

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 28, 1998

Mr. Joe Dombrowski Pronto Cleaners 660 South Broad Street Brooksville, Florida 34601

Re: Facility No.: 0530355

Dear Mr. Dombrowski:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 18, 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,

for Dotty Diltz, Chief

Sauden Dewner

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

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Perchloroethylene Dry Cleaning Facility Notification	
Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): PRONTO CLEANERS	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
PRONTO CLEANERS	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
FLD 982180752	
4. Facility Location: 660 S. BROAN ST. Street Address: 660 S. BROAN ST.	
City: BROOKSVICLE County: HERNANDO Zip Code: 34601	
5. Facility Identification Number (DEP Use):	
Responsible Official	
6. Name and Title of Responsible Official:	
JOE & CHRIS DOMBROWSKI, OWNERS	
7. Responsible Official Mailing Address: Organization/Firm: FRONTO CLEANERS Street Address: 660 S. BROAD ST City: BROOKS VILLE County: HERNANDO Zip Code: 3460/	
Street Address: 660 S. BROAD ST City: BROOKS VILLE County: HERNANDO Zip Code: 34601	
•	
8. Responsible Official Telephone Number: Telephone: (352) 796 - 664 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address:	. •
City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	•

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

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	HI	1988							
(2) w/ carbon adsorber	,-								
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser					,				
(5) w/ carbon adsorber									
(6) w/ no controls								_	
Dryer Unit	57114						Wille		
(7) w/ ref. condenser									,
(8) w/ carbon adsorber								-	
(9) w/ no controls									
Reclaimer Unit	A Special	TENSTERS	filtetaki.	S LASS					
(10) w/ ref. condenser						,			,
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are re quanti gallo hs, he	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				·
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea soi	t one classifi urce [X]	cation only.) Ne	w sm	nitions found all area sourc	ce []	1	Part II?	
					G		1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machine (Indicate with an "X".)	es pursuant to section (5) of Part 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 []	
to Rule 62-213.300, F.A.C. Verify that all steam a exemption criteria or that no such units exist on-site. All steam and hot water generating units on-site (1)	1) have a total heat input of 10 million BTU/hr or less (298
boiler HP or less), and (2) are fired exclusively by during which propane or fuel oil containing no mo	natural gas except for periods of natural gas curtailment ore than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	g and Recordkeeping Information
Check all logs which are required to be kept on-sit	e in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	\leq
(c) Refrigerated condenser temperature monitoring	g
(d) Carbon adsorber exhaust perc concentration me	onitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:	tu en pr
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)	
	·	• .
K	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Responsible Official Certification	
this notifi statemeni maintain	lersigned, am the responsible official, as defined in Part II of this form, of the cation. I hereby certify, based on information and belief formed after reasons made in this notification are true, accurate and complete. Further, I agree the air pollutant emissions units and air pollution control equipment describith all terms and conditions of this general permit as set forth in Part II of the	nable inquiry, that the to operate and ed above so as to
I will pro	mptly notify the Department of any changes to the information contained in t	his notification.
<u>Chro</u> Signature	tina Danbrashi 5/7/9	18

