

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 3, 1998

Mr. Steven Thompson Sand Dollar Cleaners 2160 University Boulevard North Jacksonville, Florida 32211

Re: Facility No.: 0310456

Dear Mr. Thompson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 15, 1998.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	THOMOSON EXPRESS SERVICES, INC.
2.	
7	Hazardous Waste Generator Identification Number:
٦.	Trazardous waste Generator Identification Number.
4.	· · · · · · · · · · · · · · · · · · ·
	Street Address: 2160 University Bivd N City: Zip Code: 32211
	City: County: Zip Code: 32211
5.	Facility Identification Number (DEP Use):
	0310456
	Responsible Official
6.	Name and Title of Responsible Official:
	STEVEN A. THOMOSON, PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm: Thompson Express Services, INC Street Address: 2160 University Buy N
	City: Vacus Onville, FL County: DUVAZ Zip Code: 32211
	· · · · · · · · · · · · · · · · · · ·
8.	1
	Telephone: (904) 745 - 5010 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
,	The state of the s
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

JUL 1 5 1998

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Г			Date	Date	Ī	Date	Date		Date	Date
			Machine	Control		Machine	Control		Machine	Control
1			lnitially	Device		lnitially	Device		lnitially	Device
Ту	pe of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Ex	ample	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dr	y-to-Dry Unit			· ·					· · · · · · · · · · · · · · · · · · ·	
	(1) w/ ref. condenser	#1	6-1-96	SAME	#2	10-25-97	SAME			
	(2) w/ carbon adsorber									
	(3) w/ no controls						-			
Wa	asher Unit						<u> </u>		•	·
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber									
	(6) w/ no controls		1							
Dη	ver Unit					•				<u> </u>
	(7) w/ ref. condenser									
	(8) w/ carbon adsorber									
	(9) w/ no controls									
Red	claimer Unit									
	(10) w/ ref. condenser									
	(11) w/carbon adsorber		_				· ·			
	(12) w/ no controls									
(i 2.(a	b) Control devices are c) No control devices a) What was the total q [/45] b) If less than 12 montl Check why it is less	are re luanti gallo hs, ho	equired to be ity of perchlo its ow many? [installed [perc)	purchased in				
	What is the facility's sould indicate with an "X". See Existing small are	Select ea sou	t one classific	cation only.) Ne	w sm	all area sour	ce) of]	Part II?	
	Existing large are	a sou	irce	Ne	w lar	ge area sourc	:e 🗾			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	ired on machines	pursuant to section (5) of F	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser	<u> </u>		
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such the such that the such t	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	ntural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipme	ent Monitoring a	nd Recordkeeping Inforn	nation
Check all logs which are required to	o be kept on-site i	n accordance with the requ	rirements of this general permit:
(a) Purchase receipts and solvent pu	ırchases		
(b) Leak detection inspection and re	epair		
(c) Refrigerated condenser temperate	ture monitoring		
(d) Carbon adsorber exhaust perc co	oncentration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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.
l will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature Signature	5-5-98

PERCHLOROETHYLENE DRY CLEANERS

TITL	E V GEN	ERAL PER	MIT
COMPLIAN	ICE INSPI	ECTION C	HECKLIST

	COMPLIANCE INSP.	ECTION (CHECKLIST		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAIN	T/DISCOVERY	
AIRS ID#: 03/0456	DATE: 8/13/98	TIME	IN: <u>/0/0</u>	_ TIME OUT: _/	/05
FACILITY NAME:	Sand Dollar	Clea	ners		

PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to startup	×
2. Facility failed to notify DARM to use general permit	G

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ No notification form ☐ Drop store/out of business/petroleum ☐ No notification form ☐ Drop store/out of business/petroleum ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or offer 12/0/01)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y UN Can not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 sealed containers for at □N □N/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 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? XY ON ON/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 Y 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 condenser exceeded 45°F? XXY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after YZY □N verifying that the coolant had been completely charged?

