - 302</u> ]	DATE: 9-/0-99	TIME IN:	: TIME OUT: _	
FACILITY NAME:	FESSIONAL C	Leaners		
FACILITY LOCATION:	666 BALD EA	AGLE Dr	ive.	<del></del>
	MARCO ISLANO	Fh	39145	
RESPONSIBLE OFFICIAL:	STAN PAUC	<del>. Y</del>	PHONE: <u>94/ - 3</u> 94 - 4	1579
CONTACT NAME:	STAN PAUL	<u>=</u> y 1	PHONE: 941 - 394 - 4	1579
PART I: NOTIFICATION	·	ח	ECEIVED	
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup		DEC 1 7 1999	
2. Facility failed to notify DAR	M to use general permit	В	ureau of Air Monitoring	R
			a Modile Sources	
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	on form that it is:		No notification form Drop store/out of business/pe	troleum
1. Existing small area sour		-	•	
dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dry trai bot	New small are y-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o	c < 140 gal/yr 200 gal/yr	
dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr	yr dry trai bot (co  ce  4. 100 gal/yr dry 0 gal/yr trai gal/yr bot	y-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o New large are y-to-dry only, 1 nsfer only, 200 th types, 140 \le	c < 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91)	
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 sourdry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 g	yr dry trai bot (co ce	v-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o  New large are v-to-dry only, 1 nsfer only, 200 th types, 140 < onstructed on o	x < 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91) ea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr	
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 sourdry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 toth types, 140 ≤	yr dry trai bot (co ce	v-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o  New large are v-to-dry only, 1 nsfer only, 200 th types, 140 < onstructed on o  Y	x < 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91)  ea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr r after 12/9/91)	
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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility clude of the facility of facility of facility of the facility of facility of the facility of facility of the facility of facil	yr dry trai bot (co ce 4. 100 gal/yr dry 0 gal/yr trai gal/yr bot (co assification 13	v-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o  New large are v-to-dry only, 1 nsfer only, 200 th types, 140 < onstructed on o  Y	x < 140 gal/yr 200 gal/yr 10 gal/yr 11 after 12/9/91)  12 a source 140 ≤ x ≤ 2,100 gal/yr 10 ≤ x ≤ 1,800 gal/yr 11 x ≤ 1,800 gal/yr 12 x ≤ 1,800 gal/yr 13 after 12/9/91)  14 Can not determine  15 above	
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 sourdry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 to th types, 140 ≤ x ≤ 1,800 to (constructed before 12/9/91)  5. This is a correct facility classed in the facility of facility classed in the facility classed in the facility of facility classed in the facility classe	trai bot (conce	v-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o  New large are v-to-dry only, 1 nsfer only, 200 th types, 140 < onstructed on o  Y	x < 140 gal/yr 200 gal/yr 10 gal/yr 11 after 12/9/91)  12 a source 140 ≤ x ≤ 2,100 gal/yr 10 ≤ x ≤ 1,800 gal/yr 11 x ≤ 1,800 gal/yr 12 x ≤ 1,800 gal/yr 13 after 12/9/91)  14 Can not determine  15 above	

PART III: GENERAL CONTROL REQUIREMENTS	<u>'</u>
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON MIN/A
2. Examining the containers for leakage?	DY DN MIN/A
3. Closing and securing machine doors except during loading/unloading?	QY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	EY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MON/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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated 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?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY 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?	טא פא
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?	DY WN

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?	DY UN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	toy on Maya
	Is the temperature differential equal to or greater than 20° F?	DY DN ØN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	חא שו איש
	Is the perc concentration equal to or less than 100 ppm?	DY DN GN/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,	ם או מו או
	or expansion; and downstream from no other inlet?	LIY LIN WIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON OTN/A