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

•	COM BIANCE INC			$\overline{}$. Z 0
TYPE OF INSPECTION:	ANNUAL		COMPLAINTIDI	SCOVERY	
1000686	RE-INSPECTION				Source
TYPE OF INSPECTION: ### AIRS ID#: 0530355 1	DATE: 5/7/9	TIME I	N: <u>//: 50</u> T	IME OUT: _/	1213C
FACILITY NAME:	nonto Cle	aners	•		
FACILITY LOCATION:	}		St.		
 -	Stooksvile		2	 	<u> </u>
RESPONSIBLE OFFICIAL:	BEACHRIS 1	Jonn Brows	OKHONE: 35	2-796-1	0642
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
	20 4		•		Ġ
1. New facility notified DARM	30 days prior to startur	כ			_
	-				
New facility notified DARM Facility failed to notify DARM	-				
	-				X
	M to use general permi				×
2. Facility failed to notify DARN PART II: CLASSIFICATION	M to use general permi		□ No notification	n form	
2. Facility failed to notify DARN PART II: CLASSIFICATION Facility indicated on notification	M to use general permi		□ No notification □ Drop store/out		etroleum
2. Facility failed to notify DARN PART II: CLASSIFICATION	M to use general permi		□ No notification □ Drop store/out		etroleum
2. Facility failed to notify DARN PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)	M to use general permi		☐ Drop store/out		etroleum
2. Facility failed to notify DARN PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A.	on form that it is:	t . New small a	☐ Drop store/out	of business/pe	etroleum
2. Facility failed to notify DARN PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is:	. New small a ry-to-dry only ansfer only, x	☐ Drop store/out trea source , x < 140 gal/yr < 200 gal/yr	of business/pe	etroleum
2. Facility failed to notify DARN PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is:	. New small a ry-to-dry only ansfer only, x oth types, x <	□ Drop store/out rea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr	of business/pe	etroleum
2. Facility failed to notify DARN PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is:	. New small a ry-to-dry only ansfer only, x oth types, x <	☐ Drop store/out trea source , x < 140 gal/yr < 200 gal/yr	of business/pe	etroleum
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	on form that it is:	. New small a ry-to-dry only ansfer only, x oth types, x < constructed on	□ Drop store/out rea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/pe	etroleum
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PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A. 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800	on form that it is: ce 2 yr d tr b (0) ce 4 100 gal/yr d 0 gal/yr tr	New small a ry-to-dry only ansfer only, x oth types, x < constructed on . New large a ry-to-dry only ansfer only, 20	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/y}$ $140 \le x \le 1,800 \text{ gal/y}$	of business/pe	etroleum
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Parfects Maxina 570 Model MT64

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?	XY ON ON/A
2. Examining the containers for leakage?	Y ON ON/A
3. Closing and securing machine doors except during loading/unloading?	XY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	X ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu 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?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חס עם

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□N	,
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠV		□N/A
	Is the perc concentration equal to or less than 100 ppm?			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?	u i		. UNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	My on
2. Maintained rolling monthly total of perc consumption?	OY X V
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY X DN/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?	A/NZ, NO YO
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN MYA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ANA
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	DY DN PRIVA.
Problem corrected?	DY DH DANA
8. Maintained compliance plan, if applicable?	ON ON JANA

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for sm	all sources, bi-w	veekly) leak detection ar	id rep	air
	inspection?			XY	□N
2.	2. Has the facility maintained a leak log?			ΩY	⊅ Kį
3.	8. Does the responsible official check the following areas	for leaks?			
	Hose connections, fittings, couplings, and valves	N/A M	uck cookers	X(Y	□N □N/A
	Door gaskets and seating	N/A St	ills	ĹΫ́Υ	□N □N/A
	Filter gaskets and seating	N/A Ex	xhaust dampers	ΖÝ	□N □N/A
	Pumps SXY 🗆 N 🗆	N/A D	iverter valves	E Y	ON DAVA
	Solvent tanks and containers $\not\boxtimes Y \square N \square$	N/A Ca	artridge filter housings	X (Y	□N □N/A
	Water separators	N/A			
4.	4. Which method of detection is used by the responsible	official?			
	Visual examination (condensed solvent on exteri	or surfaces)		ø	
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)			Ø	
	Use of direct-reading instrumentation (FID/PID/	calorimetric tube	es)		
	Halogen leak detector				
	If using direct-reading instrumentation, is	the equipment:		:XIN/	A
	a. Capable of detecting perc vapor con-	centrations in a r	ange of 0-500 ppm?	ΩY	□N
	b. Calibrated against a standard gas pri- (PID/FID only)?	or to and after ea	ach use	ΩY	□N
	c. Inspected for leaks and obvious sign	s of wear on a w	eekly basis?	ΠY	ΠN
	d. Kept in a clean and secure area when	n not in use?		ΩY	DИ
	e. Verified for accuracy by use of dupl	icate samples (ca	alorimetric only)?	ΠY	ПN
				•	