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 I on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located YMY □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□y □n ÿ n/a
Is the temperature differential equal to or greater than 20° F?	OY ON SANA
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 M N/A
Is the perc concentration equal to or less than 100 ppm?	DY DN SANA
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 y an/a
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MAN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON SEN/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; XXY 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? □Y □N □N/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XXVA 5. Maintained exhaust duct monitoring data on perc concentrations? AND YAN 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? □Y □N ¥N/A Problem corrected? □Y □N **¾**N/A 8. Maintained compliance plan, if applicable? DY DN **\$** N/A

P	ART VI: LEAK DETECTION AND	REPAI	RS				
1.	Does the responsible official conduct a	weekly	(for	small sources,	bi-weekly) leak detection a	nd rep	pair
	inspection?					YY	□N
2.	Has the facility maintained a leak log?					YY	□N
3.	Does the responsible official check the	follow	ing a	reas for leaks?		,	
	Hose connections, fittings, couplings, and valves	YY	ПN	□N/A	Muck cookers	7	□N □N/A
	Door gaskets and seating	XY	ПN	□N/A	Stills	YY	□N □N/A
	Filter gaskets and seating	* \$ (Y	ПN	□N/A	Exhaust dampers	XY	□N □N/A
	Pumps	Y	ПN	□N/A	Diverter valves	XY	□N □N/A
	Solvent tanks and containers	Y	□N	□N/A	Cartridge filter housings	YY	□N □N/A
	Water separators	Y	□N	□N/A			
4.	Which method of detection is used by t	the resp	onsit	ole official?			
	Visual examination (condensed s	olvent	on ex	terior surfaces)	A M A	
	Physical detection (airflow felt th	rough	gaske	ets)		×	
	Odor (noticeable perc odor)					A	
	Use of direct-reading instruments	ation (F	ID/P	ID/calorimetri	c tubes)		
	Halogen leak detector					×	
	If using direct-reading instr	rument	ation	, is the equip	ment:	MIN	/A
	a. Capable of detecting	perc va	por c	oncentrations	in a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a (PID/FID only)?	standar	d gas	prior to and a	fter each use	ΠY	□N
	c. Inspected for leaks a	nd obvi	ous si	igns of wear or	n a weekly basis?	ПY	□N
	d. Kept in a clean and s			_	-	ΠY	□N
	e. Verified for accuracy					ΠY	□N
							
	Jeff Winter						·
-	Inspector's Name (Please Pri	nt)			Date of Inspe	ection	
		1			r		
	Jeffens Winte	3			AUGUST,	199	99
_	Inspector's Signature	•			Approximate Date of	Next I	Inspection

ADDITIONAL SITE INFORMATION:	
	·

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION	
TIME IN: /0/0	TIME OUT:	1050	AIRS ID#:	03/0456	
TYPE OF FACILITY: \mathcal{L}	ry Cleaner				
FACILITY NAME:	<u> </u>		ners	date: <u>8/13/9</u>	8
FACILITY LOCATION:	2/60 Uni	versity !	Blvd. N.		
	Sackson Vill	le, FC	32211	any our co	
RESPONSIBLE OFFICIAL:	Steven Thon	upsou	PHONE NUMBE	r: <u>904-745-50</u>	170
	he compliance requirementule 62-213.300, Florida A			facility is found to be in	
Based on the results of the discrepancies were noted	he compliance requirement:	nts evaluated dur	ing this inspection, the	following compliance	
COMPLIANCE REQU	IREMENT/PROBL	EM :	FOLLOW-UP AC	TION REQUIRED	
			_		
·					
			•		
,					
	-				•
COMMENTS:			_		
				-	
The Annual Compliance Certific	ation form has been prope	erly certified and	submitted to the inspec	tor. YES NO	
DATE OF NEXT INSPECTIO	N:	HUGUST, (Approxim	1979 ate)		
DICTECTION CONDITIONS	DV. Told	- Winte			
INSPECTION CONDUCTED	1 .1	(Please Pri			
INSPECTOR'S SIGNATURE:	Jeffry	Vinto	PHONE NUMBE	R: 904-630-28	800
	/ 10/ P	ageof		Revised	10/96

