



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 26, 1997

Mr. John Erickson
Marco Island Cleaners
695 Bald Eagle Drive
Marco Island, Florida 34145

Re: Facility No. 0210077

Dear Mr. Erickson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 26, 1997.

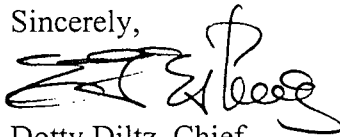
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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, Florida 32399-2400

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw
cc: Mr. Sherrill Culliver, South District

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

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

JUN 26 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MI-JACK, INC. d/b/a MARCO ISLAND CLEANERS		
2. Site Name (For example, plant name or number):	MARCO ISLAND CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 981022247		
4. Facility Location:	MARCO ISLAND CLEANERS		
Street Address:	695 BALD EAGLE DR.		
City:	MARCO ISL.	County:	COLLIER
		Zip Code:	34145
5. Facility Identification Number (DEP Use):	0210077		

Responsible Official

6. Name and Title of Responsible Official:	JOHN ERICKSON, President		
7. Responsible Official Mailing Address:	695 BALD EAGLE DR., MARCO ISL., FL 34145		
Organization/Firm:	MARCO ISLAND CLEANERS		
Street Address:	695 Bald Eagle Dr.		
City:	MARCO ISLAND	County:	COLLIER
		Zip Code:	34145
8. Responsible Official Telephone Number:	Telephone: (941) 394-2311 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	or DAVE LISBON, VICE PRESIDENT		
10. Facility Contact Address:	695 Bald Eagle Dr., MARCO ISL., FL 34145		
Street Address:			
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:	Telephone: (941) 394-2311 Fax: () -		

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit	<i>#1</i>	<i>AUG-94</i>	<i>AUG-94</i>						
(1) w/ ref. condenser		<i>yes</i>							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

52 gallons

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

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

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

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

*new
small
perc*

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

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

Equipment Monitoring and Recordkeeping Information

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

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:


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

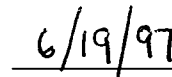
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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


Signature


Date

RECEIVED

JUN 26 1997

Bureau of Air Monitoring
& Mobile Sources

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS JUN 26 1997

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL [checked] COMPLAINT/DISCOVERY [] RE-INSPECTION []

0210077

AIRS ID#: ~~FD01081~~ DATE: 06/19/97 TIME IN: 11:30 TIME OUT: 12:20 FACILITY NAME: MARCO ISLAND CLEANERS FACILITY LOCATION: 695 BALD EAGLE DRIVE MARCO ISLAND, FL 33937

PART I: NOTIFICATION

(check appropriate box) 1. Existing facility notified DARM by 9/1/96 [checked] 2. New facility notified DARM 30 days prior to startup [] 3. Facility failed to notify DARM to use general permit []

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source [] 2. New small area source [] 3. Existing large area source [] 4. New large area source [] This is a correct facility classification [] Y [] N If no, please check the appropriate classification: [checked] facility qualified for a general permit as number 2 above [] facility exceeds above limits and is not eligible for a general permit E. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Back only Y N
7. Maintained deviation reports? Y N
 Problem corrected? No Problems Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

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

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

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

JOHN ERICKSON + DAVID LISBON
Name of Responsible Official

Wayne Lewis
Inspector's Name (Please Print)

6-19-97
Date of Inspection

Wayne Lewis
Inspector's Signature

06/98
Approximate Date of Next Inspection

415 LBS 345E AVANTI DRY TO DRY INSTALLED 1994

INTEROFFICE MEMORANDUM

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 equipment from Town Centre.

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

See you all Tuesday.....

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

P 174 052 196

TALLAHASSEE FL
FEB 25 '99
U.S. POSTAGE
2.98
PM METER
6244 417

MAIL

37550301000
2529 1R MS#5510
BAMMS
JOEY ROBERTS

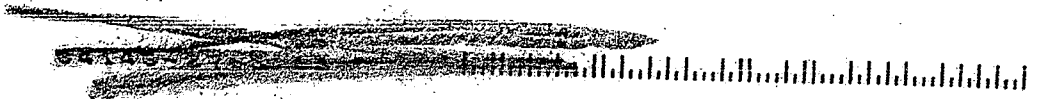
REFUSED
POSTAGE DUE

REFUSED

RECEIVED

MAR - 5 1999
Bureau of Air Monitoring
& Mobile Sources

MARCO ISLAND CLEANERS
JOHN ERICKSON
695 BALD EAGLE DRIVE
MARCO ISLAND FL 34145
AIRS ID # 0210077



Fold along this line over top of envelope to the front of the return address.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0210077

MARCO ISLAND CLEANERS
JOHN ERICKSON
695 BALD EAGLE DRIVE
MARCO ISLAND FL 34145

4a. Article Number

P174 052 196

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

P 174 052 196

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

1999

AIRS ID # 0210077

MARCO ISLAND CLEANERS
JOHN ERICKSON
695 BALD EAGLE DRIVE
MARCO ISLAND FL 34145

PS Form 3800, April 1995

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362723

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

TOTAL AMOUNT DUE: \$50.00 ✓

RECEIVED
MAIL ROOM
MAR - 1 99

Do **NOT** Remove Label

AIRS ID # 0210077

MARCO ISLAND CLEANERS
JOHN ERICKSON
695 BALD EAGLE DRIVE
MARCO ISLAND FL 34145

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300225

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00
JUN 20 98

Do **NOT** Remove Label

MI-JACK INC
JOHN ERICKSON
695 BALD EAGLE DRIVE
MARCO ISLAND FL 34145

AIRS ID#0210077

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0210077

MARCO ISLAND CLEANERS
 JOHN ERICKSON
 695 BALD EAGLE DRIVE
 MARCO ISLAND FL 34145

4a. Article Number

2 333 660 640

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2/13/99

5. Received By: (Print Name)

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

6. Signature: Addressee or Agent

[Handwritten Signature]

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 640

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0210077

MARCO ISLAND CLEANERS
 JOHN ERICKSON
 695 BALD EAGLE DRIVE
 MARCO ISLAND FL 34145

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

10 AIRS ID # 0210077
 JOHN ERICKSON
 MARCO ISLAND CLEANERS
 695 BALD EAGLE DRIVE
 MARCO ISLAND FL 34145

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7976 0445

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here*Receipt*

Total Post: 10 AIRS ID # 0210077

Sent To JOHN ERICKSON
 MARCO ISLAND CLEANERS
 Street, Apt or PO Box 695 BALD EAGLE DRIVE
 City, State, MARCO ISLAND FL 34145

PS Form 3800, January 2001

See Reverse for Instructions

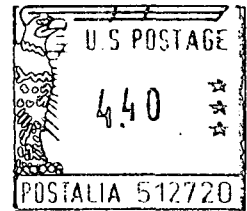
7001 0320 0001 7976 0445

CERTIFIED MAIL

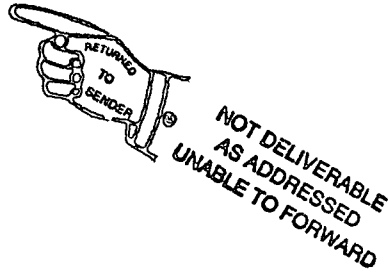
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7001 0320 0001 7976 0445



4578
VAA
RS
4-13-02



10 AIRS ID # 0210077
JOHN ERICKSON
MARCO ISLAND CLEANERS
695 BALD EAGLE DRIVE
MARCO ISLAND FL 34145

RECEIVED
APR 19 2002
Bureau of Air Monitoring
& Mobile Sources