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

PA	ART VI: LEAK DETECTION AND RI	EPAIRS		<u> </u>	
1.	Does the responsible official conduct a v	veekly (fo	r small sources, b	i-weekly) leak detection ar	nd repair
	inspection?				DY MY
2.	Has the facility maintained a leak log?	,			DY CON
3.	Does the responsible official check the fe	ollowing a	reas for leaks?		
	Hose connections, fittings, couplings, and valves	OY N	I □N/A	Muck cookers	DY MN DN/A
	Door gaskets and seating	DY WN	I □N/A	Stills	DY WN DN/A
	Filter gaskets and seating	DY WN		Exhaust dampers	DY MIN DN/A
	Pumps	DY DON		Diverter valves	DY DN MN/A
	Solvent tanks and containers	DY WN	I □N/A	Cartridge filter housings	DY CON DN/A
3	Water separators	DY WN	I □N/A		
4.	Which method of detection is used by th	e responsi	ble official?	Doesn't Ib.	INSPICTION
	Visual examination (condensed so	lvent on ex	kterior surfaces)		
	Physical detection (airflow felt thro	ough gask	ets)		
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentat	ion (FID/P	PID/calorimetric t	cubes)	
	Halogen leak detector		•		<u> </u>
	If using direct-reading instru	mentation	n, is the equipme	ent:	□N/A
ŀ	a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	OY ON
	b. Calibrated against a state (PID/FID only)?	andard gas	prior to and afte	r each use	OY ON
	c. Inspected for leaks and	l obvious s	signs of wear on a	a weekly basis?	OY ON
	d. Kept in a clean and sec	cure area v	when not in use?	•	OY ON
	e. Verified for accuracy b	y use of d	luplicate samples	(calorimetric only)?	OY ON
		_			
	Inspector's Name (Please Print			9-10-	99
-	Inspector's Name (Please Print	t)		9-10- Date of Inspection	
	(1) L.				
_	Inspector's Signature	,	<u> </u>	Approximate Date of	Next Inspection

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	od com □	PLAINT/DISCOVERY	0
AIRS ID#: <u>02/0057</u>	DATE: <u>09-10-</u> 9	9 TIME IN: /	2:30 TIME OUT: _	12:31
FACILITY NAME:	CLASSIC TOWO	4 CLEANE	<u> </u>	
FACILITY LOCATION:	650 BAL	O Fagle -	Drive	· ·
	MARCO ISLA	gnd FL	34145	
RESPONSIBLE OFFICIAL :	RAMON L	PHO	NE: <u>941 394-43</u>	579
CONTACT NAME:		PHO	NE:	
PART I: NOTIFICATION		• .		-
(check appropriate box)				
New facility notified DARM	30 days prior to startup			
2. Facility failed to notify DAR				
	<del>-</del> .			
PART II: CLASSIFICATION	Ŋ.			
Facility indicated on notification (check appropriate box)			notification form op store/out of business/pe	etroleum.
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	rce 2. /yr dry tra bot	New small area souy-to-dry only, x < 140 nsfer only, x < 200 geth types, x < 140 galonstructed on or after	op store/out of business/pe arce  Digal/yr al/yr yr 12/9/91)	etroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is:  ree	New small area sound to-dry only, $x < 140$ , ansfer only, $x < 200$ g th types, $x < 140$ gal	op store/out of business/pectors    rec	etroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sound ry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce	New small area souy-to-dry only, $x < 140$ ansfer only, $x < 200$ g th types, $x < 140$ gallonstructed on or after New large area souy-to-dry only, $140 \le x \le 1$ onstructed on or after the types, $140 \le x \le 1$ onstructed on or after onstructed on or after the second	op store/out of business/pectors    rec	etroleum-
Facility indicated on notification (check appropriate box)  1. Existing small area sound ry-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 sound ry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facil	rce	New small area sount of the small of t	op store/out of business/perions of pallyr pallyr perions of pally	etroleum.