			_		_
Revised	10	71	M.	/Ο	F

AIRS ID#: 03/0456

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Sand Dollar C.	leaners	DATE:	8/13/98
FACILITY LOCATION:	2160 University	y Blud. N.		
	Jacksonville, F	2 32211	•	
Annual Reporting Period:	August 13	_19 <u>97</u> то	Ugust 13	19 <u><i>98</i></u>
	n of the Title V general air permit, ative Code (F.A.C.), during the peri		<u> </u>	P Rule NO
If NO, complete the following:				
#1. Term or condition of the go	eneral permit that has not been in c	ontinuous compliance durir	ng the reporting perio	d stated above:
Exact period of non-compliance	:: from	to		
Action(s) taken to achieve comp	oliance:			
Method used to demonstrate co	mpliance:		t	
#2. Term or condition of the go	eneral permit that has not been in co	ontinuous compliance durir	ng the reporting perio	d stated above:
Exact period of non-compliance	: from	to	RECEIV	ED
Action(s) taken to achieve com	oliance:		SEP 2 3 19	÷8
Method used to demonstrate co	•	-	Bureau of Air Mo	
			& Mobile Sou	
made in this notification are tru	reby certify, based on information of te, accurate and complete. Further ase receipts, does not exceed 2,100 in facilities.	, my annual consumption o	f perchloroethylene.	solvent, based
RESPONSIBLE OFFICIAL:		Stariet Q. Micros	years	8-13-98
	Name (Please Print)	Signa	iture	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 CLEAN TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/HISTOVH

フ 177

 \Box

RE-INSPECTION

AIRS ID#: <u>03/0456</u> date: <u>6/11/99</u> time in: <u>//00</u> time out: / FACILITY NAME: FACILITY LOCATION: ____2160 RESPONSIBLE OFFICIAL: Steven Thompson PHONE: 904/745 PHONE: CONTACT NAME:

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

1. Existing small area source drv-to-drv only, x < 140 gal/yr

both types, x < 140 gal/vr

(constructed before 12/9/91)

transfer only, x < 200 gal/yr

3. Existing large area source drv-to-drv only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr

both types, $140 \le x \le 1,800$ gai/yr (constructed before 12/9/91)

5. This is a correct facility classification

2. New small area source

dry-to-dry only, $x \le 140$ 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/y transfer only, 200 < x < 1,800 gal/vrboth types, $140 \le x \le 1,800$ gal/yr

(constructed on or after 12/9/91)

 $\square N$ □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 75 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 sealed containers for at 7 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN YNA beds according to the manufacturer's specifications? 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? 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 condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	XX	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□N ÞÍN/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N MAN/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?	ПY	□n ¥ £n/a
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N \$\forall N/A
	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	□N S EN/A
	or expansion: and downstream from no other inlet?	- 1	CIA (BRAVA
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□n X N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N XN/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	X IY □N				
2. Maintained rolling monthly total of perc consumption?	XXY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or:	AVU UN UN/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MANA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MINA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN \$ NA				
6. Maintained startup/shutdown/malfunction plan?	ATA DN				
7. Maintained deviation reports?	DY DN XVA				
Problem corrected?	DY ON YNA				
8. Maintained compliance plan, if applicable?	DY DN XXVA				

PART VI: LEAK DETECTION AND REPAIRS

r	ARI VI: LEAK DETECTION AND	TET 7111					
1.	Does the responsible official conduct a	weekly	(for small sources, b	oi-weekly) leak detection a	nd rep	air	
	inspection?				XX	□N	
2.	Has the facility maintained a leak log?				AY	□N	
3.	Does the responsible official check the	followir	ng areas for leaks?		1		
	Hose connections, fittings, couplings, and valves	. A. I	□N □N/A	Muck cookers	Y		Α
	Door gaskets and seating	ATY (□N □N/A	Stills	X		A
-	Filter gaskets and seating	A(X (□N □N/A	Exhaust dampers	ΠY	□N A N/	A
	Pumps	ATA (□N □N/A	Diverter valves	ΠY	□N AN/	A
	Solvent tanks and containers	ATA (□N □N/A	Cartridge filter housings	X		A
	Water separators		□N □N/A		,		
4.	Which method of detection is used by the	he respo	nsible official?		,		
	Visual examination (condensed so	olvent or	n exterior surfaces)		A		
	Physical detection (airflow felt the	rough ga	iskets)		有有		
	Odor (noticeable perc odor)				A		
	Use of direct-reading instrumenta	ition (FII	D/PID/calorimetric t	ubes)			
	Halogen leak detector				X		
	If using direct-reading instru	umentat	tion, is the equipme	:nt:	AM	A	
	a. Capable of detecting p	perc vapo	or concentrations in	a range of 0-500 ppm?	ĽΥ	□N	
	b. Calibrated against a st (PID/FID only)?	tandard	gas prior to and after	r each use	ΠY	□N	
	c. Inspected for leaks and	d obviou	is signs of wear on a	weekly basis?	ΠY	□N	
	d. Kept in a clean and se	ecure are	a when not in use?		ΠY	□N	
	e. Verified for accuracy b	by use of	f duplicate samples (calorimetric only)?	ΠY	□N	
							- 1

