

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 3, 1996

Mr. John Thomas Bill Doyle Cleaners 5201 North Davis Highway Pensacola, Florida 32503

Dear Mr. Thomas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 1996.

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

Mr. Charles Norman, Northwest District cc:



Department of Environmental Protection

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

David B. Struhs Secretary

June 15, 2001

Mr. John Thomas Bill Doyle Cleaners 5201 North Davis Highway Pensacola, Florida 31503-2033

Dear Mr. Thomas:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on June 11.

In reviewing your submittal, it was noted that Bill Doyle Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0330226-002). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL (INS INS2)

COMPLAINT/DISCOVERY (CI) □

RE-INSPECTION (FUI)

AIRS ID#: 0330226 DATE: 1/10/	TIME IN:	TIME O	OUT:
FACILITY NAME: Scol Doyle	Cleaners	,	· .
FACILITY LOCATION: 5261 N.	Davis Ho	<i>y</i>	
Lensaearler.	32503	/. 	
RESPONSIBLE OFFICIAL:	mas P	PHONE:	>
CONTACT NAME: Same	P	PHONE:	->
PART I: NOTIFICATION			
(check appropriate box)	Faci	lity Compliance Status:	IN Ø
1. New facility notified DARM 30 days prior to sta	rtup 🗆 ((ARMS Data)	MNC .□
2. Facility failed to notify DARM to use general pe	rmit . 🗆		SNC 🗆
_			
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:		☐ No notification form	
(check appropriate box)	(Drop store/out of busi	ness/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)	2. New small are dry-to-dry only, x transfer only, x < 2 both types, x < 14 (constructed on or	1110 11	16 30, 0
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 $12/9/91$)		≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr	0 2017
5. This is a correct facility classification	Y DIN !	Can not determine	ملما
If no, please check the appropriate classific	cation:	alwa 1 b-ah pa	of close to
☐ facility qualified for a ge	neral permit as numi		Pranca D
. 🛭 facility exceeds above lin	mits and is not eligib	ole for a general permit	
B. The total quantity of perchloroethylene (perc) per facility was 135 gallons.	urchased within the p	preceding 12 months by	this dry cleaning

AIRS ID#: 0330226



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

^{*}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 COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 0330226
TYPE OF FACILITY: Bill Doyle Clanus.	
FACILITY NAME: 520/W. Danis	Have DATE: 1/10/01
FACILITY LOCATION ON S A COLA FL 325	30
O 1 - D	· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL: July Thomas	PHONE NUMBER: 476-0947
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	is.
	A PARTIE AND A PAR
	ANJERRA
COMMENTS:	IN I G ZIO;
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	<u> </u>
	proximate)
INSPECTION CONDUCTED BY: HARLES N	len ma N ease Print)
INSPECTOR'S SIGNATURE: Jack Man	PHONE NUMBER: 545 -8 36 1/ x 1222

Page / of /.

Revised 10/96

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ANAZ NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? $N\square$ Y4. Draining cartridge filters in their housing or in sealed containers for at 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). It 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) NO VE 1. Equipped all machines with the appropriate vent controls? A/ND ND YD 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 শৈমন্ত্র condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MD YD condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the A/NØ NO YO condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YO verifying that the coolant had been completely charged?

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?	'ΩΥ	ПN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	A/ME MO
	Is the temperature differential equal to or greater than 20° F?	ΩY	באמם אם
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? 1s the perc concentration equal to or less than 100 ppm?	OY OY	AVAC NO
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?	ΠY	ON WIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	אימש אם
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם עפ
2. Maintained rolling monthly total of perc consumption?	אם עם
3. Maintained leak detection inspection and repair reports for the following:	` :
a. documentation of leaks repaired w/in 24 hrs? or;	מארפ אם עם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אאמ אם עם A
4. Maintained calibration data? (for applicable direct reading instruments)	אוע אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	אומל אם עם אומל
6. Maintained startup/shutdown/malfunction plan?	אם אם
7. Maintained deviation reports?	אמע אם אם A
Problem corrected?	ם א שא אם אם YA
8. Maintained compliance plan, if applicable?	חרום אם אר

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? ΣIV $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND NO YOU Muck cookers DY DN DN/A couplings, and valves AYMO MO YØ Door gaskets and seating MY ON ON/A Stills A'NE NO YO A/ND ND YP Filter gaskets and seating Exhaust dampers DY ON ON/A DY DN DN/A Pumps Diverter valves DY ON ON/A DY ON ON/A Solvent tanks and containers Cartridge filter housings MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: **□**N/A OY ON a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? OY ON c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? NO YE e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Charles Normad	1/10/01
Inspector's Name (Please Print)	Date of Inspection
Mot Moma	
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