MARGARET CANGRO	5/7/98
Inspector's Name (Please Print)	Date of Inspection
Margaret Canops Jinspector's Signature	May 99 Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTIO	ON A
FACILITY NAME: Pronto Cle FACILITY LOCATION: 660 S. BOYKSIY RESPONSIBLE OFFICIAL: Chris Dor	12:55 TIME OUT: 1:15 ANERS Broad St. Cla , F2 3460/ Vibrowyki PHONE: 352/796-0642 PHONE:
PART I: NOTIFICATION	i
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	urtup [
2. Facility failed to notify DARM to use general pe	ermit 🔾
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	□ 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	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 before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
	(constructed on or after 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 $12/9/91$)
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	(constructed on or after 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 $12/9/91$)
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general section.	(constructed on or after $12/9/91$) 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 $12/9/91$) Bureau of Air Monitoring Sources $12/9/91$

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	\$1.5 No. 10 No. 10				
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON XN/A				
2. Examining the containers for leakage?	DY DN DN/A				
3. Closing and securing machine doors except during loading/unloading?	p€ □n				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	RY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איא פועם אם אם				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:	: .:				
If classification 1 has been checked, no controls are required. Proceed to Part V.					
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	□Y □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY OX OXA				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY 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?	□Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	•
if machines are equipped with a carbon adsorber?	DY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? □Y X 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DY DNA 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 AME MAKYE and parts installed w/in 5 days of receipt? DY DN XXXA 4. Maintained calibration data? (for applicable direct reading instruments) EK**z** no yo 5. Maintained exhaust duct monitoring data on perc concentrations? XIY JN 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN **X**ina Problem corrected? DY DN XXNA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIRS	And the second of the second	Transcription .
1. Does the responsible official conduct	= :		ınd repair
inspection? Says yes	- no recond	variable.	NA AD
2. Has the facility maintained a leak log?	en e	4,5 · 4 · 4 · 5 ·	DY XX
3. Does the responsible official check the	e following areas for lead	cs?	Ž.
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DY DN DN/A
Door gaskets and seating	OY ON ON/A	Stills	DY DN DN/A
Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	.DY DN DN/A
Pumps	□Y □N □N/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	A/NO NO YO
Water separators	DY DN DN/A		The second secon
4. Which method of detection is used by	the responsible official?	H 1 3 H 1	1 2 2
Visual examination (condensed	solvent on exterior surfa	ces)	Ā
Physical detection (airflow felt t	hrough gaskets)		Ò.
Odor (noticeable perc odor)			3
Use of direct-reading instrument	ation (FID/PID/calorime	etric tubes)	
Halogen leak detector	- ·		
If using direct-reading inst	rumentation, is the equ	ipment:	MN/A
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON
c. Inspected for leaks a	nd obvious signs of wea	r on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in t	ıse?	OY ON
e. Verified for accurac	y by use of duplicate san	nples (calorimetric only)?	DY DN

MARCARIT CANGRO

Inspector's Name (Please Print)

Date of Inspection

Mail 1969

Approximate Date of Next Inspection

AIRS ID#:	0530355	
•		_

Acc

Revised 10/10/96

DRY CLEANI ANNUAL O		LITY GENE CERTIFICAT	TON FORM	AIT LA	IVED
FACILITY NAME: Pronto Cla FACILITY LOCATION: 660 S		4	D.E.P.	Sureau of 10	1999 16/79
Brooksville	fr 34	60/ Southwe	T Û 3 1999 St District Tampa		<u>````</u>
Annual Reporting Period:	5-8		· ·	5-26	1999
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A	- ·		_	· —	
If NO, complete the following:		•			•
#1. Term or condition of the general permit the Rolling 12 month total		continuous complian	o/ rec	eipts not	ed above: Wail A
Exact period of non-compliance: from	5-7-	98	to 5-21	0-99	
Action(s) taken to achieve compliance:		·	· 		receipt
Method used to demonstrate compliance:				are file	cept or
#2. Term or condition of the general permit th	at has not been in o	continuous complia	nce during the re	porting period state	ed above: e time di T knew
Exact period of non-compliance: from	•	,	to	w.h	es well
Action(s) taken to achieve compliance:			÷ .		
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, ba made in this notification are true, accurate an upon rolling averages of purchase receipts, do year for transfer or combination facilities.	d complete. Furthe es not exceed 2,100	r, my annual consu	mption of perchl	oroethylene solven	t, based
RESPONSIBLE OFFICIAL: Chris S	OMBOUS (Please Print)	ti Chis	Signature	shi 5/6	16/99 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.