Jan I to a

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	:	
	·	
·		
, and the second		

Revised 10/10/96

AIRS 1D#: 03/0456

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sand Dollar Cleaners	DATE: 6/11/99
FACILITY LOCATION: 2160 University Blvd. N.	
Jacksonville, FL 32211	
Annual Reporting Period: June 1/, 1998 TO June	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquinade in this notification are true, accurate and complete. Further, my annual consumption of perchloroupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities year for transfer or combination facilities.	ethylene solvent, based
RESPONSIBLE OFFICIAL: STEVEN A. THOMPSON Signature Name (Please Print) Signature	6-11-99
	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/E	DISCOVERY [RE-INSPECTION	ис 🗌
TIME IN: //DO	TIME OUT:	1/30	AIRS ID#:	03/0456	
TYPE OF FACILITY:	rc. Dry Clea	aver			,
FACILITY NAME:	Sand Dollar	Cleaner	5	DATE: 6/1/	199
FACILITY LOCATION:	2160 Univ		ILL. N.		
	Jacksonvi	lle, FC	32211		
RESPONSIBLE OFFICIAL:	Steven Thom	Pson	_PHONE NUMBER	2: 904/745-5	0/0
	e compliance requirement de 62-213.300, Florida Ad			acility is found to be in	1
Based on the results of the discrepancies were noted	e compliance requirement	s evaluated during	this inspection, the	following compliance	
COMPLIANCE REQU	IREMENT/PROBLE	EM FO	LLOW-UP ACT	TION REQUIRED	1
			-		
				-	
COMMENTS:	<u> </u>				
·					
The Annual Compliance Certifica	tion form has been proper	ly certified and sub	omitted to the inspect	or. YES 1	10
DATE OF NEXT INSPECTION	i:		00	•	
	1	(Approximate)	100		
INSPECTION CONDUCTED B	Y:	eff Win (Please Print)			
INSPECTOR'S SIGNATURE:_	affin 1	Vinta	_PHONE NUMBE	R: 904/630-3	3484
	Pa	ageof		/ Re	vised 10/96

PERCHLOROETHYLENE DRY CLEANERS

:,

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPE			COMPLAII	NT/DISCOVE	RY		مَّ أَنْ م
AIRS ID#: <u>03/0456</u> DATE: <u></u>	4/2000	TIME	in: <u>955</u>	TIME O	JT: <u>/</u> 6	10	
FACILITY NAME:Sund_Do	ollar C	leane	ers				_
FACILITY LOCATION: 2160	<u>Univer</u>	sity.	Blud. L	J			_ .
Jack	Son Vill	e F	L 328	2//			_
RESPONSIBLE OFFICIAL: Steven	A. Tha	MISOL	7 PHONE: _	204/745	50/0)	_
CONTACT NAME:Sa	me		_ PHONE:	Same	٤		-
PART I: NOTIFICATION	·						
(check appropriate box)							
1. New facility notified DARM 30 days prior	to startup					×	
2. Facility failed to notify DARM to use gener	ral permit						
PART II: CLASSIFICATION							
Facility indicated on notification form that i	t is:	<u> </u>	☐ No notifi	cation form			
(check appropriate box) A.			☐ Drop stor	e/out of busin	ess/petro	leum ·	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry-to transfe both t	o-dry only er only, x ypes, x <	rea source , x < 140 gal/y. < 200 gal/yr 140 gal/yr or after 12/9/9		Bun		7
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	dry-to transfe both t	-dry only er only, 20 ypes, 140	rea source , $140 \le x \le 2,1$ $00 \le x \le 1,800$ $\le x \le 1,800$ ga or after $12/9/9$	gal/yr ll/yr	reau of Air Monitoring & Mobile Sources	JUN - 7 2000	
5. This is a correct facility classification	A	□N	□Can not de	etermine	ring		4
If no, please check the appropriate cla facility qualified for facility exceeds above	a general pe			_ above eral permit			
B. The total quantity of perchloroethylene (per facility was gallons.	·c) purchased	within th	e preceding 12	months by th	is dry cle	aning	

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?	YOU ON ON/A
2. Examining the containers for leakage?	TAY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	AN ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY DN SAN/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON SAN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	3:
1. Equipped all machines with the appropriate vent controls?	Y ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y 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 THINA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DAY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	YAY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	AY ON