2. Site Name (For example, plant name or number): 3'// Ooy/E CLEANEAS 3. Hazardous Waste Generator Identification Number: 179501911 4. Facility Location: Street Address: City: PLASACOLA County: ESAMBIA Responsible Official 6. Name and Title of Responsible Official: JOHN THOMAS - DUNER 7. Responsible Official Mailing Address: Organization/Firm: John Thomas Evi, Inc. O/B/A B.11 Orgie Cleanees Street Address: Szol N. DAUS Huy. City: PENSACOLA, Fl. County: Escambia Zip Code: 32503 8. Responsible Official Telephone Number: Telephone: (GO4) 474-0947 Fax: () N/B Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME AS About 10. Facility Contact Address: Street Address: Street Address: Street Address: City: County: Zip Code:		Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number): 3'	ر ا	JOHN THOMAS ENT. INC. D/B/A B.II DOYLE CLEANERS
3. Hazardous Waste Generator Identification Number: 179501G11 4. Facility Location: Street Address: City: PENSAcola County: ESAMBIA Zip Code: 32503 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: John Thomas - Owner 7. Responsible Official Mailing Address: Organization/Firm: John Thomas Evi, Ive. Of3/A B.11 Devic Cleanees Street Address: Szoi N. Davis Hury. City: Pensacola, Fl. County: Escandia Zip Code: 32503 8. Responsible Official Telephone Number: Telephone: (904) 474 - 0947 Fax: () N/B Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): (SAME AS Above) 10. Facility Contact Address: Street Address: City: County: Zip Code:		·
179 Solq II 4. Facility Location: Street Address: City: PENSACOLA County: EGAmbia Zip Code: 32503 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: John Thomas - Owner 7. Responsible Official Mailing Address: Organization/Firm: John Thomas Ent, Inc. Offsha Bill Device Cleaners Street Address: Szul N. Danis Hury. City: PENSACOLA, Fl. County: Escambia Zip Code: 32503 8. Responsible Official Telephone Number: Telephone: (904) 474 - 0947 Fax: () N/B Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): (SAME AS About) 10. Facility Contact Address: Street Address: City: County: Zip Code:	/	3:11 DOYLE CLEANERS
4. Facility Location: Street Address: City: PENSACULA County: EGAMBIA Zip Code: 32503 5. Facility Identification Number (DEP Use): 0330226 Responsible Official 6. Name and Title of Responsible Official: John Thomas - Duner 7. Responsible Official Mailing Address: Organization/Firm: John Thomas Evi, Ive. O/B/A Bill Devic Cleanels Street Address: S201 N. Davis Huy. City: PENSACULA, Fl. County: Escambia Zip Code: 32503 8. Responsible Official Telephone Number: Telephone: (G04) 474-0947 Fax: () N/A Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): (SAME AS About) 10. Facility Contact Address: Street Address: City: County: Zip Code:	3.	Hazardous Waste Generator Identification Number:
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County: FSAmbiA Zip Code: 32503 5. Facility Identification Number (DEP Use): D33 0226	4.	•
Responsible Official 6. Name and Title of Responsible Official: Thu Thomas - Dunel 7. Responsible Official Mailing Address: Organization/Firm: John Thomas Evi, Ivv. 0/3/a 13:11 Ovyle Cleaners Street Address: Szul N. Davis Huy. City: Peusacola, Fl. County: Escandola Zip Code: 32503 8. Responsible Official Telephone Number: Telephone: (Go4) 474 - 0947 Fax: () N/A Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): (SAME AS About) 10. Facility Contact Address: Street Address: City: County: Zip Code:		
Responsible Official 6. Name and Title of Responsible Official: John Thomas - Owner 7. Responsible Official Mailing Address: Organization/Firm: John Thomas Evi, Ivc. O/B/A B.11 Ovyle Cleaners Street Address: Szvi N. Davis Hwy. City: Pensacola, Fl. County: Escambia Zip Code: 32503 8. Responsible Official Telephone Number: Telephone: (Go4) 474-0947 Fax: () N/B Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): (SAME AS About) 10. Facility Contact Address: Street Address: City: County: Zip Code:		PENSACOLA SUM PSAMBIA - 500 3 2503
Responsible Official 6. Name and Title of Responsible Official: John Thomas - Owner 7. Responsible Official Mailing Address: Organization/Firm: John Thomas Evi, Ivc. O/3/A B:11 Dexie Cleaners Street Address: Szvi N. Davis Hwy. City: Pevsacola, Fl. County: Escambia Zip Code: 32503 8. Responsible Official Telephone Number: Telephone: (Gv4) 474 - 0947 Fax: () N/B Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): (SAME AS Above) 10. Facility Contact Address: Street Address: City: County: Zip Code:	5.	Facility Identification Number (DEP Use):
6. Name and Title of Responsible Official: John Thomas - Owner Responsible Official Mailing Address: Organization/Firm: John Thomas Evi., Ivc. 0/3/A 13:11 Ovice Cleaners Street Address: 5201 N. Davis Hwy. City: Pevsawia, Fl. County: Escambia Zip Code: 32503 Responsible Official Telephone Number: Telephone: (Go4) 474 - 0947 Fax: () N/A Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): (SAME AS Above) Street Address: City: County: Zip Code:		033 0226
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7. Responsible Official Mailing Address: Organization/Firm: John Thomas Evi, Ivc. 0/3/A 13:11 Ovyle Cleanees Street Address: Szvi N. Davis Hwy. City: PENSACOIA, Fl. County: Escambia Zip Code: 32503 8. Responsible Official Telephone Number: Telephone: (904) 474 - 0947 Fax: () N/A Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE 10. Facility Contact Address: Street Address: City: County: Zip Code:		Responsible Official
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Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): (SAME AS About 10. Facility Contact Address: Street Address: City: County: Zip Code:		
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9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE 10. Facility Contact Address: Street Address: City: County: Zip Code:	0.	Telephone: (904) 474 - 0947 Fax: () ~/3
9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE 10. Facility Contact Address: Street Address: City: County: Zip Code:		
SAME AS About 10. Facility Contact Address: Street Address: City: County: Zip Code:		Facility Contact (If different from Responsible Official)
SAME AS About 10. Facility Contact Address: Street Address: City: County: Zip Code:	0	Name and Title of Facility Contact (For example plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:	٠,	
Street Address: City: County: Zip Code:		
City: County: Zip Code:	10.	Facility Contact Address:
		Street Address:
		City: County: Zip Code:
11 Facility Contact Lelephone Number:	11	Facility Contact Telephone Number:
Telephone: () - Fax: () -	11.	
RECEIVE		RECEIVE

AUG 1 9 1996

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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	_	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		· · · · · · · · · · · · · · · · · · ·					_		*
(1) w/ ref. condenser	#1	1-001-94	1-0ct-94		1				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit							•		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									2.4
(7) w/ ref. condenser									
(8) w/ carbon adsorber				_					
(9) w/ no controls			_						
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber	l								
(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? [
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea soi	urce []	Nε	ew lai	rge area sour	rce X	ノV] ル	.	