Page ____ of ___

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	OVERY Mobile	- NOF	
AIRS ID#: <u>0530355</u> I FACILITY NAME: <u>Pro</u>	to Cleaners			ir Monitorine Spurces	250	KE
FACILITY LOCATION:				ng 		\overline{O}
· 	Brooksville					_
RESPONSIBLE OFFICIAL :	Caris Dombi	owski i	_{РНОМЕ:} 352-	796-	064	2
CONTACT NAME:		I	PHONE:			_
PART I: NOTIFICATION						
(check appropriate box)	20 1					
New facility notified DARM 3 Facility failed to notify DARM						
PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification for ☐ Drop store/out of ☐		troleum	
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)	yr dry- trans both	New small are to-dry only, x sfer only, x < n types, x < 14 astructed on on	< 140 gal/yr 200 gal/ут			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr dry-) gal/yr tran: al/yr both	sfer only, 200 n types, 140 ≤	ea source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ r after 12/9/91)			
dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g	100 gal/yr dry-) gal/yr trans gal/yr both (con	to-dry only, 1 sfer only, 200 a types, 140 \le nstructed on on	$40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$			
dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility class of the second of the seco	100 gal/yr dry-) gal/yr trans gal/yr both (con	to-dry only, 1 sfer only, 200 n types, 140 ≤ nstructed on on □N permit as num	$40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ r after 12/9/91) Can not determine			

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? DY DN DN/A 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. 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). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 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 DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

n	Yield and the official of the original of the			
թ.	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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□и	□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,		D	
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	OY ON			
2. Maintained rolling monthly total of perc consumption?	□Y 💆			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON WINA			
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 KIN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN MN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N ⊠ (N/A			
6. Maintained startup/shutdown/malfunction plan?	₽YY □N			
7. Maintained deviation reports?	OY ON PAN/A.			
Problem corrected?	OY ON PANA			
8. Maintained compliance plan, if applicable?	DY DN DN/A			

PA	PART VI: LEAK DETECTION AND REPAIRS					
1. I	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
,	inspection?			MO DN		
2. 1	Has the facility maintained a leak log	?		MO NO		
3. I	Does the responsible official check th	e following areas for leaks	s?	, ,		
	Hose connections, fittings, couplings, and valves	YY ON ON/A	Muck cookers	MY ON ON/A		
	Door gaskets and seating	AY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	ØY □N □N/A		
	Pumps	DY ON ON/A	Diverter valves	OY ON DINA		
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	ON ON ON/A		
	Water separators	DN DN/A				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surface	es)	X		
	Physical detection (airflow felt	through gaskets)		X		
	Odor (noticeable perc odor)			æ		
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	<u> </u>		
	Halogen leak detector					
	If using direct-reading ins	trumentation, is the equi	pment:	ØN/A		
	a. Capable of detecting	g perc vapor concentration	is in a range of 0-500 ppm?	מם צם		
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	after each use	רם אם עם		
	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 u	se?	OY ON		
	e. Verified for accurac	cy by use of duplicate sam	ples (calorimetric only)?	מם עם		
	c. Inspected for leaks d. Kept in a clean and	secure area when not in u	se?	OY ON		

MARGARET CANGRO	S/26/99
Inspector's Name (Please Print)	Date of Inspection
Margaret Canory	May 2000
Inspector's Signature	Approximate Date of Next Inspection

870 Perfecta

Revised 9/15/97

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	V GENERAL PERMIT	70
COMPLIANC	E INSPECTION CHECKLIST	m
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY Mobile S	E 0
RE-INSPECT	TON D MOIT	
KL-INSI EC	lle x	~) mm
	S mor	S K
AIRS ID#: <u>OS 30355</u> DATE: <u>5/25</u>	$\frac{1}{1}$ TIME IN: $\frac{1}{1}$	3
FACILITY NAME: 1 Nonto Cle		Þ
FACILITY LOCATION: 660 S.	Broad St.	
Brooksvi	lle 34601	
DECEMBER OFFICIAL CALL TO	mbrowski PHONE: 352/796-0642	,
RESPONSIBLE OFFICIAL: (MON) 1-107	NEMOLITEE PHONE: 3327 170-0072	
CONTACT NAME:	PHONE:	
		