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?	AY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN XXN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN SAN/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?	OY ON DAN/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N \$AN/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 TAIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON SAN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON XIN/A

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection a	nd repair			
inspection?			AY DN			
2. Has the facility maintained a leak log?	?		YAY □N			
3. Does the responsible official check the	e following areas for leaks	?	,			
Hose connections, fittings, couplings, and valves	THE ON ON/A	Muck cookers	AND NO AND			
Door gaskets and seating	TAY ON ON/A	Stills	TAY ON ON/A			
Filter gaskets and seating	YY ON ON/A	Exhaust dampers	DY DN YSWA			
Pumps	DN ON ON/A	Diverter valves	OY ON DANA			
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	OY ON MANA			
Water separators	Y ON ON/A					
4. Which method of detection is used by	the responsible official?		_			
Visual examination (condensed	solvent on exterior surface	s)	*			
Physical detection (airflow felt t	hrough gaskets)		\$			
Odor (noticeable perc odor)			#			
Use of direct-reading instrument	ration (FID/PID/calorimetr	ic tubes)				
Halogen leak detector			¥			
If using direct-reading inst	rumentation, is the equip	ment:	X N/A			
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON			
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	□Y □N			
c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	מם עם			
d. Kept in a clean and s	secure area when not in use	e?	OY ON			
e. Verified for accuracy	y by use of duplicate samp	les (calorimetric only)?	OY ON			
Jeff Winte	2(5/4/2	2000			
Inspector's Name (Please Pri	iii <i>)</i>	Date of Inspection				
Inspector's Signature	te	Approximate Date of 1	, 200/ Next Inspection			

ADDITIONAL SITE INFORMA	ATION:	
,		
		•
·		

Revised 10/10/96

AIRS 1D#: 03/0456

And

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Sand	Dollar C	leaners	1	DATE: 5/4/2000
FACILITY LOCATION:	2160	University	ty Blud. N.	_	
		_	FL 32211		
	_				
Annual Reporting Period:	JUNE	2 11)	1999 то	May	4, 20
Based on each term or condition	on of the Title	V general air permit	, my facility has remain	ed in compliance	with DEP Rule
62-213.300, Florida Administr	ative Code (F.	A.C.), during the pe	riod covered by this stat	ement. YES	\square_{NO}
If NO, complete the following:				•	
#1. Term or condition of the g	eneral permit	that has not been in	continuous compliance	during the reporting	ng period stated above:
Exact period of non-compliance	æ: from _		to_		
Action(s) taken to achieve com	pliance:		· .	· 	
Method used to demonstrate co	ompliance:				
#2. Term or condition of the g	eneral permit	that has not been in	continuous compliance	during the reporting	ng period stated above:
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve com	pliance:				
Method used to demonstrate co					
without used to demonstrate co	трпансе.				
As the responsible official, I he made in this notification are tr upon rolling averages of purch year for transfer or combinatio	ue, accurate a ase receipts, a	nd complete. Furthe	er, my annual consumpti	ion of perchloroet	hylene solvent, based
RESPONSIBLE OFFICIAL:			Star O.	They read	5-4-00
	Nam	e (Please Print)	S	signature	Date

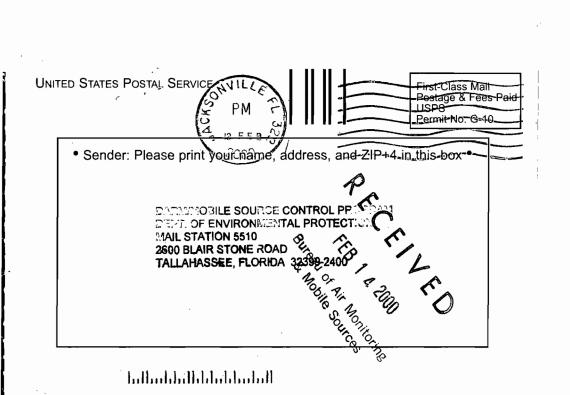
^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/D	ISCOVERY	RE-INSPEC	CTION
TIME IN: 095	TIME OUT:	1010	AIRS ID#:	03/045	.6
TYPE OF FACILITY:	Lerc. Dry G	leoner_			
FACILITY NAME:	Sand Dollar	- Cleane	A	date:_ <i>5/</i>	4/2000
FACILITY LOCATION:	2160 Unive	ersity L	3/W. N.		· — —
	Jacksonville	2,7-6	3241	2.11-11-	
RESPONSIBLE OFFICIAL:	Steven A. Thor	mpson	_PHONE NUMBE	R: <u>904/1745</u>	-5010
	the compliance requirement Rule 62-213.300, Florida Ad			facility is found to l	æ in
Based on the results of discrepancies were note	the compliance requirement ed:	s evaluated during	this inspection, the	following complian	ce
COMPLIANCE REQ	UIREMENT/PROBLE	CM FO	LLOW-UP ACT	TION REQUIR	ED
			-		
				•	
				_	
COMMENTS:		,			
				<u></u>	
The Annual Compliance Certific	cation form has been proper	ly certified and sub	mitted to the inspect	tor. YES	NO
DATE OF NEXT INSPECTIO)N:	Approximate)/	-	
INCORCTION CONDUCTED	BV. Tot	Wint			
INSPECTION CONDUCTED		(Please Print)	<u></u>		
INSPECTOR'S SIGNATURE	: KILLING D.	inter	_PHONE NUMBE	R: <u>904/630-</u>	-1212
	Pa	ge / of / .		'ext.	5/07 Revised 10/96