DEP Form No. 62-213.900(2)

4. What control technology is required (Indicate with an "X".)	on machines pursuant to section (5)	of Part II of this notification form?
Existing large area source Carbon adsorber New small area source Refrigerated condenser New large area source	Refrigerated condens	er I AlREADY INSTAllED N. S tons & LE frigeration AT MY Existing SMALL AREA SUDLE
Refrigerated condenser		
5. A facility which contains non-exempto Rule 62-213.300, F.A.C. Verify that exemption criteria or that no such units	all steam and hot water generating	
All steam and hot water generating unit boiler HP or less), and (2) are fired exc during which propane or fuel oil contai	lusively by natural gas except for p	eriods of natural gas curtailment
All steam and hot water generating unit No such units on-site	s exempt [X]	
Equipment !	Monitoring and Recordkeeping In	formation
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 purchase	ases	\checkmark
(b) Leak detection inspection and repair	•	
(c) Refrigerated condenser temperature	monitoring	\checkmark
(d) Carbon adsorber exhaust perc conce	entration monitoring	
(e) Instrument calibration \mathcal{L} to \mathcal{L}	o to	
(f) Start-up, shutdown, malfunction pla	n .	

DEP Form No. 62-213.900(2)

Surrender of Existing Air Permit(s)

Please indica	te 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)
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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.
I will pro	omptly notify the Department of any changes to the information contained in this notification. S/12/G.Com 2/12/G.Com 2/12/G
Signature	Date

DEP Form No. 62-213.900(2)

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. I	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
I.	OHN THOMAS ENT. INC. DIBIA B.11 DOYLE CLEANERS
2. 9	Site Name (For example, plant name or number):
1ŝ	PILL DOYLE CLEANERS
3. I	Hazardous Waste Generator Identification Number:
	179501911
	Facility Location:
	Street Address:
	City: PENSACOLA County: ESCAMBIA Zip Code: 32503
5 I	Facility Identification Number (DEP Use):
	Responsible Official
6. 1	Name and Title of Responsible Official:
	JOHN THOMAS - DWNER
S	Responsible Official Mailing Address: Organization/Firm: John Thomas Eut., Inc. 0/3/A 13:11 OuxIE CIEANERS Street Address: 5201 N. DAVIS HWY. City: PENSACOIA, FI. County: Escambia Zip Code: 32503
	Responsible Official Telephone Number: Telephone: (904) 474 - 0947 Fax: () N/B
	Facility Contact (If different from Responsible Official)
9. ì	Name and Title of Facility Contact (For example, plant manager):
	(SAME AS Above)
10. F	Facility Contact Address:
	Street Address: City: County: Zip Code:
	Facility Contact Telephone Number:
. Л	Telephone: () - Fax: () -
	DECEIVE

AUG 1 9 1996

Bureau of Air Monitoring & Mobile Sources

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

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BILL DOYLE CLEANERS

#1(c) - remove check

#3 - source should be classified as "new small"

#4 - check "new small" box &
remove check from "existing
large" box.

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	lD	Purchased	Installed	lD	Purchased	Installed	lD	Purchased	lnstalled
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	,							••	
(1) w/ ref. condenser	#1	1-001-94	1-0ct-94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		•			•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	٠.								
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				17					
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices are 2.(a) What was the total q [/ O Z] (b) If less than 12 month	are re	equired to be	installed [/	J	n the latest 12	: mor	nths?	
Check why it is less					_] New store	:	not k	eep records:	

DEP Form No. 62-213.900(2)

(Indicate with an "X".)	s pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber Large govern	Refrigerated condenser	[X] I AlREADY in S tows & LE fe At my Exist AREA SOURCE
New small area source Refrigerated condenser []		At my Exist
New large area source Refrigerated condenser []		AREA SOULL
to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by r during which propane or fuel oil containing no mor All steam and hot water generating units exempt No such units on-site	: have a total heat input of natural gas except for perio	10 million BTU/hr or less (298 ods of natural gas curtailment
Equipment Monitoring	and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site	in accordance with the req	uirements 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 mor	nitoring	W/A
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

Please 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)
[X]	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 smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
) Se	Admer 8/12/56
Signature	Date

Claire MS#5510

Do you need copies of corrected formets returned?

Charlie

P.S.

Here is one I corrected

RECEIVED

SEP 3 0 1996

Bureau of Air Monitoring & Mobile Sources

BILL DOYLE CLEANERS Roward	ala
#1(c) - remove check BEST AVAILABLE COPY	ion
#3 - source should be classified as "new small"): :IEANERS
#4 - check "new small" box & remove check from "existing large" box.	: 32503
Bep 14/94 to Oct 94 haugut 737 gal to hear tex decel line.	
Lid not buy any more until 5/1/96 = 51 gal had 3 left	11E CIEANERS Code: 32503
rate per two years = 368 gal/year	
	-
send cy of enop checkling the large	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

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AUG 1 9 1996

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
John Thomas Ent., INC. DIBIA B.11 DOYLE CLEANERS
2. Site Name (For example, plant name or number):
Bill DOYLE CLEANERS
3. Hazardous Waste Generator Identification Number:
179501911
4. Facility Location:
Street Address: City: O Zin Code: 7.7 - 7.1
City: PENSACOLA County: ESCAMBIA Zip Code: 32503
5. Facility Identification Number (DEP Use):
0.330226
Responsible Official
6. Name and Title of Responsible Official:
JOHN THOMAS - DWNER
7. Responsible Official Mailing Address:
Organization/Firm: John Thomas Ent., Inc. 0/3/A B.11 Ouxie CIEANERS
Street Address: 5201 N. DAVIS HWY. City: PENSACOIA, FI. County: Escando a Zip Code: 32503
Chi, PENSACEIA, Pr. County. 125 Crystalina
8. Responsible Official Telephone Number:
Telephone: (904) 474 - 0947 Fax: () N/B
Facility Contact (If different from Despensible Official)
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
(SAME AS ABOVE)
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
DECEIVE

AUG 1 9 1996

Bureau of Air Monitoring & Mobile Sources

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Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control	1	Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93	#2	08-DEC-91	1	#3	02-MAR-92	ı
Dry-to-Dry Unit			:						marina.
(I) w/ ref. condenser	#1	1-0-1-94	1-Oct-94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit							٠.		In promoting
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				4	•				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(I2) w/ no controls						_			
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are r quant gallo	equired to be ity of perchloons	installed [_ proethylene (perc)					[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.)	ew sn	initions found nall area sour rge area sour	rce	3) of	Part II?	