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ΩY	□N ·		
2.	Has the facility maintained a leak log	?		ΩY	ПИ		
3.	Does the responsible official check the	e following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ΩY	□n □n/a		
	Door gaskets and seating	DY DN DN/A	Stills	ΠY	ON ON/A		
	Filter gaskets and seating	אומם מם צם	Exhaust dampers	ΠY	DN DN/A		
	Pumps	מאם אם צם	Diverter valves	ΠY	□N □N/A		
	Solvent tanks and containers	A/AC NO YO	Cartridge filter housings	ΠY	ON ON/A		
	Water separators	OY ON ON/A					
4.	Which method of detection is used by	the responsible official?	•				
	Visual examination (condensed	solvent on exterior surfac	ces)				
	Physical detection (airflow felt t	hrough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
İ	Halogen leak detector						
	If using direct-reading inst	rumentation, is the equi	ipment:		A		
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	ΠY	N		
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas prior to and	l after each use	ΩY	DN		
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	ΠY	N		
	d. Kept in a clean and	secure area when not in t	ise?	ΠY	מם		
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	ΠY	□N		
		•,					
_	CAME LEWIS		09-10-	79	<u>-</u>		
	Inspector's Name (Please Pr	int)	Date of Inspe	ction			
	/Inspector's Signature		Approximate Date of	Next I	nspection		
			• •		-		

# PERCHLOROETHYLENE DRY CLEANERS COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DISCOVERY	
	RE-INSPECTION	7 . D	<b>)</b> ;	
		· · · · · · · · · · · · · · · · · · ·		
AIRS ID#: <u>02/0057</u>	DATE: 8-14-	OO TIME	N: _//2/0 TIME OUT:	11:45
facility name:	OF ESSIONAL	CLEANERS		<del></del>
FACILITY LOCATION:	GGG Bow	Engle Dri.	<u> </u>	·
<u></u>	MARCO ISCANO	PL		
responsible official :	STAN T	PAULY	_phone:941-394	-4579
CONTACT NAME:	STAN S	Pavey	PHONE: 941 394	- 4579
PART I: NOTIFICATION				
(check appropriate box)		•		_/
New facility notified DARM			•	
2. Facility failed to notify DARI	M to use general pern	nit		
				· .
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification form ☐ Drop store/out of business/p	etroleum
A.  1. Existing small area source diy-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	T . '(	2. New small a dry-to-dry only, transfer only, x both types, x < 1 (constructed on	x < 140 gal/yr < 200 gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	l00 gal/yr d ) gal/yr · . t al/yr l	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	
5. This is a correct facility cla	ssification l	ZY DN	□Can not determine	
	y qualified for a gene	ral permit as nu	imber above pible for a general permit	
B. The total quantity of perchlor facility was <u>965</u> gallons.	oethylene (perc) pure	chased within th	ne preceding 12 months by this d	ry cleaning
104.5			•	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN ØNA
2. Examining the containers for leakage?	OY ON ØNIA
3. Closing and securing machine doors except during loading/unloading?	מט צעס
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אומם מם ציס
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא אם אם צם
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 refri (complete A below).	gerated condenser.
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	QA DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	eyy on on/a
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	dy on *
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN QN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>д</b> ү .ои

\* NEGOS To STARY RECORDING Time

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 loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	cated
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?	DY ON ON/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?	DY DN DNA
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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 ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate bones)						
1. Maintained receipts for perc purchased?	ey on					
2. Maintained rolling monthly averages of perc consumption?	QA ON					
3. Maintained leak detection inspection and repair reports for the following:	·					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON <b>Ø</b> N/A					
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	אוא אם אם אם					
4. Maintained calibration data? (for applicable direct reading instruments)	אואם אם עם					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONA					
6. Maintained startup/shutdown/malfunction plan?	ray on					
7. Maintained deviation reports?	OY ON MANA					
Problem corrected?	oy on Gn/A					
8. Maintained compliance plan, if applicable?	oy on gn/a					