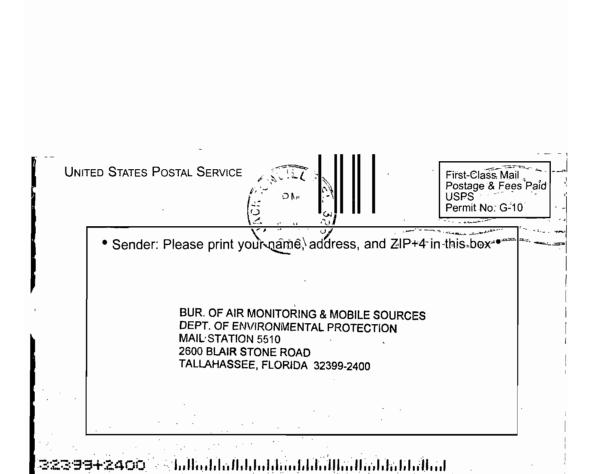
Z 333 6%7 317 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0310456 SAND DOLLAR CLEANERS STEVEN A THOMPSON 2160 UNIVERSITY BLVD N JACKSONVILLE FL 32211 Certified Fee Special Delivery Fee Restricted Delivery Fee 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

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 # 0310456	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from tem 1? Yes If YES, enter delivery address below:
SAND DOLLAR CLEANERS STEVEN A THOMPSON 2160 UNIVERSITY BLVD N JACKSONVILLE FL 32211	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



1799 .		MAIL REC	EIPT Coverage Provided)
4126	Postage Certified Fee	\$	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0600	SAND DOLLA STEVEN A TH Stre 2160 UNIVERS JACKSONVIL	R CLEANERS IOMPSON SITY BLVD N	ID # 0310456
	PS Form 3800, February 2	000	See Reverse for Instructions

THE PARTY OF FIFTHER	1
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. AIRS ID # 0310456 SAND DOLLAR CLEANERS STEVEN A THOMPSON 2160 UNIVERSITY BLVD N	C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
FACKSONVILLE FL 32211	3. Service Type Certified Mail
2. Article Number (Copy from service label) 26/7/99 PS Form 3811, July 1999 Domestic Retr	



Z 210 PPT 313

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

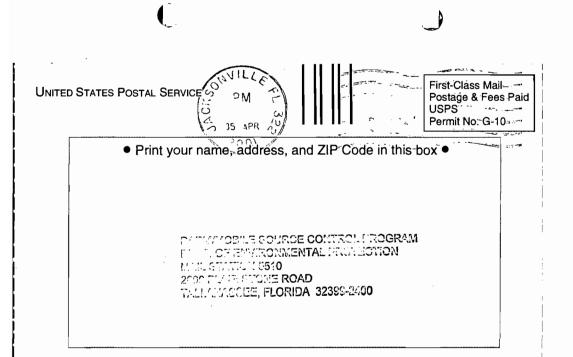
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AIRS ID # 0310456