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

Existing large area source Carbon adsorber New small area source Refrigerated condenser New large area source Refrigerated condenser		Refrigerated condenser	A.V.	I Already installed S tons & LE frigeration At my Existing Small AREA SULLE
5. A facility which contains non-e to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such	y that all steam and			
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	ed exclusively by no	atural gas except for perio	ds of nature	
All steam and hot water generating No such units on-site	g units exempt	[<u>X</u>]		
Equipm	ent Monitoring a	nd Recordkeeping Infor	mation	
Check all logs which are required	to be kept on-site i	n accordance with the req	uirements o	f this general permit:
(a) Purchase receipts and solvent p	ourchases			
(b) Leak detection inspection and	repair		\checkmark	
(c) Refrigerated condenser temper	ature monitoring		\checkmark	
(d) Carbon adsorber exhaust perc	concentration mon	itoring		s/A
(e) Instrument calibration	a to to			
(f) Start-up, shutdown, malfunction	on plan			

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

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

(Indicate with an "X".)

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)								
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will promptly notify the Department of any changes to the information contained in this notification.									
Signature 8/12/96 Date									

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COM	PLIANCE II	NSPECTI	UN C	HECKLIST		
TYPE OF INSPECTION: AND	NUAL	E	3	COMPLAINT/DISC	COVERY	
	INSPECTION	N [ב			
AIRS 1D#: 33022 DATE:	_ ^ _		IMIE I	in: <u>/300</u> tin	Æ OUT: _	1345
FACILITY NAME: Bill Day	le Vlea	men	<u></u>			
FACILITY LOCATION: 5 20 1	1 \		$\omega \setminus$,		
Peris	acola i	= 2	25	03		
PART I: NOTIFICATION					y man had all digital to the day of	
(check appropriate box)						
1. Existing facility notified DARM by	9/1/96					<u></u> \$3
2. New facility notified DARM 30 days prior to startup						
3. Facility failed to notify DARM to us	e general pen	mit				
PART II: CLASSIFICATION						
Facility indicated on notification form (check appropriate box)	that it is:		•		. "	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		dry-to-dry transfer o both types	only, nly, x s, x<1	area source , x<140 gal/yr <200 gal/yr 40 gal/yr a or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2,100 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td><td>dry-to-dry transfer o</td><td>only, only, 2</td><td>area source , 140<x<2,100 gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td><u></u></td><td></td></x<1,800></x<1,800></x<2,100></td></x<2,100>		dry-to-dry transfer o	only, only, 2	area source , 140 <x<2,100 gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td><u></u></td><td></td></x<1,800></x<1,800></x<2,100>	<u></u>	

If no, please check the appropriate classification:

(constructed before 12/9/91)

This is a correct facility 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 / 6 / gallons.

 $\Box Y$

(constructed on or after 12/9/91)

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?	NO YES					
2. Examining the containers for leakage?	NO Y					
3. Closing and securing machine doors except during loading/unloading?	DY ON					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON (V)					
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON BON/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 refri (complete A below).	gerated condenser					
	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 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?	NO AC					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY 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 ÖN/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	NO YE					

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?	ΥŪΥ	ПN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	DNU A
	Is the temperature differential equal to or greater than 20° F?	ПY	□N Č
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 QN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□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?	ΟY	A Mu
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠŸ	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DN/A

Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY ON 2. Maintained rolling monthly averages of perc consumption? ĎY □N 3. Maintained leak detection inspection and repair reports for the following: ÐY □N 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 and parts installed w/in 5 days of receipt? ФУ ДЙ 4. Maintained calibration data? (for direct reading instruments only) DY DN DN/A \square Y \square N \mathcal{N} \mathcal{N} 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? QY QN 7. Maintained deviation reports? □Y □N Problem corrected? OY ON

PART V: RECORDKEEPING REQUIREMENTS

8. Maintained compliance plan, if applicable?

DY DN DN/A

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?	ΘY	□N							
2.	. Which method of detection is used by the responsible official?									
	Visual examination (condensed solvent on exterior surfaces)	/ 0								
	Physical detection (airflow felt through gaskets)	/ 🗖								
	Odor (noticeable perc odor)	व								
	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 pp	m? □Y	□N							
	b. Calibrated against a standard gas prior to and after each use									
	(PID/FID only)?	_	□N							
	c. Inspected for leaks and obvious signs of wear on a weekly basis?		□N _							
	d. Kept in a clean and secure area when not in use?		□N							
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	✓	□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,	Far								
	couplings, and valves	YEE .	□N							
	Door gaskets and seating	ZY	□N							
	Filter gaskets and seating	ΩY	□n (√X)							
	Pumps	Y	DNN							
	Solvent tanks and containers DY DN Cartridge filter house	sings 🖫Y	□N·							
	Water separators									

Name of Responsible Official

Name of Responsible Official

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

 	 10 15 mm = 0 111 1 mm = 0	
/		

TIT V AIR QUALITY GENERAL PEI INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	MPLAINT/DISCOVERY	RE-INSPECTION		
TIME IN: 1300	TIME OUT: 1341	AIRS ID#: 0	330226		
TYPE OF FACILITY: D.	Doele Claners		2111/1/27		
FACILITY NAME: Bell FACILITY LOCATION: 5 22	() > ./		DATE: 1/15797		
TACILITY LOCATION.		v '	/		
RESPONSIBLE OFFICIAL:	John Thoman	PHONE NUMBER:	476-0947		
ليكتاني	the compliance requirements evaluate 62-213.300, Florida Administ	nated during this inspection, the facily rative Code (F.A.C.).	ity is found to be in		
Based on the results of t discrepancies were note	•	nated during this inspection, the follo	owing compliance		
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED		
,					
"					
· · · · · · · · · · · · · · · · · · ·					
COMMENTS: GOOD Nec	condr.				
•	- ~ ~ ~	fied and submitted to the inspector.	YES NO		
INSPECTION CONDUCTED BY: A 1 PS NON MAN					
INSPECTOR'S SIGNATURE:	1/1/2018	lease Print) PHONE NUMBER:	411-2364		
•	Page_	of	/ Revised 10/96		