<sup>\*</sup> Receipts + Log Do NOT MATEN - STILL HAS Prossem WILLE

PART VI: LEAK DETECTION AND I	REPAIRS	· · · · · · · · · · · · · · · · · · ·	_				
1. Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	nd repair				
inspection?	•		QA DN .				
2. Has the facility maintained a leak log?		•	OY ON				
3. Does the responsible official check the	following areas for leaks?	j;					
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ØY ON ON/A				
Door gaskets and seating	dy on ona	Stills	DY ON ONA				
Filter gaskets and seating	DY ON ONA	Exhaust dampers	GY ON ONA				
Pumps	dy on ona	Diverter valves	AND ND YE				
Solvent tanks and containers	DY ON ONA	Cartridge filter housings	MY ON ON/A.				
Water separators	DY ON ON/A						
4. Which method of detection is used by the	ne responsible official?	. •					
Visual examination (condensed so	lvent on exterior surfaces	)	ල් _				
Physical detection (airflow felt the	ough gaskets)		<del>ර</del>				
Odor (noticeable perc odor)		•	ø				
Use of direct-reading instrumenta	<b>.</b> .						
Halogen leak detector							
If using direct-reading instr	□n/a						
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	מם עם				
b. Calibrated against a s	•						
(PID/FID only)?		·	ОΫΟЙ				
c. Inspected for leaks and	l obvious signs of wear or	a weekly basis?	אם עם				
d. Kept in a clean and se	cure area when not in use	?	אס אם				
e. Verified for accuracy t	y use of duplicate sample	s (calorimetric only)?	אם אם				
·							
· ·	,						
$\int_{-\infty}^{\infty} dx = \int_{-\infty}^{\infty} d$							
Inspector's Name (Please Print)  OB-19-00  Date of Inspection							
() L.		/9.0					
. Inspector's Signature		Approximate Date of N	Vext Inspection				

Revised 8/11/97

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY	<b>ॼ</b>	
	RE-INSPECTION		•		
AIRS ID#: <u>02/0057-0</u> 8	ATE: 9-10-99	TIME I	N: TIME OUT: _		
facility name:	FESSIONAL	CLEANEIS			
FACILITY LOCATION:(	666 BALD E	AGLE D	rive	·	
	PARCO ISLAND	F6	39145		
RESPONSIBLE OFFICIAL:	STAN PAU	ey.	PHONE: 94/-394-	4579	
CONTACT NAME:	STAN PAC	vey	PHONE: <u>941 - 394 - 9</u>	4579_	
PART I: NOTIFICATION					
(check appropriate box)		<del></del>			
]` '' '	00 4		·	_	
1. New facility notified DARM 3				<u>-</u>	
2. Facility failed to notify DARM	1 to use general permi	<u> </u>		<u> </u>	
				<del></del>	
PART II: CLASSIFICATION					
Facility indicated on notification	n form that it is:	-	☑ No notification form	•	
(check appropriate box)  A.			Drop store/out of business/pe	etroleum	
1. Existing small area source	e 🛭 2.	New small a	rea source		
dry-to-dry only, x < 140 gal/y			x < 140 gal/yr		
transfer only, x < 200 gal/yr		ansfer only, x	<b>–</b> •		
both types, x < 140 gal/yr		oth types, x <			
(constructed before 12/9/91)	(0	onstructed on	or after 12/9/91)		
3. Existing large area source	e 🛭 4.	. New large a	rea source		
dry-to-dry only, $140 \le x \le 2,1$		_	$140 \le x \le 2,100 \text{ gal/yr}$		
transfer only, $200 \le x \le 1,800$			$00 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ gs	•	• •	$\leq x \leq 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)	(0	constructed on	or after 12/9/91)		
5. This is a correct facility cla	ssification C	Y □N	Can not determine		
If no, please check the a	ppropriate classification	on:			
· -	y qualified for a gener		mber above		
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning					
facility was gallons.	oemylene (bere) purci	rasea winiin in	e proceding 12 mondis by unsury		
u ,					

11

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON WN/A
2. Examining the containers for leakage?	DY DN EN/A
3. Closing and securing machine doors except during loading/unloading?	QY ON
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DINA
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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	CY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY UN DN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY UN
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?	DY WN