PART I: NOTIFICATION	6 / ====	
(check appropriate box)	A) (S.	
1. New facility notified DARM 30 days prior to	startup D	
2. Facility failed to notify DARM to use general	permit C	ı
PART II: CLASSIFICATION		
Facility indicated on notification form that it is (check appropriate box)	 □ No notification form □ Drop store/out of business/petroleu 	, m
A.	a Drop stolerout of business, penoicu	""
1. Existing small area source	2. New small area source	
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr	
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr	ļ.
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)	
(constructed before 12/3/31)	(constructed on or after 12/3/31)	
3. Existing large area source	4. New large area source	
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	i i
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
5. This is a correct facility classification	-UY ON OCan not determine	
If no, please check the appropriate class	fication:	
	general permit as number above	
☐ facility exceeds above	limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (percfacility was 20 gallons.	purchased within the preceding 12 months by this dry clean	ing
Barrons.		

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? DY ON ON/A □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 ADY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN OM 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) DY DN 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 DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DÝ	NO	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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,	ΩV	CN	
	if machines are equipped with a carbon adsorber?	ЦΥ	UN	□N/A
	ls the perc concentration equal to or less than 100 ppm?	ΩY	ΠИ	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	DΥ	ПN	□n/a

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

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			YOY	ПN	
2. Has the facility maintained a leak log?		• •	Œ{Ý	ПN	
3. Does the responsible official check the	following areas for leaks?				
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	AY C	N □N/A	
Door gaskets and seating	Y ON ON/A	Stills	DY C	א'אם אם אם	
Filter gaskets and seating	AND NO YE	Exhaust dampers	Bry C	אום אנם	
Pumps	AY ON ON/A	Diverter valves	DX C	N/A µC	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	AY C	A/אם אנ	
Water separators	AY ON ON/A				
4. Which method of detection is used by the	ne responsible official?			·	
· Visual examination (condensed so	B				
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 instru	umentation, is the equipm	ent:	(N/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				אב	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				אב	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			□Y (אב	
d. Kept in a clean and secure area when not in use?			□Y (אב	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			□Y (אב	

MARGARET CANGRO

Inspector's Name (Please Print)

Margaret Canons

Inspector's Signature

5/25/60

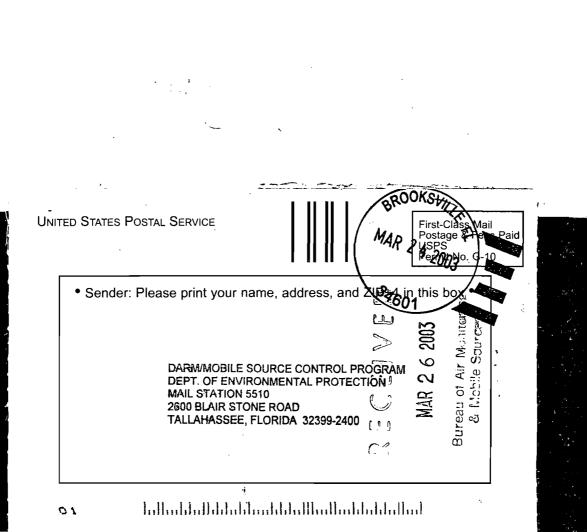
Date of Inspection

Approximate Date of Next Inspection

Best Available Copy

†	U.S. Postal Ser CERTIFIED M (Domestic Mail Only; N	SECEIPT O Insurance Coverage Provided)
305	OFFI(CIALJUSA,
7976	Postage \$ Certified Fee	Postmark
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
7001 0320	Sent To PRONTO CLI	DOMBROWSKI
ļ	IPS Form 3800, January 2001	Seel Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. received by (Please Fright Clearly) B. Gate of Pelivery S. 1205 C. Signature Addressee D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address offfeent from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ONTO CLEANERS COURSE DOMEROWSKI	
DE & GHRIS DOMBROWSKI 50 S BROAD STREET ROOKSVILLE FL 34601	3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. APT 1001 0320 0001 2976 300	H III III e ma e ma e ma e ma e ma e ma e
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952