AIRS ID#: 03 30226

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Bild	Doyle Cleane	<i>M</i> ,			DATE	: 1/15/97
FACILITY LOCATION: 52	Ol N. DAvis	Hwy				
FACILITY LOCATION: 52	marula FL 3 E	250_3				
				•		
Annual Reporting Period: 1	0 19	19 <u>96</u>	TO	AN .	15	1997
Based on each term or condition of 62-213.300, Florida Administrativ					pliance with D	DEP Rule
If NO, complete the following:						
#1. Term or condition of the general	al permit that has not been in	continuous co	mpliance	during the	reporting per	riod stated above:
Exact period of non-compliance: f	rom		to			
Action(s) taken to achieve complia	nce:					
Method used to demonstrate comp	iance:				· 	
#2. Term or condition of the gene	ral permit that has not been in	continuous co	mpliance	during the	e reporting per	riod stated above:
Exact period of non-compliance: 1	rom		to_			
Action(s) taken to achieve complia	nce:					
Method used to demonstrate comp	liance:					
As the responsible official, I hereb made in this notification are true, upon rolling averages of purchase year for transfer or combination for RESPONSIBLE OFFICIAL:	accurate and complete. Furti receipts, does not exceed 2,1	her, my annual	consump	otion of per dry-to dry	chloroethylen	e solvent, based 800 gallons per
	rame (riease rimit)			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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

.[
n.	DV CLEANED AID OHALITY CENEDAL DEDMIT P.	
D .	DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM	
	AIRS ID#0330226	,
	ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0330226 JOHN THOMAS ENT INC JOHN THOMAS 5201 N DAVIS HWY PENSACOLA FL 32503	The state of the s
,	S III	,
i	Do <u>NOT</u> Remove Label	
annual Reporting Period:	1/15 1967 TO 4/25/58 19	
	of the Title V general air permit, my facility has remained in compliance with DEP Rule tive Code (F.A.C.), during the period covered by this statement.	
NO, complete the following:		
1. Term or condition of the gene	neral permit that has not been in continuous compliance during the reporting period stated above:	
I	1	
t tact period of non-compliance:	from to	_
ction(s) taken to achieve compli	liance:	_
ethod used to demonstrate comp	npliance:	
r		
. Term or condition of the gene	neral permit that has not been in continuous compliance during the reporting period stated above:	
xact period of non-compliance:	fromto	_
tion(s) taken to achieve compli	liance:	_
ethod used to demonstrate comp	ipliance:	_
tification are true, accurate and c	y certify, based on information and belief formed after reasonable inquiry, that the statements made in thi complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.	
ESPONSIBLE OFFICIAL:	11 N7 / ///// / /////	-

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY □

RE-INSPECTION				
FACILITY NAME: Bil Doy le FACILITY LOCATION: 520(N. D. RESPONSIBLE OFFICIAL: John Tha	min Han 32503			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to star	rtup . 🗆			
2. Facility failed to notify DARM to use general per	rmit 🗆			
PART II: CLASSIFICATION	RFC			
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleam			
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) Bureau of Air Monitoring & Mobile Sources			
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 □N □Can not determine			
	ation: neral permit as number above uits 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 gallons.				

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

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΣDΥ	ПΝ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		A/NØ NO
	Is the temperature differential equal to or greater than 20° F?	ŢΩ	□N ⊠N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩΥ	A/NØ NO
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	□N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	A/MC NC
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ON DN/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) NO YE 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly a total of perc consumption? Helped Straightoward MD YE 3. Maintained leak detection inspection and repair reports for the following: A/NO NO YO 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 אומם מם צם and parts installed w/in 5 days of receipt? A/MQ NO 🕰 4. Maintained calibration data? (for applicable direct reading instruments) A/NE NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? MO YE 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? DY ON BN/A

P	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?	MO AE						
2.	Has the facility maintained a leak lo	ду пи						
3.	3. Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	OY ON N/A				
	Door gaskets and seating	DY ON ON/A	Stills	אוחם אם אם				
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אומס אם אם				
	Pumps	OY ON ON/A	Diverter valves	אומם מם צם				
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	A/NO NO YE				
	Water separators	BY ON ON/A	•					
4. Which method of detection is used by the responsible official?								
	Visual examination (condensed solvent on exterior surfaces)			A				
	Physical detection (airflow fel	Ø						
	Odor (noticeable perc odor)			Ø				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector							
	If using direct-reading in	©N/A						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			DY DN				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			DY DN				
	d. Kept in a clean ar	QY QN						
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			QY QN					

Inspector's Name (Please Print)

Inspector's Signature

| 18/9 | | 18/9 | | | 18/9 | | | 18/9 | | | 18/9 | | | 18/9 | | | 18/9 | | | 18/9 | | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/9 | | 18/

ADDITIONAL SITE INFORMAT	TION:				
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/	DISCOVERY	RE-INSPECT	ÖN 🔲 🖊
TIME IN: 144'S	TIME OUT:	-18-78 1:	5/5 AIRS ID#: 03	30226	
TYPE OF FACILITY:		^			2
FACILITY NAME:	Doyle C	Deenens		_DATE: 6 · / 8	·98_
FACILITY LOCATION:	5201 N. DAV	is there	and the second second		
RESPONSIBLE OFFICIAL:	Remarale F	- 3 × 343	PHONE NUMBER:	476-0	947
	11.1014				
compliance with DEP	the compliance requirement Rule 62-213.300, Florida Ac	lministrative Code	(F.A.C.).		
Based on the results of discrepancies were not	the compliance requirement ed:	s evaluated during	this inspection, the foll	owing compliance	
COMPLIANCE REQ	UIREMENT/PROBL	EM FO	DLLOW-UP ACTI	ON REQUIREI)
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COMMENTS: Le Sneet	shing 6+	- St 70	Phi 1 6.0		,
10 - 9	shayater	001 10	to for the		
y to		•			
The Annual Compliance Certific	cation form has been proper	ly certified and sub	mitted to the inspector.	YES	10
DATE OF NEXT INSPECTIO	DN: Jen 99	7		<u> </u>	
INSPECTION CONDUCTED	BY: CHARIOS A	(Approximate)		
INSTRUCTION CONDUCTED	11/1 m	(Please Print)		<i>/</i>	7 1
INSPECTOR'S SIGNATURE	(Steves 111)	Come	_PHONE NUMBER:	>15-8	364
•		Page / of /.		Re	vised 10/96

W. C.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Bill Doyle (Clearers)	DATE: <u>06/18/</u>
FACILITY LOCATION: 520/N. Davin Har	
Denue 32503	
Annual Reporting Period: 1/16/97 19 TO 6/18/95	19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance of 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	_
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	
	<u>~ M</u>
Exact period of non-compliance: from to Sof Artion(s) taken to achieve compliance:	E M
Action(s) taken to achieve compliance:	6
Method used to demonstrate compliance:	1998 E
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	
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 inqui made in this notification are true, accurate and complete. Further, my annual consumption of perchloroes upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	thylene solvent, based

*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.