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART V	I: LEAK DETECTION AND RI	EPAI	RS ·			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspe	ction?					DY DN
2. Has th	he facility maintained a leak log?					□Y ŒW
3. Does	the responsible official check the fo	ollow	ing ar	eas for leaks?		
	Hose connections, fittings, couplings, and valves	ΠY	qи	□N/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	ΠY	ØN	□N/A	Stills	DY WIN DN/A
	Filter gaskets and seating		,	□N/A .	Exhaust dampers	DY MN DN/A
	Pumps	ΩY	ŒΝ	□N/A	Diverter valves	DY DN DN/A
	Solvent tanks and containers	ΟY	M	□N/A	Cartridge filter housings	DY UN DN/A
	Water separators	ΠY	ØИ	□N/A		
4. Which	h method of detection is used by the	e resp	onsib	ole official?	Doesn't Ib	INSPECTION
,	Visual examination (condensed sol	vent	on ex	terior surfaces)		
	Physical detection (airflow felt thro	ough ;	gaske	ts)		<b>.</b> .
	Odor (noticeable perc odor)				•	<b>.</b>
	Use of direct-reading instrumentati	on (F	ID/P	ID/calorimetric	tubes)	
	Halogen leak detector			•		<u> </u>
	If using direct-reading instru	ment	ation	, is the equipme	ent:	. □N/A
	a. Capable of detecting p	erc va	por c	oncentrations in	a range of 0-500 ppm?	OY ON
	b. Calibrated against a sta	ndar	i gas	prior to and afte	er each use	
	(PID/FID only)?					
	c. Inspected for leaks and	lobvi	ous s	igns of wear on	a weekly basis?	OY ON
 	d. Kept in a clean and sec					DY DN
	e. Verified for accuracy b	y use	of d	uplicate samples	(calorimetric only)?	OY ON
	_					
·						
	. 1					
	(1) de la la				9-10-	99
	Inspector's Name (Please Print	)		<del></del> .	Date of Inspection	
	() 9.					
	Increator's Signature	)			Approximate Date of	Next Inspection



## 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

426212 MAR202003

Do NOT Remove Label

AIRS ID#0210057

PROFESSIONAL DRY CLEANER STANLEY PAVEY 1095 BALD EAGLE MARCO ISLAND FL 34145

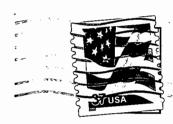
MAR 2 6 20 FOR GOVERNMENT USE ONLY OF 100 PG 
Fund: 20-2-035001

Sureau of Air Mountorin, 002273

& Mobile Sources

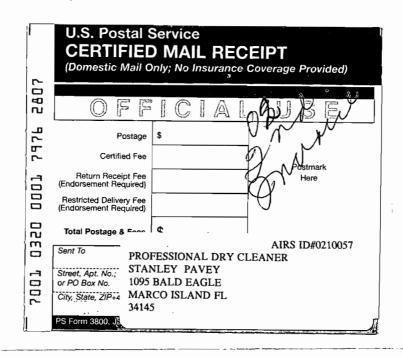
571 Elkoan Circle Marco Dolana El 34145-2876



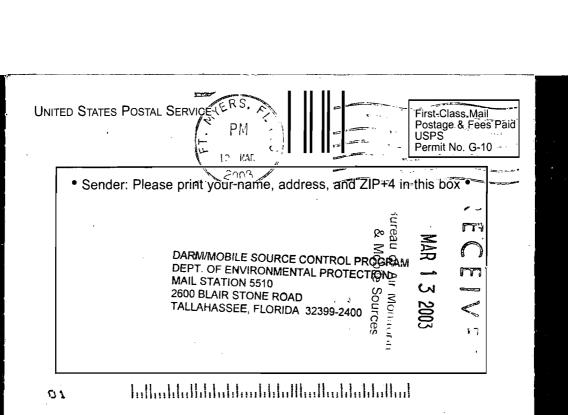


NOTFOR
Division of Retirement
2639 N. Monroe Bidg "C"
Takehasese, FL 32339-1580

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	RY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) B.  C. Signature  X  D. Is delivery address different from item 1?	Agent Addressee	
1. Article Addressed to:  AIRS ID#0210057	If YES, enter delivery address below:	□ No	
PROFEȘSIONAL DRY CLEANER STANLEY PAVEY 1095 BALD EAGLE			
MARCO ISLAND FL 34145	3. Service Type  ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt ☐ Insured Mail ☐ C.O.D.	for Merchandise	
	4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article Number (Transfer from service label) 7001 0320	1001; 3936 12407   11111		
PS Form 3811, March 2001 Domestic Retu	urn Receipt	102595-01-M-1424	