4.04426

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 # 0530355

PRONTO CLEANERS JOE & CHRIS DOMBROWSKI 660 S BROAD STREET **BROOKSVILLE FL 34601**

2/2/010

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412750 JAN 82002 📉

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 # 0530355

PRONTO CLEANERS

660 S BROAD STREET BROOKSVILLE FL

34601

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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

TOTAL AMOUNT DUE: \$50%

Do NOT Remove Label

AIRS ID#0530355

DE & CHRIS DOMBROWSKI MARKE CLEANERS CORD POBERI 660 S BROAD STREET

BROOKSVILLE FL

34601

L421325 JAN 32003 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 O的: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361798

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 # 0530355

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PRONTO CLEANERS JOE & CHRIS DOMBROWSKI 660 S BROAD STREET BROOKSVILLE FL 34601 RECEIVEDM MAIL ROOM FEB 24 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Z 333 660 662 US Postal Service
Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0530355 PRONTO CLEANERS JOE & CHRIS DOMBROWSKI 660 S BROAD STREET **BROOKSVILLE FL 34601** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom. Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392145

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 # 0530355

PRONTO CLEANERS JOE & CHRIS DOMBROWSKI 660 S BROAD STREET BROOKSVILLE FL 34601 COVERNMENT HEEDING V

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Z 0.94 212 763

US Postal Service

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

AIRS ID # 0330255

CORVINA DRY CLEANERS MICHAEL P ROBB 3110-A EAST CERVANTES STREET PENSACOLA FL 32503

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	Certified Fee	
	Special Delivery Fee	_
ړ	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee
Article Addressed to:	INCES antomotiving a SHILLOWN
AIRS ID # 0330255	BritotinoM viA to UsayuB
CORVINA DRY CLEANERS MICHAEL P ROBB	()
3110-A EAST CERVANTES STREET	. LEB 5 8 5000 .
PENSACOLA FL 32503	3. Service Type Ceptified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) Z 094 212 763	4 5 40 140 10 1
PS Form 3811, July 1999 Domiestio Re	turn Receipt 102595-99-M-1789

se side?	SENDER: Complete items 1 and/or 2 for additional services. Complete itèms 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 red following service extra fee):	s (for an
n the rever	card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		□ Address □ Restricte Consult postmas	ee's Address ed Delivery ster for fee.
your RETURN ADDRESS completed on the reverse	3. Article Addressed to: AIRS ID # 0530355 PRONTO GLEANERS JOE & CHRIS DOMBROWSKI 660 S BROAD STREET BROOKSVILLE FL 34601 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of De	umber OSZ 13 Type ad Mail Delivery Si 9 9 Si Address (Only)	Certified Insured COD
ls yo	PS Form 3811, Desember 1994		Domestic Ret	urn Receipt
	P 174 052 US Postal Service Receipt for Certif No Insurance Coverage Proportional	ovided.	(M)	

Sent to

AIRS ID # 0530355

PRONTO CLEANERS
JOE & CHRIS DOMBROWSKI
660 S BROAD STREET
BROOKSVILLE FL 34601

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

Z 210 662 375 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0530355 PRONTO CLEANERS JOE & CHRIS DOMBROWSKI 660 S BROAD STREET BROOKSVILLE FL 34601 Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date PS Form

Ot agolavna to got lave anil	s 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 # 0530355. PRONTO CLEANERS JOE & CHRIS DOMBROWSKI 660 S BROAD STREET 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Polecus
BROOKSVILLE FL 34601	3. Service Type Certified Mail Registered Insured Mail C.O.D.
2. Article Number (Copy from service label) Z 2 0 0 2 2 5 PS Form 3811, July 1999 Domestic Ret	4. Restricted Delivery? (Extra Fee) Yes urn Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1572, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee Delivery address different from item 1? Yes
1. Article Addressed to: AIRS ID # 0530355 PRONTO CLEANERS JOE & CHRIS DOMBROWSKI	If YES, enter delivery address below:
660 S BROAD STREET BROOKSVILLE FL 34601	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2333 667 652	
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JOE 660	Z 333 US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation ONTO CLEANERS & CHRIS DOMBRO S BROAD STREET OOKSVILLE FL 3460	Provided. Air SiD # 0530355 DWSKI)
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	Certified Fee		
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1995	Return Receipt Showing to Whorn & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		