Page	of	
1 450	O.	

TI' V AIR QUALITY GENERAL PF 'IT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPL	.AINT/DISCOVE	RY 🔲	RE-INSPECTION
TIME IN/44'S	TIME OUT:	16 49	2/5/5 AM	VIED.	073 0226
TYPE OF FACILITY:			ECEL	•	
FACILITY NAME: Be	Doyle Cl	eene	ns 100 - 7	1999	_DATE: 6 . / 8 . 9 8
FACILITY LOCATION:	201 N. DAVI	s 1/2	Bureau of A	ir Monitoring	B
	lesisacola FL	-	Bureau or	ir Montes	/17/ 10:17
RESPONSIBLE OFFICIAL:	du l'homon		% HONI	E NUMBER:	4/6-074/
<u> </u>	the compliance requirements tule 62-213.300, Florida Ádr		_	ction, the fac	ility is found to be in
Based on the results of discrepancies were note	he compliance requirements d:	evaluated	during this inspec	ction, the foll	owing compliance
COMPLIANCE REQU	JIREMENT/PROBLE	M	FOLLOW	-UP ACTI	ON REQUIRED
		,	• •		
			· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·				·
			•		
					·
COMMENTS: Helper	strägleter	ail	weling	to tal.	
The Annual Compliance Certific	ation form has been properly	certified	and submitted to t	the inspector.	YES NO
DATE OF NEXT INSPECTIO	N: - Jun 99				
Nana amana ang ang ang ang ang ang ang ang ang	0		oximate)		
INSPECTION CONDUCTED	BY (MANIES Alo		e Print)		
INSPECTOR SSIGNATURE	Heules M/	10m	ŕ	E NUMBER:	595-8364
JUL 02 1998			<u> </u>		Pariand 10/06

PEK-HLOROETHYLENE DRY CL_ANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-IN:	JAL COMPLAINT/DISCOVERY U	
FACILITY NAME: BOOK DE	1. 18.98 TIME IN: 1445 TIME OUT: 1515 og le Cleaners N. Davin Hay 32503 Thanus (850) 476-0947	
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box) 1. New facility notified DARM 30 days por particle of the property of	•	
PART II: CLASSIFICATION		
Facility indicated on notification form the (check appropriate box) A.	that it is: □ No notification form □ Drop store/out of business/petroleum	
	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
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	on DY DN DCan not determine	
	te classification: ed for a general permit as number above s above limits and is not eligible for a general permit	

ENTERED

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?	AINO NO YØ			
2. Examining the containers for leakage?	DY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	DY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY, ON DN/A			
PART IV: PROCESS VENT CONTROLS	· · · · · · · · · · · · · · · · · · ·			
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part	v.			
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).				
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber no installed prior to September 22, 1993	_			
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	frigerated 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 DX			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם צפ			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ם אועם אם אועם			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אותם אם עו <u>ס</u>			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צום			

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?	ΣIY	ПN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ON ON/A
	Is the temperature differential equal to or greater than 20° F?	ΔA	A/NØ NO
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?	ŌΑ	\(\Omega \) \(\Om
	Is the perc concentration equal to or less than 100 ppm?	ΠY	A/NØ NO
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?	ΩY	ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON EIN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly stated of perc consumption? Helped Straightown?	AN ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	אואס אס אמ
4. Maintained calibration data? (for applicable direct reading instruments)	A/N/D NO
5. Maintained exhaust duct monitoring data on perc concentrations?	אמש מם צם
6. Maintained startup/shutdown/malfunction plan?	BY DN
7. Maintained deviation reports?	א/אם אם אם
Problem corrected?	אומע מס אס
8. Maintained compliance plan, if applicable?	אאם אם צם

ADDITIONAL SITE INFORMA	ATION:	
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TITLE V AIR QUALITY GENERAL PERMIT

INSPECTION SUN	TWIARY REPORT
TYPE OF INSPECTION: ANNUAL X COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1030 TIME OUT: 1220	AIRS ID#: 033 02-265
TYPE OF FACILITY: D.C.	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FACILITY NAME: BOD Doyle Cleaners	DATE: GOLFTON 9
FACILITY LOCATION: 5201 N. DAVIS 1+W	V Ces Ting
1 marry 32505	
RESPONSIBLE OFFICIAL: Julin Thomas	PHONE NUMBER: 476-0947
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
INADEQUARE REGULD KEEDING	,1999 De cellen der un later
IN ROlling to tals / Repair / TIMB check	Lunis inspection for rolling to tals.
	do land & letter suprem information from
	nevoves for 1999.
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ENTERED	
JUNO	·
0 4 1999	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8 -12 MO	
	proximate)
INSPECTION CONDUCTED BY: Kn - 105 No	
	ease Print)
INSPECTOR'S SIGNATURE: Mentil	PHONE NUMBER: 595-8364 7 1222
Page	

DRY CLEANER AIR QUALITY GENERAL PERMITS

AIRS ID#: 0330226		paev	Revised 10/10/96
	NER AIR QUALITY G L'COMPLIANCE CERTIF		Buy JUN S LA
FACILITY NAME: 3.11/ 1/3 FACILITY LOCATION: 5200	4. 32503	Hux	DATE: Colling to the second se
Annual Reporting Period: 6.99 Based on each term or condition of the Title		TO 6-1-99	19
62-213.300, Florida Administrative Code (F			. —/
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous c	ompliance during the reporti	ng 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	ENTRYS IOR AL	Linstruction project will losgi	NS BOTE CONTRACT
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	JUN 0 4 1999	to	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Nat	and complete. Further, my annuc does not exceed 2,100 gallons pe	al consumption of perchloroe	thylene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