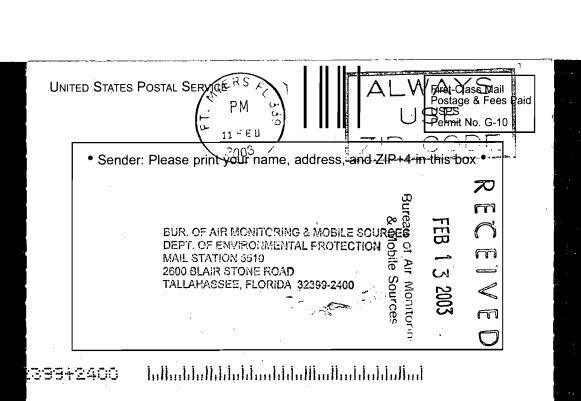


1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
5419				
2.	OFFICIAL USE			
	Postage \$			
7976	Certified Fee			
l	Return Receipt Fee (Endorsement Required)			
0007	Restricted Delivery Fee (Endorsement Required)			
20				
035	AIRS ID#0210057  PROFESSIONAL DRY CLEANER STANLEY PAVEY			
7	1095 BALD EAGLE			
7007	MARCO ISLAND FL 34145			
1	e for Instructions			

 $\epsilon$ 

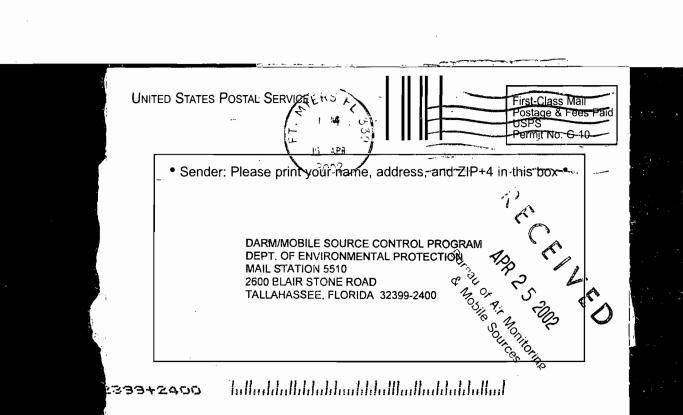
.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AIRS ID#0210057</li> </ul> </li> <li>STANLEY PAVEY</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X  D. Is delivery address different from item 1?  If YES, enter delivery address below:				
1095 BALD EAGLE MARCO ISLAND FL 34145	3. Service Type  Certified Mail				
	4. Restricted Delivery? (Extra Fee)				
2. Article Number (Copy from service lat 7001 0320 0001 7976 5419					
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789					

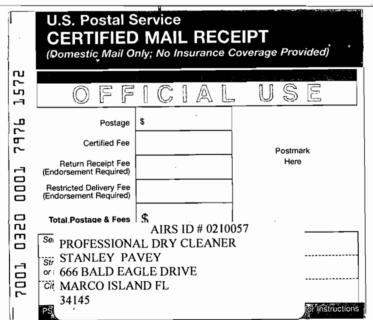


	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
4064	Remailed 4/11/2002				
9372	Postage \$ Certified Fee	ļ			
0020	Return Receipt Fee (Endorsement Required) Postmark	*			
0550	AIRS ID# 0210057 PROFESSIONAL DRY CLEANER 1095 BALD EAGLE DR STE 5				
2000	MARCO ISLAND FL 34145-2195	. ] 			

SENDER: CONFECTION 30 AND 13 AND 40 ADDRESS OF THE STATE OF THE SENDER: CONFECTION 30 AND 40 ADDRESS OF THE SENDER: CONFECTION 30 AND 40 ADDRESS OF THE SENDER OF THE SEND	ete erse iece,	TO THE BIO		
MARCO ISLAND FL 34145	-2195	3. Service Type  Certified Mail  Registered  Insured Mail	Express Mail Return Receipt C.O.D.	for Merchandise
, , <del>-</del> <del>-</del>	. 1	4. Restricted Delivery	? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label) 70000520002093729064				
PS Form 3811, July 1999	Domestic Retu	ırn Receipt		102595-00-M-0952