SAND DOLLAR CLEANERS STEVEN A THOMPSON 2160 UNIVERSITY BLVD N JACKSONVILLE FL 32211

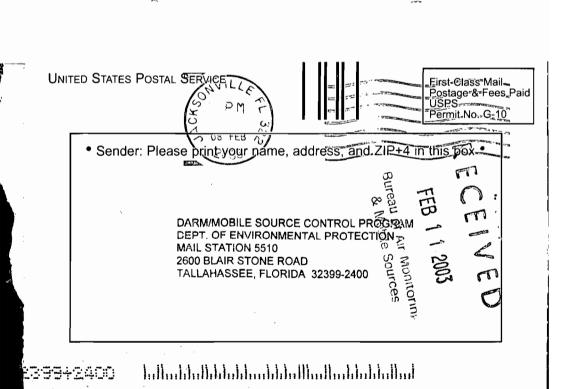
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
300	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	
S		

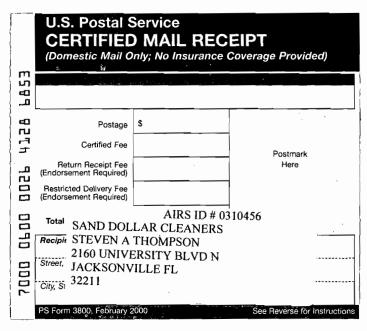
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rse side?	SENDER: Other and a point of the state of t	Fold at I	also wish to receive the idlowing services (for an extra fee):	ė
the reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address	Service
Je r	■Write "Return Receipt Requested" on the mailpiece below the articl ■The Return Receipt will show to whom the article was delivered an		2. ☐ Restricted Delivery	Se
ᅙ	delivered.	o the date	Consult postmaster for fee.	eipt
completed	3. Article Addressed to: AIRS ID # 0310456	4a. Article No. 2 2 / 0	umber 661317	rn Rec
ΙĔ	SAND DOLLAR CLEANERS	4b. Service	Гуре	Retu
Ι.	STEVEN A THOMPSON	☐ Registere	ed Certified	
	2160 UNIVERSITY BLVD N	☐ Express I	Mail ' Insured	sing
뜅	JACKSONVILLE FL 32211	☐ Return Red	ceipt for Merchandise COD	2
N AD	·	7. Date of De	W-5.0/	you fo
RETUR	5. Received By: (Print Name)	8. Addresses and fee is	e's Address (Only if requested paid)	Thank
your	6. Signature: (Addressee or Agent)			•
۶	X - Stor a Languer			
 <u> </u>	PS Form 3811 , December 1994		Domestic Return Receipt	

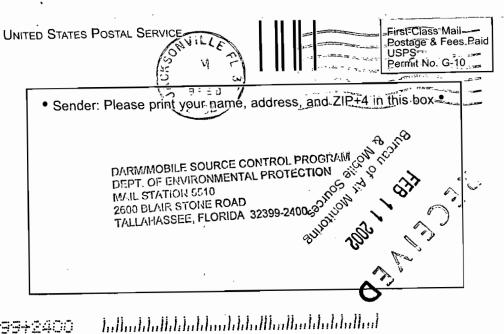


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2	Postage	\$	15/
797	Certified Fee		rosmark
7	Return Receipt Fee (Endorsement Required)		Here
000	Restricted Delivery Fee (Endorsement Required)		VU
20	Total Postage & F^	6	AIRS ID#0310456
03		D DOLLAR CLEAN	ERS
, -3	Street, Apt. No.;	VEN A THOMPSON UNIVERSITY BLVI	O N
7007		KSONVILLE FL	
r~	3221	1	
1	PS Form 3800. Jan	Water State of the	

. •	•
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#0310456 SAND DOLLAR CLEANERS STEVEN A THOMPSON 2160 UNIVERSITY BLVD N JACKSONVILLE FL 32211	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
2. Article Number (Copy from service label)	0320 0001 7975 5090
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-00-M-0952







	PLACE STICKER AT TOP OF BET IBU	N ON DELIVERY
 Complete items 1, 2, and 3. Also co item 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to your on the front if space permits. 	cd. reverse u. nailpiece, C. Signature X. Staul	J-9.0 J Agent Addressee
1. Article Addressed to: AIRS 1D # 0310456 SAND DOLLAR CLEANERS STEVEN A THOMPSON 2160 UNIVERSITY BLVD N		ss different from item 1? ☐ Yes livery address below: ☐ No
JACKSONVILLE FL 32211	3. Service Type ☐ Certified Mai ☐ Registered ☐ Insured Mail	Express Mail Return Receipt for Merchandise C.O.D.
2. Article Number (Copy from service label)	2868534. Restricted Delive	ery? (Extra Fee)
PS Form 3811, July 1999	Domestic Return Receipt	102595-00-M-0952