		TA	
TYPE OF INSPECTION: ANN	ROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT PLIANCE INSPECTION CHECKLIST NUAL COMPLAINT/DISCOVERY INSPECTION	Sureau or Air Monitoring	
AIRS ID#: 0330226 DATE: FACILITY NAME: Bill Doy, FACILITY LOCATION: 5201	6/1/99 TIME IN: 1030 TIME OUT	:1220	
RESPONSIBLE OFFICIAL: 1 LA CONTACT NAME: 51 M	Thomas PHONE: 476-094	17	
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			
	FNTES		
PART II: CLASSIFICATION			
Facility indicated on notification form (check appropriate box) A.	that it is: On notification form Drop store/out of busines	ss/petroleum	
I. 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)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source	☐ 4. New large area source		

If no, please check the appropriate classification:

dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$

5. This is a correct facility classification

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

facility qualified for a general permit as number _

dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$

☐Can not determine

transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr

(constructed on or after 12/9/91)

ΠN

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 114.7 gallons. Noto: This is a low pour to -

Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON MANA			
2. Examining the containers for leakage?	OY ON YNA			
3. Closing and securing machine doors except during loading/unloading?	Ø(Y □N			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	¤Y □N □N/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MANA			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Par	t 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				
Classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	efrigerated condenser			
(complete A and B below). A. Has the responsible official of all new sources and existing large area sour				
(complete A and B below). A. Has the responsible official of all new sources and existing large area sour (check appropriate boxes)	ces:			
(complete A and B below). A. Has the responsible official of all new sources and existing large area sour (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls?	ces:			
(complete A and B below). A. Has the responsible official of all new sources and existing large area sour (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 condenser upon opening the door?	Ces: DY ON DY ON ON/A OY ON DIN/A			
(complete A and B below). A. Has the responsible official of all new sources and existing large area sour (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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated	Ces: DY ON DY ON ON/A OY ON DIN/A			

Lid not necovel checkes but of sad repair records Revised 9/15/97 for them time it was repaired.

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, rectaimer, and dryer machines on a weekly basis? Not recorded measured - ges	DY DN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN DN/A
	Is the temperature differential equal to or greater than 20° F?	OY ON DAN/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 DIN/A
	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?	DY DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON OWA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON MYA

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) **9**DY □N 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? I with a few must M 3. Maintained leak detection increasing and MB 3. Maintained leak detection inspection and repair reports for the following: HADrepain 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 DN DN/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN AN/A 5. Maintained exhaust duct monitoring data on perc concentrations? ØY □N 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART	VI: LEAK DETECTION AN	D REPAIRS		
1. Doe	es the responsible official conduc	et a weekly (for small source	es, bi-weekly) leak detection	and repair
∥ ′	ous porta	of the MA 19	78- renouted.	DY DN
	the facility maintained a leak lo	g?		DY ZDN
3. Doe	es the responsible official check t	the following areas for leaks	s?	
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	אומס אם אם
	Door gaskets and seating	AVID ND YD	Stills	N/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY DN BN/A
	Pumps	A/NO NO YES	Diverter valves	אומם אם אם
	Solvent tanks and containers	A/NO NO YE	Cartridge filter housings	AN ON ONIA
	Water separators	DY DN DN/A		
4. Whi	ich method of detection is used b	by the responsible official?		
	Visual examination (condense	d solvent on exterior surface	es)	a
,	Physical detection (airflow fel	t through gaskets)		D
	Odor (noticeable perc odor)			国
	Use of direct-reading instrume	ntation (FID/PID/calorimet	ric tubes)	<u> </u>
Ì	Halogen leak detector			
	If using direct-reading in	strumentation, is the equi	oment:	□N/A
	a. Capable of detection	ng perc vapor concentration	s in a range of 0-500 ppm?	DY DN
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	OY ON
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON

CHARLES M. Norman
Inspector's Name (Please Print)
Theol M Home
Inspector's Signature

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

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

Date of Inspection

Approximate Date of Next Inspection

 \Box Y \Box N

 \Box Y \Box N

ADDITIONAL SITE INFORMATION:	
•	
	•
•	
	•
·	
· ·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLA	INT/DISCOVERY		e-Inspection
TIME IN: 1115	TIME OUT:	1150	AIRSI	D#: 3, 8 3	szlog
TYPE OF FACILITY: 1571	1 Cry re Cit	UNINCIA	2	(0.2)	300 / A. C.
FACILITY NAME:	12. 1 12		<u> </u>		\$ 1/7 09 9
7	NSAUIN FC	32503/		<u> </u>	String
RESPONSIBLE OFFICIAL:	John Thom.	nso	PHONE N	UMBER: 47	6-6947
ZX	f the compliance requirem Rule 62-213.300, Florida			n, the facility is f	found to be in
Based on the results o discrepancies were no	f the compliance requirem ted:	ents evaluated d	luring this inspectio	n, the following	compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-U	P ACTION R	LEQUIRED
,					
COMMENTS: Kiepey Yac ar	gan ru	Arack			
The Annual Compliance Certif	ication form has been pro	perly certified a	nd submitted to the	inspector.	YES NO
DATE OF NEXT INSPECTI	on: 18-12/	MOS (Approx	imate)		
INSPECTION CONDUCTE) BY: / YM 2 1 89	Meama	n)		
INSPECTOR'S SIGNATURĮ	Merk	Please	·	umber: 59	
·		Page / of	<u>/</u> .	eft 12	? 22 Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	X	COMPLAINT/DISCOVER	Υ
AIRS ID#0330226 FACILITY NAME: 13:11	Doyle C) LENNL	= 25 Z	: <u>1150</u>
FACILITY LOCATION: RESPONSIBLE OFFICIAL:	Panshealn,	FL	32503	
CONTACT NAME: 50	()			
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM	30 days prior to startu	חו		
2. Facility failed to notify DARM to use general permit				
2. Tuesting function to fronting By its				
PART II: CLASSIFICATION	Υ			
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification form☐ Drop store/out of busines	s/petroleum
1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr c t	transfer only, x both types, x <	v. x ≤ 140 gal 'yr t ≤ 200 gal/yr	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$)	,100 gal/yr	transfer only, 2 both types, 140	area source \bigcirc y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ n or after $12/9/91$)	
5. This is a correct facility of	lassification	אם על	□Can not determine	
	ity qualified for a gene	ral permit as n	umber above igible for a general permit	
B. The total quantity of perchlo facility was 90 8 gallons			he preceding 12 months by this	