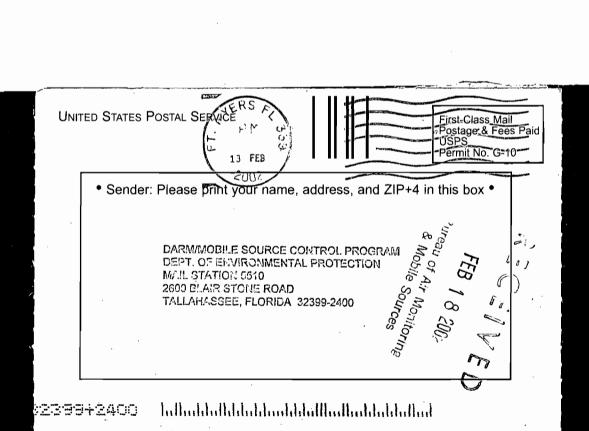


#### **SENDER: COMPLETE THIS SECTION** COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) item 4 if Restricted Delivery is desired. 0 ) Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, X Addressee or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: AIRS 1D # 0210057 BALD EAGLE PROFESSIONAL ORY CLEANER STANLEY PAXEY 666 BALD FAGLE DRIVE MARCO ISLAND FL Service Type Certified Mail 34145 ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7001 0320 0001 7976 1572 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)						
0428							
Ē	Postag	<b>\$</b>					
937	Certified Fe	е					
品	Return Receipt Fe (Endorsement Require	el	Postman Here	•			
	Restricted Delivery Fe (Endorsement Require	d)					
	Total PROFESS	AIRS ID # 02 IONAL DRY CLEAT	210057 NER				
52		PAVEY		iler)			
		EAGLE DRIVE		.			
	Street, MARCO	SLAND FL					
7000	34145 City, s						
1							
	PS Form 3800, Feb	uary 2000	See Reverse for Ins	tructions			

PLACE STICKER AT TOP OF ENVE TO THE RIGHT OF RETURN ADD TO THE RIGHT OF TOOLED LINE		COMPLETE THIS SECTION ON DELIVE	RY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the major on the front if space permits.</li> <li>Article Addressed to:</li> <li>AIRS ID # 0210057</li> <li>PROFESSIONAL DRY CLEANER STANLEY PAVEY</li> </ul>	verse	A. Received by (Please Print Clearly)  B.  C. Signature  PAUE  If YES, enter delivery address below:	Date of Delivery		
666 BALD EAGLE DRIVE MARCO ISLAND FL 34145		3. Service Type  ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.	for Merchandise		
		4. Restricted Delivery? (Extra Fee)	☐ Yes		
2. Article Number (Copy from service label) 70000530002093730428					
PS Form 3811, July 1999	Domestic Retu	rn Receipt	102595-99-M-1789		



7232					
0026 4128	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)		Postmark Here		
7000 0600	Total Posta 10 AIRS ID # 0210057001AG  RAMON LUJAN Street, Apt. \( \) PROFESSIONAL DRY CLEANER 650 BALD EAGLE DRIVE City, State, Z MARCO ISLAND FL 34145  PS Form 3800, February 2000 See Reverse for Instructions				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature  X
10 AIRS ID # 0210057001AG RAMON LUJAN PROFESSIONAL DRY CLEANER	GH CONT
650 BALD EAGLE DRIVE MARCO ISLAND FL 34145	3. Service Type Certified Mail
0600 002641287232	4. Restricted Delivery? (Extra Fee) ☐ Yes
Augustic (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt

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 SEURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

## 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 # 0210057

PROFESSIONAL DRY CLEANER STANLEY PAVEY

666 BALD EAGLE DRIVE

MARCO ISLAND FL 34145

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

Obj.: 002273

Professional Cleaners
1095 Bold Egle Dr
muco Island Fl



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

#### 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 # 0210057

PROFESSIONAL DRY CLEANER STANLEY PAVEY 666 BALD EAGLE DRIVE MARCO ISLAND FL 34145

FOR GOVERNMENT USE ONES OF ORG.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273