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m	CERTIFIED (Domestic Mail On			ed)
L 213	o de la compansión de l	<u> </u>		
0026 4126	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
_	SAND DOLLAR CLEA STEVEN A THOMPSO 2160 UNIVERSITY BI JACKSONVILLE FL 3	ON LVD N	10456 7	

SENDER SENDER SSENDER SENDER SCHORLING JO JAMES OF JOHN JO JENE JENE JENE JENE JENE JENE JENE	ase Print Clearly) B. Date of Delivery C. Signature X Slice 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
2. Article Number (Copy from service label) 7000 0600 0026 4/256 PS Form 3811, July 1999 Domestic Retu	ルカリュー 3 102595-99-M-1789



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

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

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32399+2400

	P 174 0.9 US Postal Service Receipt for Cer	tified Mail	
	SAND DOLLAR C STEVEN A THOM 2160 UNIVERSITY IACKSONVILLE	IPSON Y BLVD N FL 32211	3104
	Postage Certified Fee Special Delivery Fee	\$	
ıril 1995	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom.		
PS Form 3800 , April 1995	Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	\$	
PS Fon			
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rse side?			I also wish to receive the following services (for an extra fee):	6
eVe	 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. 		1. Addressee's Address	Service
the	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		2. Restricted Delivery	
e t	delivered.		Consult postmaster for fee.	ceipt
completed	3. Article Addressed to:	4a. Article N	umber 4052061	rn Rec
E E	SAND DOLLAR CLEANRS AIRS ID # 0310456	4b. Service		Retu
	STEVEN A THOMPSON 2160 UNIVERSITY BLVD N	☐ Registere		6
ADDRESS	JACKSONVILLE FL 32211	ı— <i>'</i>	ceipt for Merchandise COD	nsin
		7. Date of De	elivery	Į į
Ž	Kristin Robillord -	<i>d</i> -	7	Š
RETURN	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested	Thank
	Kristin Nobled 6. Signature: (Addressee or Agent)	una 100 15	paidy	Ę
your	X			
8	PS Form 3811 December 1994 107	2595-97-B-0179	Domestic Return Receipt	I



United States Postal Service



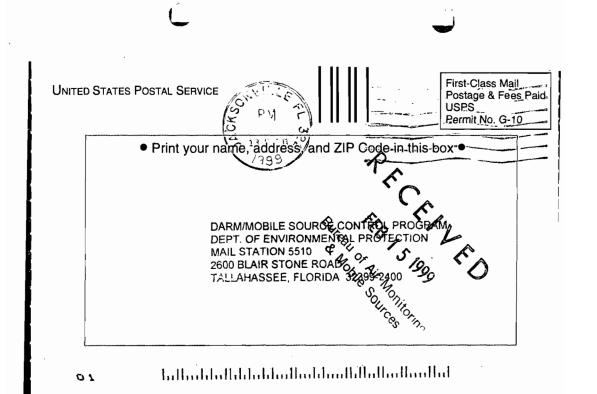
First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Print your name, address and ZIP Code in this box •

BARMMORILE GOURGE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 280C BUAIR STONE ROAD TOLLAMASSEE, FLORIDA 32399-2400

Z 333 660 432 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0310456 SAND DOLLAR CLEANRS STEVEN A THOMPSON 2160 UNIVERSITY BLVD N JACKSONVILLE FL 32211 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whorn Date, & Addressee's Address Return Receipt Showing to Whom, TOTAL Postage & Fees Postmark or Date S

on the reverse side?	SSƏJPPE UJIÇƏJ ƏQÇ JO ÇUDJJ ƏQÇ O) ƏGOJƏNUƏ ÇO GOŞ JƏNO ƏUIJ ÇE PIOL 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 space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	ce does not le number.	I also wish to re following service extra fee): 1. Addres 2. Restrict	es (for an see's Address ted Delivery	Receipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID # 0310456 SAND DOLLAR CLEANRS STEVEN A THOMPSON 2160 UNIVERSITY BLVD N JACKSONVILLE FL 32211	4a. Article N 2 33 4b. Service Registere Express Return Rec 7. Date of De	36689 Type ed Mail ceipt for Merchandis	Certified Insured	for using Return
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X S titt Officerpylles	8. Addressed and fee is			Thank you
	PS Form 3811 , December 1994		Domestic Re	turn Receipt	



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
8193	OFFICIAL US
3108	Postage \$ Certified Fee
0073	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Here
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