(check appropriate boxes) YOY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? OY ON 4. 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? 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) NO YE 1. Equipped all machines with the appropriate vent controls? SDY 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated אם אם condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ANKO KO YŒ condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MU NØ verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	ΥØΥ	ПN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N ⊠N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	□N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	DK BW/Y
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	A/NE NO
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?	ΠY	רעם אם א
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	אום אם
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	A/אם אם

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? \overline{D} \overline{D} 2. Maintained rolling monthly total of perc consumption? MD AD 3. Maintained leak detection inspection and repair reports for the following: AMO NO YE 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 and parts installed w/in 5 days of receipt? AMAD NO YO DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) AVAE NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? NO YE 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? A/NE NO YO Problem corrected? AME NO YO 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	O REPAIRS		· · · · · · ·	
1. Does the responsible official conduc	t a weekly (for small source	es, bi-weekly) leak detection	and repair	
inspection?			NO AM	
2. Has the facility maintained a leak log	??		BY DN	
3. Does the responsible official check the	he following areas for leak:	s?		
Hose connections, fittings, couplings, and valves	A/NO NO YØ	Muck cookers	אמ' אם עם	
Door gaskets and seating	TOY ON ON/A	Stills	BY ON ON/A	
Filter gaskets and seating	אותם אם עם	Exhaust dampers	A/MO MO YO	
Pumps	A/MO MO YED	Diverter valves	DY DN DN/A	
Solvent tanks and containers	אואם אם צם	Cartridge filter housings	AVA NO VO	
Water separators	NON ON/A			
4. Which method of detection is used by the responsible official?				
Visual examination (condensed	d solvent on exterior surfac	es)	Ð	
Physical detection (airflow felt	through gaskets)			
Odor (noticeable perc odor)			Ø	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
d. Kept in a clean and secure area when not in use?			מם עם	
e. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	OY ON	
			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	

Inspector's Name (Please Print)

HANICS Norman)

Inspector's Signature

Date of Inspection

10-12 mos

Approximate Date of Next Inspection

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

RECEIVED MAIL ROOM

JAN 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0330226

JOHN THOMAS ENT INC JOHN THOMAS 5201 N DAVIS HWY PENSACOLA FL 32503 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING/

0389868

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 # 0330226

BILL DOYLE CLEANERS JOHN THOMAS 5201 N DAVIS HWY PENSACOLA FL 32503 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BI GO Fund: 20-2-035001 Obj.: 002273



0361538

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

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MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 FEB 23 99

Do NOT Remove Label

AIRS ID # 0330226

BILL DOYLE CLEANERS JOHN THOMAS 5201 N DAVIS HWY PENSACOLA FL 32503

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Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 37 JAN17 2002

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 # 0330226 BILL DOYLE CLEANERS JOHN THOMAS 5201 N DAVIS HWY PENSACOLA FL 32503

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403369

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 # 0330226 BILL DOYLE CLEANERS

JOHN THOMAS 5201 N DAVIS HWY

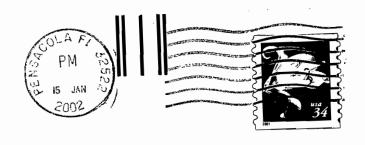
PENSACOLA FL 32503

FOR GOVERNMENT USE ON Org.: 37550101000 EQ. A1 Fund: 20-2-035001

22-01 pd

Obj.: 002273

Sizemore And Company P. O. Box 6133 Pensacola, Fl. 32503-0133 (850) 478-8049



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

PLACE STICKER AT TOP OF ENV TO THE RIGHT OF RETURN ADD	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. 	A. Regeived by (Please Print Clearly) C. Signature Agent Addressee D. Sydelivery address different from item 1?			
1. Article Addressed to: 10 AIRS ID # 0330226001AG	tyes_enter_delivery address below:			
JOHN THOMAS BILL DOYLE CLEANERS	JUN 1 1 21			
5201 N DAVIS HWY PENSACOLA FL 32503	3. Service Type DENTIFIELLING AID Marpressor Hill RegisterMobile Setward Seceipt for Merchandise DInsured Mail D.C.O.D.			
	4. Restricted Delivery? (Extra Fee)			
2. Article Number (Copy from service label) 36/5562				
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789			
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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)					
5562	OFF	ICIAL	USE			
7361	Postage Certified Fee	*\$	Postmark			
000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here			
1670	I 10 AIRS ID # 0330226001AG S JOHN THOMAS BILL DOYLE CLEANERS					
7000	5201 N DAVIS HWY PENSACOLA FL 32503					
<u> </u>	PS Form 3800, May 2000		See Heverse for Instructions			

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 card to you. Attach this form to the front of the mallpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mallpiece below the article. The Return Receipt will show to whom the article was delivered and 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:	4a. Article N	umber	Receipt	
JRN ADDRESS completed	AIRS ID # 0330226 BILL DOYLE CLEANERS JOHN THOMAS 5201 N DAVIS HWY PENSACOLA FL 32503	4b. Service 1 Registere Express I Return Rec	Type red		
RETUI	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested paid)	hank	
your	6. Signature: (Addressee 6) Agent)	ين المراجعة		-	
ş	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt		

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s your RETURN ADDRESS completed on the reverse side?	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this				I also wish to receive the following services (for an extra fee):		
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3ETUF	5. Received By: (Print-Na	me)	2)	8. Addressee's Address (Only if requested and fee is paid)			Thank you for using Return Receipt Service
5	6. Signature: (Addressee	or Agent)					-
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